

Statement of Purpose

Health and Social Care Act 2008

Norfolk Community Health and Care NHS Trust
RY3

Contents

	Page
1. Name of service provider and business address	3
2. Vision, objectives and values	3
3. Legal status	4
4. Description of services	5
5. Regulated activities / Service types /Service user bands against each Registered Location	11

1. Name of service provider and business address

Norfolk Community Health & Care NHS Trust

Woodlands House, Norwich Community Hospital, Norwich Norfolk, NR2 3TU,
Chief Executive Officer – Matthew Winn

1.1 The nominated individual for all our Regulated Activities is;

Kate Howard, Chief Nurse
Norfolk Community Health & Care NHS Trust
Woodlands House, Norwich Community Hospital Site, Norwich Norfolk, NR2 3TU

1.2 CQC Registration

The main point of contact for matters related to the CQC registration process is Kate Howard, Chief Nurse, Kate.Howard4@nhs.net 01603 693624

2. Vision, objectives and values of NCH&C

2.1 Our Vision

We are Community Health and Social Care Specialists for Norfolk and Waveney. We work with our communities to improve and manage their health and medical conditions in, or near their homes, and minimise the need for them to be in hospital.

We work collaboratively with patients and partners to offer a safe, personalised experience, delivered with heart.

Our vision is to provide seamless health and social care that creates healthier futures for everyone across Norfolk and Waveney.

2.2 Our Strategic Objectives

We have five strategic objectives for the period 2023-27 that bring this vision to life:

- Deepening our integration with partners
- Attracting and developing brilliant and fulfilled teams
- Continually improving standards of excellence
- Advancing our use of technology
- Being a future-focused organisation

Our strategy for 2023-27 details the areas that we will focus on to achieve our strategic objectives:

Deepening our integration with partners	Attracting and developing brilliant and fulfilled teams	Continually improving standards of excellence	Advancing our use of technology	Being a future-focused organisation
We will deliver this by:				

Preventing health conditions from developing	Looking after our people	Supporting people to advance their clinical capability	Developing digital solutions that enable more services at home	Ensuring we have the resources to meet current and future needs
Responding quickly to urgent needs	Ensuring everyone feels they belong	Creating a quality improvement culture	Prioritising high-quality data analysis and reporting	Minimising our impact on the environment
Delivering more joined-up treatment experiences	Encouraging personal growth	Keeping patient safety a top priority	Enabling joined-up systems and data with colleagues and partners	Using evidence to continually evolve how we work
Empowering patients to manage conditions at home	Enabling new ways of working	Prioritising action in our most challenged services	Optimising our digital capabilities to drive efficiencies	Nurturing proactive leaders at all levels

2.3 Our Values

Our Values form a behavioural framework for our staff in how they treat our patients and each other and are the foundation to our delivering our strategic objectives. These values underpin all communication principles for our trust, forming the backbone of our key messages. Everything we communicate will have a clear association with one or more of our values.

Community

- As one trust, we enhance the lives of our patients through our commitment, support and working together
- We are proud to serve our local community by providing integrated quality services with our partner organisations
- We respect and value the trust we are given to enter our patients' homes and lives

Compassion

- We provide compassionate, coordinated and personalised quality care that is safe and effective
- We empower and educate our patients and their carers in the effective delivery and management of their own independence, health and wellbeing
- We are dedicated to holistic, compassionate care and demonstrate this through our commitment to our personal and professional development

Creativity

- Our expertise, commitment and creativity are key to the successful delivery of our services
- We are always open to new ideas that support us in delivering effective, compassionate care to our patients
- We continuously innovate and implement efficient delivery of care

3. Legal Status

Norfolk Community Health and Care NHS Trust (NCH&C) is the main provider of NHS community healthcare for the whole population of Norfolk (excluding the area of Great Yarmouth). NCH&C became an NHS Trust on 1st November 2010 and were subsequently registered with the CQC on 13th June 2011.

The Trust has no restrictive conditions placed upon its Registration received an 'Outstanding' rating following a comprehensive inspection by the CQC in June 2018.

The Executive Team consists of Executive Directors and is authorised by NCH&C Board to implement strategic decisions, to make operational decisions and ensure that key performance targets are met.

An experienced, diverse and multi-skilled Board is vital for us to achieve the best outcomes for local patients while continuing to deliver the most competitive NHS services of the highest quality for our commissioners.

4. Description of services

4.1 Provider Service Headquarters RY3X3 Woodlands House, Norwich Community Hospital Site, Norwich Norfolk, NR2 3TU

Provider Services HQ location covers our community services as defined in Rule 4(b) and includes services such as Community Children's services for children with specialist health and disabilities and community nursing and therapy in integrated teams, which are delivered from Health Centres, Community Centres and in our patients' homes.

4.3 Colman Hospital, Unthank Road, Norwich NR2 2PJ RY311

4.3.1 Caroline House, Colman Hospital, Unthank Road, Norwich, NR2 2PJ

The service is provided for patients aged 16 – 65 with some flexibility at the upper age limit. It is a holistic, patient-centered service enabling people with complex neurological conditions to acquire the knowledge and skills needed for optimal physical, cognitive, psychological and social function. The service works with the patient and family to minimise the impact of their condition and achieve their optimum level of autonomy and participation in society.

Services are delivered in a hub-and-spoke model with inpatient facilities at Caroline House (18 beds) and day patient services provided from Jubilee House and Colman Hospital. Community specialist neurological rehabilitation is also delivered in a wide variety of community settings (see below). The service addresses the complex needs of patients in the following diagnostic groups:

- Head injury.
- Stroke.
- Subarachnoid haemorrhage.
- Post neurosurgery for benign or non-aggressive tumours (i.e. not requiring palliative care services).
- Other acquired brain damage e.g. anoxic, toxic, metabolic, infective, inflammatory.
- People in low level awareness states from whatever cause.
- Progressive neurological conditions e.g. multiple sclerosis.
- Non-progressive neurological conditions e.g. Guillain-Barre.
- Spinal injury or spinal stroke, either after initial spinal injuries unit treatment or instead of spinal injury unit treatment when clinically indicated.
- Other neurological disease e.g. post-polio syndrome.

4.3.2 Priscilla Bacon Hospice, Century Place, Colney, Norwich, NR4 7YA

Priscilla Bacon Lodge provides Specialist Palliative Care Services and is committed to providing high levels of specialist palliative care to those with advanced progressive disease and to their families, so that both patient and family members may experience the best possible quality of life, and also know that they have access to expert support when needed.

The service provides expert multidisciplinary care for adults with complex palliative care needs due to advanced progressive disease no longer responding to curative treatment, including non-malignant diseases such as heart failure and neurological conditions. Palliative Care is an approach that improves the quality of life of both patients and their families who are facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual (World Health Organisation, 2002).

The services provided from Priscilla Bacon Lodge includes a 16 bed inpatient unit, for those with complex palliative care needs that cannot be met in other settings or the patient's own home. This can include symptom management for physical, psychological, emotional, and spiritual needs and end of life care. This service is supported by a multidisciplinary team with expert knowledge and skill.

Day services that include; consultant led outpatient clinics, therapy and nurse lead groups, clinical reviews and treatments such IV therapies. These patients are referred to the service by a healthcare professional and attend the day services from their own homes and are supported by a multi-disciplinary team.

A wellbeing centre; where psychological assessments and treatments are provided for service users and their relatives. This service supports both the inpatient teams and outpatients.

The community specialist palliative care nurse team; providing complex and multifaceted end of life care, support and advice to patients, families and healthcare professionals.

All services work collaboratively and patients can be referred from one team to another if required and appropriate.

4.3.3 Pine Cottage, Colman Hospital, Unthank Road, Norwich NR2 2PJ

The 9 bedded inpatient service is provided for amputee and post-surgical patients who would otherwise face an increased length of stay in an acute bed, which would delay the rehabilitation process and potentially increase the rehabilitation element of their care. Care is assessed on the need and ability of each individual. This will include any assessments related to discharge to the most appropriate environment.

The amputee and post-surgical unit has inpatient beds and comprises an interdisciplinary team which includes doctors, nurses, physiotherapists and occupational therapists that have expert knowledge and training in assessment, treatment and management of the rehabilitation of amputee and post-surgical patients. It has staff members whose sole responsibility is working within the specialism. Additional therapy following discharge from a hospital setting to patients requiring continued specialist amputee rehabilitation would continue to be provided by the amputee team in an outpatient capacity at the Colman Hospital.

4.3.4 Birch Unit

The Birch Unit is a 20 bedded unit and takes patients from the Norfolk and Norwich University Hospital, James Paget University Hospital and Queen Elizabeth Hospital with a wide range of physical conditions. It is based on the Colman Site in Norwich. The service provides expert therapy led and based care, including end of life care and rehabilitation to adults by a multidisciplinary team. Patient care is individually assessed on the patient needs and rehabilitation potential. Each patient has an individual care and discharge plan which has input from all disciplines and social services colleagues. The unit works closely with integrated community based outreach teams and social work teams, to follow patients through to deliver care at home. It aims to provide:

- Intensive rehabilitation
- Multidisciplinary care and discharge planning
- Staff with expert knowledge around a wide range of disease specific areas
- Integrated working with community based outreach teams and social work teams
- Promotion of patients' outcomes, particularly with reference to quality of life indicators
- A safe and clean environment for patients, relatives and staff
- Well considered discharge destinations; providing patients with choice as well as maximising safety.
- An open culture where patients and relatives can discuss issues and concerns with any member of the multidisciplinary team.
- Support for community based patients experiencing a crisis
- End of life care

4.4 Century Place, Colney, Norwich, NR4 7YA

4.41 Priscilla Bacon Lodge, Century Place, Colney, Norwich, NR4 7YA

Priscilla Bacon Lodge provides Specialist Palliative Care Services and is committed to providing high levels of specialist palliative care to those with advanced progressive disease and to their families, so that both patient and family members may experience the best possible quality of life, and also know that they have access to expert support when needed.

The service provides expert multidisciplinary care for adults with complex palliative care needs due to advanced progressive disease no longer responding to curative treatment, including non-malignant diseases such as heart failure and neurological conditions. Palliative Care is an approach that improves the quality of life of both patients and their families who are facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual (World Health Organisation, 2002).

The services provided from Priscilla Bacon Lodge includes a 16 bed inpatient unit, for those with complex palliative care needs that cannot be met in other settings or the patient's own home. This can include symptom management for physical, psychological, emotional, and spiritual needs and end of life care. This service is supported by a multidisciplinary team with expert knowledge and skill.

Day services that include; consultant led outpatient clinics, therapy and nurse lead groups, clinical reviews and treatments such IV therapies. These patients are referred to the service

by a healthcare professional and attend the day services from their own homes and are supported by a multi-disciplinary team.

A wellbeing centre; where psychological assessments and treatments are provided for service users and their relatives. This service supports both the inpatient teams and outpatients.

The community specialist palliative care nurse team; providing complex and multifaceted end of life care, support and advice to patients, families and healthcare professionals.

All services work collaboratively and patients can be referred from one team to another if required and appropriate.

Formatted: No bullets or numbering

4.4 Norwich Community Hospital, Bowthorpe Road, Norwich NR2 3TU RY312

4.4.1 Alder Ward, Mulberry Unit

Alder Ward is a 24 bedded unit and takes patients from the Norfolk and Norwich Hospital with a wide range of physical conditions. It is based on the Norwich Community Hospital Site in Norwich. The service provides expert nursing care, including end of life care and rehabilitation to adults by a multidisciplinary team. Patient care is individually assessed on the patient needs and rehabilitation potential. Each patient has an individual care and discharge plan which has input from all disciplines and social services colleagues. The unit works closely with integrated community based outreach teams and social work teams, to follow patients through to deliver care at home. It aims to provide:

- Intensive rehabilitation
- Multidisciplinary care and discharge planning
- Staff with expert knowledge around a wide range of disease specific areas
- Integrated working with community based outreach teams and social work teams
- Promotion of patients' outcomes, particularly with reference to quality of life indicators
- A safe and clean environment for patients, relatives and staff
- Well considered discharge destinations; providing patients with choice as well as maximising safety.
- An open culture where patients and relatives can discuss issues and concerns with any member of the multidisciplinary team.
- Support for community based patients experiencing a crisis
- End of life care

4.4.2 Beech Ward, Mulberry Unit

Beech Ward provides specialist stroke rehabilitation to a maximum of 24 patients admitted from the acute hospital. The Early Supported Discharge team provides home based rehabilitation for patients meeting the referral criteria. The service is provided for patients aged 18 and above who have suffered an acute stroke and meet the referral criteria for the service. The service aims to provide high quality specialist rehabilitation to patients within both inpatient facilities and the patient's own home following an acute stroke, in order to allow patients to achieve their optimal level of independence and reach their maximum rehabilitation potential. The ESD team also aims to provide a follow up service to all patients 6 months after the onset of their stroke.

4.4.3 Willow Therapy Unit

The Willow Therapy Unit is a 48 bedded unit and takes patients from the Norfolk and Norwich Hospital with a wide range of physical conditions. It is based on the Norwich Community Hospital Site in Norwich. The service provides expert therapy led and based care, including end of life care and rehabilitation to adults by a multidisciplinary team. Patient care is individually assessed on the patient needs and rehabilitation potential. Each patient has an individual care and discharge plan which has input from all disciplines and social services colleagues. The unit works closely with integrated community based outreach teams and social work teams, to follow patients through to deliver care at home. It aims to provide:

- Intensive rehabilitation
- Multidisciplinary care and discharge planning
- Staff with expert knowledge around a wide range of disease specific areas
- Integrated working with community based outreach teams and social work teams
- Promotion of patients' outcomes, particularly with reference to quality of life indicators
- A safe and clean environment for patients, relatives and staff
- Well considered discharge destinations; providing patients with choice as well as maximising safety.
- An open culture where patients and relatives can discuss issues and concerns with any member of the multidisciplinary team.
- Support for community based patients experiencing a crisis
- End of life care

~~4.4.4 Sexual Assault Referral Centre (SARC)~~

~~This is a service provided by the Police but supported by NCH&C as part of the safeguarding role of NCHC Paediatric Consultant team. NCH&C provide professional advice to social services, police and medical professionals in cases involving children aged 13 years and under, where sexual abuse is suspected or alleged. Where forensic examination is required, children will be seen at the SARC by the consultant team. Forensic examination is carried out as close to the event as possible, but within 72 hours.~~

4.5 Dereham Hospital, Northgate, Dereham, Norfolk NR19 2EX RY319

Foxley is a 24 bedded inpatient unit at Dereham Hospital. The service provides expert nursing care and rehabilitation to adults (usually 65+) within a multi-disciplinary context. Care is assessed on the need and rehabilitation potential of each individual and detailed discharge planning in conjunction with social services, is an integral part of the care process. The unit provides an integrated approach to care and rehabilitation through multi-disciplinary working aiming to maximise the rehabilitation potential for all users. The service is closely monitored in terms of length of stay, occupancy and availability, in addition to developing and auditing quality measures and standards. Our patients are transferred from an acute hospital following an acute intervention that requires an extended period of nursing care and/or rehabilitation. People requiring palliative and terminal care and those requiring symptom control, assessment and/or terminal care.

4.6 North Walsham Hospital, Yarmouth Road, Nth Walsham NR28 9AP RY332

North Walsham Hospital is a 24 bedded inpatient unit and provides expert nursing care and rehabilitation to adults within a multi-disciplinary context. Care is assessed on the need and rehabilitation potential of each individual and detailed discharge planning in conjunction with social services, is an integral part of the care process. Our patients include those who need:- non-acute medical care; patients who are unable to be managed at home because of their complex health care needs and their need for on-going observation and/or treatment; patients who may need a high level of technical care which cannot reasonably be provided by out-reach services at home; patients transferred from an acute hospital following an acute intervention that requires an extended period of nursing care and/or rehabilitation and patients whose health care needs are unable to be managed at home by a community team within daytime hours.

4.7 Swaffham Community Hospital, Sporle Road, Norfolk PE37 7HL RY33E

Swaffham Community Hospital is an 18 bedded inpatient unit and the service is provided for patients aged 16 and above (majority of patients aged 60+). It is a holistic patient centered service providing rehabilitation, intermediate and palliative care with a multi-agency approach. Our patients include those requiring:- therapeutic nursing; patients transferred from an acute hospital that require an extended period of nursing care and/or rehabilitation; patients in the community who require medical assessment, treatment, pain relief of therapeutic nursing which cannot be carried out in the patient's own home or who would require a comprehensive medical/nursing package.

4.8 Kelling Hospital, Old Cromer Road, High Kelling, Holt, Norfolk NR28 6QA RY335

Pineheath, Kelling, is a 24 bedded inpatient unit. The service provides expert nursing care and rehabilitation to adults within a multi-disciplinary context. Care is assessed on the need and rehabilitation potential of each individual and detailed discharge planning in conjunction with social services, is an integral part of the care process. It accepts patients from the Norfolk and Norwich Hospital who require assessment, on-going care and rehabilitation through close multi-disciplinary working which aims to maximise the rehabilitation potential for all its users.

The service is closely monitored in terms of length of stay, occupancy and availability. It develops and audits quality measures and standards. It accepts people who are unable to be managed at home because of their complex health care needs, their need for on-going observation and/or treatment and people who may need a high level of technical care which cannot reasonably be provided by out-reach services at home.

4.9 Ogden Court, 60 Ogden Close, Wymondham, Norfolk NR18 0PE RY386

Ogden Court is a 18/21 inpatient facility providing care for adults requiring slow-stream rehabilitation. Care is assessed on need and potential of the individual and matched to the appropriate care setting. Predominantly a nurse-led unit alongside physiotherapists, occupational therapists, medics and social workers.

Social Services beds: are for patients who have been transferred from an acute or community hospital and are waiting for placement; either at home with a package of care, or in a care home.

Health Beds: Our patients include those requiring:- therapeutic nursing; patients transferred from an acute hospital that require an extended period of nursing care and/or rehabilitation; patients in the community who require medical assessment, treatment, pain relief of therapeutic nursing which cannot be carried out in the patient's own home or who would require a comprehensive medical/nursing package.

4.10 Short Break Respite Services

4.10.1 Squirrels', 5 Mill Close, Aylsham NR11 6LZ RY352

This short break respite service is for children with complex health needs with or without a Learning Disability. The units can take up to two five children, sleeping overnight, at any one time, taking into account the compatibility of children and staffing ratios. On average children receive between 4 and 5 nights care per month and a longer annual holiday of up to 7 days. During their stay children receive care appropriate to their identified health needs - these can include management of their epilepsy; feeding requirements; and maintenance of their chronic condition. The service is accessed via referral at a monthly panel meeting. Panel consists of Team Manager, Home Leaders, Children's Community Learning Disabilities Nurse Representative, Social Worker Representative from East and Central Children with Disabilities Team. The Children engage in their usual activities during the day, for example school.

Formatted: Not Highlight

Note: In certain circumstances, on the advice of the lead clinician, the multi-disciplinary team and in agreement with the commissioner, these units may continue to provide short breaks to young adults over 18 years and up to aged 19 years. This will be assessed on a case by case basis and the Trust will notify the CQC accordingly.

4.10.2 Mill Lodge, 156 & 158 Kingswood Avenue, Taverham, Norwich, NR6 6UR RY3X4

This service provides short break respite care for adults with complex health needs who have a Learning Disability. The unit has five beds. On average, clients will access up to 6 days per month and a longer annual holiday up to two weeks duration. During their stay clients receive care appropriate to their identified health needs - these can include management of their epilepsy; feeding requirements; and maintenance of their chronic condition. Referrals are received from care managers, lead workers and social workers.

5. Regulated activities¹, service types and service user bands for each of our registered locations are as follows:

Location	Number	Regulated Activities	Service Types	Service user bands
Provider Services HQ, Woodlands House Bowthorpe Road, Norwich Norfolk NR3 2TU	RY3X3	<ul style="list-style-type: none"> • Treatment of Disease Disorder or Injury • Assessment or Medical Treatment for persons detained under the 1983 (Mental Health) Act • Diagnostic and Screening Procedures • Family Planning Service • Personal Care 	HPS LTC CHC DSS LDC UCS ACS DEN RHS DCC	Whole Population
Colman Hospital Unthank Road Norwich NR2 2PJ	RY311	<ul style="list-style-type: none"> • Treatment of Disease Disorder or Injury • Assessment or Medical Treatment for persons detained under the 1983 (Mental Health) Act • Diagnostic and Screening Procedures 	ACS CHC HPS LTC DTS RHS DSS	Whole population
Norwich Community Hospital Bowthorpe Rd Norwich NR2 3TU	RY312	<ul style="list-style-type: none"> • Treatment of Disease Disorder or Injury • Assessment or Medical Treatment for persons detained under the 1983 (Mental Health) Act • Diagnostic and Screening Procedures • Surgical Procedures 	ACS DSS CHC RHS LDC DEN MHC LTC DTS HPS	Whole population
Dereham Hospital Northgate Dereham NR19 2EX	RY319	<ul style="list-style-type: none"> • Treatment of Disease Disorder or Injury • Assessment or Medical Treatment for persons detained under the 1983 (Mental Health) Act • Diagnostic and Screening Procedures 	ACS RHS LTC DTS DEN CHC DSS HPS	Whole population
Kelling Hospital Old Cromer Rd High Kelling Holt NR25 6QA	RY335	<ul style="list-style-type: none"> • Treatment of Disease Disorder or Injury • Assessment or Medical Treatment for persons detained under the 1983 (Mental Health) Act • Diagnostic and Screening Procedures 	ACS RHS CHC DTS LTC DSS HPS	Whole population
Swaffham Community Hospital Sporle Road Swaffham PE37 7HL	RY33E	<ul style="list-style-type: none"> • Treatment of Disease Disorder or Injury • Assessment or Medical Treatment for persons detained under the 1983 (Mental Health) Act • Diagnostic and Screening Procedures 	ACS RHS CHC DTS DSS DEN LTC HPS	Whole population

¹As defined by the Health and Social care Act 2008 (Regulated Activities) Regulations 2009 schedule 1

Location	Number	Regulated Activities	Service Types	Service User type
North Walsham Hospital Yarmouth Road North Walsham NR28 9AP	RY332	<ul style="list-style-type: none"> Treatment of Disease Disorder or Injury Assessment or Medical Treatment for persons detained under the 1983 (Mental Health) Act Diagnostic and Screening Procedures 	ACS RHS CHC DTS LTC DSS HPS	Whole population
Ogden Court 60 Ogden Close Wymondham Norfolk NR18 0PE	RY386	<ul style="list-style-type: none"> Treatment of Disease Disorder or Injury Assessment or Medical Treatment for persons detained under the 1983 (Mental Health) Act Diagnostic and Screening Procedures 	ACS RHS LTC CHC DTS HPS DSS	Whole population
Squirrels 5, Mill Close Aylsham NR11 6LZ	RY352	<ul style="list-style-type: none"> Treatment of Disease Disorder or Injury 	LTC LDC CHN	LD or autistic spectrum disorder, Children (all ages), Mental health, physical disability, sensory impairment
Mill Lodge 156 & 158 Kingswood Avenue Taverham Norwich NR6 6UR	RY351	<ul style="list-style-type: none"> Treatment of Disease Disorder or Injury 	LTC LDC CHN	LD or autistic spectrum disorder, Adults, Mental health, physical disability, sensory impairment

Service Types Key:

RHS	Rehabilitation services
LTC	Long Term Conditions Services
HPS	Hospice Services
CHC	Community Health Care Services
DSS	Diagnostic and/or Screening Services
LDC	Community-based Services for people with a Learning Disability
UCS	Urgent Care Services
ACS	Acute Services
DCC	Domiciliary Care Services including those provided for children
DTS	Doctors Treatment Services
MHC	Community Based Services