

**Social Care and Health Overview and Scrutiny Committee**  
**Community Stroke Rehabilitation Service Update**  
**January 2020**

**1. INTRODUCTION**

This report provides an update on the development of community stroke rehabilitation services in Walsall. It provides an overview of the work undertaken to date and highlights some key priorities for the next 3 months.

**2. BACKGROUND**

The National Stroke Strategy (2007) demonstrated that a hub and spoke approach, in which all patients displaying stroke symptoms are directed to hyper-acute stroke units (HASU), will deliver significant improvements to patient outcomes including a reduction in mortality rates and earlier discharge from hospital. Once stable, patients are discharged from an acute setting with care delivered either at a community rehabilitation centre or at home.

In Walsall, following the West Midlands Clinical Senate Stroke Review in 2014, a Stroke Services Sustainability Review was undertaken by Walsall CCG in 2017. The outcome of the review was to establish a HASU and ASU (as the tariff assumes that the HASU and ASU are provided by the same provider) at the Royal Wolverhampton NHS Trust. A further recommendation was to establish a comprehensive inpatient community rehabilitation service in Walsall, provided by Walsall Healthcare NHS Trust (WHT). At the time of the review, there was no community bed facility to support Early Supported Discharge (ESD) and no community bed stock. As such, the stroke rehabilitation service is being provided on Ward 4 at the Manor Hospital, until a community facility is secured.

**3. PROGRESS TO DATE**

Service reconfiguration was implemented on 11<sup>th</sup> April 2018. From that point on, all patients with signs & symptoms of acute stroke were transferred to RWT for assessment and treatment. Walsall residents at RWT requiring in-patient stroke rehabilitation were then to be transferred to WHT (Ward 4) for care. Patients who did not require in-patient rehabilitation were discharged. The out-patient service for review of patients with Transient Ischaemic Attack (TIA) was also transferred to RWT.

Walsall Healthcare Trust (WHT) established a formal project team in January 19 to operationalise the move from the acute setting into the community. This project reports into both the Walsall Together Senior Management Team (SMT) and the WHT Trust Management Board. To date, the project has faced several challenges in securing suitable accommodation and in procuring the soft estates within the available financial envelope.

Holly Bank House was a 21-bedded intermediate care rehabilitation facility from October 2012 until June 2018 when the delivery model was re designed to follow national best practice. The CCG now commission the beds across 3 nursing homes in the Borough with the same health Integrated Care Service (ICS) clinicians delivering

the rehabilitation element of the service. Intermediate Care Services in Walsall have since been remodelled jointly by Health and Social Care to strengthen approaches to the provision of care closer to home, the avoidance of preventable hospital admissions and the expedition of hospital discharges. As part of this service redesign, ICS staff have relocated from Manor Hospital and are temporarily based in the empty clinical space at Holly Bank House until more appropriate accommodation can be secured.

Following negotiations between WHT and the Council it has provisionally been agreed that the Holly Bank House site can be used by WHT to house stroke rehabilitation patients. There are no alternative viable options to Holly Bank House for the relocation of stroke rehabilitation services into a community setting in Walsall. The intention is to relocate stroke services and therefore ICS services as well, by April 20.

There are several key deliverables required to achieve this, which are outlined in the table below.

<b>Deliverable</b>	<b>Progress</b>
Nursing and AHP staffing model, ensuring appropriate cover out of hours	<p>Nursing and AHP skill mix is compliant with national standards for both in and out of hours care. The model has been formally signed off by the Director of Nursing at WHT.</p> <p>Staff engagement including the required 30-day formal consultation to relocate individuals to a community setting is in progress.</p>
Medical model	<p>The model will utilise 0.5 WTE Consultant Geriatrician with additional out of hours cover provided by an external provider.</p> <p>Formal sign-off of the medical model is in progress and will be complete by the end of January.</p>
Catering and cleaning	Several options have been considered including internal and external provision. The preferred option is for Walsall Council to provide these services. A full quote is expected from Walsall Council by 17 <sup>th</sup> January.
Relocation of ICS	Blakenall Village Centre is a commercial property within the existing health or social care estate (the East Locality integrated teams for adults are based here). It offers excellent value on rent and rates compared to the rest of the commercial market and the NHS estate. Securing accommodation at Blakenall village is dependent on wider Walsall Together plans for 2020/21, which are due to be signed off in January.
Pathway and referral criteria from HASU/ASU	Patients with both higher and lower acuity than is suitable for a community stroke rehabilitation service are currently being transferred to Manor Hospital. Discussions are ongoing with RWT to review the referral criteria and to explore whether in-reach assessment would be beneficial to ensure patients are directed to the most appropriate pathway (e.g. Early Supported Discharge and ICS).

	This review will also ensure we have appropriate capacity across all patient pathways.
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#### **4. KEY PRIORITIES AND RISKS**

The key priority is now to formally secure approval from Walsall Council to utilise Holly Bank House for community stroke rehabilitation.

WHT carries the financial risk in moving stroke rehabilitation to the community both in terms of the up-front capital investment and the ongoing investment and expenditure position. A whole-system approach is required to minimise the financial risk to any single organisation in line with the principles of an integrated care system and as such this project is being overseen by the Walsall Together Partnership.

#### **5. RECOMMENDATION**

The Committee is asked to note the contents of this report.