

COUNCILLORS

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

Richard Butler
John Doddy
Kevin Greaves
David Martin
Liz Plant

Kevin Rostance
Stuart Wallace **A**
Muriel Weisz
Yvonne Woodhead

SUBSTITUTE MEMBERS

Councillor John Longdon substituted for Councillor Richard Butler

Officers

Martin Gately
Noel McMenamin

Nottinghamshire County Council
Nottinghamshire County Council

Also in attendance

Lucy Anderson
Julie Attfield
Ajanta Biswas
Lucy Dadge
Ruth Gadd
Idris Griffiths
Julie Hankin
Dr James Hopkinson
Lucy Jones
Joe Lunn
Dr Nick Page
Rachel Lees
Catherine Pritchard
Ann Wright
Emma Wilson

Nottingham & Nottinghamshire CCG
Bassetlaw CCG
Healthwatch Nottingham & Nottinghamshire
Nottingham & Nottinghamshire CCG
Nottinghamshire Healthcare Trust
Bassetlaw CCG
Bassetlaw CCG
Nottingham & Nottinghamshire CCG
Public Health, Nottinghamshire County Council
Nottingham & Nottinghamshire CCG
General Practitioner
Nottinghamshire Healthcare Trust
Public Health Nottinghamshire County Council
Nottinghamshire Healthcare Trust
NHS England – Yorkshire & Humber

1. MINUTES OF MEETING HELD ON 10 NOVEMBER 2020

The minutes of the meetings held on 10 November 2020, having been circulated to all Members, were taken as read and were signed by the Chair.

2. APOLOGIES

Councillor Stuart Wallace (Council business)

3. DECLARATIONS OF INTEREST

None.

The Chair agreed to re-order the agenda to accommodate NHS representatives' availability, with items taken in the order recorded below.

4. DENTISTRY AND ORTHODONTIC PROVISION IN BASSETLAW

Emma Wilson, Head of Co-commissioning, NHS England Yorkshire and Humberside introduced the report, which provided an update on the provision of dentistry and orthodontic services in Bassetlaw.

The report highlighted current dental provision in Bassetlaw, and explained the impact of the Covid-19 pandemic on services. Because current national infection control guidance was in place, only a reduced capacity service, covering triage and pain relief, were currently in place. Check-ups and preventative work were not currently happening.

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

- It was acknowledged that under the current national contract there were gaps in respect of targeted provision for specific groups. NHS England had begun work on flexible commissioning for children under 5 years and those in care homes over the age of 75. However, there were very rigid funding mechanisms in place around units of dental activity, and these presented a barrier to developing a more flexible model;
- It fell to individual dental practices to best understand it's own capacity to deliver services in the current climate, and to prioritise patient need accordingly. Practices reported a range of different competing issues, but there had been an increase in reactive as opposed to planned dental work;
- It was acknowledged that there was an ongoing challenge to access NHS dentistry services, and Ms Wilson was not in a position to say what current backlog was in respect of accessing treatment. However, patients would not be removed from NHS registers to failing to attend for regular check-ups, given that these weren't being delivered;

- It was confirmed that all frontline dental staff were in the early cohort for receiving the Covid-19 vaccine, but there would be no change 'on the ground' until current standard operating procedures were changed. This was unlikely to take place before significant progress had been made on mass immunisation;
- It was confirmed that property and estate reconfigurations in view of the challenges presented by the pandemic were on NHS England's radar;
- the Committee welcomed news that there was an active workstream in place to take forward flexible commissioning, not just for children and those in care homes, but other specific hard-to-reach groups. The Committee asked that a further update be provided in one year's time.

The Chair thanked Ms Wilson for her attendance and contribution to discussions,

6. GP MENTAL HEALTH REFERRALS

The Committee considered a report and received a brief presentation highlighting the steps in place to identify and make interventions with patients at risk of suicide.

- Dr Nick Page provided a GP perspective, explaining that depression and anxiety were commonplace, and that it would not be possible to mitigate against all suicides. He acknowledged that it was very difficult to make an assessment during a 10-minute appointment, and that other underlying issues such as alcohol and drug use could mask and/or be catalysts for mental health crises.
- Ann Wright and Ruth Gadd from the Nottinghamshire Healthcare NHS Trust elaborated on the work of the Crisis Resolution and Home Treatment teams, which provided 24-hour assessment and home treatment intervention to those that would otherwise have been admitted to hospital. These teams worked closely with third sector providers such as Framework, Mind and CGL and had recently benefitted from increased resource.
- Lucy Jones and Cath Pritchard from the Public Health Team in Nottinghamshire County Council provided an explanation of the multiagency collaboration and partnership working arrangements in place within the Integrated Care System. It was explained that a joint City/County Suicide Prevention Strategy and Plan was already in place, and sought to reduce suicide and self-harm by improving mental health within the population and targeting known high-risk groups
- It was reported that funding of £209,000 had been secured to support Wave 4 suicide prevention, and that learning from the established Derbyshire suicide prevention model was being taken forward in Nottingham and Nottinghamshire.

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

- A Committee member expressed the view that individuals still fell through the system, citing a constituent's experience of being in a custody suite over the

course of a weekend while physical and mental health needs remained unmet. This led to the resident entering the court system;

- A Committee member asked that Crisis Team contact details and criteria should be shared with councillors so that they were readily contactable, and that expectations could be better managed;
- It was explained that it wasn't just the Crisis team who could respond - individuals could also self-refer via the Mental Health Helpline;
- The Suicide Prevention Steering Group would be looking to define risk across the system over the next 12 months, with a range of external partners such as councillors, Police, East Midlands Ambulance Service informing the process;
- The view was expressed that a lot of work on multiple strands to suicide prevention was being pulled together and confidence was expressed that significant positive change would be made in forthcoming 12 months, notwithstanding the impact of Covid-19;
- CAMHS data was being monitored very closely in the wake of social isolation arising from Covid restrictions. While self-harm rates had risen, suicide rates were lower than in the same period 2 years previously;
- In view of the development currently in place to take forward a number of areas for action, the Committee requested an update on the roll-out of the Plan in 12 months.

The Chair thanked all the representatives for their attendance and contribution to discussions.

7. NHS BASSETLAW CLINICAL COMMISSIONING GROUP – IMPROVING LOCAL SERVICES - COMMISSIONING

Idris Griffiths of Bassetlaw CCG, assisted by Julie Attfield and Dr Julie Hankin, also of the CCG, introduced the report and presentation, which provided a further briefing on improvements to local health services in Bassetlaw, with a focus on improving adults' and older people's inpatient mental health services.

The report and presentation highlighted the following points:

- A key driver for change was that current provision comprised mixed wards of a size that exceeded guidance of the Royal College of Psychiatrists and featured dormitory accommodation, which breached current quality guidance. Provision also catered for both organic and functional patients, which again countered good practice;
- A potential solution identified was the creation of an Adult Mental Health inpatient unit for mid-Notts and Bassetlaw patients at Sherwood Oaks, and for a similar inpatient facility for older people at Millbrook;

- Pre-engagement activity had been carried out and engagement planning was progressing well. The Committee's comments on proposed engagement activity were invited;
- Engagement was to take place in January and February 2021 and, following independent analysis and verification, the CCG would make its decision in March 2021. No changes to inpatient mental health care would be made until the process was complete.

During discussion, the following points were made:

- Assurance was provided that waiting times were satisfactory and improving, and that patients were seldom signposted out-of-area. Similarly, access to community services was operating well;
- It was confirmed that the preferred solution would provide 8 beds more than current provision, which would help with any spike in demand arising from the Covid-19 pandemic. The increased capacity would help practitioners provide the appropriate response in a most timely way possible;
- It was confirmed that commissioners were aware of the major developments scheduled to take place near to the Sherwood Oaks site;
- It was also confirmed that engagement data will be considered in its entirety, and that addressing the transport and related issues was implicit within the Plan.

The Chair thanked Mr Griffiths, Ms Atfield and Dr Hankin for their attendance and contributions to the discussion.

5. EQUITY OF ACCESS TO GP SERVICES

The Committee considered a report and received a presentation, detailed in the agenda, on the equitable access to primary care in Nottinghamshire. Lucy Dudge, Joe Lunn and Dr James Hopkinson from the Nottingham and Nottinghamshire CCG were in attendance

Mr Lunn, Associate Director of Primary Care at Nottingham and Nottinghamshire CCG gave the presentation, which was published with the agenda, and highlighted the following:

- Arising from the most recent access review, primary care networks were required to provide extended hours access in the form of additional clinical appointments;
- Among the core requirement detailed in the presentation was the provision of additional weekday and weekend provision, increased use of digital approaches, better access to the wider system and an overhaul of practice websites to ensure patients had access to comprehensive information;

- Covid-19 had driven a sharp increase the use of telephone and video consultation, although face to face consultation still accounted for over 50% of all activity;
- The roll-out of 2021-22 contracts was to be delayed by 6 months to 10 October 2021, with extensions in that period to be covered by existing 2020-2021 arrangements;
- Appointment activity was in line with similar activity levels in 2019, following a sharp drop during the first national lockdown.

During discussion, the following points were made:

- The CCG was aware of the significant new housebuilding activity taking place in Hucknall, and addressing future need will need to form part of the relevant primary care network strategy. However, this was not a question of building new small practices, but of harnessing innovation and existing capacity to provide increased patient choice;
- In response to the view that very little Section 106 monies were accessed to provide additional health provision, CCG representatives indicated that in their experience there were barriers to access to this funding that was not of the health sector's making;
- CCG representatives advised that they were trying to secure 15-year contracts for all 10 Alternative Provider Medical Services contracts during re-procurement, and would be able to advise the Committee of re-procurement outcomes in due course;
- In response to Committee member's concerns about variations in service, CCG representatives advised that monitoring through PALS and Healthwatch helped keep commissioners sighted on variations. It was acknowledged however that the response to Covid-19 particularly during the first lockdown period was less uniform that had subsequently been the case.

The Chair thanked Ms Dadge, Mr Lunn and Dr Hopkinson for their attendance.

8. EAST MIDLANDS COUNCIL EVENT – SCRUTINY RESET AND RECOVERY WORKSHOP

The Committee approved the attendance of 4 members (2 Conservative, 1 Labour and 1 Ashfield Independent) at a future Scrutiny Reset and Recovery workshop event.

9. WORK PROGRAMME

In view of a critical Care Quality Commission report on Maternity Services at NUH, it was agreed that this be added to the Work Programme.

The Chairman also undertook to speak to Planning colleagues about the use of Section 106 monies to fund health provision, to determine the appropriate forum to consider the issue.

Subject to this, the Work programme was approved.

The meeting closed at 1:50pm.

CHAIRMAN