

Membership

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

Richard Butler
John Doddy
Kevin Greaves
David Martin
Liz Plant

Kevin Rostance
Stuart Wallace
Muriel Weisz
Yvonne Woodhead

Officers

Martin Gately
Noel McMenamin

Nottinghamshire County Council
Nottinghamshire County Council

Also in attendance

Hazel Buchanan
Lucy Dadge
Nina Ennis
Lewis Etoria

Nottingham and Nottinghamshire CCG
Nottingham and Nottinghamshire CCG
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Nottingham and Nottinghamshire CCG

1. **CHAIRMAN AND VICE-CHAIRMAN**

The appointment by the County Council on 11th June 2020 of Councillor Keith Girling as Chairman and Councillor Martin Wright as Vice-Chairman of the Committee for the 2020-2021 municipal year was noted.

2. **COMMITTEE MEMBERSHIP**

The membership of the Committee for the 2020-2021 municipal year as follows: Councillors Butler, Doddy, Greaves, Martin, Kevin Rostance, Wallace, Weisz and Woodhead, was noted.

3. **MINUTES**

The minutes of the meetings held on 25 February 2020, having been circulated to all Members, were taken as read and were signed by the Chair.

4. APOLOGIES

None.

5. DECLARATIONS OF INTEREST

None.

6. NATIONAL REHABILITATION CENTRE – FINAL CONSULTATION DOCUMENT

Hazel Buchanan and Lewis Etoria of Nottingham and Nottinghamshire CCG introduced the item, which provided the opportunity for the Committee to comment and influence its content and approach prior to its launch on 27 July 2020.

Ms Buchanan and Mr Etoria made the following points:

- The Consultation Document focussed on specifically on the NHS facility and not the military element of the complex;
- Unfortunately, because of the Covid-19 pandemic the face-to-face element of the planned consultation had to be withdrawn. Other mitigations had been put in place, including an extension of the consultation period from 6 to 8 weeks, the running of virtual events and provision of extra advertising and postal resources;
- The consultation would run from 127 July to 18 September 2020 and the outcomes would be reported back to Committee before next steps were agreed. This could mean holding an additional meeting in October 2020, as the scheduled meeting in November 2020 was too late to hit NHS/CCG timescales.

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

- It was recognised that travel to the facility was a challenging area, with some sceptical about the effectiveness of mitigation measures being put in. The consultation exercise would help better understand service users' concerns, and would be ;
- It was explained that the consultation outcomes would be considered at a series of workshops which, in turn, would inform the development of the business case;
- The importance of support of and contact with friends and family in aiding recovery was critical, and having sleep-over facilities, as well as technological solutions to maintaining contact, was front and centre of plans for the NRC going forward;

- It was explained that detailed financial, resource and needs modelling and analysis more belonged in the detailed business case stage of the initiative;
- It was confirmed that Healthwatch consulting with hard to reach groups would form a separate report, so that the specific learning from that work could identify barriers to access;
- The stroke pathway was seen as distinctive from the rehabilitation to be delivered at NRC, and would remain at QMC. Referral criteria would be worked up and delivered by a multi-disciplinary referral team;
- Because the focus of the consultation was solely on the NHS facility there was no reference to the benefits of joint training and research with the military facility, but these initiatives would still be going ahead;
- All post-discharge support would be delivered through clinical case managers who will assist with functional skills to help those in recovery lead independent lives;
- It was reiterated that visiting family and friends would incur no costs to stay overnight at the facility, and that no services were being lost to make the initiative happen.

The Chair thanked Ms Buchanan and Mr Etoria for their attendance, and indicated that the Committee would be flexible in finding an appropriate time to reconvene to consider the consultation findings.

7. COVID 19 RESPONSE BRIEFING

Lucy Dadge and Nina Ennis of Nottingham and Nottinghamshire CCG introduced the item, which provided a briefing on the response to Covid 19 pandemic from the CCG. The briefing focussed on the impact on the management of local services, the national framework for service changes, the local context for some of the service changes and ongoing work to restore services.

Ms Dadge and Ms Ennis highlighted the following points:

- The service changes detailed in the report had resulted both from national mandating and locally made decisions – a great majority of changes had been made to ensure patient safety;
- Productivity was down by necessity to ensure patient safety. For example, a gastroscopy used to take 15 minutes, but because of the need to fully cleanse afterwards the procedure now took 50 minutes;
- Emergency departments had seen a massive tail-off in outpatients with relatively minor ailments and the NHS would welcome maintaining this reduction in future;

- Services were gradually being restored, with additional capacity being put in for example with endoscopy.

The following points were raised during discussion:

- Ms Dadge undertook to provide information on uptake of Test and Trace in Nottinghamshire, but was not qualified to comment on the effectiveness of weekly testing;
- It was estimated that could be 30,000 excess deaths arising from undiagnosed conditions during the pandemic. Nottinghamshire was outperforming other areas of the region in respect of hospital-based treatment of cancer;
- Testing was being rolled out for weekly testing for care home staff, including those who were asymptomatic. Care homes were much more integrated into the NHS family, with each home having identified a clinical lead;
- The target for flu vaccination was 65% but NHS England now want to see an 80% uptake from priority groups which will be very challenging to deliver;
- Ms Dadge expressed the view that very few services that had faced closures on grounds of patient safety would be permanent. The closure of the Chatsworth rehabilitation facility was a direct response to Covid-19 and it will re-open when appropriate and safe to do so;
- The point was made that the increased use of video technology helped boost NHS capacity, since elderly and pregnant GPs who would normally be shielding could see patients remotely;
- Ms Dadge undertook to investigate the reported closure of Blidworth GP surgery, and the difficulties residents experienced in getting to the nearest surgery at Ravenshead;
- It was acknowledged that mental health interventions are expected to rise significantly as a result of Covid-19, and Ms Dadge undertook to report back to the Committee on that issue;
- Ms Ennis and Ms Dadge undertook to provide a response to a question about the capacity to conduct antibody testing, which needed phlebotomy expertise, on how health visitors were maintaining contact with new mothers and babies during lockdown, and on the provision of blister packs for those on regular medication;

The Chair thanked Ms Dadge and Ennis for their attendance at the meeting and undertook to write on behalf of the Committee to thank them and their colleagues for their efforts during the pandemic.

8. WORK PROGRAMME

Subject to agreeing to consider the following:

NRC Consultation outcomes and Covid-19 and mental health, potentially at an additional meeting

the Committee's Work Programme was approved.

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

- How Rampton Hospital has coped with the pandemic;

The meeting closed at 1:26pm.

CHAIRMAN