

## Health Overview Select Committee

15 March 2012

### Community Neurological Rehabilitation Team (North)

#### Report by Director Joint Commissioning Unit and Director Adults' Services

##### **Executive Summary**

The National Stroke Strategy highlights the need for high quality specialist co-ordinated rehabilitation, which "started early after stroke and provided with sufficient intensity, reduces mortality and long-term disability."

The proposal outlined within this report seeks to amalgamate the current Community Stroke Rehabilitation Team (North) and Community Reablement and Support Service teams and enhance them to form a single, integrated and comprehensive Community Neurological Rehabilitation Service to meet the needs of people who have experienced a stroke, acquired brain injury or who have a progressive/ long term neurological condition, across North West Sussex. Also incorporated within the proposal is the continuation of stroke specific step down beds in Crawley hospital in 2012/13. This is a Quality, Innovation, Prevention and Productivity (QIPP) initiative in North West Sussex Commissioning Association (NWSCA).

The service will be robustly monitored by the Joint Commissioning Unit and NWSCA, to measure efficiencies and benefits to patients/customers. This will incorporate an analysis of the impact of the service, which will be used to inform future commissioning intentions.

The total costs of the proposals are £1,138,744 and it is recommended that these costs are met by the NHS Support for Social Care Funding for 2012/13, and the efficiencies accruing during the first 12 months be released back to the County Council. From April 2013, the service would be expected to be self-sustaining using the efficiencies evidenced in the first year, which are projected to be approximately £1,175,084.

##### **Recommendations**

The Health Overview and Scrutiny Committee is asked to consider the information within the report and to endorse the proposal to develop an integrated Community Neurological Rehabilitation service across North West Sussex (North West Sussex Commissioning Association boundaries) using NHS Support for Social Care funding in 2012/13 prior to the service becoming self sustaining from April 2013.

#### **1. Introduction**

- 1.1 The 2007 National Stroke Strategy details considerations and requirements for people who have had a stroke to enable them to achieve a good quality of life, and to support and encourage independence. One of the key areas is

high quality specialist co-ordinated rehabilitation, which “started early after stroke and provided with sufficient intensity, reduces mortality and long-term disability.” The strategy also states that “where health and social care services work together to facilitate a smooth return home it can help people recover quickly, reduce the pressure on the individual and their family and prevent unnecessary readmissions to hospital or care homes.”

- 1.2 In January 2011 the Department of Health announced the NHS support for social care, and clarified the associated funding and expectations placed on Primary Care Trusts (PCTs) and local authorities for spending the resources made available. The funding is made available to the PCTs to transfer to local authorities to “invest in social care services to benefit health, and to improve overall health gain.” Key opportunities to improve both quality and productivity include: avoiding unnecessary admissions; speeding up discharge back to place of residence and thus supporting both Quality, Innovation, Productivity and Prevention (QIPP) delivery; and delivery of key performance targets (e.g. A&E and delayed transfers of care).
- 1.3 The Joint Commissioning Unit is providing a facilitative role in developing the proposals outlined in section 3 to support the North West Sussex Commissioning Association (NWSCA) to manage the commissioning of the services from April 2013, following the outcome of the recommendations to the Health Overview Scrutiny Committee, Joint Commissioning Management Group (JCMG) and Cabinet Member key decision.

## **2. Existing Rehabilitation Services for stroke and other neurological conditions.**

- 2.1 The Community Stroke Rehabilitation Team (CSRT) in North West Sussex was launched as a pilot in June 2010 by Sussex Community NHS Trust. Since the end of the pilot in June 2011, and prior to having a plan detailing recommendations for commissioning stroke and neuro-rehabilitation services, the service has been funded by NHS West Sussex as an interim measure.
- 2.2 Also currently in existence is a Community Rehabilitation and Support Service (CraSS) which provides community rehabilitation for people with long term/ progressive neurological conditions, including acquired brain injury, in the Horsham and Chanctonbury areas. The proposal seeks to provide greater consistency across NWSCA.
- 2.3 The Stroke Ward at Crawley Hospital takes patients for step down rehabilitation post stroke. There are 18 beds for patients who will have received their acute rehabilitation at East Surrey Hospital, and who then require in-patient intensive rehabilitation to increase their functioning.
- 2.4 The Joint Commissioning Unit has been leading on producing a business case to support the development of a Community Neurological Rehabilitation Team for the NWSCA, which integrates and enhances the existing teams and services. This has included consideration of the functions, delivery, contractual and funding arrangements for these services, and their aims to support people to maximise their independence and well being, prevent

hospital admission (or readmission) and reduce the need and duration of residential rehabilitation.

**3. Community Neurological Rehabilitation Team (North)**

- 3.1 The proposal outlined below is subject to approval from the Clinical Commissioning Group Boards, JCMG, and to a Cabinet Member decision.
- 3.2 Coastal West Sussex is served by a Community Neurological Rehabilitation Team which provides the same level of service. The proposal seeks to ensure greater consistency of service for patients cross the whole of West Sussex.
- 3.3 The recommendation seeks to amalgamate the CSRT and CRaSS teams and enhance them to form a single, integrated and comprehensive community neurological rehabilitation service to meet the needs of people who have experienced a stroke, acquired brain injury or who have a progressive/ long term neurological condition, across NWSCA. Also incorporated into this model are the step down rehabilitation post stroke beds at Crawley Hospital.
- 3.4 The proposed Community Neurological Rehabilitation Team (North) will provide accelerated discharge (Early Supported Discharge) from inpatient rehabilitation units and reduce length of stay at acute and rehabilitation phases. The reduction in length of stay will primarily be noted in the acute phase, for the cohort of patients who are of mild/moderate disability and whom will be suitable for on-going rehabilitation in their homes.
- 3.5 The proposed Community Neurological Rehabilitation Team will increase the geographical coverage for neurological rehabilitation (Multiple Sclerosis, Parkinsons Disease, Motor Neurone Disease etc) by a significant amount (64% increase in population covered).

**4. Equality - Customer Focus Appraisal**

- 4.1 A Customer Focus Appraisal has been undertaken and is attached as an [Appendix](#) to this report.

**5. Resource Implications and Value for Money**

- 5.1 The cost of the proposal is based on the information collated as part of the development of the business case. Subject to agreement, the proposal is that the costs of the service are met by the NHS Support for Social Care Funding for the first year of the initiative to enable the service to develop and to become sustainable from April 2013. The efficiencies to support sustainability have been identified and are outlined in 5.4 and 5.5. The recommendation is that efficiencies during the first year will be redirected to the County Council. The NWSCA have agreed to this principle. The detail of how it will operate will be developed as part of preparing reports for the JCB and the final Cabinet Member decision report.
- 5.2 In developing the costs of the model, a range of options have been considered, including maintaining the status quo in terms of delivery of service which would not support the extension of the geographical coverage and a reduction in staffing levels which are anticipated to affect the level of

efficiencies which would be evidenced. The preferred option is a 6-day service with optimum staffing levels to deliver a high quality service and maximise efficiencies. It is on the basis of this option, that the costs and efficiencies are presented.

- 5.3 The cost of the model is projected to equate to £1,138,744, which incorporates the cost of the CNRT(N) and Crawley hospital stroke rehabilitation step down beds.
- 5.4 The target efficiencies have been generated based on business assumptions around reducing acute bed days, rehabilitation bed days, packages of care and reducing the number and length of residential rehabilitation placements. The future funding of the proposed service relies on the release of efficiencies to offset the cost and minimise the investment required by the NWSA beyond the initial investment of NHS Support for Social Care Funding.
- 5.5 The sum of the projected and further potential efficiencies is £1,175,084. This incorporates £1,079,084 in target savings across the areas identified above which in the main will represent savings to current spend in Brighton and Sussex University Hospitals NHS Trust, Sussex Community NHS Trust, and NHS West Sussex Continuing Health Care, and a further £96,000 in assumed and estimated efficiencies in Motor Neurone Disease (MND) Pressure Injury prevention and MND Admissions Avoidance which would be savings to Brighton and Sussex University Hospitals and Surrey and Sussex Healthcare NHS Trust.
- 5.6 It is likely that the above efficiencies represent a conservative estimate, as they are limited by the availability of robust data. It is possible that efficiencies delivered in specific hospital wards could be replicated in other sites, thereby increasing the level of savings. The evaluation of the proposed service will seek to measure all efficiencies across the north of the county.
- 5.7 As the proposal will be to utilise the NHS Support for Social Care Funding in the first year, and the expectation that some of the efficiencies will be seen within this first year, the recommendation is that all efficiencies evidenced within 2012/13 will be released back to the County Council.

**6. Risk Management Implications**

<b>Risk</b>	<b>Mitigation</b>
Failure to implement proposal	Broad representation of stakeholders in project group. Informal consultation with all parties concerned. Approval being sought through appropriate Health & Social Care channels.
Delay to implementation	Project group well established and will oversee implementation on approval of funding. Plan for continuation of existing service in interim.
Failure to deliver outcomes for patients	Risk is minimised by robust monitoring of activity via monthly dashboards. JCU to be involved in monitoring process.
Failure to deliver efficiencies	Risk is minimised by robust monitoring of activity via monthly dashboards.

<b>Risk</b>	<b>Mitigation</b>
	JCU to be involved in monitoring process.
Additional coverage of the service results in additional social care costs from people being discharged into the community earlier.	Evaluation process will examine the impact on social care budgets both in terms of saving to long term placements and spend or early discharge. Efficiencies in year 1 recommended to be transferred to the County Council.

**6. Crime and Disorder Act Implications**

6.1 There are no foreseen implications regarding the Council's obligations under the Crime and Disorder Act.

**7. Human Rights Act Implications**

7.1 There are no foreseen implications regarding the Council's obligations under the Human Rights Act

**Crispin Atkinson**  
Director Joint Commissioning Unit

**Amanda Rogers**  
Director Adult Services

**Contact:**  
Liz Merrick, Commissioning Manager  
Joint Commissioning Unit  
01243 777766

**Appendix 1** Customer Focus Appraisal