Nottinghamshire County Council

Health Scrutiny Committee

Tuesday, 07 July 2020 at 10:30

Virtual meeting, **https://www.youtube.com/user/nottscc**

AGENDA

1	To note the appointment by Full Council on 11 June 2020 of Councillor Keith Girling as Chairman and Councillor Martin Wright as Vice-Chairman.	
2	To note the membership of the Health Scrutiny Committee as follows: Councillors Richard Butler, Dr John Doddy, Kevin Greaves, David Martin, Liz Plant, Kevin Rostance, Stuart Wallace, Muriel Weisz and Yvonne Woodhead.	
3	Minutes of Meeting held on 25 February 2020	3 - 8
4	Apologies for Absence	
5	Declarations of Interests by Members and Officers:- (see note below) (a) Disclosable Pecuniary Interests (b) Private Interests (pecuniary and non-pecuniary)	
6	National Rehabilitation Centre - Final Consultation Document	9 - 72
7	COVID-19 Response Briefing	73 - 90
8	Work Programme	91 - 92

Notes

(1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.

(2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

(3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Noel McMenamin (Tel. 0115 977 2670) or a colleague in Democratic Services prior to the meeting.

(4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

(5) This agenda and its associated reports are available to view online via an online calendar - http://www.nottinghamshire.gov.uk/dms/Meetings.aspx

Nottinghamshire County Council

minutes

HEALTH SCRUTINY COMMITTEE

Tuesday 25 February 2020 at 10.30am

Membership

Keith Girling (Chairman) **A**
Martin Wright (Vice-Chairman)

Richard Butler	Kevin Rostance
John Doddy	Stuart Wallace **A**
Kevin Greaves **A**	Muriel Weisz
David Martin	Yvonne Woodhead
Liz Plant	

Substitute Members

John Handley for Keith Girling
John Longdon for Stuart Wallace
Jim Creamer for Kevin Greaves

Other County Councillors in Attendance

Keith Girling (Items 5-7)

Officers

Melanie Brooks	Nottinghamshire County Council
Martin Gately	Nottinghamshire County Council
David Hennigan	Nottinghamshire County Council
Noel McMenamin	Nottinghamshire County Council

Also in attendance

John Brewin	Nottinghamshire Healthcare Trust
Sharon Creber	Nottinghamshire Healthcare Trust
Deborah Wildgoose	Nottinghamshire Healthcare Trust

1. MINUTES

The minutes of the meetings held on 14 January 2020, having been circulated to all Members, were taken as read and were signed by the presiding Chair.

2. APOLOGIES

The following apologies for absence were reported:

Keith Girling (Chair) – Medical/illness
Stuart Wallace – Other Council business
Kevin Greaves – Medical/illness

In Keith Girling's absence, the Chair was taken by Martin Wright, the Vice-Chair.

3. DECLARATIONS OF INTEREST

None.

4. NOTTINGHAMSHIRE HEALTHCARE TRUST CQC INSPECTION IMPROVEMENT PLAN

Before inviting attendees from Nottinghamshire Healthcare Trust to introduce the item, the Chair expressed disappointment on behalf of the Committee that the information provided by the Trust lacked detail, making it difficult for the Committee to conduct meaningful health scrutiny on residents' behalf.

In response, Dr John Brewin, Chief Executive, apologised on behalf of the Trust. He undertook to provide a public-facing version of the Improvement Plan for the Committee's consideration at future meetings, and also undertook to provide additional information both verbally at the meeting and in writing afterwards, if requested.

Dr Brewin and Trust representatives Dr Deborah Wildgoose, Interim Director of Nursing and Sharon Creber, Deputy Director of Business Development and Marketing introduced the item, providing an update on the Trust's progress in addressing the significant issues identified by the Care Quality Commission inspection between January and March 2019.

Trust representatives made the following points:

- The inspection report overall finding that the Trust 'required improvement' was acknowledged as a fair and accurate assessment of the Trust's performance. The Trust had been working hard to address concerns raised, particularly in respect of some 25 'must do' requirement notices issued. The Trust was also anxious to highlight and showcase services demonstrating outstanding practice;

- Each action identified within the inspection improvement plan had been assigned an executive lead and clinical lead, responsible for completion. Regular updates were provided to the Trust's Quality Board and to its Board of Directors;

- While progress had been made in a number of areas, significant challenges remained, particularly in respect of staffing cultures, recruitment and retention.

Facilities and estates shortcomings identified during the inspection, for example the continued use of dormitory accommodation, would take longer to resolve;

- The Care Quality Commission was expected to conduct a comprehensive re-inspection of areas identified for improvement at some point shortly after April 2020.

During discussion, a number of issues were raised and points made:

- Melanie Brooks, Corporate Director for Adult Social Care and Health highlighted a lack of direct engagement and co-operation between the Healthcare Trust and the Adult Social Care and Health department in Nottinghamshire County Council (NCC) on development and improvement planes;

- In response, Dr Brewin acknowledged that the Healthcare Trust had been an inward-looking organisation for some time, and while steps were being taken to change its culture, there was considerably more work to do in this area. He expressed the view that the way that the competitive internal NHS market worked was not conducive to building links with external partners;

- Concern was expressed that a separate CQC inspection of high secure forensic services had identified instances of racist language used at Rampton Secure Hospital. In response, Dr Brewin expressed the view that while the incidence of racist language was isolated, it was taken extremely seriously and as a result a comprehensive package of support and training had been provided to create an environment of respect for both staff and patients;

- It was confirmed that the issue of having patient information on view on whiteboards had been addressed to the CQC's satisfaction, and the resulting learning had been shared throughout the organisation;

- It was confirmed that a majority of the Trust's Board membership at the time of the inspection had moved on, while there had also been several key senior executive appointments, which would help embed new cultures and practices within the Trust;

- Work was ongoing with the universities to fill vacancies, some of which were on a rolling programme of advertising. However, staff vacancies were proving a national challenge;

- Trust representatives highlighted a number of actions taken by the Trust following the inspection. These included changes to complaints procedures to make them accessible to those with learning disabilities and autism, the appointment of a Physical Health Modern Matron to improve the physical health and wellbeing of those needing mental health interventions, and the introduction of more robust medical management arrangements;

- It was explained that difficulties with 'hand held observation devices' referred to in the report were software issues with standard 'tablet' devices, for which an interim non-technical solution was in place;

- Councillors commended the Red – Amber – Green – Blue 'traffic light system to demonstrate that actions had been addressed and completed. It was explained that the Blue 'completed 'designation was only used when the action had been audited and verified. The real challenge, however, was to embed and maintain the improvement;

- Technical issues had until now prevented the completion of sound-proofing of the S136 suite to date, but these were being resolved;

In view of the paucity of information provided in advance of the meeting, and the scale of improvements required as a result of the CQC inspection, the Committee requested a further update, to include a public-facing version of the improvement plan, for consideration at the Committee's May 2020 meeting.

5. NOTTINGHAMSHIRE HEALTHCARE TRUST CHANGE OF SERVICE - MILLBROOK

Nottinghamshire Healthcare Trust representatives Dr John Brewin, Chief Executive, Dr Deborah Wildgoose, Interim Director of Nursing and Sharon Creber, Deputy Director of Business Development and Marketing introduced the item, explaining the Trust's recent agreement to purchase a hospital site in the Mansfield area from St Andrew's Healthcare. The site had been identified as a suitable location to deliver the adult mental health care currently provided at the Millbrook Unit at the King's Mill Hospital site, Sutton-in-Ashfield.

Trust representatives highlighted the following points:

- The current 78-bed unit had a number of shortcomings not considered conducive to current best practice. These included an over-sized ward, dormitory style wards, poor lines of sight for patient observation, inadequate secure facilities limited indoor space, first-floor accommodation which did not have direct access to external space and inadequate therapeutic and Section 136 facilities;

- The St Andrew's Healthcare site – with appropriate rem3edial work – offered solutions to the issues highlighted above, which hampered the Trust's ability to assure that services were compliant with Care Quality Commission standards;

- The site was 4 miles from the existing unit, was served by public transport, and was well-placed geographically to deliver a service in and for mid-Nottinghamshire;

- While adult mental health services will relocate to the new site, mental health services for older people will continue to be delivered at the Millbrook site. However, older patients will be able to occupy refurbished ground-floor ensuite accommodation which does comply with CQC standards;

- Work was ongoing with St Andrew's Healthcare to secure safe and appropriate transfer of St Andrew's patients to alternative accommodation. The Trust was buying the estate and not the service provided by St Andrew's Healthcare, so TUPE arrangements did not apply. However, a joint workforce plan was being compiled to enable transfer, subject to suitability.

- Service users and their families were being closely engaged so that they had input into these substantial service changes.

The Committee welcomed and commended the Trust's significant commitment to ensure CQC compliance for its service provision. The following points were raised during discussion:

- It was explained that the current cohort of patients at the St Andrew's facility came from a wide geographical area, and that transfers already taken place had freed up one ward on the site. It was also confirmed that the building had been built in 1985 and while not ultra-modern, was in no way obsolete;

- A request was made for further information on the cohort of medium secure St Andrew's patients being transferred, better to understand how and where these were to be accommodated, and how many were originally from Nottinghamshire;

- The difficulties of finding suitable accommodation for transferring adult mental health patients into a community setting were raised, both in respect of housing supply and provision of multi-agency support. It was suggested that further discussion and engagement by the Committee with District and Borough colleagues in Nottinghamshire could be beneficial.

The Chair thanked Dr Brewin, Dr Wildgoose and Ms Creber for their attendance at the meeting and requested a further update at the Health Scrutiny Committee's September 2020 meeting.

6. WORK PROGRAMME

Subject to agreeing to consider the following:

Nottinghamshire Healthcare Trust CQC Improvement Plan - May 2020;

Nottinghamshire Healthcare Trust - Millbrook – September 2020;

the Committee's Work Programme was approved.

It was also agreed to add the following the list of potential topics for scrutiny:

- Dentistry (specifically free care for those with cancer),

- Health Inequalities – reduced life expectancy (for discussion either under NHS LTP or Integrated care),
- Homelessness and Mental Health (with insight/input from Nottinghamshire Districts and Boroughs)

The Scrutiny Lead Officer, Martin Gately, was also tasked with exploring the possibility of having standing representation from Nottinghamshire Districts and Boroughs at future Health Scrutiny Committee meetings.

The meeting closed at 12:15pm.

CHAIRMAN

Nottinghamshire County Council

Report to Health Scrutiny Committee

7 July 2020

Agenda Item: 6

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

NATIONAL REHABILITATION CENTRE – FINAL CONSULTATION DOCUMENT

Purpose of the Report

1. To allow Members to consider the final consultation document on the National Rehabilitation Centre.

Information

2. The National Rehabilitation Centre (NRC) was last on the agenda of the Health Scrutiny Committee on 14 January 2020 when Members heard the following:

- a six-week single-option consultation was scheduled to commence on 9 March 2020*, with the findings available by mid-May 2020. Proposals had been amended so that there was now a 64-bed facility (previously 63 beds), with a wider range of single- and multiple-occupancy available *(* NB Subsequently deferred)*;

- the civilian element of the NRC would be referred to in the consultation documentation as the Regional Rehabilitation Centre, with the ambition for this to develop as a national centre of excellence in due course;

- Healthwatch was conducting separate targeted engagement work to inform the development of the NRC, and further advice on outreach to residents would be welcomed;

- The Committee was reminded that the Linden Lodge rehabilitation facility on the NUH City Hospital site would close as part of these proposals.

3. Jon Singfield, Head of Strategic Planning and Lewis Etoria, Head of Insights and Engagement, Nottingham and Nottinghamshire Clinical Commissioning Group will attend the Health Scrutiny Committee to provide briefing and answer questions, as necessary.

4. The final consultation document and consultation plan are attached as an appendices to this report for information.

5. These documents were also circulated to Health Scrutiny Members in advance of this meeting for comment and any views communicated back to the commissioners so they could be taken into consideration.

6. Members will wish to give their final views on the consultation document to and to schedule consideration of the results of the consultation.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Consider and comment on the consultation document and consultation plan.

2) Schedules consideration of the results of the consultation.

Councillor Keith Girling
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

NHS Rehabilitation Centre – Update to the Nottinghamshire County Health Scrutiny Committee

July 2020

Briefing

Purpose and background

We have been updating the Committee on our proposals for establishing an NHS Rehabilitation Centre at the Stanford Hall Estate, which hosts the Defence Medical Rehabilitation Centre (DMRC), over the last year.

We previously notified the Committee of our intention to launch a public consultation on these proposals in March 2020. Due to the Covid-19 pandemic, this consultation was postponed.

We are now planning to launch a public consultation on 27 July 2020 and wish to formally notify the Committee, and to provide reassurance around our plans for delivering a virtual consultation.

Focus of presentation

This section provides a summary of the plans we will present to the committee for discussion.

Our approach to the consultation

We have shared with the Committee our updated Consultation Plan and Consultation Document. Our Consultation Plan sets out how we will undertake a public consultation without face-to-face contact, including the mitigations we will make to ensure we adhere to best practice guidelines.

Our presentation will also provide assurance that our consultation can be delivered effectively, and will include a summary of the legal and procedural advice we have received.

We will retain most of the features within our original Consultation Plan, replacing face-to-face engagement activity with virtual engagement activity. This includes online events and focus groups and a questionnaire. We will retain the support of Healthwatch, who will engage with a number of groups identified as facing barriers to accessing services.

Options and timescales for a potential public consultation

We intend to undertake a one-option consultation for a period of 8 weeks commencing on July 27 2020, seeking feedback on a detailed proposal for the development of services at the NHS Rehabilitation Centre. Our proposal is detailed in our Consultation Document.

NHS Mansfield and Ashfield Clinical Commissioning Group

NHS Newark and Sherwood Clinical Commissioning Group

NHS Nottingham City Clinical Commissioning Group

NHS Nottingham North and East Clinical Commissioning Group

NHS Nottingham West Clinical Commissioning Group

NHS Rushcliffe Clinical Commissioning Group

Consultation Plan

NHS National Rehabilitation Centre

June 2020

1. Introduction

The purpose of the consultation plan is to describe our approach to communications and engagement for the formal public consultation on the development of inpatient rehabilitation services at the NHS Rehabilitation Centre. The NHS Rehabilitation Centre is being developed on the Stanford Hall Rehabilitation Estate, which hosts the Defence Medical Rehabilitation Centre (DMRC) and is a 360-acre countryside estate providing high quality clinical rehabilitation services to defence personnel.

We have already undertaken patient, staff, clinical and wider stakeholder engagement to inform our proposals. This consultation plan sets out how we will undertake a public consultation on a set of options for developing NHS services at the facility. These options are informed by our pre-consultation engagement activity.

This plan aims to ensure that our public consultation enables those affected by our proposals, and the wider public, to give their views and for those views to be considered in our final model for the Rehabilitation Centre. The plan also aims to ensure that our consultation is presented in a way that enables proper, informed consideration of our proposals by clearly articulating the impact of each option under consideration.

This plan has been updated to reflect how we would carry out the consultation during restrictions on contact due to the Covid-19 pandemic.

2. Background to the consultation

In 2012 there was a breakthrough in the ability to treat serious injury in England with the establishment of 22 trauma centres across the country. These centres have ensured that those who suffer serious injury receive the full range of treatment and care within the shortest possible time. The trauma centres have been an undoubted success with 19% more people now surviving despite having sustained a serious injury.

An NHS Rehabilitation Centre is being developed as a centre of excellence in patient care and training and research. Serving patients across the East Midlands the centre will be created on the Stanford Hall Rehabilitation Estate, which hosts the Defence Medical Rehabilitation Centre (DMRC) and is a 360-acre countryside estate providing high quality clinical rehabilitation services to defence personnel.

Following a period of pre-consultation engagement, which has involved patient, staff, clinical and wider stakeholder engagement, we are launching a public consultation to enable our proposals to be considered prior to implementation. The proposal we are consulting on is informed by that engagement and will be clearly set out in our consultation document.

3. Aims and objectives

We will deliver a best practice consultation, accessing advice and guidance from the Consultation Institute and drawing on our local Healthwatch organisation's access to marginalised and seldom heard communities.

The Consultation Institute will undertake an advice and guidance role, providing feedback on this Consultation Plan, our Consultation Document and other materials. We have worked with the Consultation Institute in an advisory capacity throughout our pre-consultation period.

Our local Healthwatch form part of a task and finish group drawn together to oversee our patient engagement activity throughout our pre-consultation engagement and into the formal consultation period. Healthwatch will be supporting our consultation more directly through the consultation period, providing engagement support to enable us to reach some of our most marginalised and seldom heard communities. The engagement Healthwatch will carry out as part of the consultation responds directly to the Equality Impact Assessment carried out on the proposals.

Our high-level objectives are:

- Ensure that our consultation is transparent and meets statutory requirements and best practice guidelines
- Undertake significant and meaningful engagement with local stakeholders, building on the findings of our pre-consultation engagement activity by using a range of digital, 1-1 telephone and hardcopy survey engagement methods
- Clearly articulate the implications, impact and benefits of our proposals
- Create a thorough audit trail and evidence base of feedback
- Collate, analyse and consider the feedback we receive to make an informed decision.

It is worth noting that although this plan describes the approach we will take for a consultation without face-to-face activity, the aims and objectives remain the same and we are confident we can achieve them by providing alternative methods of engagement.

4. Principles for the consultation

We will undertake our consultation in line with the legal duty on NHS organisations to involve patients and the public in the planning of service provision, the development of proposals for change and decisions about how services operate AND with The Gunning Principles, which are:

- That consultation must be at a time when proposals are still at a formative stage
- That the proposer must give enough reasons for any proposal to permit of intelligent consideration and response
- That adequate time is given for consideration and response
- That the product of consultation is conscientiously taken into account when finalising the decision.

In addition, we will adopt the following principles to ensure best practice:

- Make sure our methods and approaches are tailored to specific audiences as required
- Identify and use the best ways of reaching the largest amount of people and provide opportunities for vulnerable and seldom heard groups to participate
- Provide accessible documentation suitable for the needs of our audiences, including easy read
- Offer accessible formats including translated versions relevant to the audiences we are seeking to reach
- Undertake equality monitoring of participants to review the representativeness of participants and adapt activity as required

- Use different virtual/digital methods or direct and 1-1 telephone activity to reach certain communities where we become aware of any underrepresentation
- Arrange our engagement activities so that they cover the local geographical areas that make up Nottingham and Nottinghamshire
- Arrange meetings in accessible venues and offer interpreters, translators and hearing loops where required
- Inform our partners of our consultation activity and share our plans.

In light of the restrictions currently in place as a result of the Covid-19 pandemic, we have sought professional and legal advice on whether we can realistically undertake this consultation at this time. The consensus of this advice, from the Consultation Institute and Browne Jacobson Solicitors respectively, is that removing face-to-face engagement from the consultation does not weaken the exercise and would mean that the consultation would still be valid for use in the decision-making process. This advice is based on the consultation finding suitable alternative methods to face-to-face engagement.

5. Resources

We have accessed external support throughout our pre-consultation activity, working with communications and engagement agencies that specialises in consultation work and with the Consultation Institute. For our public consultation, we will allocate resources according to our strategic approach, seeking external support for:

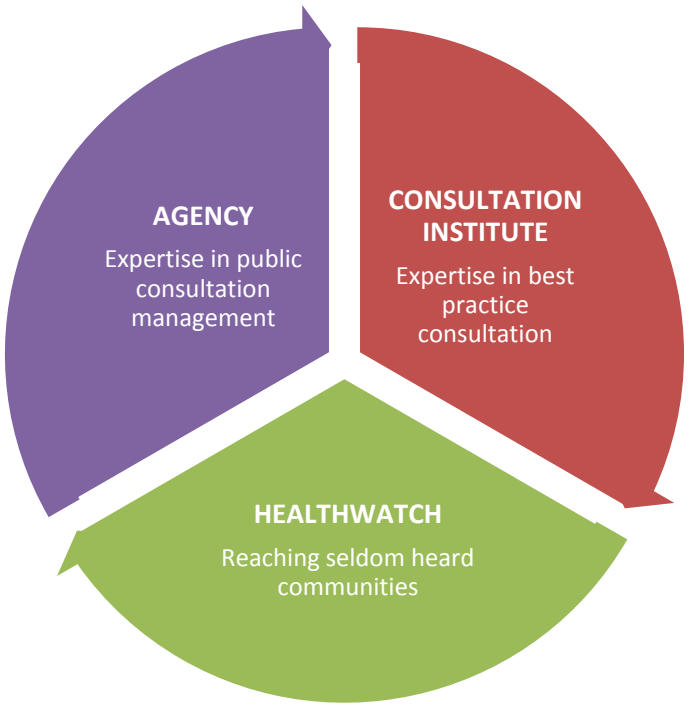
- Overall management and delivery of the consultation (agency support)
- Analysis and reporting of findings (agency support)
- Specialist advice and guidance (Consultation Institute)
- Community engagement and targeting of seldom heard communities (Healthwatch).

Our internal Communications and Engagement Team will provide coordination to support consultation activity. They will also support the production of materials and delivery of engagement activities.

6. Strategic approach

We will draw on three core areas of support to ensure our consultation meets its objectives. Each of these areas brings a specific benefit to the consultation:

Figure 1



1. Expertise on best practice - Consultation Institute
2. Ability to reach seldom heard communities across Nottingham and Nottinghamshire - Healthwatch
3. Expertise in the management of public consultation – Agency.

As we are unable to undertake face-to-face engagement, our approach will instead focus on hard copy and online survey responses; telephone interviews and events and focus groups run virtually through video conferencing software. In light of this, we will provide the following to maximise participation:

- **Video and other visual resources to support the Consultation Document**
- **Paid-for Facebook advertising to boost completion of the survey**
- **Press advertising to boost completion of the survey**
- **Freepost address for return of hard copy surveys**
- **A phone line for people to request a call-back for telephone completion of the survey.**

7. Key milestones

Table 1 below provides a summary of the key milestones that should be considered as part of the consultation.

Table 2

Phase	Action	Date	Lead
PHASE 1 - Pre consultation assurance			
	National Finance Director sign off	By 26/05	CCG
	Consultation Doc and plan to County for comment and feedback	By Fri 26/06	CCG
	Feedback on approach from Health Scrutiny Committees	Fri 03/07	CCG
	Formal notification to Health Scrutiny Committees of intention to consult	Fri 10/07	CCG
	Extra-ordinary Governing Body meeting to approve consultation	Tue 21/07	CCG
PHASE 2a - Public consultation			
	Public consultation period	Mon 27/07 – Fri 18/09	Agency
PHASE 2b - Resolving outstanding issues from PCBC + building info for DMBC			
	Workshop 1 - Clinical model	Fri 19/06	CCG
	Workshop 2 - Activity assumptions	Fri 26/06	CCG
	Workshop 3 - Workforce	Fri 10/07	CCG
	Workshop 4 - Finance / contracting model	Fri 17/07	CCG
PHASE 3 - Consideration of consultation findings			
	Analysis and reporting	Mon 21/09 – Fri 02/10	Agency
	Circulate Report from Consultation	Fri 09/10	CCG
	CCG Governing Body – Update on consultation findings	Wed 07/10	CCG
	Findings Consideration Panel	Fri 09/10	CCG
	Findings Consideration Panel	Fri 23/10	CCG
PHASE 4 - Finalisation and approval of DMBC			
	Draft DMBC completed	Mon 26/10 – Fri 06/11	CCG
	CCG Prioritisation and Investment Committee review draft	Wed 11/11	CCG
	Clinical Senate review draft	TBC	CCG
	DMBC Finalised	Mon 09/11 - Tue 17/11	CCG
	DMBC to GB for papers deadline	Wed 25/11	CCG
	Governing Body sign off	Wed 02/12	CCG

8. Summary of findings from pre-consultation activity

We have undertaken the following activity through our pre-consultation engagement period to inform our options for consultation, and this consultation plan:

Phase 1 patient engagement

We have undertaken two periods of patient involvement. For our first round of patient engagement, three focus groups were held in July with patients who are likely to be eligible for treatment at the RRC. These focus groups helped us identify patients' views of our early RRC proposals, patient-identified impacts and concerns. This engagement was specifically targeted for those who would be eligible for inpatient rehabilitation services at the RRC.

Clinical and stakeholder engagement

We presented our early, draft proposals to Health Scrutiny Committees; the regional Clinical Senate and our Governing Bodies.

Staff engagement

Staff who may be affected by the relocation of existing inpatient rehabilitation services have been engaged throughout the pre-consultation period, with fortnightly face-to-face briefings held with staff at Linden Lodge, which may be relocated as part of our proposals. While the relocation of existing services is not yet determined, we have proactively engaged with staff early on who may be affected.

Travel Impact Analysis (TIA)

A TIA was held to identify the impact on patients, carers and families' travel times to the RRC.

Equality Impact Assessment

An EIA was undertaken based on our early, draft proposals. A second EIA was undertaken following patient, clinical and stakeholder engagement and subsequent changes to the PCBC. The EIAs have informed development of our proposals and our approach to engagement and consultation. Equality and health inequalities will be a continuing consideration for our proposals.

Findings

The following were identified as key themes to explore through further engagement:

- The potential benefits for and impact on patients of each option for change
- Views on specific relocation of service proposals
- Levels of support for the options for change
- General views on the RRC, its location and its co-location with a military site
- Feedback on the referral criteria
- Impact on accessibility including travel and visitation
- Impact on and mitigations for potential isolation
- Continuity of care including interdependency with other services
- Discharge planning
- Mental health support.

The following were identified as areas to refine for our pre-consultation business case:

- Refine the financial case
- Clarify how accessibility will be addressed, particularly with regard to travel, visitation and isolation
- Clarify interdependency with wider clinical pathways
- Undertake further analysis of the impact of referral criteria on patient journeys
- Clarify impact on flow and capacity i.e. what we have now and what we are proposing to replace it with
- Provide more detail on access to the defence facilities
- Provide more detail on discharge and links to community services
- Clarify the workforce plan
- Provide more detail on mental health provision
- Describe the procurement implications.

Phase 2 patient engagement

During October we carried out a second round of patient engagement. The purpose of this was to explore the key themes from all of the above in more depth. We held six focus groups specifically targeted to gather feedback from neurological patients, major trauma, complex MSK, traumatic amputees, incomplete spinal cord injury and severely deconditioned patients. A survey was also developed for this period of engagement, which generated 150 responses.

The key themes from the findings of the engagement can be summarised as follows:

- Patients were mostly supportive of the proposals for an RRC, citing the quality of the facilities
- Concern about potential loneliness and isolation, given the remote location of the centre
- Issues with access to the centre, including transport – although parking was seen as a positive, particularly compared to parking facilities for current inpatient rehabilitation services
- Concern about being treated on a military site and uncertainty around how this would work in practice
- Concern that referrals would be cherry-picking of the patients with the best potential for positive outcomes
- Families, carers and partners ability to visit and to stay overnight
- Concern about existing rehabilitation services, including wider outpatient services.

9. Summary of consultation activity

Pre-launch

We will continue with a thorough programme of key stakeholder engagement leading up to the start of the consultation. This includes meetings scheduled with Health Scrutiny Committees; Governing Bodies and staff briefings.

We will issue a stakeholder briefing, proactive press release and social media promotion to share details of the consultation and how people can feedback. We will target local, regional and national charities who represent patients who may be affected by our proposals (e.g. brain injury charities) and encourage them to respond directly to our consultation.

A core consultation document and supporting materials will be developed for the consultation. This will include information about our proposals and a questionnaire to gather feedback. Our consultation document and supporting materials will all be available online, in printed format on request and in other languages and formats as required.

We will develop a bespoke web presence for the consultation, acting as a one-stop-shop for all consultation materials and information. This will provide a simple signposting solution for all our consultation activity.

We will secure external support for the consultation, including expert advice and guidance; overall management and delivery of outreach engagement.

Launch and consultation period

The survey within our consultation document will be available online and in hard copy on request, and for telephone completion. We will regularly monitor responses and take action to target any groups who are underrepresented.

A series of online engagement events will be held with affected patients, charities, families and carers. We will continue an on-going dialogue with patients, drawing insights from previous engagement to inform discussions throughout the consultation.

We will supplement our online engagement with targeted telephone interviews for affected groups e.g. Linden Lodge patients. While we are able to use online conferencing facilities to hold public events and small group workshops and focus groups, we will also provide opportunity for those who are directly affected to talk to us 1-1.

We will commission our local Healthwatch to undertake engagement to reach communities who are vulnerable and seldom heard. This activity will be shaped to respond to the Equality Impact Assessment (EIA) carried out on our proposals. This will be delivered primarily through telephone and online methods.

The consultation launch will take place in the first week of formal consultation. We will issue briefings to stakeholders and undertake promotional activities through our digital channels and local media.

10. Channel and methods

Audience	Method
Service users affected by proposals	Targeted engagement online events/focus groups; feedback via telephone; briefings through existing forums and groups; media; social media
General public	Media; social media
Staff	Staff briefing document; Trust's internal communication channels; media; social media
Health Scrutiny Committees	Formal presentations; phone and online briefings (Chairs); media; social media
MPs and Councillors	Stakeholder briefings; media; social media
Local, regional and national charities representing patients affected by proposals	Direct letter inviting feedback in writing; Stakeholder briefings; media; social media
Local VCS	Stakeholder briefings; media; social media
GPs	GP newsletters; stakeholder briefings
Media	Proactive press release; stakeholder briefing

Key messages and FAQs are included at Appendix 1.

11. Consultation document and supporting materials

The following will be developed to support the consultation:

- Consultation document (digital and hard copy/paper formats)
- Questionnaire (digital and hard copy/paper formats)
- Easy-read questionnaire (digital and hard copy/paper formats)
- Live FAQs document
- Stakeholder briefing
- Staff briefing
- Press release
- Web page housing all consultation information
- Discussion guide for focus groups
- Feedback forms (digital and hard copy/paper formats)
- Letter to local, regional and national charities
- Phone-line for further information and support in completing questionnaire
- Email address for comments and feedback on proposals
- Range of social media assets promoting the consultation.

12. Capturing feedback, analysis and reporting

We are providing a range of channels, detailed in this plan, to facilitate feedback on our proposals. We will commission an independent organisation to assist in the design of the survey, collation of feedback, analysis and reporting. This will include feedback received through:

- On-line/Digital and hardcopy/paper Survey responses
- Qualitative responses through direct emails, feedback forms and telephone calls
- Transcripts of virtual/on-line focus group discussions
- Minutes of meetings
- Letters
- Petitions
- Direct social media messages.

There will be an interim analysis report two-weeks into the consultation. The findings of this review will inform action to be undertaken over the final two weeks of the consultation.

Once the formal consultation data input has taken place and the data analysed, we will ensure that all the intelligence is captured into one report. This report will provide a view from staff, public, patients, carers and key stakeholders on the proposals.

13. Meeting our legal duties on equality and health inequalities

CCGs have separate legal duties on equality and on health inequalities. These duties come from:

- The Equality Act 2010
- The NHS Act 2006 as amended by the Health and Social Care Act 2012

In developing our Consultation Plan we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a

relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

To inform our proposals and to help shape our pre-consultation engagement and this Consultation Plan, independent Equality Impact Assessments (EIAs) have been carried out in June 2019 and October 2019. This analysis has informed our approach to ensuring we meet our duties under the Equality Act 2010. It has also informed how we consider our duties to reduce health inequalities.

To respond directly to the recommendations in the EIAs we have commissioned Healthwatch to undertake targeted engagement with a range of groups during the consultation. They will undertake this engagement using 1-1 telephone interviews and an on-line survey specifically tailored for the groups identified within the EIA. This engagement will focus specifically on how a person's specific needs, identity or characteristics may affect their experience of inpatient rehabilitation services, and thus what mitigations we need to consider in our plans.

Healthwatch will be undertaking engagement with the following Inclusion Health Groups (as defined by the NHS Equality Delivery System):

- Homeless people
- People living in poverty
- People who are long-term unemployed
- People in stigmatised occupations
- People experiencing poor health outcomes

Healthwatch will also be undertaking targeted engagement to help us understand the views of those that share the following protected characteristics:

- Age
- Disability
- Race
- Religion and belief
- Sex
- Sexual orientation.

To ensure the consultation process meets the requirements to evidence that due regard has been paid to our equality duties, all the consultation activity will be equality monitored routinely to assess the representativeness of the views gathered during the formal consultation process. Where it is not possible to gather such data, such as complaints and social media we will record any information provided. Halfway through the consultation we will review responses so far and adapt our approach to seek more feedback from any groups that might not so far have fed back.

Once gathered the consultation data will be independently analysed. At a mid-point in the consultation, analysis will be reported to highlight any under-representation of patients who we believe could be potentially affected by any change in services, and if this is demonstrated further work will be undertaken to address any gaps.

Once complete the analysis will consider if any groups have responded significantly differently to the consultation or whether any trends have emerged which need to be addressed in the implementation stage. This data will also be used as part of the evidence to support the equality impact assessment process which will be carried out simultaneously.

Appendix 1 – Key messages and FAQs

Regional Rehabilitation Centre consultation

Key messages

- The NHS in the East Midlands is consulting on the opportunity to create an NHS Rehabilitation Centre [the Centre], part of the vision for a National Rehabilitation Centre on the Stanford Hall Rehabilitation Estate, near Loughborough.
- This represents a £70m investment by the government in the rehabilitation facilities on the Stanford Hall Rehabilitation Estate which is already developing a reputation for rehabilitation expertise
- Patients and public can have their say on this opportunity from 8 June 2020 to 17 July 2020
- This presents an opportunity for the NHS to transform rehabilitation services in the region by creating a specialist regional clinical facility on the Stanford Hall Rehabilitation Estate and at the same time take advantage of the state-of-the-art facilities used for the military in the Defence Medical Rehabilitation Centre.
- There is currently a shortage of beds for specialist rehabilitation in the East Midlands.
- The opportunity will mean that in-patient rehabilitation services will be available for individuals who have had a complex fracture following an injury. Currently in-patient rehabilitation is available in the regional for neurological patients only.
- The opportunity will increase access to more rehabilitation beds with all the services and staff patients need under one roof.
- We believe that the services proposed will provide better outcomes for patients and, crucially, help them get back to their lives sooner because they will receive intensive rehabilitation.
- To transform services there will be change, and in this case the proposal is to transfer services from Linden Lodge at Nottingham City Hospital to the centre.
- It is easy for the public to have their say on the opportunity by completing either an online survey or by attending events staged across the county. More information is available online at: [add link to website].

Q&A (for spokespeople and to inform statements to media)

Q1. What are you asking the public to consult on?

We are consulting on whether or not to take forward the opportunity to create a £70m NHS Rehabilitation Centre on the Stanford Hall Rehabilitation Estate.

The Centre would be co-located with the Defence Medical Rehabilitation Centre.

The owner of the Stanford Hall Rehabilitation Estate is prepared to provide the land needed for the NHS facility at no cost. Planning permission has already been granted for the construction of this facility and detailed designs have been developed. The Ministry of Defence has agreed to share the advanced facilities in the DMRC with the NHS. This will mean NHS patients would be treated at the estate, but in a separate facility from military personnel.

Q2. Who is behind the consultation?

NHS Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) are proposing to commission rehabilitation services to be provided at the regional rehabilitation centre. This would be an NHS-run facility, separate to the military rehabilitation service and building, but providing NHS patients with access to state-of-the-art facilities (for example a hydrotherapy pool).

Q3. Where will the centre be located?

Stanford Hall Rehabilitation Estate is located near Loughborough. It is 13 miles from Nottingham, 4 miles from Loughborough, 32 miles from Mansfield, 19 miles from Leicester and 47 miles from Lincoln.

Q4. Why do you think this is needed?

The NHS believes that an NHS Rehabilitation Centre could deliver better outcomes for patients with the development of a strategy that includes rehabilitation for a range of complexities and injuries and reduced delays to access services.

There are a number of reasons for the recommended change to services, which we have set out in the public consultation:

- Creating a high-quality centre of rehabilitation excellence
- Contributing to a deficit in rehabilitation capacity
- Improving access to services
- Improving outcomes and the patient experience through a new clinical model
- Ability to respond to changes in future service needs and models
- Reducing pressures on the acute bed base.

The Centre would provide high quality care, underpinned by leading expertise and best practice, in one of the best facilities in the NHS.

There is a significant opportunity to improve lives, develop leading expertise in rehabilitation and, at the same time, use NHS resources more efficiently.

Q5. What is different about what is proposed and what is already provided in existing NHS hospitals?

Rehabilitation services for neurology patients are provided at hospitals across the East Midlands. The opportunity to create a regional centre that can provide care for patients with fractures as well as many neurological conditions represents a ‘step change’ in the provision of specialist rehabilitation services for patients in the East Midlands.

While a regional rehabilitation centre will expand services, neurological rehabilitation will continue to be provided in hospitals across the region.

Q6. What is the distinction between an NHS regional rehabilitation Centre and a national rehabilitation centre?

The proposed development of an NHS Rehabilitation Centre on the Stanford Hall Rehabilitation Estate is part of a vision for a future National Rehabilitation Centre (NRC). The vision for the NRC is for it to provide a hub for staff development, research and education. This means that it could lead the way in developing and deploying the best techniques for rapid and effective rehabilitation across the NHS.

The ultimate vision for the NRC is for it to be the hub for a network of outstanding NHS rehabilitation services across England.

Q7. What have people said already?

We have spoken to patients, carers, NHS staff, charities and others over two phases of engagement. While people we spoke to were generally positive about the prospect of improved facilities at Stanford Hall, some had some concerns about the impact on rehabilitation services provided at Nottingham City Hospital. Others had concerns about travelling to visit patients at Stanford Hall by public transport.

The engagement we have undertaken has informed the development of our proposals and the focus of our consultation.

Q8. How would patients benefit from being treated at the Centre?

The aim is to support patients in their rehabilitation and recovery following serious injury or illness. There are state-of-the-art facilities wherever you look at Stanford Hall, such as the £1.8m Computer Assisted Rehabilitation Environment which uses virtual reality to track movement, allowing medical experts to correct their gait and work out what areas of their body may be under pressure, or acclimatise them to different conditions.

Q9. What conditions would be rehabilitated there?

A team of expert staff would provide treatment for patients, mainly from the East Midlands, who will have complex and specific needs, including:

- Major trauma following, for example, a road traffic collision or an accident at work
- Neurological problems such as an injury to the brain
- Complex musculoskeletal injury with damage to bones, joints and muscles
- Traumatic amputation
- Incomplete spinal cord injury resulting in paralysis.

Q10. How would families and friends without private transport get to the centre?

The centre would be located on the Stanford Hall Rehabilitation Estate, near Loughborough. The site is serviced by a bus that runs from Nottingham to Loughborough every 20 minutes. The NHS is negotiating with public and voluntary sector transport providers and the Highways Authority to improve bus services to the centre.

Stanford Hall Rehabilitation Estate lies approximately 5 km northeast of Loughborough and is located at the southern tip of the county of Nottinghamshire, on the border with Leicestershire.

Q11. What would the impact be on NHS rehabilitation services in Nottingham and surrounding areas?

The impact will be that a wider cohort of patients have access to specialist rehabilitation services with more beds provided for neurological patients. To achieve this, in-patient specialist rehabilitation in Nottinghamshire will be provided at the regional rehabilitation centre.

Providing rehabilitation services has to be achievable within existing budgets, so that other services are not negatively affected. This would mean relocating existing services from Linden Lodge at the City Hospital in Nottingham to the Centre.

Q12. Will this be better than what is already provided for patients?

Yes. A team of multi-disciplinary staff will be able to provide rehabilitation for patients in purpose-built surroundings with all services under one roof. Patients will be supported throughout their recovery and with access to the facilities and services in a specialist rehabilitation centre and return to their lives sooner. Overall, there will be more rehabilitation beds, so we are increasing capacity to treat patients in the region.

Q13. How would inpatient beds be allocated?

The referral criteria for the Centre would be based on the level of rehabilitation need and the potential of the patient to benefit from treatment.

Patients and families would have a choice on whether to be referred to the Centre or not. Their care would be provided by the NHS no matter what they choose.

Q14. How does it work with a military facility being located on the same estate?

The NHS Rehabilitation Centre will be an NHS facility, co-located with the Defence Military Rehabilitation Centre at the Stanford Hall Rehabilitation Estate. Patients referred to the NHS Rehabilitation Centre would have access to the defence rehabilitation facilities but be treated by NHS staff separate to the military facility.

Q18. Who will work there?

Rehabilitation would be provided by an NHS team that includes medical consultants, junior doctors, nurses, physiotherapists, occupational therapists, speech and language therapists, dieticians, psychologists, case managers, exercise therapists and local authority social workers.

Q19. Could the £70m allocated for the centre be spent on anything else?

No. The funding has been allocated by the government for the construction of a clinical rehabilitation facility on the Stanford Hall Rehabilitation Estate, not for other NHS services. We are consulting on whether or not to take forward this opportunity, including the transfer of existing services to the new facility.

Q20. What would it be like to be a patient at the Centre?

Patients at the Centre will take part in intensive rehabilitation tailored to their needs and aimed at improving functional ability.

For example, a patient with a disorder to their brain and nervous system (neurological) will have one-to-one treatment sessions with rehabilitation experts and have access to specialist facilities such as a hydrotherapy pool and equipment that helps them to adjust and transfer their body weight correctly.

A patient in need of rehabilitation as a result of acute treatment involving bones and muscles (orthopaedic) would benefit with gym sessions and hydrotherapy.

There would be access to state-of-the-art facilities such as a gait analysis laboratory and Computer Aided Rehabilitation Environment, a system that analyses movement in real time, along with a hydrotherapy pool, prosthetic laboratory and access to the entire rehabilitation estate.

The centre will also have two gyms that would allow patients to continue their own rehabilitation outside of formal sessions, supported by members of staff.

While everyone involved in care will be focussed on returning patients to their daily lives, the multi-disciplinary team will be supported by social workers allowing early assessment of home needs in line with any vocational needs to help the discharge process.

Q21. What will the facilities be like at the NHS Rehabilitation Centre?

There will be three wards, plus space for activities and a rehabilitation flat for patients to experience living back at home before being discharged. For visiting families there will be overnight accommodation available.

Ends

CONSULTATION DOCUMENT

Have your say on the development of an NHS Rehabilitation Centre on the Stanford Hall Rehabilitation Estate – part of the vision for a National Rehabilitation Centre.

This consultation will run from 27 July 2020 through to 18 September 2020.

About this consultation

What we are consulting on

We are consulting on the development of a new rehabilitation centre for NHS patients, transferring some services and increasing inpatient rehabilitation beds. The new facility would provide a new and enhanced rehabilitation service for patients and enable development of new ways of delivering services.

How our proposals came about

In 2018 the government provided £70m for the construction of an NHS Rehabilitation Centre (NHSRC) on the Stanford Hall Rehabilitation Estate (SHRE). This is part of the vision for a National Rehabilitation Centre (NRC).

The aim is to create a centre of excellence for rehabilitation. The government funding has been allocated specifically for that purpose. Over time, the development would enable further collaboration between NHS and military experts in rehabilitation, education and research in specialist rehabilitation.

The NHSRC would be a standalone NHS facility, located close to the Defence Medical Rehabilitation Centre (DMRC) at the SHRE. Patients referred there would have access to some of the military rehabilitation facilities, but would be treated by NHS staff in a separate building. This is a unique opportunity to provide NHS services to NHS patients while benefitting from a co-located site with specialist military rehabilitation services.

The whole development at SHRE is a key part of the Midlands Engine, a partnership of organisations driving economic growth and development in the Midlands.

Why SHRE

The owner of the Stanford Hall Rehabilitation Estate (SHRE) is prepared to provide the land needed for the NHS facility at no cost. Planning permission has already been granted for the construction of this facility and detailed designs have been developed. The Ministry of Defence has agreed to share the advanced facilities in the DMRC with the NHS. This means that NHS patients would be treated at the facility, but separately from military personnel.

The NHS Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) is considering the opportunity to commission NHS rehabilitation services to be provided at SHRE. This would mean transferring existing NHS rehabilitation services in Nottingham at Linden Lodge on the City Hospital campus to the new facility. It would also enable the development of rehabilitation services for more patients and create new ways of delivering rehabilitation. The centre will be purpose built for rehabilitation and will provide an enhanced service for patients, with access to state-of-the-art facilities.

We are consulting on whether or not to take forward this opportunity, including the proposed transfer of existing services to the new facility.

The funding and land are only available to develop an NHS Rehabilitation Centre at the SHRE, so we are consulting on this single option.

No decision will be made until after the consultation has closed. After this consultation closes, the responses we receive will be independently analysed and a report on the data received prepared for the NHS organisations leading the consultation. The consultation report will be shared on the Nottingham and Nottinghamshire CCG website and be available on request. The NHS organisations leading on the consultation will consider the views of the participants, any impact they may have on the proposals, and the effect these views and any impacts may have on the decision-making process. Any decision will include provision to refer patients to the NHSRC from Nottingham and Nottinghamshire and across the East Midlands. Depending on clinical need, some patients may be referred from outside the East Midlands.

Have your say

We want to hear from everyone who has an interest in improving NHS services. They may have had direct or indirect experience of rehabilitation - either as patients or through family members or friends.

While this consultation is focused on the potential impact of taking forward this opportunity for patients across Nottingham and Nottinghamshire, we are interested in hearing from those in neighbouring areas who may also be affected because of their proximity to existing specialist rehabilitation services in the area. We will be undertaking work with neighbouring NHS commissioners in Leicestershire, Derbyshire and Lincolnshire to determine which of their patients might benefit from treatment at the NHSRC.

How services are currently delivered

Rehabilitation is a process of assessment, treatment and management by which the patient is supported to achieve their maximum potential for physical, mental, social and psychological function. It aims to enable people to participate in society and enjoy their usual day-to-day quality of life.

This consultation is about specialist rehabilitation services. Generally, patients who need specialist rehabilitation have complex disabilities, often with a range of medical, physical, sensory, mental, communicative, behavioural and social problems. This means that their treatment is best provided by a range of specialists.

There is evidence to suggest that patients will receive better care and have an improved chance of returning to their lives quicker if they have access to a specialist team and facilities all coordinated together under one roof during their time in hospital.

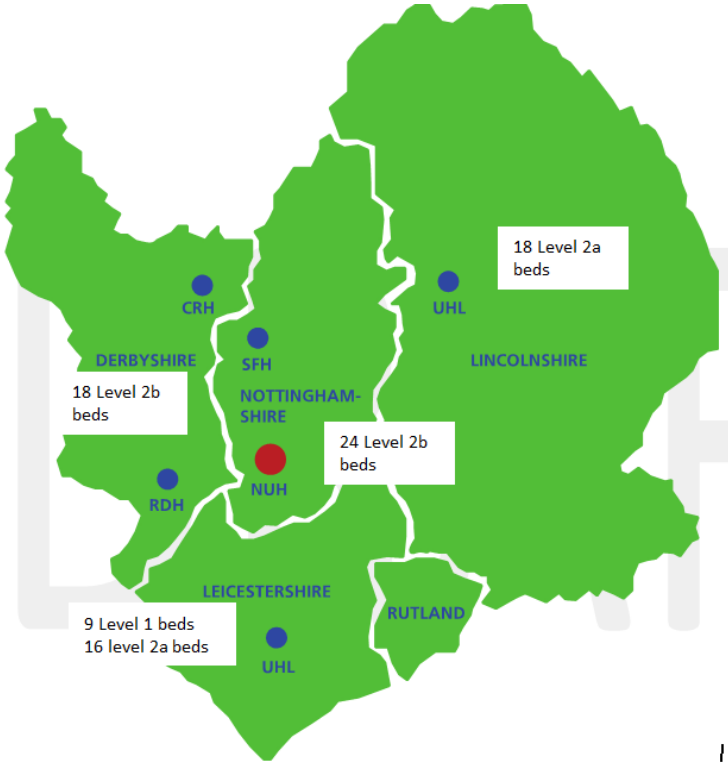
Rehabilitation patients may have experienced the following:

- Major trauma following, for example, a road traffic collision or an accident at work
- Neurological problems such as an injury to the brain
- Complex musculoskeletal injury with damage to bones, joints and muscles
- Traumatic amputation
- Incomplete spinal cord injury resulting in paralysis.

Rehabilitation is provided by a team that includes a medical consultant, nurses, physiotherapists, occupational therapists, speech and language therapists, dieticians, psychologists, case managers and exercise therapists.

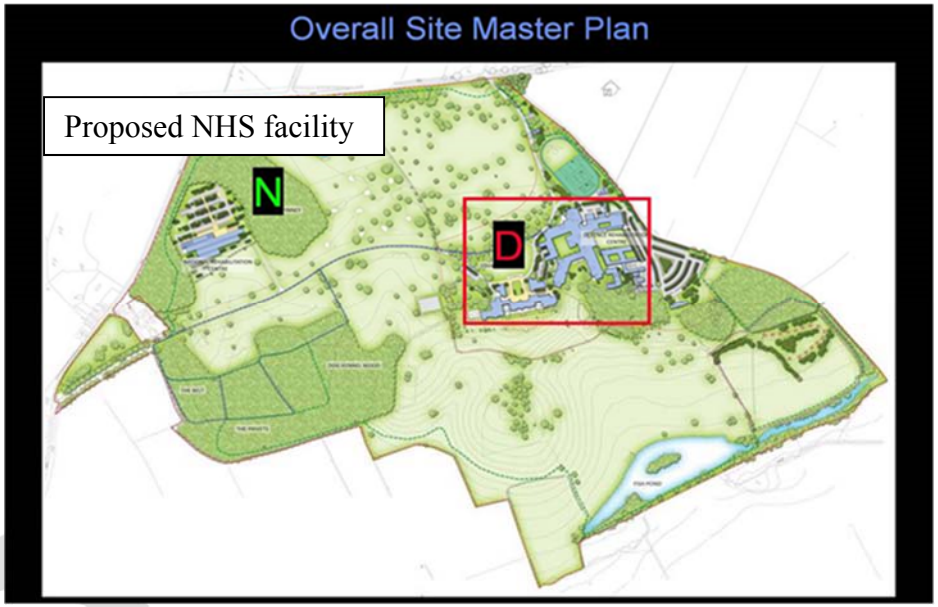
The map below shows where neurological rehabilitation services at the level of those proposed to be provided at the NHSRC are currently provided across the East Midlands and also indicates where the SHRE is located. Musculoskeletal rehabilitation is not currently provided in the East Midlands but would be available at the NHSRC

[Map will be amended to only show Kings Lodge in Derbyshire and Linden Lodge in Nottingham – remove all the other locations and the ‘Level’ information. And the location of the SHRE will be added. Retain the County labels]



The British Society of Rehabilitation Medicine (BSRM) recommends that the ideal level of rehabilitation beds should be 45 to 65 beds per million people. There is currently a significant shortfall of these beds in the East Midlands, which the proposed NHSRC would contribute to improving.

How SHRE came to be developed



The defence facility moved from Headley Court in Surrey to the SHRE in 2018 to be located in the centre of England. The DMRC is a key part of the Defence Medical Rehabilitation Programme. This delivers rehabilitation for complex musculoskeletal disorders and injuries, complex trauma and rehabilitation following neurological injury or illness. It also provides education and training in military rehabilitation and is the home of the Academic Centre for Rehabilitation Research.

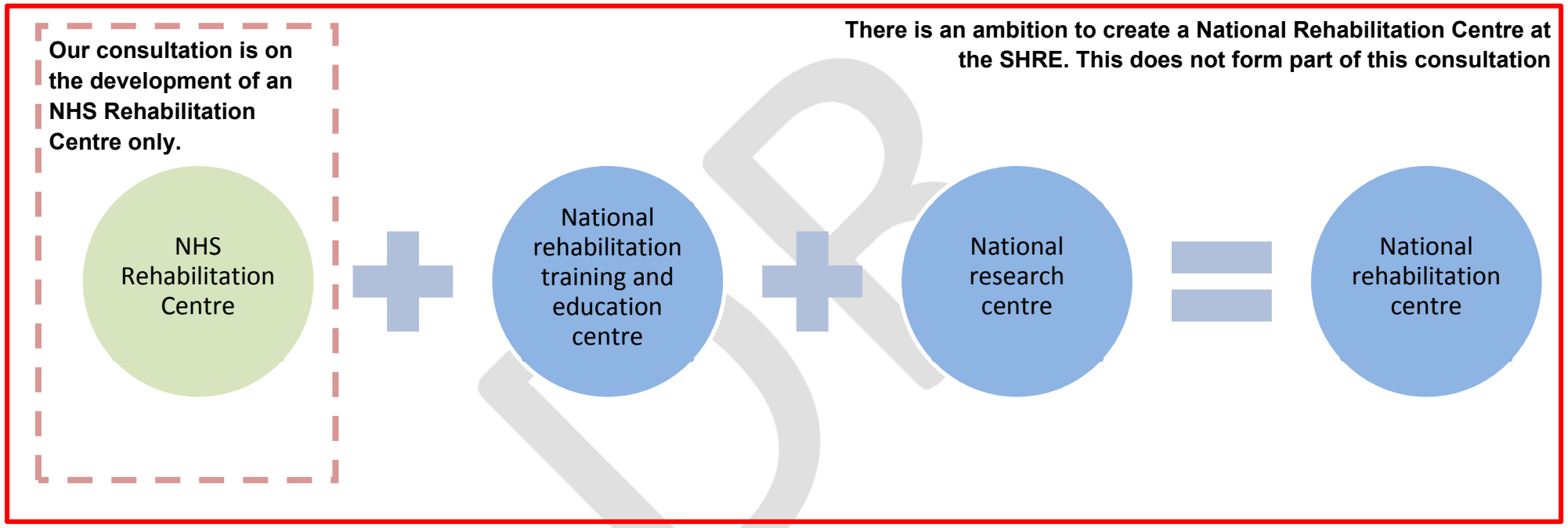
The DMRC was created as part of a plan called the Defence and National Rehabilitation Programme (DNRC). From the outset of this programme, it was planned to have an NHS centre alongside a military facility. The DMRC would continue to operate independently to provide military rehabilitation, while the NHSRC would provide treatment for NHS patients only. When NHS patients use the facilities, they would be treated by NHS staff.

By locating the proposed NHSRC on the same site as the DMRC, and joining up the approaches to rehabilitation, NHS patients would benefit from the military expertise developed over many years and also from access to the advanced equipment in the DMRC. This is a unique opportunity to provide NHS services to NHS patients, while benefiting from a co-located site with state-of-the-art military rehabilitation facilities.

As well as treating NHS patients, the vision is to develop a hub for staff development, research and education. This means that it could lead the way in developing and deploying the best techniques for rapid and effective rehabilitation across the NHS. The ultimate vision is to be the hub

for a network of outstanding NHS rehabilitation services across England. This is the vision for a National Rehabilitation Centre (NRC), which incorporates the NHS care facility.

How the proposed NHSRC and the vision for the NRC link together is set out in the diagram below. **This consultation is about the proposed NHS Rehabilitation Centre only, as shown below.**



To take forward this opportunity, rehabilitation services would need to be commissioned to be provided at the NHSRC. The CCG has undertaken a range of analysis on the impact of this. This includes relocating existing inpatient rehabilitation services to the NHSRC. This would incorporate the closure of Linden Lodge at Nottingham City Hospital, with existing patients either transferring to the NHSRC or to one of three specialist rehabilitation beds being retained at City Hospital in a dedicated rehabilitation unit.

How we have listened to patients in developing this proposal

In developing this proposal, we have listened to patients, carers and staff working in our rehabilitation services. During two periods of patient and staff engagement in July 2019 and October 2019 we held a series of meetings and events with patients who would potentially be eligible to benefit from access to the NHSRC because of the complexity of their rehabilitation needs.

While the people we spoke to were mostly positive about the proposal, a number of concerns were also raised. These were around the location and accessibility of the facility; the potential for patients to feel lonely and isolated, and the impact on local services. In developing the proposal we are now consulting on, we have considered how best to respond to these concerns.

Location and accessibility of the facility

Some patients felt that the provision of free parking at the facility was a benefit, particularly in relation to parking access for current services which was felt to be poor. However, patients also felt that those without a car may struggle to access the centre. While a bus service is in place that runs from Nottingham to the facility, in response to feedback we have opened conversations with voluntary and public transport providers to explore options to enhance public transport availability and support visitors with paying for transport and voluntary transport schemes.

The potential for patients to feel isolated and lonely

The rural location of the facility was a concern for some people we spoke to, who felt that this could contribute to feelings of isolation and loneliness. While people recognised that the immersive nature of being an in-patient at a purpose-built facility would aid the rehabilitative experience, they were also concerned that patients should not feel cut-off from family, friends and carers. We have listened to these concerns and our proposals now include the following:

- A mix of single and multi-occupancy rooms to provide accommodation for patients, helping reduce the chance of isolation
- Psychological support would be provided as necessary, with input from an appropriate mental health specialist
- Mental health needs assessments would be undertaken at least three times a week if required
- A rehabilitation flat would be included at the centre – providing an opportunity for patients to begin to live independently before they are discharged

- Three rooms would be available for overnight accommodation for visitors
- High speed broadband would be provided to enable patients and families to keep in contact via web-based communication channels such as FaceTime and Skype.

Impact on local services

While people were mostly supportive of our proposals, some raised concerns about the impact on local services. In particular, people were concerned that the new facility would mean that Linden Lodge at Nottingham City Hospital would close. We have been clear within this consultation that to fund the new facility we would need to transfer the existing services from Linden Lodge. We have also highlighted the benefits of the new facility as a purpose-built centre for rehabilitation that, we believe, provides a better rehabilitation service for our patients.

The proposed service

We are asking for views on whether or not the NHS should take up the opportunity to develop a new rehabilitation facility at SHRE, transferring existing services to the facility. This also represents the introduction of new services, with some patients who currently do not receive specialist rehabilitation services able to access the centre.

We believe that establishing the NHS Rehabilitation Centre will provide a better specialist rehabilitation service than currently exists. NHS patients will be treated by NHS staff but will have access to the state-of-the-art facilities of the military rehabilitation services. The centre will be purpose built for rehabilitation, with patients benefiting from access to state-of-the-art equipment.

The NHSRC would be an NHS facility, co-located with the DMRC at the SHRE. Patients referred to the NHSRC would have access to the military rehabilitation facilities, but would be treated by NHS staff in a dedicated NHS facility separate to the military facility.	The SHRE is located near Loughborough. It is 13 miles from Nottingham, 4 miles from Loughborough, 32 miles from Mansfield, 19 miles from Leicester and 47 miles from Lincoln.	The establishment of the NHSRC would result in a net increase of 40 rehabilitation beds across the East Midlands. 21 of the 24 specialist rehabilitation beds in Linden Lodge at Nottingham City Hospital would be transferred to the NHSRC, with 3 specialist rehabilitation beds retained with Nottingham at the City Hospital in a dedicated rehabilitation unit.
The referral criteria for the NHSRC would be based on the level of rehabilitation need and the potential of the patient to benefit from treatment. Patients and families would have a choice on whether to be referred to the facility or not and their care would be provided by the NHS no matter what they choose.	A case management model would provide a single point of referral for patients needing specialist rehabilitation, with the referral criteria applied and suitability for the NHSRC discussed with the patient. A dedicated person (clinical case manager) would coordinate patients' care throughout their treatment, from referral through to discharge.	While at the NHSRC patients would benefit from intensive treatment delivered six days per week by a multi-disciplinary team of specialists. During the times that they are not involved in their programme, the facilities and grounds within the Estate would also contribute to patients' efforts to rehabilitate.

Once referred to the NHSRC patients would receive care from a team of rehabilitation specialists including medical, nursing, therapeutic and technical support staff.	Patients would benefit from access to the state-of-the-art facilities at the centre such as the gait analysis system and hydrotherapy pool.	NHS patients would benefit from the collaboration between the NHS and the military – sharing expertise and techniques.

What patients could expect

Patients at the NHS Rehabilitation Centre would take part in intensive rehabilitation tailored to their needs and aimed at improving functional ability and getting them ready to return to their day-to-day living as quickly as possible.

For example, a patient with a disorder to their brain and nervous system (neurological) would have one-to-one treatment sessions with rehabilitation experts and have access to specialist facilities such as a hydrotherapy pool and equipment that helps them to adjust and transfer their body weight correctly. A patient in need of rehabilitation as a result of acute treatment involving bones and muscles (orthopaedic) would benefit with gym sessions and hydrotherapy.

There would be access to state-of-the-art facilities such as a gait analysis laboratory and Computer Aided Rehabilitation Environment, a system that analyses movement in real time, a hydrotherapy pool, as well as a prosthetic laboratory and access to a range of rehabilitation specialists.

The centre would also have two gyms that would allow patients to continue their own rehabilitation outside of formal sessions, supported by a member of staff.

Social workers would be part of the team based at the NHSRC, allowing early assessment of home needs in-line with any vocational needs to help the discharge process.

The SHRE also provides the space to allow therapists to work outside with patients on more physical activities. This might include taking part in light sports.

Patients' mental wellbeing would be considered alongside their physical programme. This is particularly relevant for patients who have suffered a major injury or illness. There may also be some problems with how the brain is working. This could include managing symptoms of post-traumatic stress disorder, coming to terms with potentially life changing injuries or support with pre-existing mental conditions leading up to the event.

Mental wellbeing would also be as important while patients are not actively involved in their daily programme. Plans for the rehabilitation centre would take isolation into consideration in relation to the design of social facilities and use of the grounds, as well as the staffing model. It would ensure that staffing responsibilities include socialisation. The centre experience would focus on active time and down time, so that feelings of isolation and potentially boredom do not impact on the ability to recover. A clinical case manager would ensure that the full patient experience considers mental wellbeing.

How we have considered the opportunity

In considering this opportunity we have undertaken a range of activities to assess its potential impact:

- An Equality Impact Assessment (EIA)
- A Travel Impact Assessment (TIA)
- Clinical engagement
- Patient engagement
- Local Authority engagement.

This section provides a summary of this analysis.

Equality Impact Assessment

An Equality Impact Assessments (EIA) is a way of considering the impact of a proposal on different groups protected from discrimination by the Equality Act.

An independent EIA was carried out in July 2019 and updated in October 2019. The EIA noted that the development of the NHSRC had the potential to improve clinical outcomes, reduce disability and address geographical inequalities in clinical outcome for patients in the East Midlands. The EIA highlighted a number of potential impacts on people with Protected Characteristics and concluded that these could be successfully mitigated. The following is a summary of the mitigations that have been made in response to the EIA:

- Admission criteria have been revised to reduce the risk of groups of patients being excluded from the opportunity to benefit from referral to the centre.
- Older patients with traumatic injuries will benefit from an early assessment of their needs with input from specialist older people's physicians. Older people also often benefit from being managed in specialist facilities that can respond to complex needs.

- Long hospital stays can be a stressful time for people who identify as trans or non-binary, and for gay, lesbian and bisexual patients. The provision of single rooms at the centre helps to mitigate this, providing privacy for trans people and to patients with visiting same sex partners. These mitigations reduce the risk of harassment by other patients and the risk of people being placed in a ward that does not fit their gender identity.
- The NHS will continue to negotiate with public transport providers and the Highways Authority to improve bus services to the centre.
- As part of the consultation we have commissioned Healthwatch Nottingham and Nottinghamshire to proactively reach out to and engage people who may face barriers to accessing services.

Travel Impact Assessment

The proposal involves the transfer of existing services in Nottingham to the NHSRC, which would be located at the SHRE. This would mean, in many cases, increased travel times for patients and their families. To understand this impact, a Travel Impact Assessment (TIA) has been carried out. This TIA includes analysis for all patients in the East Midlands.

The findings of this analysis confirm that the average distance between patients' homes and their nearest rehabilitation hospital would more than double from 10.7 to 24.6 miles. On average, journey times by car would increase from 20 minutes to 39 minutes.

The average journey times on public transport for a single journey would increase from 60 minutes to 126 minutes. Estimated travel time by public transport includes estimated time walking to and from bus points.

For some patients not currently receiving specialist rehabilitation services the travel times may be less relevant as they may have had to travel to facilities outside of their home location anyway

Clinical engagement

To obtain clinical feedback on the potential impact of the proposal, a Clinical Senate Panel was held in July 2019. Clinical senates are regional, independent bodies that provide advice to NHS organisations to support them to make the best decisions about healthcare for the populations they represent.

The Clinical Senate Panel were supportive of the proposal to develop an NHS rehabilitation centre. They recommended that a tool should be developed to assess patients against the referral criteria for the facility; that a workforce plan should be developed; that a detailed discharge

planning process should be developed and that further cost-benefit analysis on the potential improvement in clinical outcomes should be carried out. These recommendations are currently being addressed.

In addition to the input of the Clinical Senate, a Clinical Reference Group (CRG) has provided input and guidance throughout the development of proposals for the NHSRC. The CRG is chaired by a senior NHS Medical Director and includes patients, GPs and hospital doctors, managers who plan and monitor NHS services as well as representatives from Defence Medical Services, The British Society of Rehabilitation Medicine and the Royal College of Physicians.

Patient engagement

We talked to patients, carers and staff through two periods of patient engagement in July 2019 and October 2019. This engagement involved a series of events and meetings with patients who would be eligible for referral to the NHSRC because of the complexity of their rehabilitation needs.

Overall, most of the people we spoke to were positive about the proposal and welcomed having a state-of-the art facility with all services required available under one roof. The main concerns raised were around the location and accessibility of the facility; the potential for patients to feel lonely and isolated, and the impact on local services.

Local Authority engagement

We have worked closely with Nottingham City and Nottinghamshire County Health Scrutiny Committees in developing our proposals, providing updates in July 2019, November 2019 and January 2020. In January we formally notified both Committees of our intention to consult the public on our proposal, outlining our consultation plans.

Overall the Nottingham City and Nottinghamshire County Health Scrutiny Committees have been supportive of our proposals. Their feedback has reflected wider patient and clinical feedback, with a focus on mitigations for public transport access and the potential for isolation and loneliness.

Impacts of the proposed facility

Our analysis of the feasibility of taking up this opportunity has highlighted a number of potential benefits and impacts. These are summarised below.

Providing rehabilitation services has to be achievable within existing budgets, so that other services are not negatively affected. This would mean transferring existing services from Linden Lodge at Nottingham City Hospital to the NHSRC, with Linden Lodge closing. Three specialist rehabilitation beds would be retained within Nottingham at Nottingham City Hospital.	For many, the location of the NHS Rehabilitation Centre at SHRE could present issues for people who have to travel by private or public transport, with an overall increase in travel time for most people. This could impact family members, carers and friends who wish to visit patients.	The central aim of the rehabilitation centre would be to return patients to life and work thereby reducing long-term dependency on health care, financial and other support. This means a significant benefit for the patient and for wider society.
There would be a risk of isolation and loneliness for patients during their time at the NHSRC, given its rural location and increased travel times for family and carers.	The establishment of the proposed NHSRC would mean that there are more beds available for rehabilitation in the East Midlands – meaning more patients can get the care that they need.	Patients with a need for specialist rehabilitation would have access to state-of-the-art facilities in a purpose-built centre. They would benefit from a team of specialists supporting them and access to facilities that are also used to help military personnel to return to active duty.
The way that the NHSRC is planned means that patients who have suffered from a serious musculoskeletal injury would be able to access specialist rehabilitation for the first time in the East Midlands.		

Steps that could help with impacts of the proposed new facility

To improve how the NHSRC would deliver services for patients, family members and carers, our proposal has been developed to include the following:

- A mix of single and multi-occupancy rooms would provide accommodation for patients helping reduce the chance of isolation.
- Psychological support would be provided as necessary, with input from an appropriate mental health specialist.
- Mental health needs assessments would be undertaken at least three times a week if required.
- A rehabilitation flat would be included at the centre – providing an opportunity for patients to begin to live independently before they are discharged.
- Three rooms would be available for overnight accommodation for visitors.
- High speed broadband would be provided to enable patients and families to keep in contact via web-based communication channels such as FaceTime and Skype.
- Free parking is provided at the centre and options are being explored to enhance the current public transport availability and support visitors with paying for transport and voluntary transport schemes.

How we would fund rehabilitation services

Providing rehabilitation services has to be achievable within existing budgets, so that other services are not negatively affected. Within our proposals we will achieve this through transferring existing beds within Linden Lodge at Nottingham City Hospital to the NHSRC and also releasing other beds within Nottingham University Hospitals that will no longer be required for the recovery of patients who will instead be using the new NHSRC.

The amount of money that we currently spend on these services is shown in the table below. The table also shows the funding that would be released from existing services for the running of the new centre. By transferring current costs to the new centre, we would be able to afford to run the proposed service at the new facility.

How we would fund the running of the NHS Rehabilitation Centre at SHRE					
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
Current spending on these services	£11,623,987	£12,791,088	£12,733,189	£12,675,289	£12,617,390
Funding that would move from current services into the NHS Rehabilitation Centre at SHRE	£11,771,217	£12,449,462	£12,449,462	£12,449,462	£12,449,462
Overall difference in costs when in the new facility	-£147,230	£341,626	£283,727	£225,827	£167,928

What happens next?

After this consultation closes, the responses we receive will be independently analysed and a report on the data received prepared for the NHS organisations leading the consultation.

They will consider the views of the participants, any impact they may have on the proposals, and the effect these views and any impacts may have on the decision-making process. The findings of the consultation will be considered by a Findings Consideration Panel (FCP), which will make recommendations on how best to reflect the consultation findings in our final proposals. A Decision Making Business Case (DMBC) will be developed and considered by the CCG's Governing Body, which will make a final decision on the development of NHS rehabilitation services at the SHRE. The final decision is scheduled to be taken at the CCG's July Governing Body meeting.

Have your say

We would like you to provide your feedback on the proposal to establish a NHS Rehabilitation Centre and you can do this in a number of ways, as set out below.

To find out more about the consultation on the future of specialist rehabilitation services in the East Midlands and complete a survey on-line, visit: add survey link.

Or to request a copy of the consultation email: NECSU.engagement@nhs.net or call 0115 906 8846.

To hear first-hand from clinical leaders about the consultation on the future of specialist rehabilitation services in the East Midlands and ask questions, register to attend one of the following virtual vents events:

Insert schedule of online events

If you have a copy of the consultation document and have completed the questionnaire, this can be returned to the following address: Freepost xxxxxxxxxx. You can handwrite or type your envelope but the words NHS Rehabilitation Centre must be in capital letters after the word Freepost.

Questionnaire

We want you to have your say

The views of the public, patients, staff, family members and carers are very important to us and we want to hear your views on our proposal to develop a NHS Rehabilitation Centre for the East Midlands.

All the feedback gathered will be treated in strictest confidence and fed back to the programme team to help inform future decisions. No decision can be made until after the consultation has closed. The consultation report will be shared on the [Nottingham City CCG] website and is available on request.

This survey is available to complete between 27 July 2020 and 18 September 2020. It can also be completed online by using the following link [Add survey link].

If you have any other questions or concerns regarding this survey and/or the consultation please email us at NECSU.engagement@nhs.net or call 0115 906 8846.

This document can be made available in large print and in other formats and languages on request.

If you would like to read more detail and analysis about the proposals, a number of documents are available on the xxxxx website and via the following links:

Pre-Consultation Business Case available at www.XXX.nhs.uk.

Equality Impact Analysis available at www.XXX.nhs.uk.

Travel Impact Analysis available at www.XXX.nhs.uk.

Clinical Senate Panel report available at www.XXX.nhs.uk.

Public and Patient Engagement Reports are available at www.XXX.nhs.uk.

Section 1: Your views on the NHS Rehabilitation Centre

1. To help us understand your response better, please can you tell us if you are answering this questionnaire as…
(Please tick one only)

A current or former patient of rehabilitation services	1
A member of the public	2
A member of NHS staff	3
A carer/friend/family member of an individual who is accessing/has accessed rehabilitation service	4
An organisation (please specify in the box below)	5
Rather not say	6

2. To what extent do you support or oppose the proposal to create a NHS Rehabilitation Centre at the Stanford Hall Estate near Loughborough?
(Please tick one only)

Strongly support	Slightly support	Neither support or oppose	Slightly oppose	Strongly oppose
1	2	3	4	5

The NHS Rehabilitation Centre would provide 64 beds across the East Midlands. As a result, we propose to transfer the service currently provided at Linden Lodge at Nottingham City Hospital to the NHSRC.

3. **To what extent do you support or oppose the transfer of the service at Linden Lodge at Nottingham City Hospital to the NHS Rehabilitation Centre?** (Please tick one only)

Strongly support	Slightly support	Neither support or oppose	Slightly oppose	Strongly oppose
1	2	3	4	5

4. **If you have any comments about the transfer of Linden Lodge, please provide them in the comment box below.**

5.

Section 3: Location of the NHS Rehabilitation Centre

The NHS Rehabilitation Centre would be located at the Stanford Hall Rehabilitation Estate near Loughborough. The 360-acre countryside estate hosts the Defence and National Rehabilitation Centre, which provides rehabilitation facilities for military personnel.

The Defence and National Rehabilitation Centre would continue to operate independently and prioritise military rehabilitation, while a NHS Rehabilitation Centre would provide treatment for NHS patients only. NHS patients would be able to benefit from the state-of-the-art facilities that the DNRC has (for example the hydrotherapy pool, the gait analysis system and the Computer Aided Rehabilitation Environment).

The location would provide peaceful, tranquil surroundings for NHS patients to focus on their rehabilitation.

5. Do you think treating NHS patients on the same site as military personnel will be suitable? (Please tick one only)

Yes definitely	Yes, to some extent	No/not sure
1	2	3

a) If no, please explain why in the comment box below.

b)

6. If you wanted to visit patients at the NHS Rehabilitation Centre, how easy would this be for you?

An NHS Rehabilitation Centre as part of the National Rehabilitation Centre development would be situated on the Stanford Hall Rehabilitation Estate at Stanford Hall near Loughborough.

Very easy	Easy	Neither easy nor difficult	Difficult	Very difficult
1	2	3	4	5

a) If you feel this would be difficult, please provide a brief explanation in the comment box below.

To reduce the travel impact for relatives, friends and carers, it is proposed that the NHS Rehabilitation Centre would provide some family accommodation, free parking as well as superfast broadband to enable patients to keep in touch with their families via communication channels such as FaceTime and Skype. Discussions are also taking place around enhancing local public transport.

7. Do you feel that the factors listed above (i.e. family rooms, free parking and superfast broadband) would help reduce the impact of increased travel time that some might face? (Please tick only one)

Yes definitely	Yes, to some extent	No/not sure
1	2	3

a) If no, do you have any further suggestions in how we could support family, friends and carers who may be visiting someone at the NHS Rehabilitation Centre?

b)

8. **What do you think the <u>benefits</u> are of being located on the SHRE?**

9.

9. **What do you think the <u>issues</u> are of being located on the SHRE?**

10.

Section 4: Model of care at the NHS Rehabilitation Centre

The NHS Rehabilitation Centre will take a fresh and innovative approach to rehabilitation, putting the patient at the centre of care. Full details of this can be found in the consultation document, however in brief:

- It would be staffed by a multi-disciplinary team consisting of rehabilitation consultants, orthopaedic consultants, other speciality consultants (e.g. for cancer treatment), therapy assistants, physiotherapists, mental health nurses, occupational therapists, speech and language therapists, social workers and other professionals as needed.

- There would be a focus on occupational and vocational rehabilitation to help people get back to work.

- Each patient would be assigned a dedicated person (a clinical case manager) to coordinate their care throughout – from referral through to discharge.

- There would be an increase in the number of hours of therapy per patient per week (both one-to-one and group sessions), with patients being able to spend their additional time on the rehabilitation estate supported by occupational and vocational therapists.

- Patients would have access to facilities such as a gym, hydrotherapy pool and a system to help patients practice their mobility and balance on a range of different surfaces.

10. **What are your thoughts about the care that patients would receive at the NHS Rehabilitation Centre?** (Please tick one only)

Excellent	Very good	Good	Fair	Poor
1	2	3	4	5

11. **What are your thoughts about the range of health and social care professionals that patients would have access to at the NHS Rehabilitation Centre?** (Please tick one only)

Excellent	Very good	Good	Fair	Poor
1	2	3	4	5

We recognise that it is important that a patient's mental wellbeing is equally considered alongside their physical rehabilitation. It is therefore essential that proposals for the NHS Rehabilitation Centre take mental health, particularly helping patients to avoid feelings of isolation and boredom, into consideration. This will be done in relation to:

- The way in which clinical and other staff will work (ensuring that staffing responsibilities include socialisation).
- Making assessment of patient's mental health part of ongoing assessments at least three times a week.
- Providing psychological input as necessary, with input from a mental health nurse.
- The design of the social facilities and use of the grounds.

12. Based on the information above, what are your thoughts on the approach to managing the mental wellbeing of patients during their time at the NHS Rehabilitation Centre?

I feel confident that patients' mental health has been taken into account.	I feel that patient's mental health has been taken into account but more needs to be done.	I feel more needs to be done to manage patients' mental health.
1	2	3

a) If you feel more needs to be done to manage patients' mental health, please provide your suggestions in the box below.

b)

Section 5: Final comments

Q13. Do you have any other comments that you would like to make with regard to the development of the NHS Rehabilitation Centre?

Section 6: About you

It would help us to understand your answers better if we knew a little bit about you. These questions are **completely optional**, but we hope you will complete them. The information is collected anonymously and cannot be used to identify you personally.

Q14. How old are you?

(Please select only one)

16 – 17	18 – 24	25 – 34	35 – 44	45 - 54	55 – 64	65 – 74	75 or older	Prefer not to say
1	2	3	4	5	6	7	8	9

Q15. What is your gender?

(Please select only one)

Male	Female	Other	Prefer not to say
1	2	3	4

Q16. Does your gender identity match your sex as registered at birth?

(Please select only one)

Yes	No	Prefer not to say

1	2	3

Q17. Are you currently pregnant or have you been pregnant in the last year? (Please select only one)

Yes	No	Prefer not to say	Not applicable
1	2	3	4

Q18. Are you currently…? (Please select only one)

Single (never married or in a civil partnership)	1
Cohabiting	2
Married	3
In a civil partnership	4
Separated (but still legally married or in a civil partnership)	5
Divorced or civil partnership dissolved	6
Widowed or a surviving partner from a civil partnership	7
Prefer not to say	8

Q19. Do you have a disability, long-term illness, or health condition?
(Please select only one)

Yes	No	Prefer not to say
1	2	3

Q20. Please can you tell us what your disability, long-term illness or health condition relates to? (Please tick all that apply)

A long-standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy)	1
A mental health difficulty (e.g. depression, schizophrenia or anxiety disorder)	2
A physical impairment or mobility issues (e.g. difficulty using your arms or using a wheelchair or crutches)	3
A social / communication impairment (e.g. a speech and language impairment or Asperger's syndrome/other autistic spectrum disorder)	4
A specific learning difficulty (e.g. dyslexia, dyspraxia or AD(H)D)	5
Blind or have a visual impairment uncorrected by glasses	6
Deaf or have a hearing impairment	7
An impairment, health condition or learning difference that is not listed above	8

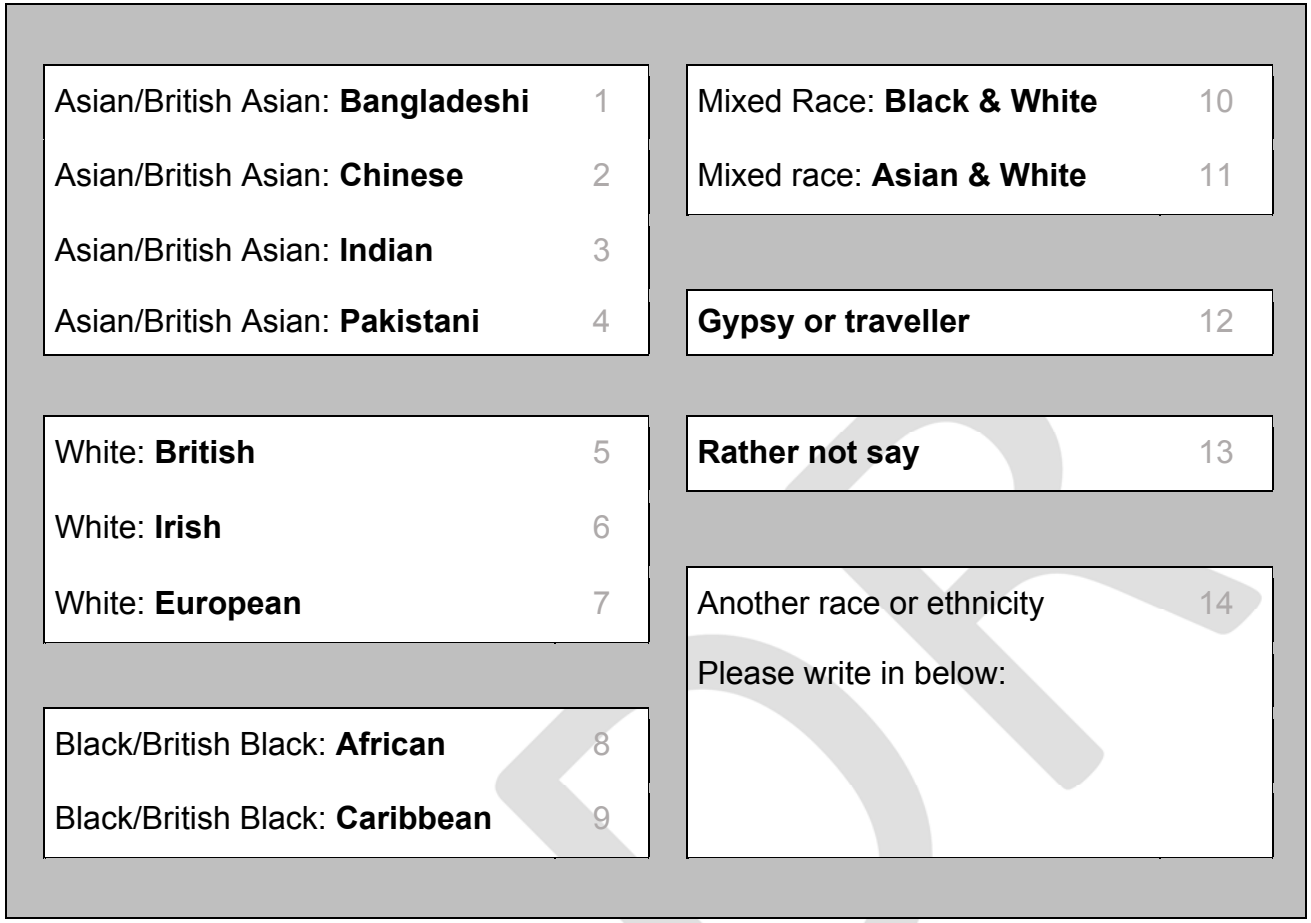
Prefer not to say	9

Q21. Do you have any caring responsibilities? (Please tick all that apply)

None	1
Primary carer of a child or children (under 2 years)	2
Primary carer of a child or children (between 2 and 18 years)	3
Primary carer of a disabled child or children	4
Primary carer or assistant for a disabled adult (18 years and over)	5
Primary carer or assistant for an older person or people (65 years and over)	6
Secondary carer (another person carries out main caring role)	7
Prefer not to say	8

Q22. What is the first half of your postcode? (For example – SR1 or NE38).

Q23. Which race or ethnicity best describes you? (Please select only one)



Asian/British Asian: **Bangladeshi**	1	Mixed Race: **Black & White**	10
Asian/British Asian: **Chinese**	2	Mixed race: **Asian & White**	11
Asian/British Asian: **Indian**	3		
Asian/British Asian: **Pakistani**	4	**Gypsy or traveller**	12
White: **British**	5	**Rather not say**	13
White: **Irish**	6		
White: **European**	7	Another race or ethnicity	14
		Please write in below:	
Black/British Black: **African**	8		
Black/British Black: **Caribbean**	9		

Q24. Which of the following terms best describes your sexual orientation? (Please select only one)

Heterosexual or straight	1	Asexual	5
Gay man	2	Prefer not to say	6
Gay woman or lesbian	3	Other	7
Bisexual	4		

Q25. What do you consider your religion to be? (Please select only one)

No religion	1	Muslim	6
Christianity	2	Sikh	7
Buddhist	3	Prefer not to say	8
Hindu	4	Other religion	9
Jewish	5		

Thank you completing this survey and for taking the time to contribute to our survey.

Personal and confidential information

We can only use any information that may identify individuals (known as personal information) in accordance with the Data Protection legislation and other laws such as the Health and Social Care Act 2012. http://www.legislation.gov.uk/ukpga/2018/12/contents and www.legislation.gov.uk/ukpga/2012/7/contents/enacted.

We also have a Common Law Duty of Confidentiality to protect your information. This means that where a legal basis for using your personal or confidential information does not exist, we will not do so.

[Outer]

Contact us

Please call us on: 0115 906 8846.

Email: NECSU.engagement@nhs.net.

To request this document in an alternative format contact us using the details above.

Nottinghamshire County Council

Report to Health Scrutiny Committee

7 July 2020

Agenda Item: 7

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

COVID-19 RESPONSE BRIEFING

Purpose of the Report

1. To introduce a briefing on the response to the COVID-19 pandemic from the Nottingham and Nottinghamshire Clinical Commissioning Group (CCG).

Information

2. The COVID-19 pandemic has had an unprecedented impact on our day to day lives, and also affected NHS services.

3. A general briefing on the current position in relation to the CCG's response is attached as an appendix to this report (Appendix 1) and a briefing on service changes (Appendix 2). Further briefings on the extension of temporary overnight closure at Newark Urgent Care Centre and changes to acute stroke services in Nottingham and Nottinghamshire are also attached (Appendix 3 and Appendix 4).

4. Members will wish to consider the information provided and schedule further consideration of any particular areas of concern.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Consider and comment on the information provided.

2) Schedule further consideration of areas of concern.

Councillor Keith Girling
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Service Changes made in response to Covid-19

July 2020

Briefing

Purpose and background

On 8 June 2020 we issued a briefing to the Committee providing a summary of a number of service changes that have been made in response to the Covid-19 pandemic. We have also issued a number of briefings on specific services changes, including the centralisation of hyper-acute stroke services and the extension of the temporary overnight closure of Newark Urgent Care Centre

Focus of presentation

Following the briefings summarised above, we will provide a presentation to the Committee that:

- Explains the impact of Covid-19 on the management of local services
- Explains the national framework for service changes, as mandated by NHS England/Improvement
- Explains the local context and drivers for some of the service changes
- Provides a summary of our work to safely restore NHS services while protecting the public, our patients and our staff from the risk of infection.

Briefing on Covid-19 Response

8 June 2020

Current Covid-19 impact and our response

- We have seen a sustained levelling off of Covid-19 cases in Nottingham and Nottinghamshire over recent weeks, in line with the national and regional picture.
- Plans are being developed to manage any future localised outbreaks in the area. These are being led by Local Authorities as part of the NHS Test and Trace programme.
- We are currently in phase 2 of our incident response, Restoration, which involves returning critical NHS services back to operation.
- After restoration we will go through a longer-term process of Recovery, which will involve re-establishing the wider set of NHS services. We will look to retain some of the positive changes that have been made in response to the pandemic, such as the creation of a single hospital discharge process and better use of phone and video consultations.

Impact on local services

- We have seen some positive and proactive patient behaviour in response to Covid-19. For example, we are seeing less inappropriate attendances at A&E and greater use of community pharmacy and the 111 service.
- At the same time, we are concerned that we are not seeing patients in some care settings for genuine health concerns. This includes people not presenting at their GP and not accessing support for low to moderate mental health concerns.
- We are pushing the national ‘help us, help you’ campaign, which reassures the public that the NHS is open and should be accessed for health concerns.
- We are starting to see a rise in attendances at GP Practices and at A&E.
- We have made a number of temporary local service changes in response to national guidance. This includes changes that have been specifically mandated and changes we have made in response to local circumstances.
- We are currently working with NHSE/I and our partners to identify which of these changes need to be prioritised for immediate reversal. Where we have made changes that are in line with the NHS Long Term Plan ambitions, and deliver better health outcomes for local people, we will be initiating conversations with local stakeholders on the potential of making these permanent.

Current impact on care homes and support being provided

- We are supporting care homes with training, infection prevention and control and with advice to minimise overall cases and outbreaks.

- We are providing financial support and are communicating regularly with care homes across the area, providing opportunities for peer-to-peer support and providing webinars and regular newsletters.
- A toolkit has been developed, which care home and homecare staff can use as a reference guide to a range of key issues including correct use of PPE; infection prevention and control; medications and symptom management and more.
- A bank of Healthcare Assistants to support care homes has been established.

Testing of staff and the public

- We have established testing for residents and staff in all care homes, coordinated through our Testing Coordination Centre and 0300 number.
- If either a resident or staff member starts to display symptoms of coronavirus, then the whole home of residents and staff will be tested – whether they are showing symptoms or not.
- The Test and Trace programme has now been rolled out locally. Any person developing symptoms of Covid-19 can quickly be tested and their recent contact with other people recorded so that those who may have come into contact with someone who has had Covid-19 can be notified.
- We are currently working to roll out anti-body testing, which identifies if a person has had Covid-19, across Nottingham and Nottinghamshire. Anti-body tests provide valuable information for monitoring the impact of Covid-19, but will not inform a person's clinical care.
- Anti-body tests require blood samples to be taken by trained professionals. We are therefore working to increase our phlebotomy capacity to manage the additional demand.
- We are currently prioritising testing of staff in all patient-facing acute hospital areas.

Restoration and recovery of NHS services

- Restoration is the second phase of our response to Covid-19. We have developed a restoration plan for Nottingham and Nottinghamshire, which aims to re-establish NHS services in a safe way. This means ensuring that staff and patients are not at risk of infection from Covid-19 when using services and ensuring the public know that services are open and safe to access.
- Our hospitals have adopted stringent plans for infection control, for example creating Covid areas and non-Covid areas.
- PPE is also a major focus of restoration and we will continue to coordinate distribution to where it is needed most, keeping in place the logistics arrangements that were established to during phase 1 of our response.
- We are also working as a whole system to find ways to pool our workforce so that staff can be deployed to the areas where they are most needed.

Changes to services to support the Covid-19 response

Briefing for Health Overview and Scrutiny Committee

8 June 2020

Dear Colleagues,

You will be aware that as a commissioner of local health services we have been working closely with NHS Providers and other bodies in our response to Covid-19. Part of this work involves making changes to local services to manage the increased demand on our hospitals.

Some of the changes we have made have been mandated nationally, for example reducing face-to-face appointments and postponing the provision of some non-urgent services. Other changes have been made by the local system, in response to locally specific circumstances. This includes local implementation of national guidance, for example where staffing levels are becoming unsafe for a non-urgent service to continue.

The degree of pressure on the system and the rapid pace at which we have had to respond to protect the safety and welfare of patients and staff has meant that it has not always been possible to notify the Local Authority of changes that, in normal times, you would be consulted on. In the main, changes have been made by providers to manage workforce and operational pressures and to maintain patient safety. They have not been commissioned by the CCG.

We have provided retrospective briefings on a number of temporary service changes, discharging our statutory duty to notify the Local Authority of substantial change to a health service. We have now compiled a full list of all service changes that have been made in response to the Covid-19 pandemic and have included this with this briefing.

Over the next two weeks we will be undertaking analysis to identify which of the changes need to be reversed as soon as it is safe to do so, and which we are considering making permanent. The latter will include changes that have been made that are aligned to the ambitions in the NHS Long Term Plan and have made a positive impact on health outcomes.

Once we have undertaken this initial assessment we will discuss with you the viability of adopting some of the changes permanently, subject to the usual procedures for considering changes to services.

We are providing the full list of service changes now in the spirit of transparency and to support future discussions with you on potential areas that we may want to consider and/or consult on for permanent change.

We want to reassure you that any temporary service change made in response to Covid-19 will be done so with the safety and care of patients at the centre of our decision-making.

For more information please contact:

Amanda Sullivan

Accountable Officer

amanda.sullivan7@nhs.net

List of service changes made to support the Covid-19 response

All changes have been made to support a number of principles for care:

- Ensuring adequate hospital and intensive care capacity for patients who need acute care as a result of Covid-19
- Keeping staff and patients safe in healthcare environments (including cohorting of infected patients, infection prevention and control and workforce deployment)
- Reducing face-to-face contacts where care can safely be delivered via alternative methods
- Supporting the most vulnerable members of the population.

Primary Care

Description of change	Briefing issued
Introduction of Clinical Management Centres (CMCs) to allow general practice to function effectively during the COVID-19 outbreak.	Y 4/4/2020
Introduction of a new GP operating model including greater use of remote working; phone and video consultations; suspension of routine non-urgent appointments	N
Enhanced support to care homes from GP Practices	N

Urgent Care

Description of change	Briefing issued
Development of a single discharge pathway	N
Relocation of the primary care element of the Urgent Treatment Unit (UTU) at QMC to Platform 1, Upper Parliament Street	N
Temporary overnight closure of Newark Urgent Treatment Centre (UTC) from 22:00 – 09:00 from 6 April. A further extension has been proposed due to ongoing workforce pressures – we will provide a separate briefing on this.	Y 3/4/2020
NUH are developing plans to transfer hyper acute stroke services from Nottingham City Hospital to QMC, to support winter planning and infection prevention and control measures - we will provide a detailed briefing on this when we have further information	N

Mental Health

Description of change	Briefing issued
Open access all age 24/7 crisis line set up	N
Reduction or suspension of face-to-face contact and increased use of phone and video consultations and online resources for the following: Crisis Teams; Local Mental Health teams; Community Mental Health Teams; CAMHS; Kooth; Sharp; Harmless project	N
Temporary use of Haven House crisis house as a step down unit to support discharge (change now reversed)	Y 28/4/20
Recovery College services suspended and staff deployed to other areas	N
CAMHS support to schools via in-reach	N
Alexander House locked rehabilitation service designated as an isolation unit, with patients transferred to the Orion Unit at Highbury Hospital	N

Planned Care

Description of change	Briefing issued
Block Contracts established with Independent Sector providers to create additional bed capacity	N
Move from face-to-face to virtual clinics for outpatient services where appropriate	N
Postponement of all non-urgent elective operations	N
Suspension of community non-obstetric ultrasound service	N
NUH suspended faecal sample testing	N
SFH Suspension of termination of pregnancy service – service to recommence from 9 June (community service continued)	N
Temporary suspension of home births service by SFHT and NUH - NUH have since re-established a restricted home births service	Y 13/5/20

Children and Young People

Description of change	Briefing issued
Integrated Community Children and Young People's Healthcare Programme: Routine reviews of respiratory conditions delayed except for at risk patients; routine referrals delayed; therapy services delivered by video conferencing or phone.	N
Out of hospital community services stopped except clinical priority services; child protection medicals; phone advice and urgent referrals	N
Rainbows Childrens Hospice: Respite Short Breaks suspended; family support services by video and phone; adult day care suspended	N

Community care

Description of change	Briefing issued
Community Orthoptics service suspended all non-essential face-to-face services and increased use of video and phone consultation	N
Community diabetes nursing teams suspended clinics and education courses	N
Face-to-face community rehabilitation suspended, except for patients who have had recent elective surgery; fractures or those with acute and complex needs	N
Neuro rehabilitation - Chatsworth Unit patients discharged to community provision and inpatient function temporarily closed to admissions	N
Community podiatry and podiatric surgery services suspended, except for high risk patients	N
Community services provided by Primary Integrated Community Services (PICS) suspended all non-essential face-to-face interventions	N
Community MSK groups suspended	N
Community specialist nursing service suspended	N

Changes to community pain management services, including suspension of face-to-face consultations; greater use of video and phone consultations and suspension of steroid injections	Y 18/5/20

Extension of temporary overnight closure of Newark Urgent Care Centre

Briefing for Health Overview and Scrutiny Committee

24 June 2020

Dear Colleagues

On 3 April 2020 we shared a briefing to inform you that Newark Urgent Care Centre would be temporarily closed overnight for a period of 3 months, from 6 April 2020. In this period the Urgent Care Centre has remained open and operating as usual from 9am until 10pm.

We are now writing to inform you that we have agreed with the provider of the service, Sherwood Forest Hospitals (SFH) NHS Foundation Trust, a 6 month extension period to this temporary overnight closure until 4 January 2021

As the commissioner of the service, we are writing to you in line with our statutory duty to inform the Local Authority of any substantial change to services. We have enclosed a copy of the briefing that outlines the reasons for extending this temporary change, which are to ensure that we continue to provide services safely.

We noted at the time of the initial temporary closure that the number of patients seen overnight at Newark Urgent Care Centre was very low and had been reducing during the Covid-19 pandemic. Staffing levels within the Trust are still impacting the ability to provide safe patient care, and the extension of this temporary closure enables a continuation of the pooling of out-of-hours staffing resources.

We would like to reassure the Committee that we will be keeping this decision under regular review, with a more detailed analysis at 3 months to inform winter resilience. Any proposed permanent change to services will be subject to the usual procedures, including public consultation and consultation with the Local Authority.

For more information on the changes described in this briefing, please contact:

Lucy Dadge, Chief Commissioning Officer
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Covid-19 response: Extension of temporary overnight closure of Newark Urgent Care Centre

24 June 2020

Dear colleague,

I want to take this opportunity to update you on some important news about Newark Hospital and our response to the Coronavirus pandemic (Covid-19).

You will be aware we continue to face an unprecedented challenge in our response to Covid-19 and we are making careful decisions about how we manage our workforce and services to ensure we provide care where it will be needed the most.

As part of our Trust-wide response to Covid-19, the Urgent Care Centre at Newark Hospital was closed between 10pm and 9am from Monday 6 April for an initial three month period. We have now agreed with our commissioners to extend the overnight closure for a further six month period from Monday 6 July (with the last attendances at 9.30pm).

The principle reasons for the initial change were due to workforce pressures and patient care. We did not believe we would have been able to guarantee we could safely continue to staff Newark UCC overnight, whilst also providing the level of staff required to care for Coronavirus patients across the Trust. Whilst the number of Covid positive patients we are caring for has reduced, we are now addressing the more complicated issue of safely restoring services.

At the time of writing we do not anticipate the current issues around staffing to ease in the near future, with the impact of antibody testing for all colleagues and the potential for groups of colleagues to be required to isolate as part of Test and Trace protocols making it difficult to plan staffing levels with confidence. This decision was taken with the full agreement of clinical colleagues at Sherwood.

These changes will help us to continue to centralise our colleagues out of hours and will ensure we give the best care possible to the patients that need it the most.

We know the number of patients seen overnight at Newark is traditionally low and was reducing further at the start of the pandemic, and we thank partners and colleagues for safely helping us introduce these measures. The changes have been well supported, and we are not aware of any patient harm as a result of the current overnight closure.

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As before, the alternative to this planned approach would have been to attempt to continue to open the UCC overnight in the knowledge we may have to close it overnight at short notice on a regular basis depending on staffing levels. This would naturally be a very unstable model and would be confusing for patients and colleagues alike.

We have always worked closely with CCG colleagues and other health partners regarding our service offer at Newark Hospital and in this instance we are collectively agreed this is in the best interest of patients and the overall health services in our area. Patients can always get urgent support for their health needs through accessing 111 online or over the phone.

Newark Hospital remains a key part of the overall emergency care service at Sherwood Forest Hospitals, and we have also introduced new services at Newark including some elective surgery and outpatient appointments. We restarted elective surgery at Newark Hospital on 10 June which is before we have been able to at King's Mill.

Anyone who needs urgent care between 9.30pm and 9am is asked to attend their next nearest Urgent Care facility or to access NHS111 online or over the phone for advice. The 111 service will be able to provide advice about whether patients need an overnight consultation and get clinical advice where required. In an emergency, you should phone 999.

We continue to face an extremely difficult period of time. I am proud of the response of colleagues at Sherwood and from our wider partners and we will get through this by working together.

Richard Mitchell
Chief Executive
Sherwood Forest Hospitals NHS Foundation Trust

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Changes to acute stroke services in Nottingham and Nottinghamshire

Briefing for Health Overview and Scrutiny Committee

24 June 2020

Dear Colleagues

Over the course of the Covid-19 pandemic, we have issued a number of briefings to the Committee on changes to services that have been made to ensure that our patients and staff remain safe. Because the health system has had to act rapidly in response to the crisis, these briefings have been retrospective.

On 8 June 2020 we provided a summary for the Committee of all the changes made across health services in response to Covid-19. In the main, these were changes made by providers to manage workforce and operational pressures and to maintain patient safety.

We are now writing to inform you of a change that will be implemented in July 2020 to reconfigure local acute stroke services so that we can manage the risk of Covid-19 infections among our patients and staff, as we progress with restoring key NHS services.

To restore services safely, our providers need to be able to treat patients with Covid-19 separately to those who are not infected. In Nottingham specifically, this means creating additional capacity on Nottingham University Hospitals (NUH) NHS Trust City Campus site to create an additional admission assessment area. The only suitable area with direct access, which could be used as an additional assessment area, is the current Stroke Unit. The reconfiguration described in this briefing enables this work to progress, while also being clinically beneficial for the treatment of stroke services and aligned to local, regional and national plans for stroke services.

We are making these changes now due to the urgency of local system restoration and recovery. The changes will involve NUH centralising hyper acute stroke services at the Queens Medical Centre (QMC) site. This means that the Hyper Acute Stroke Unit and the Acute Stroke Ward at the City Hospital campus will move to QMC. Stroke rehabilitation services at the City Hospital will be enhanced and remain unaffected by these changes. Additional transport services for patients will be made available between sites to facilitate the reconfiguration.

These changes mean that all urgent and immediate treatment for patients with a suspected stroke will be centralised at QMC. This has two main benefits for the restoration and recovery of our services. Firstly, it enables NUH to meet a national directive to reduce infection risk from Covid-19 by creating Covid and non-Covid admission assessment areas. Secondly, it creates vital enhanced rehabilitation capacity on the City Hospital Campus for patients recovering from Covid-19 infection.

In addition to the impetus for these changes for the restoration and recovery of NHS services, there is a clear clinical case for the reconfiguration of stroke services and specifically for the centralisation of hyper acute stroke services. The change is aligned to regional and national stroke strategies and is a stated ambition of the local Clinical and Community Services Strategy review of

stroke services. This review was underpinned by strong patient and public involvement with stroke survivors forming part of the work alongside staff and clinicians, and the Stroke Association supporting a number of patient engagement sessions.

Acute stroke services at NUH are currently a national outlier in two ways. Firstly, the hyper acute stroke service is not co-located with the emergency department. Currently 40% of strokes treated by NUH present at the Emergency Department at QMC and then require transfer to City Hospital. Secondly, it is not co-located with neurosurgical intervention and mechanical thrombectomy, which are required by a proportion of stroke patients.

Although aligned to national, regional and local plan for acute stroke services we are informing you of this change as a temporary measure. There are plans to increase capacity at QMC for hyper acute stroke, which would enable this to become a permanent change. However, that development would be subject to the usual procedures for service reconfigurations, including our requirement as the Commissioner to consult the Local Authority.

For more information on the changes described in this briefing, please contact:

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Nottinghamshire County Council

Report to Health Scrutiny Committee

7 July 2020

Agenda Item: 8

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME

Purpose of the Report

1. To consider the Health Scrutiny Committee's work programme.

Information

2. The Health Scrutiny Committee's work programme has been disrupted by the COVID-19 pandemic. The work programme is therefore being reviewed and reprioritised, and a revised draft will feature on the agenda of the next committee.

3. Members may also wish to suggest and consider subjects which might be appropriate for scrutiny review by way of a study group or for inclusion on the agenda of the committee.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Notes that the work programme is currently under review.

2) Suggests and considers possible subjects for review.

Councillor Keith Girling
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All