Enfield Joint Intermediate Care and Re-ablement Strategy 2011-2014:

A Summary of Submissions Received in Response to the Consultation

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INTRODUCTION

This document provides a summary of submissions received following public consultation on the draft Intermediate Care and Re-ablement Strategy. It also sets out the Council and Enfield NHS response to the comments and suggestions that were received.

In addition to the public consultation on the strategy, Commissioners from Health and Adult Social Care have worked with the local Intermediate Care and Re- ablement Service during the development of the strategy to analyse the current picture of service provision and gain their views on how services could be developed to better meet identified needs. We have also been guided by the priorities set out in Enfield's Joint Strategic Needs Assessment which was widely consulted on.

CONSULTATION PROCESS

Formal public consultation on the draft strategy was undertaken over a 3 month period from 1 November 2010 to 28 January 2011.

Stakeholder and public views on the strategy were sought through the following means:

- An e-questionnaire on the Enfield Council website
- Invitation to submit written responses
- Health and Social Care Partnership Boards
- Health and Social Care Scrutiny Panels

The consultation was publicised through the following means:

- 192 posters distributed to GP surgeries, libraries, health and social care providers and voluntary sector services.
- An advertisement in the Enfield Independent.
- A notice in EVAeNews (the electronic newsletter of the Enfield Voluntary Association).
- An email to staff in NHS Enfield, Health and Adult Social Care staff, acute trusts, voluntary and community sector providers, and independent and private providers.
- A notice in Enfield Staff Matters.

RESPONSES

Reponses were received from the following groups:

- The Mental Health Trust
- Enfield Disability Action (EDA)
- Enfield Local Involvement Network (LINk)

- The Physical Disability Partnership Board

In addition, six questionnaires were submitted. Of the questionnaires received, there was no response to questions two and four.

Questionnaire responses:

To what extent do you agree or disagree with the strategic objectives that have been identified?

Answer	No. of respondents
Strongly Agree	1
Agree	4
Neither agree nor disagree	1
Disagree	0
Strongly disagree	0

To what extent do you agree or disagree with the commissioning intentions (actions) that have been identified?

Answer	No. of respondents
Strongly Agree	1
Agree	3
Neither agree nor disagree	2
Disagree	0
Strongly disagree	0

Some responses related to the changes already in place in terms of reconfigured care pathways but are nonetheless worthy of note.

- Timely bursts of re-ablement are seen as beneficial and will be promoted for disabled people for self referral
- De-commissioning of services will be aligned with the development of local capacity to develop specialist treatment, for example for stroke patients, This is intended to reduce delay in people receiving treatment
- Listening to service users and their carers is central to the implementation of the strategy and we will learn from, for example, the Expert Patients Programme which has promoted a self management approach

The key points emerging from the consultation responses are listed below.

Strategic Objectives

These were generally welcomed, however:

- Whilst the high priority given to services that promote independence is welcomed, assurance is needed that there is capacity locally to develop specialist treatment within required time frames
- Its important that the emphasis should not solely be on making the best use of resources but it should be on enabling people to continue to do what matters to them in the settings they prefer, thus improving lives
- Suggestions have been made that more emphasis be placed on "the need for hospital staff to access education and training in understanding, attitudes and skills to support them to work effectively with services outside the hospital setting". The same would also apply to GPs. The Strategy should identify that collaboration between hospital and community health and social care services is a major area for development.
- Objective 6 – should include gathering, analysing and learning from user and carer feedback.

Step down and admission avoidance

- Clear protocols would need to be in place for accessing the service (use of step down and admission avoidance intermediate care beds). The Mental HealthTrust would wish to be involved in the development of this proposal.

IV Therapy at home

- Previous research by the Trust has shown that IV Therapy at home would only be appropriate for a small number of people. It is suggested that this is considered further
- There is concern that there will not be enough capacity in the community to end the practice of patients being transferred directly from an acute ward to long term residential care without intermediate care and re-ablement.

Information and Advice, Advocacy and Brokerage

- It is seen as important that service users are given choice and independent service provision regarding information and advice, advocacy and brokerage.

Resources & Funding

- The Strategy should be linked to other community Health and Wellbeing initiatives, as many existing opportunities (e.g. gym classes, sports facilities) are not affordable or accessible – consideration needs to be given to subsidising opportunities for exercise

- Concerns were raised about what will happen to the funding when NHS funding devolves to an Enfield GP Consortium. Concern also about how much of the funding will remain in Enfield?
- Concern about resourcing is increased in light of planned budget reductions in Enfield NHS and within the Council's service.

Staff training & development

- Comprehensive Disability Awareness Training for staff is worthy of consideration. Staff need to understand physical and sensory impairment, learning disabilities, brain injury and other neurological conditions
- The strategy would benefit from a more specific emphasis on the need for hospital staff "to access education and training understanding, attitudes and skills to support them to work effectively with services outside the hospital setting"
- Education and learning for those planning and providing services is considered to be of key importance and as such should be mentioned in the Strategy. In addition, patient and carer involvement is essential in planning and designing services

Eligibility

- It is questionable whether the potential to make a full recovery is a fair indicator of eligibility. Many people would benefit from a short period of enablement, therefore should they be excluded? For those with ongoing support needs, it is suggested that re-ablement should be built into their care plan
- Exclusion of existing clients from the service is thought to be problematic. Existing recipients of social care were anxious that a review when 'well' could result in insufficient support when 'unwell'. A number of people would like to engage in re-ablement services and would welcome a reduction in social care services, therefore the decision to limit the service to existing clients is thought to be unjustified. These concerns need to be addressed
- EDA suggest the inclusion of the following criteria from Intermediate Care:
  "Patients and main carers must agree to admission to the service, and the patient must have the potential to improve from their current condition.
  Key factors for support include home circumstances which are suitable and have adequate facilities to maintain the patient at home in a safe environment and that there are no known risk factors for staff to provide care in the patient's own home".

The Market

- There are secondary needs that might still be best met by the independent providers, which could include advocacy and supporting service user feedback and enablement.

General Points

- Re-ablement should not be treated as an opportunity to cut services
- Its important that the Strategy recognises the diversity of the needs and wishes of Enfield residents and avoids a "one size fits all" approach
- Its important that strategy implementation is monitored so that the information can be collected and monitored effectively
- Need to ensure a co-ordinated approach that links in with other strategies and involvement initiatives in Enfield and in other boroughs. One suggestion is that a recommendation of the Independent Reconfiguration Panel report (2008) on the Barnet, Enfield and Haringey Clinical Strategy be considered:
  "The panel supports the proposal to develop the provision of intermediate care beds on the Chase Farm Hospital site and wish to see this as part of an integrated strategy for rehabilitation"
- As people in need of intermediate care or re-ablement often have multiple impairments, special effort should be made to adapt systems to suit varied communication needs to ensure the document is accessible e.g. distributing an audio version in Enfield's talking newspaper
- The strategy is lacking reference to the needs of people who require a longer period of re-ablement e.g. 12-18 months
- It is recommended that an Equality Impact Assessment be undertaken
- Clarity regarding the scope is required – where does specialist rehabilitation (e.g. for spinal injury) fit in? How does this link to intermediate care and the re-ablement service?
- Should the Strategy consider longer term independent living skills?
- Reference to the 'complex re-ablement' part of the customer pathway would add value
- The language used could be re-phrased in parts, as terminology has been "medicalised" for example the use of the word 'patient' in a reablement context
- The Strategy has little mention of carers and their role in hospital admission & being able to cope when their cared for is released from hospital.

RESPONSE FROM THE COUNCIL AND NHS

These thoughtful responses to the process of consultation are to be welcomed. Many of the responses relate to matters of detail which will be taken up within the plan to implement this strategy as it now begins to be drafted. A number of comments relate to the increasing focus on personalised services and it will be in this context that choice and control, access to and the availability of a range of services which seek to meet the expressed needs of service users and patients, will meet the diversity of individual need.

It is worth noting that the strategy remains the single and most robust evidence of a jointly agreed position with the Council's health partners. As the scale of change within the administration and management of Enfield NHS becomes clear and as a GP Consortium begins to emerge in Enfield, the significance of a jointly agreed strategy for the PCT and its successors becomes ever more important.

In addition, where demand for health and social care services is increasing and resources to meet that need come under increasing pressure, then a jointly agreed strategy becomes the instrument for planning services which in turn provide a coherent thread to the allocation of resources as the financial expression of those service plans. This applies as much to the allocation of resources currently invested in services as to where new investment may be made available in future.

At the same time, it has been appropriate to anticipate the outcomes from implementation of this strategy, to make changes to service provision in the interests of improved outcomes for service users or where early opportunity may be taken to use resources more effectively. As an example, action has been taken to build local capacity to seek to end the practice of patients being transferred directly from hospital to long term care. An additional 8 beds are now available at the Magnolia Unit as an interim measure and commissioners are considering spot purchasing intermediate care from nursing homes if additional capacity is still required.

In the final version of the strategy, changes will be made to incorporate the following comments and suggestions:

- Clear links will be made to the development of the new customer pathway, to the work to develop a range of services providing information and advice and to plans to provide choice for service users in brokerage services available both within the Councils service and to be further developed within the voluntary and community and independent sectors.
- Reference will be made to the developing relationship with the GP Consortium in Enfield, particularly to their role in terms of preventing avoidable admissions
- Note has been taken of comment made about specialist rehabilitation services being available to meet the needs of people with longer term

needs for re-ablement specifically in the context of spinal injuries. Whilst outside the scope of this strategy account will be taken of these comments where appropriate.

- Where comments made relate to the needs of carers reference will be made to the Joint Carers Strategy which is currently being drafted.