Nottinghamshire County Council

Health Scrutiny Committee

Tuesday, 10 November 2020 at 10:30

https://youtu.be/nzS-6cC22JQ

AGENDA

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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 29 September 2020 at 10.30am

Membership

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

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

Officers

Martin Gately	Nottinghamshire County Council
Noel McMenamin	Nottinghamshire County Council

Also in attendance

Sharon Creber	Nottinghamshire Healthcare NHS Trust
Dr Idris Griffiths	Bassetlaw CCG
Dr Hazel Johnson	Bassetlaw CCG
Anne Maria Newham	Nottinghamshire Healthcare NHS Trust
Dr Tim Noble	Bassetlaw CCG
Dr Victoria McGregor-Riley	Bassetlaw CCG

1. MINUTES

The minutes of the meetings held on 07 July 2020, having been circulated to all Members, were taken as read and were signed by the Chair.

2. APOLOGIES

None.

3. DECLARATIONS OF INTEREST

None.

4. HEALTHCARE TRUST – RESPONSE TO CARE QUALITY COMMISSION INSPECTION

Anne Maria Newham, Executive Director of Nursing at the Nottinghamshire Healthcare NHS Foundation Trust (Healthcare Trust) provided an update on the Healthcare Trust's improvement plan following its inspection in early 2019. Ms Newham was present on behalf of the Trust's Chief Executive, Dr Jonathan Brewin, who was unable to attend the meeting.

Ms Newham made the following points:

- Since the publication of the report arising from the Care Quality Commission (CQC) Core and Well-led inspection in May 2019 which provided an Inadequate rating, the Trust had been working hard to address the issues raised, with improvement plans set and monitored monthly at Executive level;

- Since May 2019, the CQC had carried out 3 further unannounced inspections of Trust services, each of which acknowledged 'significant improvement' in areas previously of concern, and confirming that service provided safe care. Staffing and patient satisfaction levels had shown particular improvement;

- Areas where further improvement and monitoring had been identified included siting of ligature cutters, ensuring all patient medication was appropriately labelled and in date, and ensuring that all staff had access to electronic recording systems;

- On the basis of the follow-up inspections, the CQC had issued a 'letter of assurance' acknowledging the Trust's improved levels of performance. Unfortunately, it was not possible to change the Inadequate rating issued in May 2019 without a further in-depth inspection. This had been scheduled for June 2020 but had to be deferred because of the Covid-19 pandemic. A rescheduled inspection date is yet to be confirmed;

The Committee welcomed the significant improvements achieved since May 2019. During discussion, a number of issues were raised and points made:

- It was explained that a Green Board system had been introduced which meant that staff knew exactly where to access ligature cutters, as well as oxygen, defibrillators and similar equipment. It was also confirmed that systems had been embedded to ensure that there was no longer an issue in respect of out-of-date drugs being held;

- Issues identified by the CQC's mini-inspection at Rampton Hospital in November 2019 included out-of-date medication, non-adherence to physical health protocols and therapeutic activity carried out but not recorded. A follow-up inspection in March 2020 found significant improvements across all areas identified for improvement;

- Clinical, management and HR governance arrangements had been thoroughly reformed, with a strong emphasis on robust and regular supervision. This was coupled with encouraging a culture where staff and patients could raise issues of concern without fear of consequences.

- The Trust used the Patient Advice and Liaison Service to resolve points at issue if possible, escalating to the complaints system if a resolution was not found. The literature and information produced by the Trust describing the complaints process had been commended nationally, and incidents of recurring or escalated complaints were low;

- While the Trust was on a journey to providing single accommodation for patients, the configuration of its current estate meant that progress in the short term remained difficult. Assurance was given that dormitories were not mixed but had defined male and female sections;

- It was confirmed that the culture of bullying and fear of retribution reported in May 2019 had been swept away as a result of governance reforms, but also through a number of significant staffing and management changes. The Trust had engaged with the King's Fund to help overhaul the acknowledged negative staff culture at the Trust;

- Covid-19 had had a massive impact on the Trust, but not so severe as for acute hospitals. No staff had been lost, but at one point or other 30% of staff had been off, either ill or self-isolating;

- Comprehensive audit programmes were in place to ensure a culture of compliance was embedded in staff, and this was monitored at every Board meeting.

The Chair thanked Ms Newham for her attendance. In view of the significant improvements achieved, it was agreed that Committee would consider the findings of the deferred full CQC inspection, when this became available.

5. HEALTHCARE TRUST – IMPROVING ACUTE MENTAL HEALTH INPATIENT ENVIRONMENTS

Sharon Creber, Deputy Director of Business and Marketing at the Nottinghamshire Healthcare NHS Foundation Trust (Healthcare Trust) introduced the item, which provided an update on a substantial variation of service relating to acute mental health inpatient provision currently sited at the Millbrook site.

Ms Creber highlighted the following points:

- The Trust had exchanged contracts with St Andrew's Healthcare for the acquisition of the hospital site, with completion expected by December 2020. Some capital works were planned for the Spring of 2021, with decanting of Adult Mental Health Services to the site by May-June 2021. Services for older patients were to remain at the Millbrook site;

- The existing Millbrook site will in time be upgraded to provide single sex ensuite accommodation;

- The report detailed the outcomes for Nottinghamshire patients at the current St Andrew's facility, all of which had had care provision solutions appropriate to their needs within the area;

- The Trust had engaged consistently with local stakeholders in respect of the new site, including the site name. The new site was to be known as Sherwood Oaks.

The Committee welcomed the report and commended the Trust for its local engagement activity.

In the brief discussion which followed, Ms Creber confirmed that while the internal configuration of the new site would be changed significantly during capital works, there would not be a dramatic change to the overall external 'look' of the site.

The Chair thanked Ms Creber for her attendance at the meeting. No further updates to Committee on this initiative were scheduled.

6. NHS BASSETLAW CCG – IMPROVING LOCAL HEALTH SERVICES

Dr Idris Griffiths, Dr Victoria McGregor-Riley, Dr Tim Noble and Dr Hazel Johnson of Bassetlaw CCG introduced the item, which provided information on a new model for urgent and emergency care at Bassetlaw Hospital.

CCG representatives made the following points:

- In late 2019 central government announced £15 million capital funding to implement a new model for urgent and emergency services at Bassetlaw Hospital. The planned improvements had a focus on 24-hour urgent and emergency services, hospital paediatric urgent care services and inpatient and rapid response Mental Health services for adults and older people;

- The issues with current paediatrics services at Bassetlaw Hospital were well-documented, with the hospital having been unable to provide the levels of staffing needed for a full inpatient overnight paediatric unit;

- Current mental health provision challenges included an inpatient service which did not meet all CQC standards, had a greater inpatient capacity greater than that required for Bassetlaw patients and a lack of access to a wide range of professional mental health support;

- Plans were currently at the pre-engagement stage, with initial discussions taking place with partners and the community to hear and understand priorities, concerns and initial views on the proposals;

- The Covid-19 pandemic presented challenges to delivering an inclusive and meaningful engagement process.

During discussion, the following points were made:

- It was acknowledged that the challenges highlighted, particularly in respect of specialist recruitment, were both ongoing and significant. However, the previous long-standing issue of ambulance provision and coverage was no longer considered a significant issue;

- The view was expressed that co-locating paediatric and urgent and emergency services would bring benefits of shared expertise;

- It was agreed that improved technology, and the public's increased acceptance of it, meant that face-to-face patient interactions were less essential in certain circumstances;

- It was confirmed that the maternity ward at Bassetlaw was expected to re-open in November 2020 following successful recruitment of midwives to support the service. Safety was the paramount consideration in temporarily closing the maternity service while it had been understaffed;

- It was explained that the mental health inpatient service at Bassetlaw Hospital was a mixed dormitory, which did not meet CQC standards;

- Initial pre-consultation engagement was to last until early 2021, to be followed by a 2-month consultation period expected shortly after. The exact nature of the consultation was dependent on the release of capital funding to deliver co-location, and firming up the changes to be delivered would run into the 2021-2022 financial year;

- It was confirmed that staff were rotated around the CCG where possible, but having a truly flexible workforce depended on there being a sufficient pool of staff to enable proper rotation;

- CCG representatives welcomed the suggestion of establishing Residents Panel to help get feedback on their initial proposals.

The Chair thanked Drs Griffiths, Johnson, McGregor-Riley and Noble for their attendance. It was agreed to consider the CCG's consultation engagement plans further at the Committee's December 2020 meeting.

7. WORK PROGRAMME

It was confirmed that an additional meeting of the Committee would take place at 2pm on Wednesday 14 October 2020 to consider the consultation response and next steps in respect of the NHS National Rehabilitation Centre.

The Committee's Work Programme was approved.

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

- Access to GP Appointments;
- NHS 111 CCG consultation.

The meeting closed at 1:35pm.

CHAIRMAN

Nottinghamshire County Council

minutes

HEALTH SCRUTINY COMMITTEE

Wednesday 14 October 2020 at 2.00pm

Membership

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

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

Officers

Martin Gately	Nottinghamshire County Council
Noel McMenamin	Nottinghamshire County Council

Also in attendance

Hazel Buchanan	Nottingham & Nottinghamshire CCG
Lewis Etoria	Nottingham & Nottinghamshire CCG
Ajanta Biswas	Healthwatch Nottingham & Nottinghamshire

1. APOLOGIES

None.

2. DECLARATIONS OF INTEREST

None.

3. NHS NATIONAL REHABILITATION CENTRE – CONSULTATION RESPONSE

Hazel Buchanan and Lewis Etoria of Nottingham and Nottinghamshire CCG introduced the item, which provided the Committee with an opportunity to comment on the outcomes of the CCG's consultation on the NHS National Rehabilitation Centre before its consideration by the CCG Board.

Ms Buchanan and Mr Etoria made the following points:

- The responses to the one-option consultation had been strongly supportive (77%) of the key proposal to create the Rehabilitation facility at Stanford Hall, with a smaller majority (52%) strongly supporting transferring the service currently provided at Linden Lodge:

- Two-thirds of respondents were from Nottinghamshire, with 19% of respondents being current or former recipients of rehabilitation. A further 33% were carers or close family members of those having or had previously had rehabilitation;

- Key benefits identified included having a purpose-built facility with multi-disciplinary expertise under one roof, the expected improvement in inpatient outcomes, the benefits of sharing expertise and best practice with Defence counterparts and opportunities to develop education and research;

- Concerns about the proposals centred on distance and accessibility of the new site, particularly in respect of family and friends' involvement in rehabilitation. Concerns were also raised about the closure of Linden Lodge, the transition of services from there to Stanford Hall, the lack of proximity to acute services and the transition from inpatient to community care;

- The outcomes of both the main consultation and the CCG-commissioned Healthwatch report were being considered in tandem, with a Findings Consideration Panel making recommendations on how best to reflect on the consultation findings in final proposals;

- A Decision Making Business Case would be developed for consideration by CCG's Governing Body, initially in closed session, with a final decision on the development of the Rehabilitation Centre expected by the end of 2020.

During the wide-ranging discussion which followed, a number of issues were raised and points made:

- while it was confirmed that detailed referral criteria would determine who would receive rehabilitation, concern was expressed as to those who might fall out of consideration because of their level of need. It was confirmed that an independent audit would be carried out shortly after new arrangements went live, but there would be a period of adjustment and learning;

- while there were clear benefits in having a wide range of expertise and facilities on one site, the view was expressed that the services and care currently provided by Linden Lodge were not being replicated at the Stanford Hall site;

- recruitment work had begun for the new facility, but it was acknowledged that there were challenges in recruiting clinicians nationally, and that the physical location was not considered to be easily accessible;

- It was further acknowledged that concerns of professional bodies would need addressing in the detailed Business Case;

- The point was made that there had been little media coverage of the consultation in North Nottinghamshire;

- It was explained that detailed staffing considerations were being worked up in a workforce plan. It was further explained that outpatient/day care would be provided at NUH, and that there was potential additional capacity available;

- The Healthwatch representative Ajanta Biswas, who joined the meeting at this point, cautioned that the voices and life experiences of individuals who contributed to the Healthwatch report should not be lost in consideration of wider consultation findings;

- CCG representatives advised that the current Linden Lodge facility was not fit for purpose, and was not used for clinical purposes. They further advised that funding was not currently factored in to retain Linden Lodge for an overlapping transition period ;

- However, in view of the Committee's concerns about continuity of service between the current facilities at Linden Lodge and the new facility at Stanford Hall, it recommended there being a minimum overlapping transition period of 6 months, and possibly up to 12 months, where both facilities remained open as Linden Lodge wound down services and Stanford Hall became fully operational.

The Chair thanked Ms Buchanan and Mr Etoria for their attendance.

4. WORK PROGRAMME

It was confirmed that the issue of mental health and Covid-19, which was originally on the agenda for the October 2020 meeting, would come to November's meeting.

The Dentistry update scheduled for November 2020 would now come to December's meeting.

The Chair undertook to write to the Nottingham and Nottinghamshire CCG to press for responses to outstanding issues arising from the July 2020 meeting.

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

- Consistency of access to GP Appointments;
- NHS 111 CCG consultation.

The meeting closed at 3:20pm.

CHAIRMAN

Nottinghamshire County Council

Report to Health Scrutiny Committee

10 November 2020

Agenda Item: 5

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

COVID-19 AND MENTAL HEALTH

Purpose of the Report

1. To provide initial briefing on the impact of the coronavirus pandemic on mental health and provide details of any additional support given to NHS staff.

Information

2. A briefing from the Clinical Commissioning Group setting out the latest information is attached an as appendix to this report.

3. Senior officers of the Nottingham and Nottinghamshire Clinical Commissioning Group and the Nottinghamshire Healthcare Trust will attend the Health Scrutiny Committee to brief Members and answer questions.

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

RECOMMENDATION

That the Health Scrutiny Committee:

1) Consider and comment on the information provided.

2) Schedules 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

COVID 19 Impacts on Mental Health Workforce, Service Delivery and Transformation

1. Introduction

The purpose of this briefing is to provide an update on the impact COVID has had on workforce at Nottinghamshire Healthcare NHS Trust (NHT). It will provide an overview of the plans that have been implemented to ensure on going delivery of mental health services and how the Trust has supported staff wellbeing.

An update on performance against the mental health standards within the NHS Long Term Plan is provided, alongside details of improvement plans and service developments.

2. Nottinghamshire Healthcare NHS Foundation Trust COVID 19 Workforce Impact

As part of business continuity during the first phase of the COVID19 pandemic NHT focused on key service provision, increasing capacity to maintain services, to mitigate large workforce losses. Services temporarily altered during the pandemic, included:

- Outpatients Clinics
- Community Teams
- Carer Support Teams
- Recovery College
- Specialist Nurses (Health Failure / Diabetes / Nutrition / Continence
- Community Nursing

The changes to the above services created an additional workforce capacity that was re-deployed alongside the corporate workforce to support critical services. Where staff were re-deployed training and support was given to transition individuals between roles.

In addition, the Trust undertook a large-scale recruitment programme using national and local return to work initiatives, adapting recruitment processes and increasing the bank and agency provision. Supportive terms and conditions and people policies were implemented to enable rapid deployment.

Over the last few months there have been high levels of COVID related absences and the Trust have been using daily SitReps to monitor the COVID and non COVID impact on workforce losses. There has been a decline in these levels from a high number at the end of March 2020, with an increase commencing mid-September 2020.

2.1 Alternative Service Provision

Staff were redeployed across inpatient and community services to support workforce losses and additional training and support were provided to enable staff to take on additional responsibilities. Prior to any re-deployment robust risk assessments were completed.

Revised Standard Operating Procedures (SOPs) were developed setting out PPE for home visits (where appropriate to reduce inpatient admissions or were identified as highly complex or high risk), caseload reviews were undertaken and patients triaged, where appropriate moved to video consultations (VC) / telephone support where protocols were developed, these were in line with national guidance.

Within some inpatient wards were combined to allow economies of scale while maintaining recommended social distancing and PPE guidance. Online learning / support packages

were developed and delivered across the Trust. Staff were supported to work at home / remotely to support national guidance / recommendations.

2.2 Services Restored / Next Steps

There has been a reinstatement of services across the Trust, to support this SOPs for face to face activities have been further developed, including PPE, space required and proportion that can attend clinics. Risk assessments have been aligned following national guidance and the estate needed to allow social distancing considered alongside triaging services users / patients and the use of virtual platforms to support activity expectations. The plans include both individual and group consultations. As a result, deployed staff have been returned to substantive posts in these areas.

2.3 Well Being of NHT Staff

Ensuring the wellbeing of the NHT workforce has been paramount during the pandemic. The Trust has ensured staff have been taking appropriate breaks during shifts and between shifts, annual leave has been taken and staff have been given psychological support. The Trust has also ensured that staff concerns have been listened to and where required act on.

NHT has also supported local Trusts in psychological support, providing weekly webinars on 'psychological first aid' to groups of staff, as well as shaping and advising on, where appropriate, Health and Wellbeing Being priorities.

The Trust has also delivered meal packs to key areas and support packages to all staff during the pandemic, these were designed to support staff and reward staff for their continuing hard work and commitment. To support the PPE requirement, the Trust centralised PPE provisions to ensuring there were enough supplies for key services.

The Trust has also considered the impact on staffing and the balance between staff requiring to shield/isolate and the need for the services to continue. Staff who are shielding/stringently shielding were contacted by the Staff Support Team to provide on-going support whilst they are shielding and to discuss returning to the workplace. The majority of staff have now returned to work.

The Trust has strengthened the Equality, Diversity and Inclusion approach, engaging staff equality networks and have ensured that diversity is included in decision making during the pandemic. Following national guidance, the organisation developed a conversation-based risk assessment process; this enabled key conversations to be held with all staff, focusing on at 'At Risk' groups and BAME. This was supported, where necessary, by key staff within the People and Culture services.

2.4 Projected Workforce

Workforce planning has taken place to the end of March 2021. The Trust has accounted for the restoration of services, increased cycle times due to safe delivery of service during COVID and growth. The impact of delivering services in a condensed period is taken account in restoration of services to contractual levels in addition to spikes in demand as a result of COVID, whether that is a consequence of not receiving routine services or as a direct result of the pandemic.

The forecasted workforce loss and the potential workforce availability have been reviewed. The COVID and Non-COVID workforce loss from March 2020 to July 2020 has been calculated at 7.4%, this includes sickness, isolation and shielding.

Recruitment and resourcing is progressing on the additional staff required. During the COVID pandemic the Trust recruited additional numbers of bank staff to support with the workforce losses faced as an organisation, the Trust will continue to use these to fill vacancies and will fully utilise this as we see a surge during winter and a potential second COVID surge. The Trust is continually monitoring flexible workforce resource to ensure workers are available and trained ready to deploy.

3. Impact on Service Delivery and Transformation

Following national guidance that was released in March 2020 the majority of mental health community services moved to a phone/video conferencing delivery model; however if a face to face appointment was required this was facilitated. This was particularly relevant for Crisis Resolution and Home Treatment Services and local mental health teams.

Inpatient wards were reconfigured to enable isolation facilities, a reduction in inpatient provision in Nottinghamshire has led to a number of patients being admitted to hospitals out of area, however this has started to reduce and plans to discharge patients or repatriate to Nottinghamshire are frequently reviewed.

Referrals to all services and admissions to inpatient wards initially decreased in March and April; however referrals started to increase from May and have continued to increase.

There are a number of national standards that the system is required to achieve in order to meet the service improvements outlined in the NHS Long Term Plan that was published in 2019. Performance against the standards had been improving in Nottinghamshire over the past 12 months; however COVID 19 has impacted on performance in some areas. The following services are on track for delivery against required standards by the end of 2020/21:

- Early Intervention to Psychosis Access
- IAPT (psychological therapies referral to treatment times; IAPT recovery rates
- Perinatal- access to treatment
- 24/7 Crisis service for Children and Young People and Adults
- Crisis Resolution and Home Treatment Teams staffed to core fidelity levels
- Individual Placement Support (employment support)
- Implementation of ‘stabilise and bolster’ plans for community mental health teams

LTP Deliverables that are on track but there are risks with continued delivery:

- **Children and Young Peoples mental health access** is on track; however referrals have decreased which may impact on the year end position. Additional Mental Health Support Teams in Schools and new services are operational from September/October 2020 which will contribute to recovery in quarter 3/4

- **Out of Area Placements** (OAPs)– following a high number of out of area placements the system was in a strong position in March 2020 with clear plans to achieve 0 by

31/03/2021; this has been impacted by COVID 19 but there are on-going actions being taken including Crisis teams/community service developments and by retaining local subcontracted beds, plan to achieve target by 31/03/21

LTP deliverables not on track; Recovery plans are in place:

- **IAPT Access**- Target was achieved in quarter 4 2019/20. In quarter 1 referrals were 44% lower than the previous quarter. Referrals have started to increase and recovery actions in quarter 2 are based on increasing capacity (workforce) and marketing of services with a focus on mid Notts where the referral rate is below the national average.

- **EIP (access is on target), level 3 NICE** compliance is not on track due to recruitment/training delays – both have now recommenced. Plan to meet standard in quarter 1 2021/22.

- **Physical Health checks Severe Mental Illness (PHSMI)** – Target is 60%. Performance in March - 36.5%, July - 27.5%. Majority of checks are undertaken in Primary Care. Actions include review of health improvement worker (HIW) which was a pilot in Rushcliffe, for roll out across the system; GP survey to understand barriers to completing checks and agreeing actions; HIWs in secondary care to increase completion of checks, with EIP physical health improvements workers focusing on patients who have had 4/5 checks; priority actions for PCN CDs and GP mental health clinical leads

4. Conclusion

As has been outlined there is a continued focus on staff wellbeing to enable service delivery, however due to the pandemic there are on-going risks, which have been outlined.

Plans for Service Transformation in Nottinghamshire to meet the requirements of the NHS Long Term Plan are well developed. This includes plans for service improvement in:

- Community Perinatal Mental Health
- Children and Young People's Mental Health
- Adult Common Mental Illness (IAPT)
- Adult Severe Mental Illnesses – community care
- Crisis Care and Liaison
- Therapeutic Acute Mental Health Inpatient Care

Overall delivery of the plans will improve service delivery and improve patient outcomes in Nottinghamshire.

Carol Cocking – Interim Deputy Director of People and Culture, NHT

Lucy Anderson – Head of Mental Health Commissioning, Contracting and Performance, Nottingham and Nottinghamshire CCG

Nottinghamshire County Council

Report to Health Scrutiny Committee

10 November 2020

Agenda Item: 6

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

COVID-19 RESTORATION

Purpose of the Report

1. To provide further briefing on the restoration of NHS services during the coronavirus pandemic.

Information

2. A briefing from the Clinical Commissioning Group setting out the latest information regarding the restoration of NHS services is attached an as appendix to this report.

3. Senior officers of the Nottingham and Nottinghamshire Clinical Commissioning Group will attend the Health Scrutiny Committee to brief Members and answer questions.

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

RECOMMENDATION

That the Health Scrutiny Committee:

1) Consider and comment on the information provided.

2) Schedules 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

Changes to services to support the Covid-19 response
Update report for Health Overview and Scrutiny Committee

Dear Colleagues,

Further to the briefing paper issued to the Health Overview and Scrutiny Committee in June, this paper and the appendices provide an update on the service changes included in the earlier brief.

As informed in June, as commissioners of local health services the CCG have been working closely with NHS Providers and other bodies in our response to Covid-19. Part of this work involved making changes to local services to manage the increased demand on services.

Some of these changes were mandated nationally, for example reducing face-to-face appointments and postponing the provision of some non-urgent services. Other changes were made by the local system, in response to locally specific circumstances.

At the time of the first brief the degree of pressure on the system and the rapid pace of response required to protect the safety and welfare of patients and staff meant that it was not always possible to notify the Local Authority of changes that, in normal times, you would be consulted on. In the main, changes have/had been made by providers to manage workforce and operational pressures and to maintain patient safety. These changes were not at necessarily at the request of the CCG.

The June briefing contained a full list of all service changes that have been made in response to the Covid-19 pandemic and Appendix 1 includes an update on the current status of those services.

A number of services have now restored or partially restored and there is an on-going system Recovery Cell that is charged with managing the return of services. Some services will restore to pre-Covid delivery and some will need more time or will not restore to pre-Covid as the service may have transformed in a positive way and the system may wish to keep some of this transformation. 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.

There are two areas, the urgent care pathway and reconfiguration of acute stroke services at Nottingham University Hospitals, where the service change during COVID-19 was based on strong clinical cases and as such are looking to be retained. Details of these proposals are included within Appendix 2 and 3 of this report, and will be the focus of the presentation to the meeting.

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

Any significant service changes that it is proposed to retain will be subject to the usual procedures, including public consultation and consultation with the Local Authority.

For more information please contact;

Lucy Dadge

Chief Commissioning Officer

lucy.dadge@nhs.net

Appendix 1 **Restoration of Services**

Normal services resumed | Services operating differently | Services still not operational

Children and Young People's Services

Description of Change	Update September 2020	Status
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.	All nursing and therapy services have been reinstated to all children and young people (routine and urgent). Face-to-face appointments are encouraged but choice of digital appointment is given to families.	
NUH out of hospital community paediatric services stopped except clinical priority services; child protection medicals; phone advice and urgent referrals.	Community paediatric clinics have been restored. **Community Paediatrics & Neurodisability Service** During the early stages of COVID, the service converted existing face to face clinics to virtual clinics and introduced twice weekly face to face rapid access clinics to see patients who could not be managed by telephone. A phased reinstatement of face to face provision is taking place, though this has been dependent on availability of accommodation in health centres, which have been utilised as COVID response centres. The safeguarding and SARC element retained its face to face service with additional safety measures in line with COVID guidance. **Children in Care Service** Face to face clinics resumed from 15.07.20. Due to restrictions prior to this, there is a backlog in children requiring the physical component of their Initial Health Assessment. A funding case has been developed to increase clinic capacity to ensure these are undertaken in a timely manner.	
Rainbows Children's Hospice: Respite Short Breaks suspended; family support services by video and phone; adult day care suspended.	Respite and young adult day care: These services will not be recommencing at Rainbows this year due to the continued requirement for social distancing and shielding of the extremely clinically vulnerable (see RCPCH guidance). Family Support Services: Family Support Services have continued virtually using e-mail, video conferencing & telephone. Rainbows report that they currently make up to 80 contacts per day with children, young people and families. Further information: Rainbows Hospice has been	

	supporting the NHS with step down capacity to free up acute Paediatric beds; this will continue throughout winter, as capacity allows. From May, an Emergency Support Services in the home for families most in need has been provided (ensuring compliance with PPE guidance); this service supports 21 families per week. From June, the organisation began to provide Emergency Stays in the Hospice for families that are in need of enhanced support or where the children and young people cannot be cared for in the home due to family illness.	

Mental Health Services		
Description of Change	**Update September 2020**	**Status**
Open access all age 24/7 crisis line set up.	The crisis line is continuing. Further capacity is provided by a mental health helpline provided by Turning Point.	
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.	All commissioned services are continuing to provide phone and video consultations with face- to- face contact when required. A number of services have continued to provide a face- to- face service for example crisis resolution and home treatment teams.	
Temporary use of Haven House crisis house as a step down unit to support discharge (change now reversed).	Haven House is continuing to operate as a crisis house.	
Recovery College services suspended and staff deployed to other areas.	The Recovery College is providing services remotely.	
CAMHS support to schools via in-reach.	CAMHS are continuing to provide support to schools and a number of Mental Health Support Teams in Schools are going to be operational from September/October.	
Alexander House locked rehabilitation service designated as an isolation unit, with patients transferred to the Orion Unit at Highbury Hospital.	This change is no longer in place - Alexander House is operating as a locked rehabilitation service and the Orion Unit as an Assessment and Treatment Unit	
Planned Care		
Block Contracts established with Independent Sector (IS) providers to create additional bed capacity.	NHSE/I maintain the responsibility for the contracts with the independent sector, however these have moved on to allow the NHS to access capacity required but also to allow more routine services to restart. All NHS patients seen within the IS will still be	

	treated in clinical priority alongside the provision within the NHS Providers, however this next phase of the agreement in place will allow some of the services that were suspended to re-start. The IS will also be using some capacity to restore their own private services.	
Move from face-to-face to virtual clinics for outpatient services where appropriate.	The use of non-face to face is a desire within the NHS Long Term Plan and therefore work is ongoing with providers to establish the correct level of virtual appointments. The ambition will be to achieve as high a percentage of non face-to-face as possible whilst still seeing those patients that need to be seen or wish to be seen.	
Postponement of all non-urgent elective operations.	There is an increasing amount of routine elective work being undertaken. The guidance from NHSE/I is that providers should be planning to return to 90% of pre-Covid levels of elective activity by October and 100% of outpatient activity in the same period.	
Suspension of community non-obstetric ultrasound service.	All non-obstetric ultrasound service providers have self-assured that they meet the requirements for Infection Prevention and Control and that they have robust access to the required Personal Protective Equipment, and on this basis they have been instructed to re-start services.	
NUH suspended faecal sample testing.	All pathology services at NUH are now fully operational.	
Sherwood Forest Hospitals (SFH) suspension of termination of pregnancy service – service to recommence from 9 June (community service continued).	The service recommenced as intended.	
Temporary suspension of home births service by SFH and Nottingham University Hospitals (NUH) - NUH have since re-established a restricted home births service.	The temporary suspension was very short this option is now available should patients choose.	
Community Services		
Community Orthoptics service suspended all non-essential face-to-face services and increased use of video and phone consultation.	The Community Orthoptics service has now started to resume delivery of face to face clinics. Appropriate infection control measures have been put in place, but these will reduce the number of appointments available at each clinic. Virtual appointments continue where appropriate.	
Community diabetes nursing teams suspended clinics and education courses.	• Clinics have all been reinstated – virtual clinics and face to face clinics where clinically needed. • Consultant clinics also have recommenced at the beginning of September. • Virtual education courses have recommenced.	
Face-to-face community rehabilitation suspended, except for patients who have had recent elective surgery; fractures or	All redeployed staff returned to substantive roles. Face-to-face visits have recommenced.	

those with acute and complex needs.		
Neuro rehabilitation - Chatsworth Unit patients discharged to community provision and inpatient function temporarily closed to admissions.	The Chatsworth unit remains temporarily closed, with all patients being managed within the community neuro rehabilitation service. Any patients requiring access to the service (previously delivered within Chatsworth unit) will access the community service via the discharge to assess pathway.	
Community podiatry and podiatric surgery services suspended, except for high risk patients.	**Podiatry** - Community clinics being reinstated with social distancing measures. A phased approach has been taken due to access to estates. **Podiatric Surgery** – Procedures have now recommenced.	
Community services provided by Primary Integrated Community Services (PICS) suspended all non-essential face-to-face interventions.	• Clinics have restarted seeing urgent and longest waits. • Clinics are now split equally between face-to-face and telephone. This is now expected to be the new norm. • Within community gynaecology, the provider is working with NUH to identify consultant capacity to address backlog of routine patients.	
Community MSK groups suspended.	MSK groups recommenced virtually and plans to offer face to face being mobilised for patients unable to access virtual support.	
Community specialist nursing service suspended.	• Face to face appointments have recommenced following clinical prioritisation. • Alternatively virtual support being offered.	
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.	• Face to face appointments have recommenced following clinical prioritisation. • Alternatively virtual support being offered. • Steroid injections have recommenced.	

Appendix 2

Proposed retention of service changes implemented during Covid-19

Future urgent care pathways

1. Introduction

Nottingham and Nottinghamshire CCG remain committed to delivering the Long Term Plan for Urgent Care with Integrated Care System (ICS) partners. System partners have very recently joined together to produce a clinical services strategy for urgent care, which alongside emerging national guidance will help to shape the future of urgent care commissioning.

The current pandemic and the challenges it has provided health and social care services with has brought with it an opportunity (and the necessity) to look at the local urgent care pathway in a different way.

In order to ensure services can operate safely while social distancing remains in place and the further pressures due to winter and second phase COVID-19, NHS England/Improvement are asking all commissioners and systems to implement the NHS 111 First initiative.

2. Alignment with Long Term Plan and Integrated Urgent Care pathway

In Nottingham and Nottinghamshire this new national drive aligns well with the local ICS plans for delivering the long term plan for urgent care, the outcome of the clinical services strategy review and the work that was already under way to transform the Integrated Urgent Care pathway. All of this work is being over seen by a new Right Place First Time Cell which is well attended by all stakeholders.

3. NHS 111 First

NHS 111 First aims to ensure patients receive the service they need first time by:

- encouraging the use of NHS 111 or the local GP practice as the first places to go when experiencing a health issue that is not immediately life threatening
- A move away from going to a physical location as the first choice to access healthcare
- Embracing remote assessment and the technology which supports it
- Preventing hospital acquired infection by ensuring patients do not need to congregate in Emergency Department (ED) waiting rooms
- Allowing 111 to book patients directly into appointments or time slots in a service that is right for them

By the 1st December 2020 all areas have been asked to:

- Transfer 20% of unheralded (those that currently arrive at ED having not sought advice from another service) ED attendances to the 111 services
- Ensure an increased number of dispositions are available on the Directory of Services for 111 providers, with a focus on secondary care pathways including, Same Day Emergency Care, Assessment Units & Hot Clinics
- Provide a clear pathway for those patients that contact 111 and require an ED attendance to be booked into a time slot
- Develop a clear communication and engagement strategy
- Complete structured evaluation

The ICS is in the fortunate place of already having key components of the new urgent care pathway in place, including a clinical assessment service (CAS) which supports the 111 provider to ensure patients are seen by the right person first time.
The Nottingham plan was approved by the National team on the 19th October and a soft launch commenced on the 26th October 2020.

3.1 Key deliverables

Key deliverables and changes to the current pathway locally which are being mobilised at pace include:

- 111 being able to access our local community urgent response services (services that respond in under 2 hours)
- An increase in direct bookings (from 111 and the CAS) into the urgent treatment centres (UTCs) and primary care appointments
- Diverting more low acuity ambulance activity through the CAS and to alternative services
- Increasing the number of 111 ED dispositions that are reviewed by the CAS and diverted to alternative services
- Facilitating direct booking from 111/CAS into ED slots, same day emergency care appointments and speciality clinics at the acute hospitals
- Ensure unheralded patients attending ED are safely triaged/streamed to an alternative service including Same Day Emergency Care services, primary care and Urgent Treatment Centre(s)
- Developing a communications strategy aligned to the national messages in preparation for go live

3.2 Benefits

The key benefits of these changes include:

- A clear message to patients that 111 is their entry point to urgent care, which will reduce confusion
- Patients receive the care they need first time
- A reduction in the number of patients waiting in Emergency Departments which will reduce the associated risks to the public and allow the departments to operate more effectively
- Patients are seen at a time and location that is appropriate for their needs
- Appointment slots and transfer of patient information allows the Acute Trusts the opportunities to match demand to capacity more effectively
- Pathway developed to enable 111 to refer to community 2 hour urgent response services

The development of 111 First builds on the successful transition to digital and telephone based services that were well received and utilised by our citizens during the Covid pandemic. It provides incentives for the public to use 111 rather than walk in service as it provides access to a booked appointment with community services, GP, Urgent treatment centres and the emergency department.

3.3 Stakeholder Engagement

Commissioners are utilising the opportunities that COVID-19 has provided to engage with the public around how they have accessed urgent and emergency care services during the pandemic and their thoughts on accessing healthcare in the future. As part of this programme of work the public are being asked to feedback their thoughts on how and where they access services which will help to shape commissioning decisions that relate to the 111 First workstream and the integrated urgent care pathway as a whole. Early results from a survey of a representative sample of our population of over 2,000 people indicate that the public are supportive of remote consultations with considerable acceptance of remote consultation for a number of possible scenarios including a “concern about a potential infection” (61%); “concern about minor physical illness or injury” (67%); “concern about your emotional wellbeing” (58%) and; “advice on an ongoing physical problem or condition” (64%). Further research is scheduled to explore access to emergency services and 111 in more depth.

A common theme from feedback to date has been concerns raised around the implications for primary care, therefore the commissioning team are proactively approaching the Local Medical Committee to ensure that messages to GP colleagues are aligned and there is clinical support for the models being proposed.

4. Relocation of the primary care element of the Urgent Treatment Unit (UTU) at Queen's Medical Centre (QMC) to Platform 1, Upper Parliament Street

4.1 Background and Context

As part of the response to the COVID-19 pandemic, the primary care element of the UTU delivered by NEMs was re-located from QMC to Platform 1, Upper Parliament Street in March 2020. The basis for this move was the requirement to introduce social distancing in the Emergency Department to minimise the risk of COVID infection spread in addition to the predicted increase in demand for acute services as a direct result of the rise in COVID cases.

4.2 Current Service Delivery

Since the relocation of the service, activity has significantly reduced from 80-90 patients seen per day to 20-30 patients seen per day. However, this is in the context of an overall reduction in patients using **face to face** urgent care services as demonstrated in the table below.

Table to show average daily number of patients using urgent care services pre and during COVID

Services	**Attends Pre Covid (Feb 2020)**	**Attends During Covid (July 2020)**
All A&E Activity; • NUH ED • SFH ED • London Road UTC • Newark UTC	Average 1184 attends per day.	Average 936 attends per day
NUH ED – Type 1 ED activity (all patients through the main NUH ED)	514	427
All A&E attendance in the Greater Nottingham area (Includes NUH ED, eye Casualty, UTC and NEMs in ED/Platform 1)	744	580

The UTU service continues to operate 24/7 and accept patients streamed from NUH ED. NUH and NEMs regularly review the patients streamed to ensure they are appropriate and streaming is done safely. To date, no significant incidents have been raised.

As a result of reduced demand for face to face services, NEMS have expanded their telephony based clinical assessment service (CAS) which offers remote consultations. To deliver this, NEMs have retrained staff and enabling home working in order to more effectively support the system during the pandemic.

This is aligned to the direction of travel for 111 First which encourages the use of remote consultations and a move away from physical locations as a first choice to access healthcare.

The overall aim for the NHS this winter is to preserve ED for emergencies only, moving away from co-located primary care streams in ED to treating patients in the most appropriate place including primary care, community and urgent treatment centres.

This means co-located primary care services over time will become less utilised as patients are offered advice and support by telephone or advised to attend alternatives, preserving emergency departments for those patients with conditions that need the level of service offered only by a hospital.

4.3 Future Intention for service delivery

As the COVID pandemic progresses, there is still the requirement for services to adhere to social distancing requirements to reduce nosocomial (hospital acquired) infection risk. This is the key ambition of the 111 First programme previously described which asks systems to triage or stream 'unheralded' (unknown to the system) patients to appropriate alternative services to reduce crowding in the department. NUH ED have identified the maximum number of patients who can be safely managed in the UTU estate at any one time is 50. In this context, as part of planning for the winter period, the Nottinghamshire system is reviewing future plans for the location of the primary care element of the UTU. We will continue to closely monitor attendances at all areas of the urgent care system and amend the service offers appropriately working with stakeholders.

This review is aligned to the 111 First programme timescales of roll out of new pathways by 1st December 2020.

Appendix 3

Reconfiguration of stroke services in Nottingham and Nottinghamshire

In July 2020 we informed you of a change to be implemented to reconfigure local acute stroke services so that we could manage the risk of Covid-19 infections among our patients and staff, as we progressed with restoring key NHS services.

To restore services safely, our providers needed to be able to treat patients with Covid-19 separately to those who are not infected. In Nottingham specifically, this meant 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, was the current Stroke Unit. The reconfiguration described in this briefing enabled 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.

Changes were made due to the urgency of local system restoration and recovery. The changes involved NUH centralising hyper acute stroke services at the Queens Medical Centre (QMC) site. This meant that the Hyper Acute Stroke Unit and the Acute Stroke Ward at the City Hospital campus moved to QMC. Stroke rehabilitation services at the City Hospital were enhanced and remain unaffected by these changes. Additional transport services for patients were made available between sites to facilitate the reconfiguration.

These changes mean that all urgent and immediate treatment for patients with a suspected stroke were centralised at QMC. This had two main benefits for the restoration and recovery of our services. Firstly, it enabled NUH to meet a national directive to reduce infection risk from Covid-19 by creating Covid and non-Covid admission assessment areas. Secondly, it created 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 plans for acute stroke services we informed 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.

Nottinghamshire County Council

Report to Health Scrutiny Committee

10 November 2020

Agenda Item: 7

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

TOMORROW'S NUH

Purpose of the Report

1. To provide an initial briefing on the development of service at Nottinghamshire University Hospital (NUH) following the award of seed money from the the Department of Health Social Care's Health Infrastructure Plan 2 (HIP2).

Information

2. A briefing from the Clinical Commissioning Group setting out the latest information regarding the restoration of NHS services is attached an as appendix to this report.

3. Senior officers of the Nottingham and Nottinghamshire Clinical Commissioning Group and NUH will attend the Health Scrutiny Committee to brief Members and answer questions.

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

RECOMMENDATION

That the Health Scrutiny Committee:

1) Consider and comment on the information provided.

2) Schedules 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

Tomorrow's NUH (Nottingham University Hospitals)

Briefing for Health Overview and Scrutiny Committee

Dear Colleagues

The Tomorrow's NUH Programme has been established to plan for and deliver a future sustainable hospital that provides the right care in the right location for the population of Nottingham and Nottinghamshire, and, for some services, to the wider region.

Across England, NHS organisations have been awarded seed money from the Department of Health Social Care's Health Infrastructure Plan 2 (HIP2) which is to be used to kick start hospital schemes and accelerate the development of plans/business cases. Nottingham University Hospitals (NUH) is one of 21 schemes which has received a share of £100m of this seed funding. Further funding will be allocated by the government in the next spending review period to fund the build costs of the 21 HIP2 schemes.

Nottingham and Nottinghamshire CCG is responsible for the development of a Pre Consultation Business Case which will include the following:

- A detailed case for change setting out how the proposal will benefit the population and the system
- Demonstrate that all options, benefits and impact on service users have been considered
- Demonstrate that the planned consultation will seek the views of patients and members of the public who may potentially be impacted by the proposals.

The CCG will be presenting initial outputs of the programme to the Health Overview and Scrutiny Committee in November, specifically:

Case for Change
The case for change sets out the rationale for undertaking this programme of work, recognising the need to have sustainable clinical services that support our people to live longer healthier lives.

There is a clear need for change to the provision of health and care services in Nottingham and Nottinghamshire. We need to modernise the Clinical Model to meet the needs of the whole population, enabling care delivered close to home.

At the same time, services at Nottingham University Hospitals NHS Trust face a number of issues, including operating across three sites and working from outdated estate. Through the Government's HIP investment scheme in hospitals, we now have the opportunity to address these issues and create fit-for-purpose acute facilities.

There is a significant need to reduce health inequalities where there are avoidable, unfair and systematic differences in health between different groups of people in our population. The Tomorrow's NUH programme will seek to address inequalities in health status (life expectancy and

prevalence of health conditions), access to care (availability of treatments), quality and experience of care (levels of patient satisfaction), behavioural risks to health (smoking rates), and wider determinants of health.

Outline clinical model

The Nottingham and Nottinghamshire ICS has set an ambition to transform health and care services, so that people living in Nottingham and Nottinghamshire can live longer, healthier and happier lives. To support delivery of this ambition, clinicians from across the system have led the development of an outline clinical model that will underpin the Tomorrow's NUH programme. The model will define new ways of working, of configuring services and of delivering care to ensure exemplar outcomes and experience for patients.

We recognise that hospital services should not be viewed in isolation from the care and support that people receive in their own homes and communities from family, social care, primary care and community services.

The clinical model is being designed to address health inequalities using a patient pathway approach. This ensures that the model developed is focused on improving patient outcomes and considers all interdependencies between wider system partners and the NUH clinical divisions.

We also have the opportunity to address legacy issues relating to the merger of the Queen's Medical Centre and City Hospital to form Nottingham University Hospitals in 2006, and the ability to reduce the duplication of services across the two main hospital sites. Duplication of services across the two sites creates both clinical challenges and inefficiencies.

Public engagement

Tomorrow's NUH builds on what our population has already told us they want for health and care: care that is close to home wherever possible and supports people to live as independently as possible in their own communities. Over the next few months we will be undertaking focused public engagement on key areas that we are considering as part of this programme.

The draft Pre Consultation Business Case is being developed for April 2021 in line with the timescales for the national HIP2 programme. A public consultation is currently planned to commence in July 2021. We will continue to provide updates on progress to HOSC, and will have a specific focus on the proposed consultation approach.

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

Lucy Dadge, Chief Commissioning Officer
lucy.dadge@nhs.net

Nottinghamshire County Council

Report to Health Scrutiny Committee

10 November 2020

Agenda Item: 8

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

CHATSWORTH REHABILITATION WARD UPDATE

Purpose of the Report

1. To provide the latest update on Chatsworth Rehabilitation Ward at Kings Mill Hospital.

Information

2. A briefing from the Clinical Commissioning Group setting out the latest information regarding the transition to community-based rehabilitation services provided by Nottinghamshire Healthcare NHS Foundation Trust is attached an as appendix to this report.

3. Senior officers of the Nottingham and Nottinghamshire Clinical Commissioning Group and the Healthcare Trust will attend the Health Scrutiny Committee to brief Members and answer questions.

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

RECOMMENDATION

That the Health Scrutiny Committee:

1) Consider and comment on the information provided.

2) Schedules 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

Briefing for Health Scrutiny Committee – Movement of the Chatsworth Neurorehabilitation Service from an inpatient service to a community only model.

Background

- Sherwood Forest Hospital NHS Foundation Trust (SFHFT) previously delivered a neurorehabilitation service from Chatsworth ward within Mansfield Community Hospital. This was a 16 bedded ward.
- In July 2017, SFHFT confirmed an intention to withdraw from provision of the service.
- A public engagement process was carried out in October 2017, this highlighted key 8 themes as below:

1. Keep the excellent high quality care	2. Maintain local services (travel is an issue for people)	3. Maintain a focus on team working	4. Keep specialist input where required
5. Ensure neuro rehabilitation is provided by neuro experts	6. Ensure relatives needs are met	7. Ensure people are cared for in an environment to enable them to thrive	8. Be sure that commissioners really understand what the care needs are for patients

- Following public engagement, detailed work was then undertaken with commissioner and provider colleagues from SFHFT, Nottinghamshire Healthcare NHS Foundation Trust (NHCFT) and Social Services to produce a model and service specification for a Community Neurorehabilitation Service (CNS).
- Transfer of the service from SFHFT to NHCFT was agreed by commissioners and provider.
- Progress was presented to Health Scrutiny Committee on a number of occasions throughout this process.
- The service specification clearly states that this is a level 3b neurorehabilitation service. Please see here for definition of levels: https://www.kcl.ac.uk/cicelysaunders/research/studies/uk-roc/levels

Movement towards a community only model

- On 1st February 2019, the delivery of the service was transferred to NHCFT. The service became an 8 bedded ward plus a CNS. This initially included introduction of community outreach to appropriate patients on discharge, to introduce the concept of a community model.
- When the service was transferred to NHCFT, it was agreed that the feasibility of moving to a full community model would be evaluated after 6 months of service delivery.
- In December 2019, a joint evaluation between NHCFT and commissioners was completed, that supported a movement to a community only model. With the following supporting movement to a community model:
    - Partnership and pathway development with referring providers (e.g. QMC, Linden Lodge); was undertaken - clarifying and establishing criteria
    - Established links with social services physical disabilities team resulting in the development of a 'joined up working' pilot.
    - The community model was developed using the following initiatives:
        - Weekend leave trail – patients enabled to go home at weekends
        - Day care offer - one patient has been coming to the ward for therapy on a weekly basis
        - Patients supported with early discharge with follow up treatment at home.
        - Family meetings are arranged to provide support and, where appropriate to give them training in caring for their loved ones at home.
    - Patient and family/carer feedback has been positive regarding the community model.
- Whilst the report supported the movement to a community only model, there were some aspects that needed attention, and these have been addressed by the CCG/NHFT group (see below). In particular these were ensuring that patients had all required equipment at home, supporting homecare requirements, and triage/referral pathways.

Chatsworth – COVID Impact

- On 19th March 2020, national guidance (COVID-19 Prioritisation within Community Health Services) was received that encouraged early supported discharge from acute settings to reduce infection risk to patients and to free up bedded capacity where possible in anticipation of the COVID-19 pandemic in order to repurpose bedded areas for COVID-19 patients.
- Nursing support was also utilised to redeploy to other areas to support the COVID-19 response (for example staff were redeployed to Nightingale Ward, a COVID-19 pop up bed base).
- Given those patients receiving care on Chatsworth are a vulnerable group, NHCFT instigated plans to shield those patients to prevent risk of nosocomial infections and enacted the high priority services only and the discharge to assess process.
- As a consequence, all patients on Chatsworth (4 patients at the time) who were medically fit for discharge were discharged and as there was no one on the waiting list or any pending referrals NHCFT made the decision to temporarily close the bedded facility but to continue the community element of the service to mitigate the risk to patients - The ward remains temporarily closed.
- At present a community only model is being delivered. All patients referred who meet the existing criteria have been accepted into the service.

Community Neurorehabilitation Service (CNS) – Current service development

- In June 2020, a joint CCG/NHCFT group was established to further progress the movement towards a CNS.
- The group has jointly developed a service specification for a CNS that is currently going through governance processes within NHCFT and Nottingham and Nottinghamshire CCG (N&N CCG), and will be agreed prior to November HSC.
- An Equality and Quality Impact Assessment (EQIA) has been completed that demonstrates there is minimal impact, impact has been mitigated against, by ensuring the community model can deliver the level of rehabilitation required by these patients.
- Given that patient engagement was completed in 2017, that supported a movement to a community model, no further patient engagement has taken place.
- The following benefits are delivered by movement to a Community Neurorehabilitation Service:
    - **Care closer to home** - patients receive care in their own homes
    - **Better patient experience** – care delivered tailored to the patients own environment, and the service is still delivered by experienced neurorehabilitation clinicians
    - **Increased patient access** – There is greater capacity within the service as not limited by the inpatient setting. With better access to service across Mid Notts, to allow easier access for those in Newark and Sherwood where there is higher prevalence.
    - **Reduced risk to patients** – movement to a community model reduces the risk of hospital acquired infections.
    - **Better clinical outcomes** - Access to support and a care plan based on 'Home First' principles which reduce the risk of deconditioning due to extended stays within a hospital or community bed.

Meeting the needs of patients requiring neurorehabilitation across Nottinghamshire

- The focus of this service change is to ensure that patients receive the right care in the right place, based on their rehabilitation needs.
- Sherwood Forest Hospital (SFH) previously raised that they have inpatients that should have been discharged to Chatsworth and were unable to do so as the ward was closed. On assessment these were very complex patients, and should be/have been discharged to Linden Lodge (Level 2B), not to a 3B service. Meetings have taken place to clarify this and ensure robust pathways are in place to identify discharge location, and facilitate this in a timely manner.
- The proposed NHS Rehabilitation Centre, subject to the outcome of a public consultation, will provide neurorehabilitation services. Concerns have been raised that this change will mean patients will need to travel

further to receive inpatient care. For this service change, the principle around the movement to a community only model is that NHCFT are expected to manage all patients in the community if they meet the acceptance criteria within the existing service specification. Amongst other criteria, they should be a level 3B patient.

- In summary, level 3B patients previously accessing an inpatient service from Chatsworth ward, will receive an equivalent community service, and not need to travel. If patients needs are greater than level 3B, the expectation is that they will continue to be referred to a service that safely meets their rehabilitation needs.

Purpose of paper/presentation

- NHCFT and N&N CCG wish to jointly present progress on the movement to a community only model to HSC.
- Our aim is to assure HSC that the service change has considered patient access, impact in terms of quality and equality and will deliver improved outcomes for residents in Mid-Nottinghamshire.

Next Steps

- Following support by HSC, NHCFT will undertake staff consultation with staff affected by this service change.
- Mobilisation to the full community model would be expected within Quarter 4 2020/21.

Summary/Key Points:

- Chatsworth ward was previously delivered by SFH, it was transferred to NHCFT in February 2019 and a supporting community model was also mobilised. The intention in 2019/20 was to evaluate the move to a full community model.
- Due to COVID-19, a decision was made to temporary close the bedded facility but to continue the community element of the service to mitigate the risk to patients.
- Collaborative work between NHCFT and N&N CCG has been undertaken to progress the movement to a community only model. The benefits of the community only model are described above.
- Providers and commissioners wish to provide assurance to the Committee that the service change will offer benefits to Mid-Nottinghamshire residents and quality/equality aspects have been considered. We also wish to assure the Committee that the movement to a community only model has not resulted in a gap in service, as patients will continue to be seen in the right setting.
- With HSC support, NHCFT will work closely with N&N CCG to mobilise the community only model by early 2021.

Steven Smith – Head of Community Commissioning and Contracting – 9th October 2020

Nottinghamshire County Council

Report to Health Scrutiny Committee

10 November 2020

Agenda Item: 9

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 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

HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2020/21

Subject Title	**Brief Summary of agenda item**	Scrutiny/Briefing/Update	Lead Officer	External Contact/Organisation
29 September 2020				
Health Trust CQC Improvement Plan	Further Scrutiny of Nottinghamshire Healthcare Trust's improvement plan following last year's CQC inspection.	Scrutiny	Martin Gately	Anne Maria Newham Executive Director for Nursing, AHPs and Quality
Millbrook Service Variation	Improvements to inpatient mental health provision			Sharon Creber, Healthcare Trust
Bassetlaw Hospital Service Variation	Initial briefing on a potential substantial variation of service and engagement/consultation	Scrutiny	Martin Gately	Victoria McGregor-Riley, Bassetlaw CCG
14 October 2020				
NRC Consultation Response	[Final] consideration of responses to the National Rehabilitation Centre consultation	Scrutiny	Martin Gately	Lewis Etoria, Nottinghamshire CCG
10 November 2020				
Tomorrow's NUH	Future development of services at NUH	Scrutiny	Martin Gately	Dr Keith Girling, NUH
COVID-19 Restoration	Further briefing on service changes linked to COVID-19	Scrutiny	Martin Gately	Lucy Dadge, Chief Commissioning Officer, Nottinghamshire CCG
COVID-19 and Mental Health	Mitigation of COVID-19 on mental health, including mental health support for NHS staff	Scrutiny	Martin Gately	CCG/Healthcare Trust TBC
Chatsworth Neurorehabilitation Service (move to community model)	Further briefing on the Chatsworth Neurorehabilitation Service and service development towards a community service.	Scrutiny	Martin Gately	Lucy Dadge, Chief Commissioning Officer, Nottinghamshire CCG

15 December 2020				
Dentistry and Orthodontic Provision (Bassetlaw)	An initial briefing on dentistry in Bassetlaw	Scrutiny	Martin Gately	Debbie Stovin, Dental Commissioning Manager, NHSE
GP Mental Health Referrals	An initial briefing from the CCG and Nottinghamshire Healthcare Trust on the operation of GP mental health referrals.	Scrutiny	Martin Gately	Maxine Bunn, Associate Director of Commissioning, Nottinghamshire CCG
Equity of Access to GPs	An initial briefing on equity of access to GP services across Nottinghamshire	Scrutiny	Martin Gately	David Ainsworth, Locality Director, Nottinghamshire CCG
Bassetlaw Proposals Engagement	Briefing on the planned engagement in relation to the emerging proposals for Bassetlaw	Scrutiny	Martin Gately	Dr Victoria McGregor-Riley, Bassetlaw CCG
26 January 2021				
Children's Strategic Commissioning	TBC	Scrutiny	Martin Gately	Louise Lester, Consultant in Public Health and Jonathan Gribbin, Director of Public Health
Dementia in Hospital (TBC)	An initial briefing from NUH on dementia services in hospital	Scrutiny	Martin Gately	TBC
Patient Transport Service Performance Update	Latest performance information on the PTS	Scrutiny	Martin Gately	TBC
9 March 2021				
Frail Elderly at Home and Isolation	TBC	Scrutiny	Martin Gately	TBC
Operation of the Multi-agency Safeguarding Hub (MASH)	TBC	Scrutiny	Martin Gately	TBC
Access to School Nurses	An initial briefing on school nurses	Scrutiny	Martin	TBC

			Gately	
20 April 2021				
Winter Planning (NUH)	Lessons learned from experiences of last winter	Scrutiny	Martin Gately	TBC
East Midlands Ambulance Service Performance	The latest information in relation to performance targets from EMAS.	Scrutiny	Martin Gately	TBC
Allergies in Children	Initial briefing in relation to allergies and epi-pens	Scrutiny	Martin Gately	TBC
8 June 2021				
NHS Property Services and contracts	TBC	Scrutiny	Martin Gately	TBC
13 July 2021				
To be scheduled				
Public Health Issues				
Integrated Care System – Ten Year Plan (TBC)	An initial briefing on the ICS – ten-year plan.	Scrutiny	Martin Gately	TBC
NHS Property Services	TBC	Scrutiny	Martin Gately	TBC

Potential Topics for Scrutiny:

Recruitment (especially GPs)

Diabetes services

Air Quality (NCC Public Health Dept)