

Briefing for Health Scrutiny Committee – Movement of the Chatsworth Neurorehabilitation Service from an inpatient service to a community only model.

Background

- Sherwood Forest Hospital NHS Foundation Trust (SFHFT) previously delivered a neurorehabilitation service from Chatsworth ward within Mansfield Community Hospital. This was a 16 bedded ward.
- In July 2017, SFHFT confirmed an intention to withdraw from provision of the service.
- A public engagement process was carried out in October 2017, this highlighted key 8 themes as below:

1. Keep the excellent high quality care	2. Maintain local services (travel is an issue for people)	3. Maintain a focus on team working	4. Keep specialist input where required
5. Ensure neuro rehabilitation is provided by neuro experts	6. Ensure relatives needs are met	7. Ensure people are cared for in an environment to enable them to thrive	8. Be sure that commissioners really understand what the care needs are for patients

- Following public engagement, detailed work was then undertaken with commissioner and provider colleagues from SFHFT, Nottinghamshire Healthcare NHS Foundation Trust (NHCFT) and Social Services to produce a model and service specification for a Community Neurorehabilitation Service (CNS).
- Transfer of the service from SFHFT to NHCFT was agreed by commissioners and provider.
- Progress was presented to Health Scrutiny Committee on a number of occasions throughout this process.
- The service specification clearly states that this is a level 3b neurorehabilitation service. Please see here for definition of levels: <https://www.kcl.ac.uk/cicelysaunders/research/studies/uk-roc/levels>

Movement towards a community only model

- On 1st February 2019, the delivery of the service was transferred to NHCFT. The service became an 8 bedded ward plus a CNS. This initially included introduction of community outreach to appropriate patients on discharge, to introduce the concept of a community model.
- When the service was transferred to NHCFT, it was agreed that the feasibility of moving to a full community model would be evaluated after 6 months of service delivery.
- In December 2019, a joint evaluation between NHCFT and commissioners was completed, that supported a movement to a community only model. With the following supporting movement to a community model:
 - Partnership and pathway development with referring providers (e.g. QMC, Linden Lodge); was undertaken - clarifying and establishing criteria
 - Established links with social services physical disabilities team resulting in the development of a 'joined up working' pilot.
 - The community model was developed using the following initiatives:
 - Weekend leave trial – patients enabled to go home at weekends
 - Day care offer - one patient has been coming to the ward for therapy on a weekly basis
 - Patients supported with early discharge with follow up treatment at home.
 - Family meetings are arranged to provide support and, where appropriate to give them training in caring for their loved ones at home.
 - Patient and family/carer feedback has been positive regarding the community model.
- Whilst the report supported the movement to a community only model, there were some aspects that needed attention, and these have been addressed by the CCG/NHFT group (see below). In particular these were ensuring that patients had all required equipment at home, supporting homecare requirements, and triage/referral pathways.

Chatsworth – COVID Impact

- On 19th March 2020, national guidance (COVID-19 Prioritisation within Community Health Services) was received that encouraged early supported discharge from acute settings to reduce infection risk to patients and to free up bedded capacity where possible in anticipation of the COVID-19 pandemic in order to repurpose bedded areas for COVID-19 patients.
- Nursing support was also utilised to redeploy to other areas to support the COVID-19 response (for example staff were redeployed to Nightingale Ward, a COVID-19 pop up bed base).
- Given those patients receiving care on Chatsworth are a vulnerable group, NHCFT instigated plans to shield those patients to prevent risk of nosocomial infections and enacted the high priority services only and the discharge to assess process.
- As a consequence, all patients on Chatsworth (4 patients at the time) who were medically fit for discharge were discharged and as there was no one on the waiting list or any pending referrals NHCFT made the decision to temporarily close the bedded facility but to continue the community element of the service to mitigate the risk to patients - The ward remains temporarily closed.
- At present a community only model is being delivered. All patients referred who meet the existing criteria have been accepted into the service.

Community Neurorehabilitation Service (CNS) – Current service development

- In June 2020, a joint CCG/NHCFT group was established to further progress the movement towards a CNS.
- The group has jointly developed a service specification for a CNS that is currently going through governance processes within NHCFT and Nottingham and Nottinghamshire CCG (N&N CCG), and will be agreed prior to November HSC.
- An Equality and Quality Impact Assessment (EQIA) has been completed that demonstrates there is minimal impact, impact has been mitigated against, by ensuring the community model can deliver the level of rehabilitation required by these patients.
- Given that patient engagement was completed in 2017, that supported a movement to a community model, no further patient engagement has taken place.
- The following benefits are delivered by movement to a Community Neurorehabilitation Service:
 - **Care closer to home** - patients receive care in their own homes
 - **Better patient experience** – care delivered tailored to the patients own environment, and the service is still delivered by experienced neurorehabilitation clinicians
 - **Increased patient access** – There is greater capacity within the service as not limited by the inpatient setting. With better access to service across Mid Notts, to allow easier access for those in Newark and Sherwood where there is higher prevalence.
 - **Reduced risk to patients** – movement to a community model reduces the risk of hospital acquired infections.
 - **Better clinical outcomes** - Access to support and a care plan based on ‘Home First’ principles which reduce the risk of deconditioning due to extended stays within a hospital or community bed.

Meeting the needs of patients requiring neurorehabilitation across Nottinghamshire

- The focus of this service change is to ensure that patients receive the right care in the right place, based on their rehabilitation needs.
- Sherwood Forest Hospital (SFH) previously raised that they have inpatients that should have been discharged to Chatsworth and were unable to do so as the ward was closed. On assessment these were very complex patients, and should be/have been discharged to Linden Lodge (Level 2B), not to a 3B service. Meetings have taken place to clarify this and ensure robust pathways are in place to identify discharge location, and facilitate this in a timely manner.
- The proposed NHS Rehabilitation Centre, subject to the outcome of a public consultation, will provide neurorehabilitation services. Concerns have been raised that this change will mean patients will need to travel

further to receive inpatient care. For this service change, the principle around the movement to a community only model is that NHCFT are expected to manage all patients in the community if they meet the acceptance criteria within the existing service specification. Amongst other criteria, they should be a level 3B patient.

- In summary, level 3B patients previously accessing an inpatient service from Chatsworth ward, will receive an equivalent community service, and not need to travel. If patients needs are greater than level 3B, the expectation is that they will continue to be referred to a service that safely meets their rehabilitation needs.

Purpose of paper/presentation

- NHCFT and N&N CCG wish to jointly present progress on the movement to a community only model to HSC.
- Our aim is to assure HSC that the service change has considered patient access, impact in terms of quality and equality and will deliver improved outcomes for residents in Mid-Nottinghamshire.

Next Steps

- Following support by HSC, NHCFT will undertake staff consultation with staff affected by this service change.
- Mobilisation to the full community model would be expected within Quarter 4 2020/21.

Summary/Key Points:

- Chatsworth ward was previously delivered by SFH, it was transferred to NHCFT in February 2019 and a supporting community model was also mobilised. The intention in 2019/20 was to evaluate the move to a full community model.
- Due to COVID-19, a decision was made to temporary close the bedded facility but to continue the community element of the service to mitigate the risk to patients.
- Collaborative work between NHCFT and N&N CCG has been undertaken to progress the movement to a community only model. The benefits of the community only model are described above.
- Providers and commissioners wish to provide assurance to the Committee that the service change will offer benefits to Mid-Nottinghamshire residents and quality/equality aspects have been considered. We also wish to assure the Committee that the movement to a community only model has not resulted in a gap in service, as patients will continue to be seen in the right setting.
- With HSC support, NHCFT will work closely with N&N CCG to mobilise the community only model by early 2021.

Steven Smith – Head of Community Commissioning and Contracting – 9th October 2020