

HEALTH SCRUTINY COMMITTEE

**Tuesday 10 November 2020 at
10.30am**

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 Stuart Wallace

Officers

Martin Gately
Noel McMenamin

Nottinghamshire County Council
Nottinghamshire County Council

Also in attendance

Lucy Anderson
Ajanta Biswas
Carol Cocking
Lucy Dadge
Nina Ennis
Lewis Etoria
Caroline Nolan
Catherine Pope
Mark Simmonds
Steven Smith
Becky Sutton

Nottingham & Nottinghamshire CCG
Healthwatch Nottingham & Nottinghamshire
Nottinghamshire Healthcare NHS Trust
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Nottinghamshire Healthcare NHS Trust
Nottingham University Hospitals Trust
Nottingham & Nottinghamshire CCG
Nottinghamshire Healthcare NHS Trust

1. MINUTES OF MEETING HELD ON 29 SEPTEMBER 2020

The minutes of the meetings held on 29 September 2020, having been circulated to all Members, were taken as read and were signed by the Chair.

2. MINUTES OF MEETING HELD ON 14 OCTOBER 2020

The minutes of the meetings held on 14 October 2020, having been circulated to all Members, were taken as read and were signed by the Chair.

3. APOLOGIES

Councillor Stuart Wallace (Council business)

4. 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.

6. COVID-19 RECOVERY

Lucy Dadge, Chief Commissioning Officer, Nottingham & Nottinghamshire CCG provided an update on the restoration of NHS services during the Covid-19 pandemic.

Ms Dadge explained that:

- a range of services had been suspended during the first wave of the pandemic to help manage increased demand and reduce face-to-face contact.
- Central government had now provided clear guidance that these services should be restored where possible, and Appendix 1 to the report indicated those that had been partially or fully restored. A dedicated Recovery Cell had been tasked with managing the return of services
- Changes to the urgent care pathway and to acute stroke services had been made on the basis of strong clinical cases, and it was proposed that these be retained. Details for each were at Appendices 2 and 3 of the report, with Caroline Nolan from the CCG and Mark Simmonds from NUH on hand to address Committee questions.
- the safety and care of patients was central to all decisions taken on changing service provision, and especially since the onset of the Covid-19 pandemic.

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

- The view was expressed that, while the public was supportive of virtual consultations, there remained a reticence among the public to add to NHS pressures, despite strong messaging that the NHS was operating on a 'business as usual' basis;

- It was acknowledged that consultation and patient engagement during the pandemic was challenging, particularly for residents with language barriers or who were not IT-literate. The view was expressed that there was evidence that age had become less of a barrier to engagement;
- Plans were well-advanced for the national launch of the '111 First' national initiative on 1 December 2020, where the 111 number was to be promoted as the first port of call for reporting all non- life-threatening conditions. Assurance was provided that where non-standard conditions were being reported, telephone handlers could escalate to clinicians;
- A Committee member stated that the increased use of virtual consultations had helped increase overall numbers of consultations since the same period in 2019. Access to GP services was to be considered at the December 2020 Committee meeting, at which an update on Children in Care appointments would also be provided;
- More detailed information on Mental Health provision, including Crisis Team provision, would be available at the Committee's December 2020 meeting. CCG representatives undertook to receive information outside the meeting in respect of a Committee member's experience of engaging with CAMHS and the Crisis team on behalf of a vulnerable resident, and to investigate further.

The Chair thanked Ms Dadge, Ms Nolan and Mr Simmonds for their attendance and contribution to discussions.

5. COVID-19 AND MENTAL HEALTH

The Committee received updates on the impact of Covid-19 on mental health, specifically on workforce implications, and on service delivery and transformation.

Workforce

Carol Cocking, Interim Deputy Director of People and Culture at Nottinghamshire Healthcare NHS Trust, addressed workforce issues, making the following points:

- During the first phase of the pandemic there was a focus on providing key services, with staff redeployed from a range of services to address areas of greatest need. A robust risk assessment regime was established, and training and support was provided to help staff transition to new roles;
- Daily 'SitRep' monitoring of staff was put in place to manage absences arising from the pandemic, and the Trust also undertook a significant recruitment programme to address gaps and shortfalls in staffing
- A suite of support services was established to address staff wellbeing, with a focus on ensuring staff had rest and recovery time, as well as psychological support;

- Workforce plans were in place to cover the period to end March 2021, by which time it was expected that there would be a full restoration of services.

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

- It was confirmed that staff monitoring was detailed on capturing the reasons for absences, be it infection, self-isolation or shielding those who were vulnerable;
- Rigorous monitoring was in place to ensure that staff took sufficient breaks and leave, and did not work over-long shifts;
- Lots of psychological support was in place, and its uptake and content were dependent on the needs of individuals;
- In response to questions about the levels of testing available to staff, it was reported that the testing capacity available had changed a lot over the course of the first wave, and that the testing regime currently in place was robust;
- On the issue of mitigating risks, including to BAME and other At Risk groups, it was explained that this came down to assessing individual risks, deploying staff appropriately as a result, and keeping risks under regular review;
- The Committee welcomed the variety of routes now open to enter health professions, and requested more detailed information on the recruitment programme undertaken earlier in 2020, and on staff retention levels.

Service delivery and transformation

Lucy Anderson, Head of Mental Health Commissioning at Nottingham & Nottinghamshire CCG, addressed service delivery and transformation issues, highlighting the following points:

- A range of services were on-track to meet national NHS Long Term Plan (LTP) Standards by the end of 2020/21. These were detailed in the report and included psychological therapies referral to treatment times and recovery rates, access to perinatal treatment, 24/7 crisis service for both children and young people and adults, and Individual Placement Support;
- Services currently on track but at future risk of not delivering to standard included children and young peoples mental health access and out of area placements;
- LTP deliverables not being met, for which recovery plans were in place included psychological therapies access, early intervention in psychosis and physical health checks severe mental illness.

The following points were raised during discussion:

- The view was expressed that while integrated care systems had helped break down the historical dichotomy between Local Authority and Healthcare Trust responsibilities for practitioners, there remained a lack of clarity for the wider public;
- The Committee requested further information in respect of mental health support teams operated in schools throughout Nottinghamshire;
- The Committee also requested updates on both workforce implications and service delivery and transformation in 12 months' time.

The Chair thanked Ms Cocking and Ms Anderson for their attendance and contribution to discussions.

8. CHATSWORTH REHABILITATION WARD UPDATE

Lucy Dadge introduced the item, assisted by Steven Smith, Head of Community Commissioning and Contracting, Nottingham & Nottinghamshire CCG, Catherine Pope, Clinical Director, Nottinghamshire Healthcare NHS Trust and Becky Sutton, Director of Community Health Services, Nottinghamshire Healthcare NHS Trust.

The Committee also received a brief presentation, setting out the rationale for and benefits of moving the Chatsworth neurorehabilitation service to a community-only model, including:

- The rehabilitation unit at Chatsworth had been temporarily closed to admissions and patients discharged to community provision at the start of the Covid-19 pandemic for safety reasons;
- Changing to a community-only model would allow delivery of a greater range of therapies to more people with long-term neurological conditions, to be delivered at home or place of residence;
- Greater flexibility to allow for changing or deteriorating needs, with the ability to self-refer back in with new rehabilitation objectives;
- It was anticipated that this would provide better clinical outcomes for patients in a safer and familiar environment;
- Those requiring level 2b inpatient would still be able to do at the Linden Lodge facility.

During discussion, the following points were made:

- While the Committee welcomed the enhanced levels of support envisaged under the community-only model, it had serious concerns about closing inpatient provision at the Chatsworth unit. These included:
 - concern that savings would be diverted to other budgets,

- that it was already a time of major change for rehabilitation in Nottinghamshire with the development of the National Rehabilitation Centre,
 - the Chatsworth unit was a highly-valued local resource providing excellent service to mid-Nottinghamshire residents,
 - that the changes appeared opportunistic in the wake of the temporary closure of the unit because of Covid-19, and
 - there appeared to be a lack of joined-up thinking in respect of transferring inpatients to Linden Lodge, when that facility had been earmarked for possible closure;
- In response, CCG and Healthcare Trust representatives made a number of points, including:
 - the Chatsworth unit was an ‘evolved’ service which hadn’t been specifically commissioned to fulfil the identified needs of mid-Nottinghamshire residents;
 - at the time of temporary closure, only 4 of the 8 beds had been occupied. The same resource outlay could provide community support for 23 patients;
 - the proposal to move to community-only provision was not driven by efficiency savings, and it was not the case that Covid-19 was used as an opportunity to close the unit permanently, though it was acknowledged how that perception could arise;
 - the benefits to patients of a flexible, responsive, wide-ranging community-only model were reiterated.

In view of the Committee’s expressed lack of support for the proposals, the need to consider the proposals in the context of Rehabilitation Services in Nottinghamshire more widely, and the need to reach a timely outcome for both staff and patients, it was proposed - and the Committee agreed - to hold an additional Committee meeting in mid-January 2021 to consider the issue of rehabilitation services in Nottinghamshire further.

At this point, revised transition arrangements for the operation of Linden Lodge and the National Rehabilitation Centre at Stanford Hall were presented verbally to the Committee.

While the Committee welcomed in principle the move towards a more seamless transition, it did not consider it appropriate to endorse the proposals at this time, without sight of further details.

The Chair thanked Ms Pope, Ms Sutton and Mr Stevens for their attendance and contributions to the discussion.

7. TOMORROW’S NUH

The Committee considered a report and received a presentation on the development of service at Nottingham University Hospital following the award of seed money from the Department of Health and Social Care’s Health Infrastructure Plan (HIP2).

The initiative provided the opportunity to transform the Trust's critical infrastructure, its approach to care provision, to address health inequalities and to spur economic regeneration.

Some of the headline potential changes over time could include the consolidation of emergency services, the establishment of a Women and Children's Centre and having physically separate emergency and elective provision.

Ms Dadge explained that the CCG was responsible for developing a Pre Consultation Business Case capturing the case for change, the outline clinical model and public engagement required. The timescales set nationally were very challenging.

The Committee welcomed the initiative, and noted that it was expected that the NUH would be in a position to share its pre Consultation Business Case with the Committee in Spring 2021.

The Chair thanked Ms Dadge for her attendance and contribution to all the substantive items considered by the Committee

9. WORK PROGRAMME

It was confirmed that an additional meeting of the Committee would be scheduled for mid-January 2021 to consider Rehabilitation Services in Nottinghamshire. Subject to this change, the Work programme was approved.

The meeting closed at 2:10pm.

CHAIRMAN