

COUNCILLORS

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

Mike Adams
Callum Bailey
Robert Corden
Eddie Cubley
Penny Gowland

David Martin
John 'Maggie' McGrath **A**
Michelle Welsh
John Wilmott

SUBSTITUTE MEMBERS

Errol Henry
Jonathan Wheeler.

Councillors in attendance

Glynn Gilfoyle
Nigel Turner

Officers

Martin Gately
Noel McMenamin

Nottinghamshire County Council
Nottinghamshire County Council

Also in attendance

Julie Attfield	-	Nottinghamshire Healthcare Trust
Phil Britt	-	NHS Nottingham & Nottinghamshire CCG
Greg Cox	-	East Midlands Ambulance Service
Lucy Dadge	-	NHS Nottingham & Nottinghamshire CCG
Idris Griffiths	-	Bassetlaw CCG
Richard Henderson	-	East Midlands Ambulance Service
Andy Marshall	-	Nottingham University Hospitals Trust

1. MINUTES OF LAST MEETING HELD ON 8 JUNE 2021

The minutes of the last meeting held on 8 June 2021, having been circulated to all Members, were taken as read and were signed by the Chairman.

2. APOLOGIES FOR ABSENCE

Councillor Matt Barney – Medical/illness
Councillor John ‘Maggie’ McGrath – Other reasons.

The Committee also noted an apology from Ajanta Biswas of Healthwatch Nottingham and Nottinghamshire for medical/illness reasons.

3. DECLARATIONS OF INTERESTS

Councillor Bailey declared a personal interest in agenda item 4 ‘Bassetlaw Mental Health Engagement and Proposals’ as his employer, Brendan Clarke-Smith MP, was one of the consultees on the proposals. This did not preclude him from speaking or voting on the item.

Councillor Saddington declared a personal interest in agenda item 5 ‘Tomorrow’s NUH’ as a family member worked for the NUH Trust, which didn’t preclude her from speaking or voting.

4. BASSETLAW MENTAL HEALTH ENGAGEMENT AND PROPOSALS

The Committee Chairman, Councillor Sue Saddington, introduced the item, welcoming Idris Griffiths, Chief Officer of Bassetlaw Clinical Commissioning Group (CCG) and Julie Attfield, Executive Director of Local Mental Health Services, Nottinghamshire Healthcare Trust, to the meeting.

Councillor Saddington expressed her disappointment that the Committee had not been access to all the material being considered by the Bassetlaw CCG Governing Body in respect of development proposals for mental health services in Bassetlaw, in particular the full analysis of the engagement process and the precise terms of the CCG’s decision-making. A request was made that all relevant information be made available to the Committee for similar significant service changes in future.

In response, Mr Griffiths stated that it was unfortunate but unavoidable that Governing Body papers could not be shared in advance – this was because they had only just been signed off and were not yet available to CCG Governing Body members.

Mr Griffiths and Ms Attfield then gave an update on development proposals for mental health services in Bassetlaw, provided the following information:

- The CCG aims over the next 3-4 years were to provide local community hubs for a range of services, with those services tailored to the needs of individuals. A ‘no wrong door’ approach would be adopted, ensuring patients were appropriately signposted to the services they needed. This approach would also free up additional resource for a range of existing services;
- Current inpatient services comprised a 15-bed B1 ward for older people and a 24-bed B2 unit providing adult mental health services. Though based in

Bassetlaw, this was a very much a Nottinghamshire-wide facility, and a majority of service users were from outside Bassetlaw;

- Maintaining current inpatient provision was not appropriate, given the shortcomings of the current ward environment, which was not being used to capacity, and the need to improve the current care experience of patients accessing the facility;
- the preferred option, involving the transfer of older inpatient capacity to Millbrook, Sutton-in-Ashfield and that for adult mental health to the Sherwood Oaks facility in Mansfield, would provide greater service accessibility for more Nottinghamshire residents, a better built environment, and would help ensure compliance with key national quality standards;
- the CCG had conducted engagement and consultation in line with its statutory duties. Recurring areas of concern within Bassetlaw were that of accessibility and travel, and it was acknowledged there would be an impact locally for those patients and their families using the current inpatient facility;
- once the CCG Governing Body had considered its decision-making Business Case, post-decision feedback and involvement would continue, including with this Committee.

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

- there was consensus that Bassetlaw residents had legitimate concerns about the travel and accessibility impact the proposed service changes would have on them, and there was frustration and disappointment that the information before the Committee did not appear to address those concerns;
- both Bassetlaw-based Committee members and Bassetlaw members invited to the meeting by the Committee Chairman spoke of the lack of connectivity between Bassetlaw and Mansfield and Sutton-in-Ashfield, where it was proposed that inpatient care would re-locate, especially for those reliant on public transport. There were no Sunday services on a number of routes. Where transport plans were eventually put in place, these needed to be guaranteed for the long term;
- while acknowledging that current inpatient provision in Bassetlaw needed to change, the view was expressed that retaining a small local inpatient facility would be in the interests of local residents;
- the view was expressed that removing local inpatient provision entirely at a time when there had been an increase in uptake locally appeared counter-intuitive. It was also stated that removing inpatient provision in Bassetlaw removed choice for residents, including those from other parts of Nottinghamshire wishing to receive treatment away from their locality;

- there was a sense that the Committee's consideration of the proposals did not constitute meaningful consultation and that the CCG's preferred option was not open to change.

Mr Griffiths and Ms Attfield made a number of comments in response:

- Concerns expressed about transport were legitimate and were shared by the CCG Board, which would want to see detailed and sustainable mitigation put in place. The CCG would wish to share those plans with the Committee at the earliest opportunity;
- The CCG and Healthcare Trust were committed to providing the appropriate wrap-around care tailored to individuals' needs. Both organisations were confident that the proposals would deliver better outcomes for service users, with the bolstering of community and crisis services and the improvement in the quality and capacity of inpatient provision;
- Professional opinion was that proposed inpatient provision covered a range of specialist patient care which could not be feasibly replicated in a smaller setting. Significant capital outlay on the current inpatient provision in Bassetlaw had not and would not resolve its basic shortcomings;
- While there was an increase in demand for mental health services nationally and locally, the great majority of service users would not meet the threshold for hospitalisation and, as stated previously, care could be better provided in a community setting.

The Chairman thanked Mr Griffiths and Ms Attfield for their attendance and requested that Bassetlaw CCG and Healthcare Trust representatives come to the Committee's September 2021 meeting with a full Travel Plan. The Committee:

RESOLVED 2021/01

That:

- (1) having considered and commented on the information provided, the determination as to whether the proposed changes to mental health service provision in Bassetlaw is in the interests of the local health service be deferred;
- (2) Detailed information in respect of travel plans be made available for consideration at the Committee's September 2021 meeting.

5. TOMORROW'S NUH

NHS Nottingham and Nottinghamshire CCG representatives Lucy Dadge, Chief Commissioning Officer and Lewis Etoria, Head of Engagement, were joined by Nottingham University Hospitals Trust (NUH) representatives Phil Britt, Programme Director and Andy Marshall, Deputy Medical Director, to introduce the item and presentation, which provided an update on the development of service at NUH

following the award of seed money from the Department of Health and Social Care's Hospital Infrastructure Programme (HIP2).

CCG and NUH representatives made the following points:

- current service pressures arising in part from increased demand were unsustainable, and the Trust needed to move to a more proactive care model focusing more on prevention of lifestyle-related ill-health. Services also needed reconfiguring in respect of providing care closer to residents' homes, while developing specialist health provision in larger hubs;
- The Trust's estate was ageing and increasingly unsuited to delivering care flexibly to current standards. It was essential to create a positive working environment for staff and a safe, clean environment for patients and staff alike;
- Work on developing the Clinical Model continued at pace, driven by a Clinical Advisory Group and driven by 6 clear clinical design principles. These were:
 - All care pathways were to focus on integrated care with partners to deliver appropriate out of hospital care;
 - Emergency secondary care services should be consolidated on one site;
 - All Womens' and Childrens' acute services should be co-located with Adult emergency services;
 - Elective surgery should be delivered separately to emergency surgery to preserve elective capacity;
 - Cancer care acute services should have access to critical care and associated medical specialties; and
 - Ambulatory care pathways should be redesigned to minimise disruption to patients' lives;
- The CCG was responsible for ensuring patient and resident involvement in developing commissioning arrangements in line with best consultation and engagement practice. An initial high-level low-detail consultation had already been conducted on the clinical model, and this would be followed up with more detailed pre-consultation engagement on the proposed way forward in the autumn of 2021;
- Headline findings from phase 1 consultation included general support in principle for the proposals, but concerns were expressed about affordability of the model, accessibility to central emergency services, and more general accessibility of buildings, including parking and transport;
- Significant resource was earmarked for the main consultation event on detailed proposals in early 2022, with a raft of planned activity covering face-to-face and virtual stakeholder events, printed and digital media engagement and advertising and targeted work with protected characteristics' groups.

A number of issues were raised and points made during discussion:

- It was explained that funding for the Programme had been set aside at HM Treasury, and that this was an opportunity to revitalise capital infrastructure. Funding earmarked for capital programmes could not be diverted for increased expenditure on service provision;
- It was confirmed that changes to service provision would take into consideration demographic changes, such as major housing developments;
- The point was made that, while digital technology and outreach had an important role to play in future provision, a hybrid model of remote/virtual care and face-to-face provision would be required. Over-reliance on digital provision could potentially lead to greater health inequalities;
- It was confirmed that targeted engagement through Healthwatch and the North of England commissioning support unit would access the views of hard-to-reach groups, as well as specialist patient groups, such as maternity and cancer support bodies;
- CCG and NUH representatives welcomed the opportunity to share the consultation questionnaire with the Committee when available, to help engage/reach Nottinghamshire residents.

The Chairman thanked Mr Britt, Ms Dadge, Mr Etoria and Mr Marshall for their attendance and requested an update report to come to the Committee's January 2022 meeting.

6. EAST MIDLANDS AMBULANCE SERVICE PERFORMANCE

East Midlands Ambulance Service (EMAS) representatives Richard Henderson, Chief Executive, and Greg Cox, the Operational Lead for Nottinghamshire introduced the report and provided a brief presentation, circulated with the agenda, on the performance of the service over the previous 12 months.

Mr Henderson and Mr Cox made a number of points:

- Both EMA representatives paid tribute to EMAS staff for their handling of the unprecedented challenges arising for the Covid-19 pandemic;
- Proportionately there were fewer patients being conveyed to hospitals, with ambulance staff increasingly 'hearing and treating' or 'seeing and treating' patients in a community setting, in part because enhanced training for ambulance staff meant they were more effective first-responders;
- Nottinghamshire performance for the most serious Category 1 patients at risk of cardiac or respiratory arrest, was consistently above both mean and 90th centile performance targets. Performance was less strong, but still close to, performance targets for less acute Category 2 and Category 3 patients;
- Upcoming service improvement areas identified included roll-out of digital technology, post-Covid recovery and winter planning, and the delivery of a leadership restructure within the organisation.

Several issues were raised and points made during discussion:

- The view was expressed management of hospital handover times, while an issue, was the subject of close collaborative work, and the situation was better in Nottinghamshire than elsewhere in the region. Flexibility at the end of shifts, however, remained a significant and ongoing challenge;
- It was confirmed that assaults on EMAS staff members also remained an issue, and there had been a gradual roll-out of body-worn cameras, both as a deterrent and to gather evidence in order to pursue prosecutions;
- It was confirmed that EMAS would be in a position to provide information on services and response times in rural areas in future performance reports.

The Chairman thanked Mr Henderson and Mr Cox for their attendance and requested a further update to come to the Committee's July 2022 Committee meeting.

7. WORK PROGRAMME

From September 2021 onwards, the Chairman requested a focus on 'Access to Primary Care' and 'Mental Health Crisis Services', in the context of pandemic recovery.

Subject to including:

- an update on Bassetlaw CCG mental health service proposals to the September 2021 meeting, as agreed at item 4 above;
- an update on Tomorrow's NUH to the January 2022 meeting, as agreed at item 5 above, and
- an annual EMAS performance update to the June 2022 meeting, as agreed at item 6 above;

the Committee work programme was approved.

The meeting closed at 1:50pm.

CHAIRMAN