

## Health Scrutiny Committee

**Friday, 08 November 2019 at 10:30**

**County Hall, West Bridgford, Nottingham, NG2 7QP**

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### AGENDA

- 1 Apologies for Absence
- 2 Declarations of Interests by Members and Officers:- (see note below)
  - (a) Disclosable Pecuniary Interests
  - (b) Private Interests (pecuniary and non-pecuniary)
- 3 National Rehabilitation Centre Pre-consultation Business Case 3 - 8

### 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>

**8 November 2019****Agenda Item: 3****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****NATIONAL REHABILITATION CENTRE – PRE-CONSULTATION BUSINESS  
CASE****Purpose of the Report**

1. To allow Members to give their views on the pre-consultation business case for the National Rehabilitation Centre (NRC).

**Information**

2. Members will recall from previous agenda items on the NRC, most recently in September 2019 when the Health Scrutiny Committee considered the NRC's travel impact analysis, that the Defence Medical Rehabilitation Centre is a new facility for injured military personnel in the South of Nottinghamshire at the Stanford Hall Estate. Construction started in 2015 for the facility and the centre began treating its first patients at the end of 2018.
3. Since the September meeting, the NHS commissioners have undertaken further work to provide more detail on the business case. The plans involve utilising £70m capital funding to develop the NRC as a centre for NHS patients, located alongside the DMRC. To enable the NRC to be developed for NHS patients across the East Midlands a set of options, incorporating a clinical and financial case for change have been devised. These options include the relocation of existing rehabilitation services (i.e. the 24 beds at Linden Lodge on the City Hospital Site that are expected to transfer to the NRC).
4. The NHS Commissioners recognise that a public consultation is necessary on these proposals and have therefore developed a pre-consultation business case, which sets out the clinical and financial case for change. Undertaking a public consultation of this scale requires NHS England/Improvement assurance, which includes sign off of the pre-consultation business case by a formal assurance panel. This panel will meet in the week commencing 18<sup>th</sup> November.
5. The NHS Commissioners are also continuing their conversations with stakeholders who may be affected by the proposals (including clinicians, staff and patients).
6. Representatives of the Clinical Commissioning Group (CCG) will attend the Health Scrutiny Committee to brief Members on the pre-consultation business plan and answer questions as necessary in order to gain local assurance of the proposals

7. A written briefing from the CGG including the business case is attached as an appendix to this report.

## **RECOMMENDATION**

That the Health Scrutiny Committee:

- 1) Determine if it is content with the pre-consultation business case.
- 2) Schedule further consideration.

**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

## **National Rehabilitation Centre – Update to the Nottinghamshire County Health Scrutiny Committee**

### **Purpose and background**

On 10 September the Nottingham and Nottinghamshire Clinical Commissioning Groups (CCGs) presented proposals to the Committee on the development of a National Rehabilitation Centre, which will be located 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.

The Committee indicated that they would be interested in hearing about future developments on this project. The CCGs also received feedback from a series of patient engagement events, the regional Clinical Senate and CCG Governing Bodies. Some of the themes within the feedback we received are:

- The accessibility of the NRC site, including transport issues
- Links between the NRC and other local services, including discharge and referral
- The impact of potential isolation on patients
- The impact of transition from existing services to the proposed model for the NRC.

As a result of this feedback we are currently undertaking the following action:

- Further patient engagement, exploring the issues already raised by patients in more depth
- Further staff engagement
- Refining a pre-consultation business case
- Further engagement with Health Scrutiny Committees on the potential impact of the proposals, and to ascertain if a full public consultation should be launched
- Development of options for a potential public consultation.

This paper provides an update on the above work and seeks to discuss with the Committee the appropriate next steps for involving patients and the wider public in the proposals. We will provide a full report and presentation for the committee meeting, including a report on the findings of our ongoing engagement and an updated pre-consultation business case.

### **Focus of presentation**

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

### Referral criteria

We have amended the proposed referral criteria for the NRC based on feedback received through engagement with patients, staff and clinicians. Referrals will be based on the Rehabilitation Prescription, a nationally recognised tool that is already in use for local services through the Major Trauma Centre. It will be used to aid assessment of the patient's suitability for the NRC, which includes their potential to benefit from the service.

The referral criteria are included at Appendix 1.

### Staffing model

The proposed staffing model for the NRC now includes Clinical Case Manager roles. The Clinical Case Managers will support patients' transition into the NRC and their discharge from the service. These new roles will support patients throughout their journey, from referral through to discharge.

The staffing model will consider the patient's mental, physical and social care needs. It includes a combination of existing roles with an increased emphasis on certain skills, including rehabilitation assistants and exercise therapists.

The model will also include a trusted assessor across the region to support planning for discharge and ensure coordination of bed capacity across the region. The model also includes occupational therapists, clinical psychologists, social workers and mental health nurses.

### Mental health support

A principle of the NRC will be to consider patients' mental wellbeing alongside their physical wellbeing. There will be a particular focus on potential feelings of isolation during the patient's stay.

Mental health assessments will be made at least three times a week during the patient's stay. Where mental health support is identified as being required, this will be carried out through a range of cognitive and mental health programmes delivered by specialist staff.

### Impact on local services

Part of our proposals will include the transfer of beds at Linden Lodge to the NRC. We also propose to keep three beds at Nottingham University Hospitals. This will ensure that Nottinghamshire retains local rehabilitation capacity for patients who cannot transfer to the NRC.

We are currently exploring options for working with an NRC charity to support patients, families and carers with travel. Other factors to mitigate the impact of increased travel times are being considered including overnight accommodation for

relatives; links to community and voluntary transport schemes; negotiations on the diversion of existing bus routes.

#### Options and timescales for a potential public consultation

We are considering a full public consultation to launch on 30 December for a four-week period. This will allow us six weeks to consider the feedback received through the consultation and make any amendments to our proposals before final presentations to Health Scrutiny Committees and our Governing Bodies in March 2020.

We will provide details of our options for consultation with a full report for the Committee.

## **Appendix 1 – Referral Criteria**

1. The patient has significant functional deficits and demonstrates a need for rehabilitation with a positive rehabilitation prescription. The patient also demonstrates potential to benefit from a specialist rehabilitation programme at NRC as measured by the rehab complexity score.
2. The patient is medically appropriate for specialist rehabilitation service (as part of overall assessment against the three levels of rehabilitation need). The patients will need to 'R' or transfer ready and the following circumstances cannot be supported at NRC
  - a. Ongoing delirium or dementia diagnosis
  - b. Level of fluctuating consciousness
  - c. Patients on a ventilator
  - d. Other clinical complications impacting on capability to undertake rehabilitation
3. Through consultation with the patient, including shared decision making and support planning as relevant, the patient has the capacity of working towards personal functional goals (including vocational where relevant). Assessment will include:
  - a. Patient choice (where able) and commitment to rehabilitation
  - b. Through shared decision making, the identification of personal goals (relevant to specialist rehabilitation and post discharge)
  - c. Capability in relation to current and expected level of therapy intensity is conducive to rehabilitation