

# HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

17 DECEMBER 2015

## WEST KENT NEURO-REHABILITATION CENTRE (KNOLE CENTRE) CLOSURE

Report from: Barbara Peacock, Director of Children and Adults Services

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### Summary

This paper is to inform the Medway Council's Health and Adult Social Care Overview and Scrutiny Committee (HASC) of planned service changes to neurorehabilitation provision from 24 December 2015.

This **is not** considered a substantial service reconfiguration by the commissioners.

### 1. Budget and Policy Framework

- 1.1 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and in particular, relevant information provided to it by a local Healthwatch. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People's Overview and Scrutiny Committee as set out in the Council's Constitution.

### 2. Background

- 2.1 Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 requires relevant NHS bodies and health service providers ("responsible persons") to consult a local authority about any proposal which they have under consideration for a substantial development of or variation in the provision of health services in the local authority's area. This obligation requires notification and publication of the date on which it is proposed to make a decision as to whether to proceed with the proposal and the date by which Overview and Scrutiny may comment. Where more than one local authority has to be consulted under these

provisions those local authorities must convene a Joint Overview and Scrutiny Committee for the purposes of the consultation and only that Committee may comment.

- 2.2 The duty to consult does not apply to any proposal on which the responsible person is satisfied that a decision has to be taken without allowing time for consultation because of a risk to safety or welfare of patients and staff. In such a case the responsible person must notify the authority immediately of the decision taken and the reason why no consultation has taken place.
- 2.3 The legislation makes provision for local authorities to report a contested substantial health service development or variation to the Secretary of State in certain circumstances, after reasonable steps have been taken locally to resolve any disagreement between the local authority and the relevant responsible person on any recommendations made by the local authority in relation to the proposal.

### **3. Proposed service development or variation**

- 3.1. Kent and Medway Partnership Trust has given notice to commissioners that it will cease providing its neuro-rehabilitation service for Level 2b patients from the 24th December 2015.
- 3.2. The level 2b neuro-rehabilitation service based at Knole House in Sevenoaks provides short term rehabilitation for patients with a range of acquired brain injury or sudden onset neuro rehabilitation needs. It is an 8 bed neurorehabilitation unit and is commissioned by Dartford, Gravesham & Swanley, Medway and West Kent CCGs.
- 3.3. Over the years, the unit has benefited from a good reputation and have attracted good staff, however, in recent years the unit has been subject to some adverse publicity both locally and nationally and subsequently changed their name to the Knole Centre earlier this year. The negative publicity has had a significant effect on the service ability to recruit and retain staff which has influenced the decision to cease service provision.
- 3.4. The service closure impacts on a relatively small number of patients with admissions, over the past three years varying between 4 and 6 annually. Most of the patients are admitted due to the complexity of their rehabilitation needs but a small number are admitted as the local rehabilitation service is commissioned as a stroke service and therefore does not offer a Level 3 service to patients with other diagnoses.
- 3.5. To address the gap in service provision the CCG plans to purchase this treatment on an individualised cost per case basis with a range of Independent providers who can meet the level of rehabilitation needs. This will be an expansion of an existing model of care.

### **4. Advice and analysis**

- 4.1 The Committee, in normal circumstances, would need to determine in discussion with the responsible person whether or not the proposed reconfiguration is substantial and therefore subject to the formal requirement

for consultation with Overview and Scrutiny. In this case the decision has already been taken to close the service partly on the grounds of risk or health and safety in relation to patients.

## 5. Risk management

5.1 Risk management is an integral part of good governance. The Council has a responsibility to identify and manage threats and risks to achieve its strategic objectives and enhance the value of services it provides to the community.

Risk	Description	Action to avoid or mitigate risk
<p>Service Quality and Safety issues at current provider</p>	<p>KMPT issued formal notice on the current contract on 2 April 2015 stating that they will no longer be providing the service from 31 March 2016. KMPT advised this was due to issues involving service quality, safety and cost meant it was not sustainable for them to continue to provide the service.</p> <p>KMPT brought to the CCG's attention concerns about safe staffing over Christmas.</p>	<p>Since the original notification we have been working alongside KMPT to develop a new, community based care model which we were anticipating implementing in April 2016.</p> <p>As CCG plans are well advanced, the CCG has agreed with KMPT that the unit will close on 24 December 2015 to ensure that there are no patient safety or quality risks.</p> <p>The Specialist Assessment and Placements Team currently commission individualised packages of care for patients with neuro-rehab needs with a greater complexity than those cared for at the Knole Centre. The CCG is therefore proposing to expand this model of care based on individualised neurorehabilitation treatments with current local, private and NHS providers in either the community or acute settings as appropriate. The CCGs will purchase these packages of care from community providers on a cost per case basis that will be invoiced as non-contract activity.</p>

## **6. Consultation**

- 6.1. There has been no formal consultation. The CCGs are expanding an existing model of care to ensure an individualised approach.

## **7. Financial implications**

- 7.1 There are no financial implications.

## **8. Legal implications**

- 8.1 Provision for health scrutiny is made in the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 together with a requirement on relevant NHS bodies and health service providers to consult with local authorities about any proposal which they have under consideration for a substantial development of or variation in the provision of health services in the local authority's area as set out in paragraph 2 of this report.

## **9. Recommendations**

- 9.1 The Committee is asked to consider the report and content of the completed questionnaire and comment as appropriate to NHS Medway CCG on the changes to the service.

### **Background papers**

None

### **Lead officer contact**

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Appendices – Appendix 1 report from NHS Medway  
Appendix 2 completed questionnaire



## Medway Clinical Commissioning Group

### Planned Changes to Neurorehabilitation Service

#### 1. Introduction

This paper is to inform the Medway Council's Health and Adult Social Care Overview and Scrutiny Committee (HASC) of planned service changes to neurorehabilitation provision from 24 December 2015.

These service changes were originally planned for April 2016 but have been brought forward to December 2015. This follows the current provider, Kent and Medway NHS and Social Care Partnership Trust (KMPT) advising us that to keep the unit open over Christmas would be clinically unsafe.

#### 2. Background

Patients in Medway, West Kent, Dartford, Gravesham and Swanley (DGS) who require a neurological intervention in a rehabilitative environment have been principally serviced by the West Kent Neuro Rehab Unit (WKNRU), Knole Centre, Darent House, Sevenoaks which is managed by KMPT.

The WKNRU is an eight bedded unit and between 3 – 6 patients from Medway are admitted to the unit each year.

KMPT issued formal notice on the current contract on 2 April 2015 stating that they will no longer be providing the service from 31 March 2016. KMPT advised this was due to issues involving service quality, safety and cost meant it was not sustainable for them to continue to provide the service.

Since then we have been working alongside KMPT to develop a new, community based care model which we were anticipating implementing in April 2016.

KMPT have now brought to our attention concerns about safe staffing over Christmas. As our plans are well advanced, we have agreed with KMPT that the unit will close on 24 December 2015.

For patients, this will mean that KMPT will not accept any new referrals where a patient is not guaranteed discharge home before 24 December as this would be deemed clinically unsafe.

The Neurorehabilitation lead from the Specialist Assessment & Placements Team has been reviewing all current and potential cases for the last few months together with the staff at The Knole Centre. This ensures that patients have been appropriately directed and to reduce the impact of the closure on current patients within the unit.

#### 3. What will the individualised service model look like?

It is the view of the commissioners that the best solution for these patients, who have specialist needs, is a focus on recovery for independent living in the community with the potential for many patients to receive treatment closer to home, depending on need.



The Specialist Assessment and Placements Team currently commission individualised (orbespoke) packages of care for patients with neurorehab needs with a greater complexity than those cared for at the Knole Centre. We are therefore proposing to expand this model of care based on individualised neurorehabilitation treatments with current local, private and NHS providers in either the community or acute settings as appropriate. The CCGs will purchase these packages of care from community providers on a cost per case basis that will be invoiced as non-contract activity.

This is a more tailor made approach, which takes into account the specific needs of individual patients, and will have a more positive impact on families and carers. It also offers the potential of enabling increased access to specialists in neurological conditions when appropriate, and offering safe and high quality provision for people across the spectrum of severity. By commissioning individualised packages of care it ensures patients receive the most appropriate rehabilitation service, in the most appropriate environment completely tailored to meet their rehabilitation needs, similar to those who currently have more complex health needs.

A manager with clinical expertise will work with commissioners and providers to manage referrals and make informed decisions on the most appropriate place of care for individuals according to their particular need.

#### **4. When will the new model of care be introduced?**

As our original plans are well advanced, we have brought forward the introduction of the new service from April 2016 to December 2015 on the grounds of clinical safety and care quality.

#### **5. Do local, private and NHS providers in either the community or acute settings have capacity to run the service?**

Commissioners have approached community providers to ensure there is capacity and appropriate availability, as well as gaining assurance advice from NHS quality colleagues to ensure that these services within Kent are sufficient in terms of service delivery, safety and quality.

#### **6. Benefits to patients**

**We anticipate the following benefits for patients:**

- A focus on recovery through independent or supported living in the community.
- Individuals can receive care closer to home and be nearer to their carers and families, depending on need.
- Patients are at the heart of the process through integrated partnership working across community, private and NHS providers and a coordinated and planned approach to managing referrals more effectively.
- Clinically informed decisions are agreed based on patient need, safety, high quality, accessible and appropriateness of care.
- Patients have increased access to specialists of neurological conditions when appropriate, and

offering safe and high quality provision for people across the spectrum of severity.

- There is an increased focus on physical and mental health supporting NHS England's Parity of Esteem agenda.
- Improved health outcomes and reduced health inequalities.

## **7. Conclusion**

The Medway , West Kent, DGS CCGs are confident that the new individualised service model will improve patient care, outcomes and will have a positive impact on their families and carers.







**MEDWAY COUNCIL**

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## Health Overview and Scrutiny

### Assessment of whether or not a proposal for the development of the health service or a variation in the provision of the health service in Medway is substantial

#### A brief outline of the proposal with reasons for the change

##### Commissioning Body and contact details:

##### Current/prospective Provider(s):

Kent and Medway Partnership Trust has given notice to commissioners that it will cease providing its neuro-rehabilitation service for Level 2b patients from the 24th December 2015.

The neuro-rehabilitation unit was established 25 years ago and has over the years been hosted by a number of NHS organisations. KMPT inherited the unit when the partnership trust formed and have continued to deliver this service to the present day and as such this service is not part of their core business.

The level 2b neuro-rehabilitation service based at Knole House in Sevenoaks provides short term rehabilitation for patients with a range of acquired brain injury or sudden onset neuro rehabilitation needs. It is an 8 bed neurorehabilitation unit and is commissioned by Dartford, Gravesham & Swanley, Medway and West Kent CCGs.

Over the years, the unit has benefited from a good reputation and have attracted good staff, however, in recent years the unit has been subject to some adverse publicity both locally and nationally and subsequently changed their name to the Knole Centre earlier this year. The negative publicity has had a significant effect on the service ability to recruit and retain staff which has influenced the decision to cease service provision.

The service closure impacts on a relatively small number of patients with admissions, over the past three years varying between 4 and 6 annually. Most of the patients are admitted due to the complexity of their rehabilitation needs but a small number are admitted as the local rehabilitation service is commissioned as a stroke service and therefore does not offer a Level 3 service to patients with other diagnoses.

**Outline of proposal with reasons:**

To address the gap in service provision the CCG plans to purchase this treatment on a cost per case basis with a range of Independent providers who can meet the level of rehabilitation needs.

Although within the time constraints and the fact that community services are progressing through a procurement process alternative provision must be found, there is however an opportunity in the long term to develop level 3 services locally develop neuro rehabilitation for those patients who do not have a Stroke diagnosis

**Intended decision date and deadline for comments** (The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require the local authority to be notified of the date when it is intended to make a decision as to whether to proceed with any proposal for a substantial service development or variation and the deadline for Overview and Scrutiny comments to be submitted. These dates should be published.

The West Kent Neuro Rehab Unit (Knole Centre) will close on 24<sup>th</sup> December. This has been proposed by KMPT and agreed by Commissioners across the three relevant CCGs.

**Alignment with the Medway Joint Health and Wellbeing Strategy (JHWBS).**

Please explain below how the proposal will contribute to delivery of the priority themes and actions set out in Medway's JHWBS and:

- how the proposed reconfiguration will reduce health inequalities and
- promote new or enhanced integrated working between health and social care and/or other health related services

It is the view of the commissioners that the best solution for these patients, who have specialist needs, is a focus on recovery for independent living in the community with the potential for many patients to receive treatment closer to home, depending on need.

The Specialist Assessment and Placements Team currently commission individualised packages of care for patients with neurorehab needs with a greater complexity than those cared for at the Knole Centre. We are therefore proposing to expand this model of care based on individualised neurorehabilitation treatments with current local, private and NHS providers in either the community or acute settings as appropriate. The CCGs will purchase these packages of care from community providers on a cost per case basis that will be invoiced as non-contract activity.

This is a more tailor made approach, which takes into account the specific needs of individual patients, and will have a more positive impact on families

and carers. It also offers the potential of enabling increased access to specialists in neurological conditions when appropriate, and offering safe and high quality provision for people across the spectrum of severity. By commissioning individualized packages of care it ensures patients receive the most appropriate rehabilitation service, in the most appropriate environment completely tailored to meet their rehabilitation needs, similar to those who currently have more complex health needs.

**Please provide evidence that the proposal meets the Government's four tests for reconfigurations (introduced in the NHS Operating Framework 2010-2011):**

**Test 1 - Strong public and patient engagement**

- (i) Have patients and the public been involved in planning and developing the proposal?
- (ii) List the groups and stakeholders that have been consulted
- (iii) Has there been engagement with Medway Healthwatch?
- (iv) What has been the outcome of the consultation?
- (v) Weight given to patient, public and stakeholder views

The North Kent Communications and Engagement team has been working closely with SAPT and the neuro rehabilitation lead to develop a communications and engagement plan to support the service change.

This change of service, although driven by the withdrawal of the provider rather than the CCGs, provides a timely opportunity to review, develop and improve neuro rehabilitation services for the local community.

Using a variety of communication and engagement methods including face-to-face events, local media briefings and online/public information and literature, key messages shared with patients, stakeholders and the wider public will:

- Reinforce the service change as a positive opportunity to reflect, review and improve local neuro rehab services
- Introduce case studies of patients who have benefitted from the neuro rehabilitation service to explain/highlight the expertise and work of the CCG specialist assessment and placement teams
- Reassure and inform patients that the service change will provide as high or higher quality care than the current provision
- Highlight the opportunity presented to provide individualised patient-centred, personalised care for each patient
- Discuss the longer term aspiration of the CCGs to support neuro rehab patients to utilise personal health budgets to design a care package that suits their individual needs

- Show that the service change is well managed and planned by the CCGs with little or no impact on existing patients (all discharged by 24 Dec)
- Reinforce this is an interim expansion of long standing and effective current independent provision with good clinical outcomes
- Offer opportunities for local people to share their experiences to inform longer term planning and commissioning decisions.

Effective engagement with former patients and their families, community, voluntary and support groups such as Headway, the Stroke Association, Kent Brain Injury Forum and North West Kent Council for Voluntary Services will play a vital role in gathering feedback on the current and interim arrangements.

Although it is not anticipated that a formal consultation will be either needed or required, engaging with the individuals and groups as described above will help the CCGs to:

- gather views about what works well within the existing provision
- identify (from the patient perspective) where improvements can be made
- highlight/implement potential changes to the interim service specification to improve services.

Over the longer term, and used effectively this feedback can also be used to inform long term planning and commissioning decisions on how and where neuro rehabilitation services are configured and delivered.

## **Test 2 - Consistency with current and prospective need for patient choice**

It is envisaged that this service change will lead to increased patient choice as individualised services will be commissioned to meet the rehabilitation needs of the patient. Currently there is only one neuro-rehabilitation unit offering this level of service, this will increase to at least 3 with more being developed through local NHS services in either residential or the home setting.

## **Test 3 - A clear clinical evidence base**

- (i) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?
- (ii) Will any groups be less well off?
- (iii) Will the proposal contribute to achievement of national and local priorities/targets?

The current neuro-rehab providers are well established and provide high quality cost effective services. There will be no deterioration in service.

**Test 4 - Evidence of support for proposals from clinical commissioners  
– please include commentary specifically on patient safety**

This service change builds provision and capacity for people across the spectrum of severity enabling patients' access to appropriate treatment in the right environment on initial assessment.

It will enable commissioners and service providers to plan more effectively with the long term approach to develop local NHS services to work with a higher level of complexity. Medway Community Health and Kent Community Health Foundation trust currently provide level 3 in-patient and community rehabilitation across the three North Kent CCGs and are interested in developing their services to meet the needs of some of those who would have previously accessed the Knole Centre. This piece of work is on-going and is anticipated to continue through 2016. With additional skills in our local services, it may be that level 3 rehabilitation providers will be able to take a greater proportion of those patients who were previously being assessed as requiring level 2b provision.

**Effect on access to services**

- (a) The number of patients likely to be affected
- (b) Will a service be withdrawn from any patients?
- (c) Will new services be available to patients?
- (d) Will patients and carers experience a change in the way they access services (ie changes to travel or times of the day)?

Over the last 3 years between 3 and 6 Medway patients have received a service from the Knole Centre. It is envisaged that a similar number of patients will continue to require this service, however with such small numbers this could vary considerably year on year.

Some of the more specialist inpatient services will still be at a distance, but no further than the current service. This is inevitable because of the specialist nature of some of those services. However work is ongoing to develop local services that are currently provided to stroke patients to also provide care to people with other neurological conditions, thus bringing services even more local.

**Demographic assumptions**

- (a) What demographic projections have been taken into account in formulating the proposals?
- (b) What are the implications for future patient flows and catchment areas for the service?

The numbers are significantly small enough to deal with patients on an individual basis. The numbers have been consistent year on year and no significant demographic change is envisaged.

**Diversity Impact**

Please set out details of your diversity impact assessment for the proposal and any action proposed to mitigate negative impact on any specific groups of people in Medway?

There is no negative impact to any equality group.

**Financial Sustainability**

- (a) Will the change generate a significant increase or decrease in demand for a service?
- (b) To what extent is this proposal driven by financial implications? (For example the need to make efficiency savings)
- (c) What would be the impact of 'no change'?

All patients are currently assessed and either enter a pathway to the Knole Centre or the other specialist level 2b providers. This will not change except that the pathway to the Knole Centre will cease to exist.

The proposal is not driven by financial concerns.

**Wider Infrastructure**

- (a) What infrastructure will be available to support the redesigned or reconfigured service?
- (b) Please comment on transport implications in the context of sustainability and access

Current providers exist and there is capacity within those services to take the patients that currently flow to the Knole Centre.

**Is there any other information you feel the Committee should consider?**

Ultimately it is hoped to explore the utilisation of personal health budgets for this care group.

**Please state whether or not you consider this proposal to be substantial, thereby generating a statutory requirement to consult with Overview and Scrutiny**

The commissioners do not believe this is a substantial variation.

Specialist Assessment and Placements Team currently commission individualised packages of care for patients with neurorehab needs with a greater complexity than those cared for at the Knole Centre. We are therefore proposing to expand this model of care based on individualised neurorehabilitation treatments with current local, private and NHS providers in either the community or acute settings as appropriate.

The proposal affects between 3 and 6 people in Medway per year.