Nottinghamshire County Council

Health Scrutiny Committee

Tuesday, 22 February 2022 at 10:30

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

AGENDA

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:-

(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 4 January 2022 at 10.30am

COUNCILLORS

Sue Saddington (Chairman)
Matt Barney (Vice-Chairman)

Mike Adams	David Martin **Apologies**
Callum Bailey	John 'Maggie' McGrath
Steve Carr **Absence**	Michelle Welsh
Robert Corden **Apologies**	John Wilmott
Eddie Cubley	

SUBSTITUTE MEMBERS

None.

Councillors in attendance

None

Officers

Martin Gately	Nottinghamshire County Council
Noel McMenamin	Nottinghamshire County Council

Also in attendance

Danielle Burnett	-	Nottinghamshire and Nottingham CCG
Dr Jeremy Griffiths	-	General Practitioner/Health and Wellbeing Board

1. MINUTES OF LAST MEETING HELD ON 23 NOVEMBER 2021

The minutes of the last meeting held on 23 November 2021, having been circulated to all Members, were taken as read and were signed by the Chairman.

2. APOLOGIES FOR ABSENCE

Robert Corden – Medical/Illness
David Martin – Medical/Illness

3. DECLARATIONS OF INTERESTS

Councillor McGrath declared a personal interest in published agenda item 4 'Nottingham University Hospitals Maternity Oversight' as a family member worked for the NUH Trust, which didn't preclude him from speaking or voting.

Councillor Saddington declared a personal interest in published agenda item 4 'Nottingham University Hospitals Maternity Oversight' as a family member worked for the NUH Trust, which didn't preclude her from speaking or voting.

4. NOTTINGHAM UNIVERSITY HOSPITAL (NUH) MATERNITY OVERSIGHT

Danielle Burnett, Deputy Chief Nurse at Nottinghamshire and Nottingham CCG provided an introduction to the report, highlighting the following points:

- Statutory arrangements were transitioning, with the Integrated Care Board taking on the duties of the CCG in respect of local quality oversight and improvement;

- A Quality and Oversight framework, detailed in the report, had been agreed, with an NUH Quality and Oversight Group, supported by 3 sub-groups, meeting monthly. A specific Maternity Assurance Sub-Group was charged with monitoring the Maternity Improvement Plan, quality indicators and dashboard as well as internal assurance around maternity improvement;

- Significant progress had been made around the presentation of improvement data, with clearly presented actions, impact, risks and future plans.

- Increased frequency and profile of meetings helped maintained impetus for improvement. While the pace of improvement remained an issue, vaccinations and related pressures had taken precedence in recent weeks;

- The national Ockenden Review of maternity services had resulted in a series of recommendations being implemented regionally and beyond, and acted as further drivers for accelerated improvement at local level.

The following points were raised during discussion:

- While the pandemic had impacted on the pace of improvement, significant progress in delivering improved safety, culture change and proactive leadership had nonetheless been made;

- Ms Burnett expressed the view that the dashboard was providing real-time statistically robust data to inform quality assurance and oversight, and the approach adopted had been commended nationally. Staff were responding positively to address issues highlighted by the dashboard data;

- NUH was working very closely with families and currently very few negative comments were being received. In response to a Member's question, Ms Burnett stated that she had a relative expecting a child, and in view of the step

change in patient care and safety already undertaken would feel confident in her receiving quality maternity care at NUH;

- Revised arrangements were leading to much closer collaborative and transparent working among and between all agencies to deliver better outcomes for residents. Staff also felt much more comfortable and emboldened to raise issues of concern, knowing that they would be listened to and their concerns addressed;

- Ms Burnett expressed the view that initial projections of moving ratings from 'inadequate' to 'outstanding' in 12 months were unrealistic;

- It was acknowledged that ensuring data quality was an ongoing significant challenge. The move from published data – with different timelines – to more real-time data was a significant step forward, while the emerging Equity Strategy would ensure that socio-economic, demographic, ethnicity and related characteristics would be captured in due course;

- Dashboard data would be important for the Committee to have access to in order to see how outcomes changed, but the dashboard was still a work in progress. The information was made available through the Quality Assurance Sub-Group, reporting to the NUH Quality and Oversight Group;

- Ms Burnett acknowledged that the online System Transformational Plan for Maternity Services was out of date and undertook to report back for partners to update;

- Ms Burnett advised that all inputs to the Independent Inquiry that were referred to PALS were being reported through the CCG route by the Programme Team;

- It was confirmed that community midwives and hospital staff now operated the same Medway IT system. It was also confirmed that Maternity Services capacity was prioritised and ringfenced in the event of Covid staff absences;

- The Committee requested a list of major, medium and minor historic incidents as a baseline to track future improvements. This was to include incidents that had originally been not categorised as major but had subsequently been upgraded. This information needed providing by the Trust rather than the CCG, as did details of compensation cases, which had previously been requested.

The Committee thanked Ms Burnett for her attendance

RESOLVED 2022/01

That the Committee:

1) had considered and commented upon the assurance briefing provided;

2) had determined requirements for information for further consideration.

5. ACCESS TO PRIMARY CARE

Dr Jeremy Griffiths, General Practitioner and Deputy Chair of the Nottinghamshire Health and Wellbeing Board, introduced the item, providing detailed verbal updates on a range of primary care access issues.

Dr Griffiths made the following points:

- Covid-19 was the greatest health disaster of this generation, and had come at a time when primary care was already under pressure in respect of an ageing and declining cohort of GPs dealing with a population living longer but with increasingly complex needs;

- The primary care operating model changed almost overnight, with a greatly increased use of technology helping deal with demand remotely. In addition to facilitating remote appointments, enhanced technology helped speed up consideration of treatment for ongoing or managed conditions;

- Patient profiles had also changed as the pandemic progressed, with increasing numbers of patients of all ages reporting mental health issues;

- It was clear that Covid-19 could be controlled but would not be eradicated, so populations had to learn to live with the virus and adapt accordingly. Both face-to-face and online appointments would be delivered going forward, but face-to-face engagement was particularly important for new patients, building trust, knowledge and consistency of service;

- While all NHS primary care staff had been working under extreme pressure for many months, there was a sense of optimism that the worst of the pandemic had now passed.

The Committee raised the following points during discussion:

- In response to comments about poor patient experience arising from the attitude and behaviours of GP receptionists, Dr Griffiths expressed the view that getting the interface between the user and the system correct was vital. He was of the view that Reception teams had a very difficult job to do, and often bore the brunt of patient frustrations with the wider system.

- Strong, consistent lines of questioning to help get to the heart of patients' issues quickly was a fundamental aspect of Reception teams' role. As experienced health professionals they were familiar with many health conditions and could prioritise calls, but that did not mean they were providing clinical advice;

- It was confirmed that Prostate-Specific Antigen (PSA) testing could be requested by men over the age of 50 years, but the test wasn't highly reliable. Screening programmes had been suspended at the height of the pandemic,

primarily because of supply-chain issues for basic equipment like blood bottles, but were being delivered again;

- Dr Griffiths agreed with the view that one of the greatest ongoing challenges was addressing health inequalities, and GP practices needed to be sensitive to the needs of different patient cohorts. He cautioned that it was important to focus on the needs of individuals irrespective of age, and that older residents often were able to manage navigating technology as well as younger patients;

- In response to a Member's question about the sustainability of GP workloads, Dr Griffiths drew a distinction between GP surgery contact with patients and working in an on-call environment which, he asserted, was more demanding. He expressed the view that GPs managed risk all the time and did not always get things right. However, they had adapted very well to new ways of working and would continue to do so. Support mechanisms were also available to GPS to help cope with workloads.

The Chairman thanked Dr Griffiths for his attendance at the meeting.

RESOLVED 2022/02

That the Committee:

1) had considered and commented upon the verbal briefing provided;

2) determined that no further information be identified and presented to the Committee for its consideration on this occasion.

6. WORK PROGRAMME

The Committee work programme was approved, subject to required information being available for scheduled meetings.

The meeting closed at 1.05pm.

CHAIRMAN

Nottinghamshire County Council

Report to Health Scrutiny Committee

22 February 2022

Agenda Item: 4

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

INTRODUCTION TO HEALTHWATCH

Purpose of the Report

1. To introduce the new Healthwatch representative and brief Members on the work of Healthwatch.

Information

2. The new Healthwatch representative who will attend future meetings of Health Scrutiny Committee is Sarah Collis, Chair of Nottingham and Nottinghamshire Healthwatch. Ms Collis will introduce herself to the committee and talk about the recent work of Healthwatch.

3. Healthwatch Nottingham and Nottinghamshire is the local independent patient and public champion. Healthwatch seeks to hold local service providers to account for the services they provide and makes sure that they engage with local people clearly and meaningfully, as well as being transparent in decision-making. Healthwatch gathers and represents the views of those who use health and social care services, particularly those whose voice is not often listened to. Healthwatch uses this information to make recommendations to those who can make change happen.

4. Members are requested to consider and comment on the information provided.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Consider and comment on the information provided.

Councillor Sue Saddington
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

Nottinghamshire County Council

Report to Health Scrutiny Committee

22 February 2022

Agenda Item: 5

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

MENTAL HEALTH SERVICES REVIEW

Purpose of the Report

1. To provide a further briefing on mental health issues as part of an ongoing review.

Information

2. In order to continue to provide the Health Scrutiny Committee with further information on mental health issues, including crisis sanctuaries and details and services for children, young people and older people that have been substantially negatively impacted by the pandemic, Kazia Foster, Head of Transformation, Local Mental Health Services and Chris Ashwell, Associate Director, Nottinghamshire Healthcare Trust, will attend the meeting to present the information and answer questions, as necessary.

3. A written briefing from Nottinghamshire Healthcare Trust is attached to this report as Appendix1.

4. Members are requested to consider and comment on the information provided and identify requirements for information for future consideration.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Consider and comment on the information provided.

2) Identifies requirements for information for future consideration.

Councillor Sue Saddington
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

Nottinghamshire County Council Overview and Scrutiny Committee

Mental Health Services Transformation Plan Update

This briefing provides a progress update on the delivery of key programmes in the Mental Health Transformation strategy for Nottingham and Nottinghamshire ICS.

Severe Mental Illness

The Severe Mental Illness (SMI) transformation plan outlines £12 million investment phased over 3 years to 2023/24, spanning SMI, Early Intervention in Psychosis, Individual Placement Support, Adult Eating Disorders, Personality Disorder pathway and improved physical healthcare. Mid Nottinghamshire and Bassetlaw were the first areas to implement changes with South Nottinghamshire identified launching year 2 (2022/23).

The core model will provide services to people with SMI over the age of 18, with this being developed in partnership with primary care leads and Place Based Partnerships (PBPs) (previously known as Integrated Care Partnerships / ICPs) leads – developing more streamlined pathways over the 3 years with access to integrated services increasing from 2315 (Year 1) to around 7000 by the end of year 3 (2023/24) across the Integrated Care System area.

Voluntary Community Sector growth is a key element of the pathway, following a successful pilot in Bassetlaw and Mid Nottinghamshire, the MIND stabilisation and resilience pathway will be rolled out across county-wide during 2022 with over 1000 referrals and around 700 people completing the programme since the transformation roll out began and further growth planned in 2022/23.

Primary Care Networks (PCNs) have worked closely with system leaders to develop the Mental Health Practitioner role, enabling PCNs and local mental health teams to provide support for people that often fall between services. To date we have recruited 10 practitioners across the County with further recruitment currently underway.

Integrated substance misuse and mental health service provision has been identified as a gap in local provision, part of the transformation work has been to better align the services we have recruited 3 substance misuse workers across the ICS working with CGL to provide improved MH support to patients with substance misuse issues and further 3 be recruited in the coming months.

To note, investment in SMI is complemented by investment totalling c.£7.4m through to 2023/24 in early intervention and common mental health provision, with primary care psychological services (IAPT) expanding to increase access to around 40,000 people across the ICS by the end of 2023/24 up from around 25,000 in 2019/20.

Future Plans

The roll out of the core model will continue across the ICS area working with PBPs to develop local needs led services. Specific areas of focus have been identified through the transformation ambitions each year has an area of focus and planned investment.

- 2021/22 – develop Personality Disorder Hub and local pathways within Local Mental Health Teams
- 2022/23 – Develop comprehensive adult eating disorder services - growth of at least 11 wte up from an establishment of 10 in 2020/21 establishment
- 2023/24 – Long Term Community Rehabilitation pathways.

Waiting Times

Current waits for assessment across the community teams is around 7 weeks on average, there has been some impact on waits due to the Covid- 19 pandemic. The overall national ambition is to move to 4 weeks wait by the end of 2023/24 in line with the local transformation plans.

Crisis Support

The investment into the crisis services to meet the national quality standards and development of the 24-hour access line resulted in an increase in people accessing crisis support and a reduction in the overall admission rate to mental health inpatient services since 2019. During the pandemic we have seen an increase in demand for crisis services resulting in assessment demand increasing from an average of 120 per week in 2018/19 to 160 per week in 2021.

Patients can self-refer to the crisis teams 24/7 through a freephone number. Calls are answered by staff from Turning Point that are collocated with the crisis team and can provide support and advice and signposting. Where it is identified that patients require a clinical assessment this is handed to crisis team. Response times to clinical assessment in the community are within 4 hours from the initial contact when required.

As part of the overall alternatives to crisis and A&E, Crisis Sanctuaries (delivered in partnership with MIND, Turning Point, Harmless and Framework) have been established across the area offering both an online and physical space between the hours of 6pm and 11pm – currently there are physical sanctuary offers across the County. Plans are place to develop the sanctuary offer and expand the sites working with local PBP leads.

Perinatal Mental Health

Investment totalling £1.2m during 2021/22 and 2022/23 in perinatal mental health services is enabling the expansion of the specialist community mental health service to increase access to support, extending the period of care from 12 to 24 months, increasing access to evidence-based psychological therapies, and implementing evidence-based assessments of partners of women accessing specialist services and signposting to support where required.

In addition, Nottingham and Nottinghamshire has secured further funding of £375,000 per year to pilot a new Maternal Mental Health Service, which launched in January 2022. This will bring together maternity, reproductive health, and psychological therapy services for women who experience moderate to severe mental ill-health directly arising from, or related to, their maternity experience.

Children and Young People

Community mental health services for children and young people across the ICS will benefit from a minimum of £8 million additional investment through to 2023/24. This will provide access to mental health support to around 8500 children and young people across the ICS and around 7000 children able to access support through the newly developed Mental Health Support Teams (MHSTs) in schools.

The ICS was set a target of introducing MHSTs in 25% of schools in Nottinghamshire by April 2024. However, due to their success to date, this has been extended and plans are in place for c.50% of schools to have access to MHSTs by April 2024.

The children and young people crisis offer has been developed and 24/7 crisis services are in place across the County; this will see an increase of 20 whole time equivalent (wte) in crisis services, from a baseline establishment of 18 .2020/21. This will provide more intensive home treatment support and robust alternatives to inpatient care.

Recruitment is underway in community teams with a planned growth of over 45 wte in the next year, an increase of 30%. The additional roles compromise growth in existing and new roles, including mental health nurses, family therapists, psychologists, peer support workers. Developments will build on previous work with the MH:2K youth group to co-produce the transformed delivery with children, young people and families.

Eating disorder service investment has been secured to recruit at least 16 wte up from an establishment of 10 in 19/20 however there has been an increase in the number of young people accessing eating disorder services both locally and nationally which has resulted in waits longer than the required 1 week for urgent assessment and 4 weeks for routine assessments. Plans to increase capacity further are being developed in partnership with the CCG.

Demand and waiting times for CAMHS Community Service

Demand for services has continued over the previous 2 years, impacted by the pandemic, impact of lockdowns and prolonged absences from school. This has led to changing and unpredictable patterns in referrals which has created bottlenecks and extended waits. This has been further exacerbated by high sickness and absence rates over the past 2 months due to the recent Covid-19 impact. Current average waits are around 15 weeks for assessment. However, alongside recruitment to new posts and recent improvements in sickness and absence rates, capacity is increasing. Additional capacity has also been commissioned through specialist independent providers, subcontracted through the CAMHS provider, to support waiting times recovery during 2021/22 and into 2022/23.

To further support the current pressures, Nottingham and Nottinghamshire has been selected to work with NHS England as part of a 4 week wait pilot, testing ways to support the overall national ambition to move to 4 weeks wait by the end of 2023/24.

Summary

As described in this and previous presentations, the Mental Health Transformation Programme is a significant programme of change that is not only based on an increase in capacity in mental health services but also a move towards more integrated service provision working partners across the ICS area to deliver holistic patient care. Work is progressing with partners to develop and embedded new ways of working and through place-based partnership Boards, however this has not been without its difficulties due to the ongoing pandemic. While workforce plans have been established, delivery of these are a risk due to the significant recruitment challenges being faced across the NHS and social care currently.

Nottinghamshire County Council

Report to Health Scrutiny Committee

22 February 2022

Agenda Item: 6

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

TEMPORARY SERVICE CHANGES

Purpose of the Report

1. To provide briefing on temporary changes to NHS services as a result of the COVID 19 pandemic.

Information

2. In order to continue to provide the Health Scrutiny Committee with information on NHS service changes as a result of the COVID 19 pandemic, Lucy Dadge, Chief Commissioning Officer, Nottingham and Nottinghamshire Clinical Commissioning Group, will attend the meeting to present the information and answer questions, as necessary.

3. A written briefing from the Clinical Commissioning Group is attached to this report as Appendix1. In addition, a separate briefing on Sconce Ward at Newark Hospital is attached as Appendix 2.

4. Members are requested to consider and comment on the information provided and identify requirements for information for future consideration.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Consider and comment on the information provided.

2) Identifies requirements for information for future consideration.

Councillor Sue Saddington
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

Nottingham and Nottinghamshire CCG

Briefing for Health Scrutiny Committee (Nottinghamshire)

January 2022

The purpose of this document is to inform the Health Scrutiny Committee of the approach to decision-making and temporary service change in line with NHS England/Improvement declaring a level 4 national incident in December 2021 in recognition of the impact of both supporting the increase in the vaccination programme and preparing for a potentially significant increase in Covid-19 cases. A level 4 incident is the highest level of response supported by national level command and control.

Context

At the outset of the global pandemic in March 2020, under national direction, our hospitals responded to high numbers of patients with Covid-19 requiring urgent and complex care. Like all other health systems, non-urgent elective procedures ceased for a period under national direction and a number of temporary service changes were required. Our local health systems have since worked together across primary and secondary care to reduce waiting lists as part of our 'Elective Recovery' programme.

At the beginning of September 2021 through to late November 2021, local hospitals experienced high levels of attendances via A&E and urgent admissions to hospital with an increased number of discharge delays. The social care system was under extreme pressure at this time when home care was required to enable safe timely discharge home. This occurred earlier than the normal 'winter-pressures'. The system worked together to model the likely impact on bedded capacity and developed plans for additional home care and community beds to cope with increased demand over winter. However, the Omicron variant has had a significant impact across the wider health and social care system. Staff shortages due to self-isolation across health and social care have resulted in loss of capacity in acute, community and home care provision creating delays in discharge and urgent care flow through hospital. In addition, more patients have tested positive for Covid-19 which means hospitals and care homes have had to close beds to avoid cross infection.

NHS England wrote to all NHS providers and ICSs on 13th December[1] with clear priorities to prepare the NHS for the impact of the Omicron variant and Winter Pressures, and confirmed the move to level 4 on the national incident framework. This required systems to develop 'surge' and 'super surge' plans to:

- Significantly ramp up the vaccination programme, bringing forward the deadline to offer all adults the booster from 31st January to 31st December;
- Offer Covid-19 anti-viral treatment;
- Increase capacity in acute and community settings to support discharge home;
- Ensure patient safety in urgent care;

[1] C1487-letter-preparing-the-nhs-potential-impact-of-omicron-variant-and-other-winter-pressures-v4.pdf (england.nhs.uk)

- Support staff and maximise staff availability.

The Level 4 national incident declared by NHS England/Improvement on 4th November did not include specific direction to step down non-urgent treatment or services, instead this has been left for ICS level determination in line with the national priorities described above. A framework for prioritisation of community services has since been issued on 11th January 2022[2].

The ICS has responded to these priorities in order to provide safe care for those patients who need it most urgently and with the Local Resilience Forum (LRF) have ensured that all public facing services worked together to maximise system support.

The types of change likely to be required during this period include:

1. Short-term, temporary, full or partial closure of a service in advance to release a physical space or staff. For example, hospitals have plans to use outpatient areas with extra beds for patients needing urgent hospital admission. It may also be the case that staff will need to be transferred between services to support urgent care needs. These short-term changes are planned in advance and the CCG notified.
2. Short-term closure or change of services to respond to urgent clinical needs. This includes changes to wards to take urgent patients instead of patients receiving non urgent care. This is in response to increased pressures or staffing and all patients are prioritised by clinicians. Therefore, any change will typically need a rapid decision at an ICS level. The end date will remain under review dependant on demand, bed occupancy, staffing and any other risks.
3. Potential urgent service changes that may link to and potentially accelerate planned future service reconfigurations. There are none that are currently proposed during this phase of the pandemic.
4. Routine adjustments to scheduling of clinics and other services. These are operational decisions taken on a day to day basis prior to the pandemic in order to ensure smooth running of hospitals. These issues will be more frequent as the situation is exacerbated due to staff absence as a direct result of the Omicron variant. The CCG is routinely notified but smaller day to day operational decisions do not require ICS agreement.

The impact of Omicron has presented significant challenges during this winter period and the Health and Care system has worked well together with robust plans to offer safe care to all patients. However, the biggest impact has been on staffing and therefore the response and types of change required reflect this. Clinical and non-clinical staff have been redeployed from the CCG and other providers to address the urgent national and local priorities This has included significant scaling up of the vaccination programme and a joint focus on timely discharge.

A summary of small, temporary, changes already enacted is provided in Appendix 1. A more detailed briefing will be provided if there are any service changes that may influence or accelerate future service configurations.

[2] https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2022/01/Community-Health-Services-Prioritisation-Framework-January-2022.pdf

The ICS has agreed a robust mechanism and decision-making framework with system partners across health and social care to inform proposed system changes which includes the temporary cessation or scaling down of some non-urgent services as described above.

The CCG continues to act within its statutory duties during this period. Section 23 of Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 specifically allows for no consultation on service change to take place when;

S 23 (2) *[the CCG] is satisfied that a decision has to be taken without allowing time for consultation because of a risk to safety or welfare of patients or staff.*

S 23 (3) *In a case such as is referred to in paragraph (2), [the CCG] must notify the authority immediately of the decision taken and the reason why no consultation has taken place*

Any changes that may be considered for the longer term will be subject to the usual procedures for service reconfigurations, including our requirement as the Commissioner to consult the Local Authority.

The Nottingham and Nottinghamshire ICS decision making framework

During October and November, Chief Executive Officers (CEOs) and leaders across our health and social care system worked together to ensure that plans to manage winter pressures were robust. A number of triggers to inform system decision making were agreed. A draft framework linked to the existing urgent care process was developed (see Appendix 2). Progress and implementation have since been overseen by system CEOs, and the process has developed further to respond to the Level 4 incident. If a material temporary service change is required, then a detailed proposal is now made to the daily Health and Social Care Economy Tactical Coordinating Group (HSCETCG) attended by system CEOs and a system decision agreed with any additional timescales for review. All decisions are clinically overseen, and the impact on patients and public considered by the wider Health and Care system.

The CCG currently oversees all service changes and commissioning proposals via the Service Change Cell (SCC) with attendance from senior commissioners, GP clinical directors, finance leads, CCG quality leads and governance team. This informs next steps and CCG governance requirements to enable the CCG to fulfil its statutory duties.

If a temporary operational change is required that is not material, during this Level 4 incident response providers will report this to the SCC for consideration. SCC oversees all notifications and will refer any material changes to the HSCTECG if needed with further detail from providers.

Reporting to HSC

The system remains under significant pressure due to the Omicron variant and it is likely that a number of temporary service changes need to be rapidly made due to staffing and capacity constraints. We suggest that a monthly report is provided to HSC by way of an update by exception and restoration of services in due course. Specifically these updates will address

changes described in 1-3 from the list above in line with our approach at the outset of the Covid-19 pandemic.

Lucy Dadge
Chief Commissioning Officer
Nottingham and Nottinghamshire CCG

Appendix 1: Summary of temporary emergency service changes

Organisation Making Change	Description of change	Update	Status
NUH SFHT EMAS	Suspension of Home Births. Patient risk due to EMAS capacity to respond in the event of an emergency.	Remains suspended until EMAS capacity is available.	Weekly Review
SFHT	Phase 1 super surge plan. Create additional 8 bed spaces by moving the Discharge lounge to Clinic 6.	Confirmation that all new urgent cancer referrals and follow up patients via the clinic can be accommodated. Existing patients reviewed to either defer or offer virtual appointments.	Ongoing
SFHT	Phase 2 super surge plan. Create additional 10 bed spaces by repurposing the cardiac catheter lab to an emergency ward. Whilst there may be longer waits for some procedures this does not impact cancer patients or very long waits.	Remains in place due to current bed occupancy levels.	Ongoing
NUH	Harvey 2 elective ward to accept urgent admissions, therefore some elective activity has to be cancelled. An urgent response was required due to Covid demand and staffing levels.	Changes remain in place however additional beds in other ward areas has minimised the impact on cancer and urgent cases. Some operations have been deferred however alternative dates can be rapidly offered.	Weekly review at ICS level
City Care	Continuing Care team to step down some parts of the service to release staff to support community nursing.	Address significant staffing issues in community nursing.	Review 21/1/22
NHT	Ongoing review of staffing issues to ensure capacity maximised to deliver prioritised work in line with nationally suggested criteria	NHT monitoring ongoing.	Ongoing

Appendix 2: ICS Decision Making Framework

Current System State/Escalations						Actions for Consideration *NB ensure supported by comms to patients and system partners and in line with agreed guidance and policy. Ensure decisions are made collaboratively and rationale clearly documented.*
Staff capacity	**Urgent Care – System level**	**Discharge and flow**	**Admission Avoidance**	**Bed Capacity**	**Service delivery Capacity**	
Workforce pressures that can no longer by addressed by sharing of resource, however which through planning and reprioritisation can be managed by short term changes within organisations	Opel 3 or 4 requires partner intervention	High levels of MSFT patients, limited step down, step down delayed and breaching 4 hours target with limited community or care capacity to accept discharges with increased threshold parameters	Limited ability within primary, community, health and social care resources to provide support to allow people to remain at home, high proportion of home care support unfilled	Likelihood bed capacity will be breached *Or* Capacity unusable due to IPC	Individual service provision unable to continue as lack of specific capacity – i.e. theatres, specialist staff, equipment.	• Implement IPC derogations for partner agreement to use bed capacity impacted by infection • Implement staff derogation policy to maximise staff use • LA undertaking statutory roles only • Move PC to virtual calls • Ensure maximum number of patients in virtual wards • Maximum use of IS capacity • Maximum use of LRF capacity/support ***If all these actions complete or no impact*** Stand down non-urgent clinical activity – i.e. non urgent outpatients If no impact consider short term benefit of suspending routine P3/4 elective activity **NB limit this to area impacted if possible,** i.e. single hospital or single specialty. (these decisions should be made in a system space and reflected in agreed NHSE/I return) **NB this is to ensure that P2 and** Cancer care continue
Workforce levels require the immediate implementation of raised clinical thresholds, or severe shortages of specialist staff	Opel 4 requires outside of system / regional intervention	High levels of MSFT patients, no community or care capacity to accept discharges. No additional step-down options available and emergency resources utilised.	No ability within primary, community, health and social care resources to provide active support to allow people to remain at home, high proportion of home care support unfilled. Addition pressures in residential services that may trigger admission	All contingencies full	System overload and no capacity to safely move specialists/equipment/ technology/or source to address problems.	***All above actions taken with no impact and a clearly worsening position*** Implement triaging of all planned care and undertake highest priority only Implement triaging of cancer care in line with national guidance and undertake highest priority only – this should not be an out of hours decision

Nottingham and Nottinghamshire CCG

Briefing for Nottinghamshire Health Scrutiny Committee

January 2022

The purpose of this document is to inform the Health Scrutiny Committee of a short term service change at Newark Hospital.

Context

Sconce Ward at Newark Hospital is commissioned as a sub-acute rehabilitation ward.

A temporary change to the cohort of patients admitted to Sconce Ward has been made as a result of fragility of the overnight medical cover. The change is for a period of two months, while recruitment efforts continue to the middle grade posts and wider stakeholder engagement takes place.

During 2020, there was a retire and return agreement for one individual who no longer takes part in the night rota, and their overnight shifts were backfilled with bank and agency. A further resignation, and high turnover in the bank and agency group have resulted in a very fragile position with overnight cover being provided by four individuals; three of whom hold bank and agency contracts and are therefore not formally required to provide notice of absence or leaving their post. The Trust is actively working to recruit and manage the workload.

To assist with the issue in the short term, SFHT have proposed a temporary change to the case mix of patients who will be cared for at Sconce Ward. The ward will temporarily be used for those patients who are deemed Medically Safe for Transfer (MSFT), ie those patients ready to be discharged from hospital back to their usual place of residence. This change is expected to reduce the workload for the medical team overnight and presents less of a clinical risk in the event there is unexpectedly no doctor overnight.

The CCG has supported the short-term change and will work with the Trust to ensure that the ward is reverted back to original use as soon as is appropriate.

Nottinghamshire County Council

Report to Health Scrutiny Committee

22 February 2022

Agenda Item: 7

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 is responsible for scrutinising substantial variations and developments of service made by NHS organisations, and reviewing other issues impacting on services provided by trusts which are accessed by County residents.

3. The work programme is attached at Appendix 1 for the Committee to consider, amend if necessary, and agree.

4. The work programme of the Committee continues to be developed. Emerging health service changes (such as substantial variations and developments of service) will be included as they arise.

5. 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) Considers and agrees the content of the draft work programme.

2) Suggests and considers possible subjects for review.

Councillor Sue Saddington
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

HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2021/22

Subject Title	**Brief Summary of agenda item**	**Scrutiny/Briefing/Update**	External Contact/Organisation
8 June 2021			
NUH Maternity Services Improvement Plan	Further briefing on NUH's improvement plan for maternity	Scrutiny	Dr Keith Girling and Sarah Moppett (NUH)
Diabetes Services/Public Health	Initial briefing on diabetes and public health services	Scrutiny	Lewis Etoria & Laura Stokes, Nottingham & Nottinghamshire CCG
13 July 2021			
East Midlands Ambulance Service Performance	The latest information on key performance indicators from EMAS.	Scrutiny	Richard Henderson, Chief Executive, Greg Cox, Operations Manager (Nottinghamshire)
Bassetlaw Mental Health Proposals	The latest position on engagement and decision making in relation to mental health in Bassetlaw	Scrutiny	Idris Griffiths, Chief Officer, Bassetlaw CCG and Julie Attfield, Executive Director, Local Mental Health Services,
Tomorrow's NUH	Further briefing on development of services at NUH	Scrutiny	Lucy Dadge, Chief Commissioning Officer, Lewis Etoria, Head of Insights and Engagement Nottinghamshire CCG (and other senior officers TBC).
7 September 2021			
Access to Primary Care	An initial briefing on patient access to primary care as part of an ongoing review.	Scrutiny	Lucy Dadge, Chief Commissioning Officer, Joe Lunn, Associate Director of Primary Care and other

			senior Nottinghamshire CCG officers
Bassetlaw Mental Health Proposals	The latest position on engagement and decision making in relation to mental health in Bassetlaw	Scrutiny	Idris Griffiths, Chief Officer, Bassetlaw CCG and Julie Attfield, Executive Director, Local Mental Health Services,
12 October 2021			
Mental Health Crisis Services	An initial briefing on the state of mental health crisis services as part of an ongoing review	Scrutiny	Julie Attfield Nottinghamshire Healthcare Trust
Bassetlaw Mental Health Proposals – Travel Plan	Consideration of the draft travel plan	Scrutiny	Julie Attfield, Nottinghamshire Healthcare Trust and Dr Victoria McGregor Riley, Bassetlaw CCG
Nottingham University Hospitals Maternity Improvement Plan	Update on NUH's actions in relation to its CQC inspection improvement plan	Scrutiny	Dr Keith Girling, Medical Director and other senior NUH officers.
Public Health and Commissioner Maternity Improvement	An initial briefing on wider maternity improvement issues.	Scrutiny	Rosa Waddingham, Chief Nurse, Nottinghamshire CCG, Louise Lester, Public Health Nottinghamshire County Council
23 November 2021			
Health and Social Care Bill	An initial briefing on the implications of the Health and Social Care Bill	Briefing	Alex Ball, Director Communications and Engagement, Nottinghamshire ICS/CCG TBC
NUH Neo-natal proposals	Initial briefing on new proposals at NUH	Scrutiny	Lucy Dadge, Chief Commissioning Officer and

			other senior Nottinghamshire CCG
Access to Primary Care	Further consideration of information as part of an ongoing review	Scrutiny	Lucy Dadge, Chief Commissioning Officer and other senior Nottinghamshire CCG officers TBC
Bassetlaw Emergency Village (including paediatric proposals)	Initial briefing on Emergency Department/front door proposals in Bassetlaw	Scrutiny	Dr Victoria McGregor Riley, Bassetlaw CCG
4 January 2022			
Access to Primary Care	Further consideration of access to primary care issues	Scrutiny	Dr Jeremy Griffiths, Vice-Chairman, Health and Wellbeing Board
Maternity Improvement	Further consideration of the wider maternity improvement agenda	Scrutiny	Rosa Waddingham, Chief Nurse, Nottinghamshire CCG
22 February 2022			
Temporary Service Changes	Initial briefing on temporary changes to NHS services as a result of the COVID 19 pandemic	Scutiny	Lucy Dadge, Nottingham & Nottinghamshire CCG
Mental Health Services Review	Continuing review of mental health issues	Scrutiny	Kazia Foster and Chris Ashwell Healthcare Trust
29 March 2022			
NUH Maternity Services Improvement Plan	Consideration of the Improvement Plan	Scrutiny	Michelle Rhodes, Chief Nurse, NUH
Tomorrow's NUH (TBC)	Further consideration of the proposals	Scrutiny	Lucy Dadge, Nottinghamshire CCG
Non-emergency Transport Services	An update on key performance.	Scrutiny	Senior CCG/ICB officers.

10 May 2022			
Diabetes Services Update	Further information on diabetes services	Scrutiny	Senior officers of Nottingham/Nottinghamshire CCG/successor organisation (ICB)
NUH Dementia Strategy Update	Further update on priorities for developing dementia care services	Scrutiny	Senior NUH officers (TBC)
Long Covid and Children	Initial briefing	Scrutiny	TBC
14 June 2022			
NHS Plans to address waiting times	Initial briefing	Scrutiny	TBC
27 July 2022			
EMAS Performance	Further briefing	Scrutiny	TBC
To be scheduled			
Public Health Issues			
Integrated Care System – Ten Year Plan (TBC)	An initial briefing on the ICS – ten-year plan.	Scrutiny	TBC
NHS Property Services	Update on NHS property issues in Nottinghamshire	Scrutiny	TBC
Operation of the Multi-agency Safeguarding Hub	Initial briefing on the MASH	Scrutiny	TBC
Frail Elderly at Home and Isolation (TBC)	TBC	Scrutiny	TBC
Winter Planning (NUH)	Lessons learned from experiences of last winter	Scrutiny	TBC
Tomorrow's NUH	Further briefing on development of services at NUH	Scrutiny	TBC
EMAS (July 2022)	Key Performance Indicators	Scrutiny	TBC
Dentistry Provision	Dentistry issues including dentistry	Scrutiny	TBC

	access		

Further topics to be scheduled following November 2021 committee meeting

- Management of the Vaccination Programme – particularly around access to the vaccine for the clinically vulnerable;
- Health and Care Bill Update;
- Improving Children's and Emergency Services at Bassetlaw Hospital – post-consultation update;
- Information on Bassetlaw GP statistics.

Potential Topics for Scrutiny:

Recruitment (especially GPs)

Air Quality (NCC Public Health Dept)

CAMHS – Mental Health Support

Mental Health – Young People and COVID