

Healthier Communities & Older People Overview and Scrutiny Panel

Date: 28 Nov 2023

Subject: Improving rehabilitation and recovery for adults in Merton

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Lead member: XXXXX

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Recommendations:

To enhance the therapy support in Queen Marys Hospital from 12 to 33 beds from November and close admissions to Heathlands at the end of December. By early January increase capacity of home-based rehabilitation provided by CLCH, from 50 to 70 people. CLCH will provide both health and care support including up care that requires 4 visits a day.

1. Purpose of report and executive summary

To provide the rationale for a change in service configuration in rehabilitation services: to stop commissioning rehabilitation beds in Heathlands which is a care home and replace with home-based enhanced rehabilitation and additional therapy on Mary Seacole ward at Queen Mary's hospital. This is in line with national policy and is in response to user and carer engagement and clinical and equity audits undertaken in Heathlands.

2. Details

Please see the presentation attached

3. Alternative options

- Do nothing and continue with the same service configuration.
 - Will not meet health inequalities.
 - The beds in Heathlands will continue to be underused as do not meet the needs of patients now who are more complex and with ongoing medical needs
 - Will not provide additional capacity over this winter as funding will continue to be tied up in Heathlands.
- Invest in Heathlands and enhanced rehabilitation in the community.
 - The health inequalities and lack of appropriate environment for patients who are obese or with dementia.
 - There is insufficient funding available and is not showing value for money.
- Change the proposed timelines to later in the year.
 - This will mean that less community capacity is available to support the system over this winter, which is likely to increase pressure on the hospital beds and A and E
 - This will impact both therapy and nursing resource in the community.

4. Consultation undertaken

150 service users and carers across Merton and Wandsworth were consulted on their experiences of rehabilitation and recovery services and more is planned if the proposed changes are put in place.

It has also gone to the ICB Merton Health and care committee, Merton and Wandsworth hospital and community transformation board, and Merton and Wandsworth Place Quality sub-committee

5. Timetable

Mid November	Increase therapy input to 33 beds in Mary Seacole ward in Queen Marys hospital to provide intensive rehabilitation for patients who still require medical oversight
End of December	Close admissions to the 14 Heathlands beds
Early January	Start home based enhanced rehab services to increase capacity to 70 patients a month

6. Financial resource and property


£1.6m current investment to be reassigned from Heathlands to community or home-based services. Additional therapy input in Mary Seacole ward to be identified from current therapy budgets.

7. Legal and statutory implications

Not applicable

8. Human rights, equalities, and community cohesion implications

A Health equity audit was undertaken in Heathlands which showed that the referrals to the care home beds were under representative of the Merton population and further evaluation will be required of the new services in people's homes and in hospital.

Health Equity Audit (1 April 2022 to 31 March 2023)		 Central London Community Healthcare NHS Trust
Summary of Heathlands Bedded Unit Activity		
Key findings <ul style="list-style-type: none">• Men are under-represented in the service, which should be receiving around 5 in 10 referrals from them, rather than 3 in 10 currently.• People 85 years + are best represented by the service. All adults 65 years + are over represented. Adults within the 50-64 year age group are under-represented when compared to the Merton population.• The Heathlands service utilisation was a higher prevalence in areas that are more affluent, over represented as a percentage by 33%.• Heathlands was under represented in the lower to medium deprivation levels, quintile 2 and 3, but equally matched for those in the most deprived areas.	Method <ul style="list-style-type: none">• Data for Heathlands was based on a manual audit of the 116 service users registered within Merton CCG, capturing sex, age and post code, which was then used to cross reference against Index of Multiple Deprivation (IMD) Quintile.• Merton population data was gathered from a report which covers the characteristics of people and households in Merton Local Authority in London (GSS code E09000024). Figures are sourced from the 2021 census. https://www.nomisweb.co.uk/sources/census_2021/report?compare=E09000024• Merton D2A (existing community provision for D2A referrals) data was gathered from CLCH Power BI data that is used to complete health equity audits.	

9. Crime and Disorder implications

Not applicable

10. Risk management and health and safety implications

Key Risks

Continuation of existing model of bed-based rehabilitation in Heathlands Court	Change to offer of enhanced home-based rehabilitation
Cost of existing service is outside of funding	New model is within existing contractual funded envelope
Cost pressures remain within community contract. Funded community nursing posts remain below safer staffing and do not match current demand. High volume of patient visits will continue to be deferred on daily basis/risk of clinical harm (n= 372 per month Sept. data)	Funding available to be redirected to fund additional nursing posts /offset some of the extra posts funded at risk/ temp staffing posts. Heathlands nursing staff can be redeployed to these posts
Maximum number of patients benefitting for enhanced rehab is 14. Beds are rarely fully occupied and low referral numbers for appropriate Merton patients	At least 14 patients can access enhanced home-based rehabilitation that can be adapted to their specific requirements
Model supports poor system flow out of hospital	Community model more flexible acceptance, without restriction of capped admissions per day and limitation of environmental restrictions of Heathlands building
Heathlands patient uptake continues misrepresent Merton population needs less favourably compared to Merton community therapy offer (e.g., higher service utilisation by those living in the most affluent areas with those in quintile 2 and 3 being underrepresented)	New model reflects current home-based therapy (D2A) model, that is, demonstrates a 200% increase in uptake for those in the most deprived, when compared to Merton residents. Merton D2A also closely reflects the percentage of the population within the other deprivation quintiles.
Patients have their medical needs met by GP in Heathlands (in line with rehabilitation being the primary aim) and will access escalation pathways as required	Ad hoc medical needs are met by CLCH personnel (Hospital @Home/virtual ward, UCR, with extra resource) and will access escalation pathways as required
Social care-led packages for patients will stop and start/restart when patient remains in a rehabilitation bed	The CLCH home rehabilitation team will support some enablement care needs for patients at home during their episode of care, for example, getting dressed, meal preparation but patients may need care package over and above from social care reablement.
Model not supporting option for optimal number of patients to have rehabilitation needs met at home	More patients will have access to enhanced home based rehab. Service will be developed with patient carer feedback, including co-production. Ongoing review of Population needs to address gaps/underrepresentation

11. Appendices

Please see the attached presentation