

## Membership

### Councillors

Keith Girling (Chair)  
Martin Wright (Vice-Chair)  
Richard Butler  
Jim Creamer  
Kevin Greaves  
John Longdon  
David Martin  
Liz Plant  
Kevin Rostance  
Stuart Wallace  
Yvonne Woodhead

### Officers

Martin Gately	Nottinghamshire County Council
Noel McMenamain	Nottinghamshire County Council

### Also in attendance

Chris Ashwell	Nottinghamshire Healthcare Trust
Alex Ball	Nottingham and Nottinghamshire ICS
Ajunta Biswas	Healthwatch Nottingham and Nottinghamshire
Kazia Foster	Nottinghamshire Healthcare Trust
Stewart Newman	Nottingham North and East CCG

## 1. MINUTES

The minutes of the last meeting held on 10 September 2019, having been circulated to all Members, were taken as read and were signed by the Chair

## 2. APOLOGIES

The following temporary changes of membership for this meeting only were reported:

- Councillor John Longdon had replaced Councillor Steve Vickers;
- Councillor Jim Creamer had replaced Councillor Muriel Weisz.

Sarah Collis – Healthwatch Nottingham and Nottinghamshire

### **3. DECLARATIONS OF INTEREST**

None.

### **4. WHYBURN MEDICAL PRACTICE UPDATE**

Stewart Newman, Director of Commissioning, Nottingham North and East CCG, introduced the item, providing an update on the Whyburn Medical Practice and the steps being taken to identify a new provider for the practice's patients.

Mr Newman made the following points:

- Primary Care Integrated Services (PICS) had been successful in securing a 12 month contract from 1 June 2019, with an option to extend for a further year. Transition arrangements had gone smoothly, and initial feedback from the Patient Participation Group was very positive;
- The GP Lead for the Practice, Dr Adam Connor, had introduced a number of changes, including improvements to patient access, and employing a clinical pharmacist. Dr Connor was also the Clinical Director for the Primary Care Network in the area;
- The Care Quality Commission was expected to carry out an inspection by January 2020, as was normally the case for practices experiencing significant change;
- An outline business case for a new health centre in Hucknall will be developed in due course. The CCG would decide whether to extend the interim 12 month contract, and would initiate a public consultation as part of a longer term procurement exercise at the appropriate time.

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

- Feedback received by councillors from residents echoed the very positive impact on service delivery by PICS since securing the contract. Service continuity was a key concern for residents following the previous period of significant change at the Practice;
- Mr Newman advised that the initial contract was likely to be extended by one year, but there was a statutory obligation to go through a procurement exercise, including public consultation, for a longer term extension;
- The CCG worked very hard to support GP practices and avoid a similar issue arising in future, but could not give an absolute guarantee that similar incidents would not occur in the future;

- Mr Newman acknowledged that keeping local councillors informed of similar instances in future was a reasonable approach, but cautioned that it did depend on how quickly the CCG became aware of and needed to react quickly to GP business failure. Mr Newman undertook to discuss with the Primary Care Contracting Team and liaise with the Scrutiny Co-ordinator, Martin Gately.

The Chair thanked Mr Newman for his attendance at the meeting,

## **5. NOTTINGHAMSHIRE HEALTHCARE TRUST UPDATE – ADULT SERVICES AND LOCAL AUTHORITY COMMISSIONER ENGAGEMENT**

Chris Ashwell, Associate Director, Mental Health Services and Kazia Foster, Service Improvement and Development Manager at Nottinghamshire Healthcare Trust, introduced the item, providing an update on Adult Mental health Transformation Plans, as well as a summary of engagement with local authority commissioners.

The following points were made during a wide-ranging discussion:

- Tackling inappropriate out of area placement had been a priority for the Trust, and the situation was being much better managed through subcontracting acute mental health beds and psychiatric intensive care beds from private sector partners. Significant investment was being put in place with a target of eliminating inappropriate out of area placement by March 2021;
- The Trust was aiming to provide 24/7 cover for crisis care by October 2020. A number of initiatives were being developed with the voluntary and community sector providers such as Turning Point and Mind, including a crisis café and crisis centre. Access to crisis services had up until now been through GP services, but self-referral would be possible via the 111 service from April 2020;
- The entire dementia pathway was currently being reviewed and the point was made that the current service delivery model was not sustainable;
- The Committee welcomed the additional staff resource being provided under the Trust's plans, and were informed that existing staff would receive additional training to provide a more flexible response to current and future need;
- It was explained that problem gambling was a new addition to the Mental Health Long Plan, and the Joint Strategic Needs Assessment would need updating to identify where areas of particular need lay;
- The Trust, as a service provider, was contracted to deliver need identified by the CCG and/or NHS England, and did not itself identify that need. This also applied to emerging need, such as addiction to gaming;
- It was explained that the mainstream self-referral Anxiety and Depression pathway was a separate service to the Crisis service. The Mental Health

Community Framework had been released recently, and the Trust was happy to share the information via the Scrutiny Co-ordinator, Martin Gately;

- It was acknowledged that engagement with NCC commissioners had not previously been robust, but that the Integrated Care System provided the mechanism through which engagement and partnership-building could be delivered. It was also confirmed that the culture within the Trust had undergone a 'sea-change' in respect of being open to feedback from frontline staff;
- It was acknowledged that the Mental Health Implementation Plan was a prescriptive and not a very accessible document, but was produced by NHS England and not the Healthcare Trust;

The Chair thanked Mr Ashwell and Ms Foster for their attendance at the meeting and requested a further update at the Health Scrutiny Committee's May 2020 meeting.

## **6. NHS LONG TERM PLAN**

Alex Ball, Director of Communications and Engagement, Nottingham and Nottinghamshire Integrated Care System, gave a presentation on NHS Long Term Plan, which set out the ambitions of the NHS for the next 10 years.

The presentation highlighted the following points:

- The development of the local element of the NHS Long Term Plan had been informed through extensive engagement with more than 1,000 people in Nottingham and Nottinghamshire to establish what mattered most to them about a range of topics, including mental health, urgent care and health prevention. In addition, social media reach was estimated at over 70,000;
- Engagement had been conducted through the ICS Team, Healthwatch and the social research agency Britain Thinks, using face-to-face, focus group and digital channels;
- Key learning points arising included strong support for the system's proposed top priorities – Urgent and Emergency Care and Mental Health – as well as for free-at-point-of-need health care and support for staff. There was some support for the Prevention agenda, but this needed to be seen to be effective, while there was little support expressed for digital transformation;
- The key service priorities in the first 2 years of the Plan were identified as:

Prevention, inequalities and wider health determinants  
Pro-active care, self-management and personalisation  
Urgent and emergency care  
Mental health, and  
Value, resilience and sustainability;

- A final version of the Plan was expected to be published by end November 2019.

Committee members raised several issues during discussion:

- While acknowledging that future service planning was also based on data analysis, it was important to take the public's views into account, and that the ICS would have open to criticism had it not done so;
- Mr Ball expressed the view that improved integrated discharge processes had helped ease bed-blocking issues in Nottinghamshire, while community-based services provided by emerging Primary Care Networks, and the development of social prescribing would in time help alleviate pressures on A&E services;
- Mr Ball expressed the view that there was limited evidence to suggest that advertising campaigns to discourage non-emergency visits to A&E had a meaningful long-term impact on patient behaviours. No area had yet come up with a model that eliminated inappropriate access to A&E;
- In response, it was pointed out that work carried out by the East Midlands Ambulance Service (EMAS) to reduce non-urgent or frivolous use of the Service had been successful, and Mr Ball undertook to liaise with EMAS ;
- Mr Ball undertook to follow up on a question as to why obesity was not more prominently identified as a priority within the Plan.

The Chair thanked Mr Ball for his attendance and requested a further update at the Committee's July 2020 meeting.

## **7. WORK PROGRAMME**

The Committee agreed to convene an additional meeting on Friday 8 November 2019 in response to a request from NUH and CCG, to consider the National Rehabilitation Centre pre-consultation Business Case.

The Committee agreed to add the following to the potential topics for scrutiny:

- GP Services and Patient Appointments;
- Cerebral Palsy Services in Nottinghamshire.

The meeting closed at 12.30pm.

**CHAIRMAN**