



Adults, Health and Active Lifestyles Scrutiny Board

Scrutiny Statement

October 2021

Redesign of the Community Neurological Rehabilitation Service in Leeds

1. Introduction

- 1.1 In accordance with Part 4 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, a Health Service Development Working Group meeting was held on 26th April 2021 to allow members of the Adults, Health and Active Lifestyles Scrutiny Board to be informed of plans for patient, carer, staff and stakeholder engagement surrounding the development of a new model of delivery for the community neurological rehabilitation service in Leeds.
- 1.2 The working group requested that an update on progress against the engagement plan and additional referral and activity data be shared with members of the successor Scrutiny Board in early June to help determine any appropriate next steps.
- 1.3 A further update paper was therefore circulated to Scrutiny Board Members in June and in consideration of this, the Adults, Health and Active Lifestyles Scrutiny Board agreed to utilise its planned meeting on 5th October 2021 to be formally updated on the engagement findings and to also share its views on the identified themes that will help inform the final model of delivery.
- 1.4 The Scrutiny Board received a briefing paper prepared jointly by NHS Leeds Clinical Commissioning Group and Leeds Community Healthcare NHS Trust. Senior representatives from the Trusts were in attendance to help address questions from Board Members. These included the Clinical Head of Service for Neurology & Adult Speech and Language Therapy; the Service Development Lead (Clinical); and the Head of Pathway Integration – Long Term Conditions. A representative from Leeds Voices was also in attendance.
- 1.5 As a public meeting, all of the information presented to the Scrutiny Board is accessible via the Council's website, including access to the webcast recording of the meeting¹.
- 1.6 The timeliness of the Board's meeting allowed for the Board to consider the identified themes and emerging priority areas that will inform the developing model of delivery for the Community Neurological Rehabilitation Service and to share its views prior to a final decision on the model being agreed mutually between Leeds Community Healthcare NHS Trust and NHS Leeds Clinical Commissioning Group at the end of October 2021
- 1.7 This Statement summarises the key observations and recommendations of the Adults, Health and Active Lifestyles Scrutiny Board for the consideration of the Leeds Community Healthcare NHS Trust and NHS Leeds Clinical Commissioning Group.

¹ AHAL Scrutiny Board meeting webpage <https://democracy.leeds.gov.uk/ielListDocuments.aspx?Cid=1090&Mid=11621>



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2. Key observations

- 2.1 The Scrutiny Board acknowledges that prior to the Covid-19 pandemic, there had already been increasing demand on the Community Neurological Rehabilitation Service over the last few years, with subsequent long waits to access the service. The service was therefore already beginning to explore new ways of working to try and address the existing challenges. In having to adapt the service to respond to the pandemic, this had provided a unique opportunity to look at the service offer in detail to understand what patients need to meet their rehabilitation requirements.
- 2.2 In supporting the rationale to redesign the service, the Scrutiny Board had considered the proposed engagement plan back in April 2021, which was subsequently agreed by the NHS Leeds CCG Patient Advisory Group in June 2021.
- 2.3 During its meeting on 5th October 2021, the Scrutiny Board was formally updated on the the key themes and emerging priority areas stemming from the engagement with patients, carers and staff, which included the following:
- The Home First offer is supported by staff and stakeholder groups and will remain a key element of the new model.
 - From staff, stakeholders and patients/carers feedback - the length of inpatient rehabilitation needs to be tailored to individual patient needs, with the home first approach and a more responsive community offer a reduction of inpatient beds is likely.
 - A route for self-referral into the service is essential for those known to the service.
 - To deliver a more responsive service in order to provide rehabilitation in the right place at the right time for the patient.
 - To be able to deliver the appropriate intensity of rehabilitation at the right time to meet patients goals effectively.
 - Clear outline and criteria of what the Community Neurological Rehabilitation Service offers available to all stakeholders.
 - Speech and Language Therapy is embedded in the service.
 - To accept patients that require only one discipline to meet their specialist rehabilitation needs
- 2.4 The Scrutiny Board was advised that the above themes will be informing the developing new model of delivery. In welcoming this approach, a number of observations were also made by the Scrutiny Board which are summarised below.

Recognising digital technology as a priority area of development.

- 2.5 The Scrutiny Board acknowledged that there had been varied feedback from patients and carers during the engagement process in relation to the new digital delivery modes that had been expediated as a result of the pandemic (i.e. online consultations). However, the Scrutiny Board also noted that there had been a consensus view from staff within the Leeds Community Healthcare NHS Trust (LCH) about the need to review



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current IT systems to help avoid duplication and improve how patients are effectively managed across LCH services.

- 2.6 While acknowledging that there is broader strategic work being undertaken around digital innovation across acute and community health services, the Scrutiny Board felt that the development of digital technology should still be acknowledged as part of the list of themes and priority areas informing the developing new model of delivery for the community neurological rehabilitation service.

Prioritising actions and providing feedback to patients and staff.

- 2.7 The Scrutiny Board recognised the need to prioritise actions linked to each of the identified themes and to provide feedback on this to patients, carers and staff. The Scrutiny Board welcomed the intention to produce a 'You Said, We Did' report following the implementation of the new delivery model. However, having consulted the view of Leeds Voices, the Scrutiny Board also recognised the merit of producing a more immediate 'You Said, We Heard' report that explains how the Trusts are seeking to prioritise actions in response to the views expressed by patients, carers and staff during the engagement process.

Acknowledging the valuable role of the Third Sector.

- 2.8 The Scrutiny Board emphasised the importance of maximising all available resources, including Third Sector provision, to ensure that patients are accessing the right person, at the right place, at the right time. Linked to this, it was noted that the Leeds Community Healthcare NHS Trust had been working closely with Voluntary Action Leeds to understand how best to utilise the provision available within that sector. As part of the redesign process, the Scrutiny Board also welcomed the intention to undertake an Equality Impact Assessment to ensure that services are accessible to all.

Ensuring links with the broader vision for stroke services.

- 2.9 During its meeting on 5th October 2021, the Scrutiny Board was briefed separately on the work being undertaken to develop a vision for stroke services for the next five years, which will also align with the National Stroke Strategy and clinical service strategies produced as part of the West Yorkshire and Harrogate Integrated Care System.
- 2.10 While acknowledging that the redesign work for the community neurological rehabilitation service is being undertaken within existing financial resources, the Scrutiny Board was separately made aware of some of the workforce pressures outside of this service which are across the stroke pathway, primarily linked to a national shortage of specialist trained staff, that would need to be addressed as part of the broader vision work.
- 2.11 In recognition that some patients accessing the community neurological rehabilitation service will have come through the stroke pathway, the Scrutiny Board emphasised the



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need to ensure that the new model of delivery links in with the broader vision for stroke services. The Scrutiny Board also agreed to revisit the work being undertaken to develop the vision for stroke services early in the New Year.

3. Conclusion

- 3.1 The Adults, Health and Active Lifestyles Scrutiny Board supports the rationale to redesign and improve the community neurological rehabilitation service in Leeds and welcomes the engagement work undertaken to ensure that the new model of delivery is being informed by patients, carers and staff.
- 3.2 Reflecting on the Scrutiny Board's key observations, as referenced above, a number of recommendations have been directed to the Leeds Community Healthcare NHS Trust and NHS Leeds Clinical Commissioning Group. These are summarised in the table below.
- 3.3 The Scrutiny Board acknowledged that once agreed, a phased implementation of the new model is expected to begin in November 2021, with full implementation of the model in early 2022. The Scrutiny Board is keen to maintain a watching brief of progress and has therefore requested that a further update report is brought back to Scrutiny within the next 12 months.

Recommendations:

Recognising digital technology as a priority area of development.	That the development of digital technology is acknowledged as part of the list of themes and priority areas informing the developing new model of delivery for the community neurological rehabilitation service.
Prioritising and communicating actions linked to the identified themes.	That actions linked to each of the identified themes are prioritised clearly and communicated as part of a 'You Said, We Heard' report for the benefit of patients, carers and staff.
Ensuring links with the broader vision for stroke services.	That the new model of delivery for the community neurological rehabilitation service links in with the broader vision for stroke services.