

Report for the  
Health Scrutiny Committee  
**Chatsworth Ward**  
**Specialised Neuro-rehabilitation services**  
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## 1. Introduction

As part of the Better Together Transformation Programme, since 2014 our communities have increasingly been able to access more care closer to home. Patients have also been able to return home from a period of hospital care more quickly and with personalised support to help them back to independence. This has arisen as result of significant investment in integration of local services in recent years and is a direction of travel that is welcomed by service users. There is a significant body of national and international evidence to suggest that supporting citizens and their carers to receive care out of hospital, wherever feasible, has the best social and clinical outcomes.

As a local health and social care economy, we now need to ensure that this approach continues to provide the best care, first time for our local population and within available resources. The Mid Nottinghamshire Alliance of health and social care commissioners and providers is committed to meeting this challenge by working together, offering greater integration of services and looking at new different ways of doing things to continue to best meet the needs of our communities.

## 2. Current Position

This paper aims to outline the position in relation to specialised neuro-rehabilitation services currently provided on Chatsworth Ward at Mansfield Community Hospital.

Sherwood Forest Hospitals NHS Foundation Trust has declared an intention to withdraw from the provision of specialised neuro-rehabilitation services at Chatsworth Ward. This is due to a number of factors related to clinical sustainability and is not a financially driven decision. The Trust has had difficulties in recruiting the clinical staff needed to secure the future of the service and deliver a comprehensive neuro-rehabilitation service. These factors, combined with a reducing need for these services within a hospital setting has led the Trust to conclude that it is not viable in the medium and longer term to offer the range of services currently available on Chatsworth ward. However, we have agreed that the Trust will maintain the services until an alternative range of services can be procured. This is not a commissioning decision, although Mansfield and Ashfield Clinical Commissioning group (CCG) supports the decision.

The CCG will now undertake a comprehensive review and include all stakeholders, in order to inform our future commissioning intentions.

## 3. Chatsworth Ward

Chatsworth Ward is situated in Mansfield Community Hospital; it is a 16 bedded unit that cares for patients with neuro-rehabilitation needs.

Specialised rehabilitation is defined on three main levels (see appendix 1 for more detail)

### ***Level 1 Tertiary 'Specialised' Rehabilitation Services:***

Are high cost / low volume services, which provide for patients with highly complex rehabilitation needs that are beyond the scope of their local and district specialist services. These are normally provided in co-ordinated service networks planned over a regional population of 1-5 million through specialised commissioning arrangements. These services are sub-divided into:

- Level 1a for patients with high physical dependency
- Level 1b mixed dependency
- Level 1c mainly walking wounded patients with cognitive/behavioural disabilities

### ***Level 2 Local (district) Specialist Rehabilitation Services:***

Are led or supported by a Consultant trained and accredited in Rehabilitation medicine (RM), working both in hospital and the community setting. The specialist multidisciplinary rehabilitation team provides advice and support for local general rehabilitation teams.

### ***Level 3 Within Each Locality:***

Local non-specialist rehabilitation teams provide general multi-professional rehabilitation and therapy support for a range of conditions within the context of acute services (including stroke units), intermediate care or community services.

There is now an opportunity to engage with those affected by this decision so that this can inform exactly the type of service that will meet the needs of people today and in the future.

The commissioners are working closely with the Trust to develop the care model. Those patients and families who currently use the ward can be assured that any change in service will be phased so that their current treatment and care will not be disrupted. Those on the ward who do not need specialised neuro-rehabilitation will continue to be cared for on other wards within the Trust.

Sherwood Forest Hospitals has confirmed that there will not be any staff redundancies, and is working closely with members of staff to give them as much choice as possible about where they work in the future.

## **4. Engagement**

The CCG and Trust have met with patients, carers, staff and members of the 'We Are All Chatsworth' campaign group to listen to their concerns. We are planning further meetings over the coming weeks and months, to listen to patients and carers, to inform future commissioning decisions regarding neuro-rehabilitation. The CCG is committed to working with the Trust to understand the case mix and patient need. Working together, we will ensure individual patients are fully engaged in planning their future care, particularly where this may include an in-patient stay. A draft timeline can be found in appendix 2

## **5. Conclusions**

The Health Scrutiny Committee (HSC) is asked to note the joint working underway between the Mid-Nottinghamshire CCGs and the Sherwood Forest Hospitals NHS FT to ensure the continued provision of the highest quality of care possible in the most appropriate setting for those patients who have historically received care on Chatsworth Ward at Mansfield Community Hospital. The CCGs will continue to update the HSC on the matters arising from Sherwood Forest Hospitals NHS FT decision to withdraw from providing the services, and also its future plans for commissioning specialised neuro-rehabilitation services for its citizens.

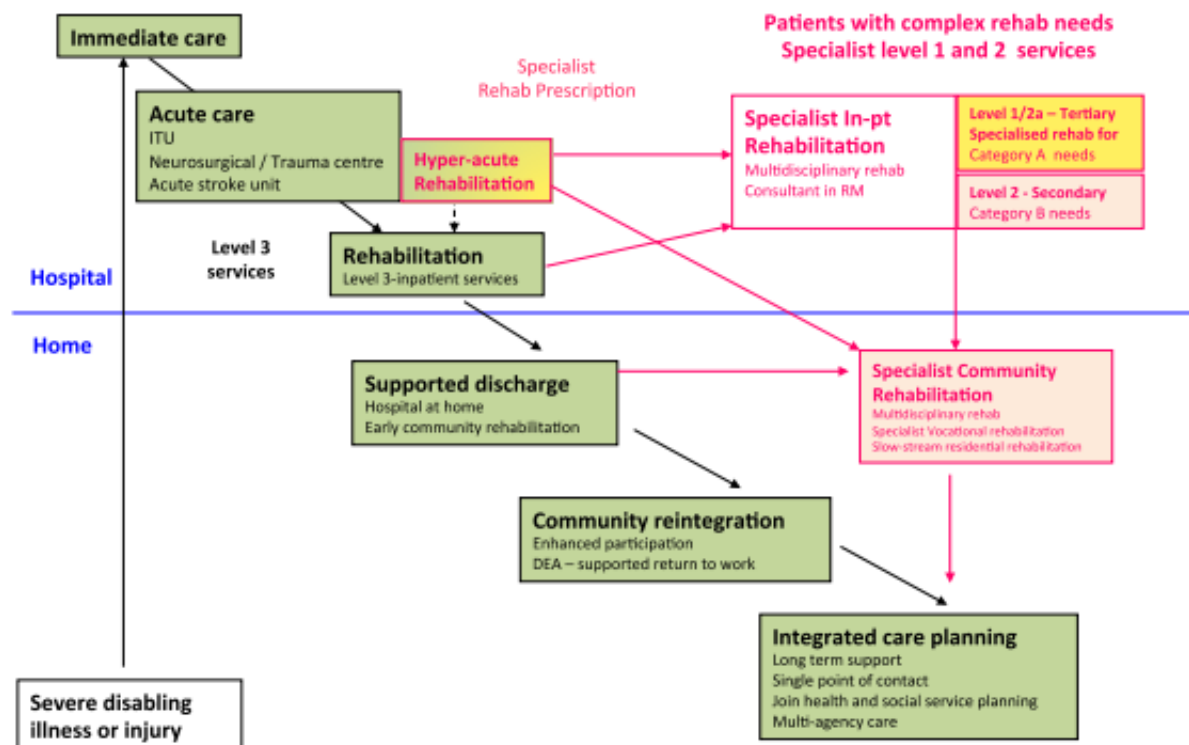
## Appendix 1

### Specialist neuro rehabilitation service standards

<b>TERTIARY SPECIALISED REHABILITATION SERVICES- provided at regional / national level</b>		
<b>Level 1:</b>	<b>Specialised rehabilitation services</b> Provided by specialised rehab teams led by consultants trained and accredited in the specialty of rehabilitation medicine (RM) (and/or neuropsychiatry):	
	Serving a regional or supra-regional population and taking patients with Category A needs – ie severe physical, cognitive communicative disabilities or challenging behaviours, with highly complex rehabilitation needs* that are beyond the scope of their local specialist rehabilitation services, and have higher level facilities and skilled staff to support these. Collect and report full National Specialist Rehabilitation Dataset	Catchment: 1-3 million Predominantly highly complex caseload: At least 85% pts have Category A needs on admission At least 70% pts with RCS-E score $\geq 11$ cross-sectionally
<b>LOCAL REHABILITATION SERVICES - provided at district level</b>		
<b>Level 2:</b>	<b>Local (district) specialist rehabilitation services</b> Provided by inter-disciplinary teams led/supported by a consultant in RM, and meeting the BSRM standards for specialist rehabilitation services	
<b>Level 2a</b>	Led by consultant in RM. Serving an extended local population in areas which have poor access to level 1 services. Take patients with a range of complexity, including Category B and some Category A with highly complex rehabilitation needs* Collect and report full National Specialist Rehabilitation Dataset	Catchment: 600K-1 million Mixed caseload 50-80% Category A needs on admission 50-70% RCS-E score $\geq 11$ cross-sectionally
<b>Level 2b</b>	Led/supported by a consultant in RM. Serving a local population, predominantly patients with Category B needs. Collect and report at least the minimum national dataset	Catchment: 250-500K Less complex caseload eg 30-50 % Category A needs on admission 30-50% RCS-E score $\geq 11$ cross-sectionally
<b>Level 3:</b>	<b>Local non-specialist services.</b> Includes generic rehabilitation for a wide range of conditions, provided in the context acute, intermediate care and community facilities, or other specialist services (eg stroke units)	
<b>Level 3a</b>	Other specialist services led or supported by consultants in specialties other than RM - eg services catering for patient in specific diagnostic groups (eg stroke) with Category C needs. Therapy / nursing teams have specialist expertise in the target condition	
<b>Level 3b</b>	Generic rehabilitation for a wide range of conditions, often led by non-medical staff, provided in the context acute, intermediate care and community facilities, for patients with Category D needs	

\*Defined by Rehabilitation Complexity / Northwick Park nursing and Therapy Dependency Scores – see below for more detail

**Figure 1: Pathways for rehabilitation following illness or injury**



## Appendix 2

## Draft Timeline

