

Health Scrutiny Committee

Tuesday, 15 December 2020 at 10:30

Virtual meeting, <https://www.youtube.com/user/nottsccl>

AGENDA

1	Minutes of last meeting on 10 November 2020	1 - 8
2	Apologies for Absence	
3	Declarations of Interests by Members and Officers:- (see note below) (a) Disclosable Pecuniary Interests (b) Private Interests (pecuniary and non-pecuniary)	
4	Dentistry and Orthodontic Provision in Bassetlaw	9 - 14
5	Equity of Access to GP Services	15 - 30
6	GP Mental Health Referrals	31 - 34
7	NHS Bassetlaw Clinical Commissioning Group - Improving Local Health Services - Engagement	35 - 48
8	East Midlands Councils Event - Scrutiny Reset and Recovery Workshop	49 - 52
9	Work Programme	53 - 58

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>

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
Nottingham & Nottinghamshire CCG
Nottingham & Nottinghamshire CCG
Nottingham & Nottinghamshire CCG
Nottingham & Nottinghamshire CCG
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

15 December 2020

Agenda Item: 4

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

DENTISTRY AND ORTHODONTIC PROVISION IN BASSETLAW

Purpose of the Report

1. To provide an initial briefing on dentistry and orthodontic provision in Bassetlaw.

Information

2. The Health Scrutiny Committee has previously received information on dentistry in Nottinghamshire – excluding Bassetlaw. Bassetlaw is commissioned separately by the NHS England commissioners for Yorkshire and Humber.
3. A briefing from the NHS England Commissioners responsible for Bassetlaw is attached as an appendix to this report.
4. Emma Wilson, Head of Co-commissioning, NHS England (Yorkshire and Humber) and Debbie Stovin, Dental Commissioning Manager will attend to brief the committee and answer questions as necessary.
5. 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, if necessary.

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

NHS England - Yorkshire and the Humber

Bassetlaw Scrutiny Committee – Dental Paper

1. Background

NHS England (Yorkshire and the Humber) is responsible for the commissioning and contracting of all NHS dental services across South Yorkshire & Bassetlaw (SY&B). Commissioned dental activity is based on Courses of Treatment (CoT) and Units of Dental Activity (UDAs). Depending on the complexity of the treatment, each CoT represents a given number of UDAs.

Dental services are:

- Primary care (general high street dentistry)
- Community Dental Services (CDS)
- Orthodontics
- Intermediate Minor Oral Surgery (IMOS)
- Urgent care
- Secondary care

1.1 Key Challenges

- Access/inequalities: NHS England inherited a range of contracts, from Primary Care Trusts, when it was established and these 'legacy' arrangements mean that there is inconsistent, and often inequitable, access to dental services, both in terms of capacity in primary care and in terms of complex and inconsistent pathways to urgent dental care, community dental services and secondary care.
- Primary care national contract: rolled out in 2006, this is held by a General Dental Practice (GDP) in perpetuity (subject to any performance concerns), with little flexibility for either the commissioner or the provider.
- Procurement: procurement rules introduce further challenges to levers to change to commissioning arrangement; it is not possible to introduce innovative ways of working without testing the market.

2. Dental Provision in Bassetlaw

NHS England commissions a total of 206,205 Units of Dental Activity across the 11 dental practices in Bassetlaw. These are listed in Appendix A.

A number of other services are commissioned by NHS England for Bassetlaw residents including orthodontics, hospital services (provided by Doncaster and Bassetlaw Hospitals), community dental services (provided by Rotherham Hospital) and urgent care; accessed via NHS111

3. Impact of Covid-19 Pandemic

Covid-19 has impacted, and continues to impact, on NHS dental services and there have been a number of changes, since March 2020, to manage services safely through the COVID-19 outbreak for patients and clinicians alike.

At the end of March 2020, following advice from the Chief Dental Officer, dentists were asked to stop routine treatment and provide remote consultations and triage. An urgent dental care system was set up to ensure that patients, who were in pain, could access (face to face) treatment where it was clinically necessary and appropriate, and following the remote triage.

Since 8 June 2020, dental practices have been able to re-open, to resume NHS dental services in accordance with advice set out by the Chief Dental Officer and Public Health England. However, to ensure that clinicians and patients are safe, all practices must follow the stringent infection prevention and control measures published by the Chief Dental Officer and Public Health England. This is impacting on the level of service that can be delivered by dentists and is as low as one-fifth of the activity that was being delivered prior to Covid at some practices.

All dental practices are expected to follow the guidance outlined in Standard Operating Procedures, including:

- Being open for face to face care unless there are specific circumstances which prevent this.
- To prioritise patients with urgent care needs. NHS England advice is that the sequencing and scheduling of patients should take into account the urgency of needs; the particular unmet needs of vulnerable groups and practices' available capacity to undertake activity.
- Patients requiring an urgent appointment should be offered an appointment, whether or not they have been treated on the NHS previously at the practice
- There is an expectation that priority must be given to patients in pain, irrespective of whether they are new patients or not to a practice over the provision of routine dental

3.1 Impact on patients

Practices are prioritising urgent dental care for those patients who require immediate attention. In addition, they are also prioritising the health and safety of both patients and staff. The nature of the treatments involved means adhering to strict infection control procedures between appointments, this reduces the number of patients that are able to be treated on a daily basis.

The other impact is on those patients wishing to resume their routine dental check-ups and treatments. Practices have been asked to prioritise those patients in urgent or emergency dental need. Therefore, patients requiring routine dental care such as check-ups and scale and polish will inevitably experience longer waiting times.

3.2 Current advice on accessing urgent dental advice/treatment

- Anyone with an urgent dental issue should telephone their dental practice (or any NHS practice if they don't have a regular dentist) for advice on what to do next.
- They will be triaged first over the telephone. If they need face to face care, they will be given an appointment and encouraged to attend as long as they do not have any COVID-19 symptoms.
- Anyone requiring treatment will be given clear instructions by the dental practice on what they need to do prior to their face-to-face appointment and once they get to the practice.
- If after telephone triage the clinician decides the issue is not deemed urgent, the patient may be given advice on how to self-manage their dental problem. They will be advised to make contact again if their situation changes

4. Resumption – General Overview

The focus of NHS England's dental commissioning team - at this time - is to support providers to resume services, in line with Standard Operating Procedures and IPC guidance.

Primary Care

All primary care providers are open and providing services outlined in national Standard Operating Procedures. Urgent care is the priority for all dental care at this time and there are 2 ways of accessing care, i.e. via a high street dentist or via NHS111.

Community Dental Services – Rotherham Foundation Trust's Community Dental Service continue to provide face to face treatments.

Orthodontics – Due to the pandemic, routine dental services, including orthodontics, were closed for several weeks in line with government policy at the end of March 2020. From 8 June 2020, dental practices and orthodontists began to reopen to provide face to face appointments.

Secondary Care – Doncaster & Bassetlaw Hospitals dental specialties (oral surgery, orthodontics and restorative) continue to provide care. The Trust has reported that services have recommenced and that they are accepting new referrals which are clinically triaged and have a prioritisation model in place.

5. Communicating with the public

NHS England has been posting messages on social media platforms on a weekly basis. Examples of these (local) posts are shown below.

Tweet: Please be aware that dentists are currently prioritising those patients with urgent dental needs; it is therefore unlikely that routine dental care such as dental check-ups will be available at this time. #helpushelpyou



Urgent dental care during COVID-19 **OPEN** **NHS**

If you think you need urgent dental treatment:

- call your regular dentist or if you do not have one, call any NHS dental practice.
- if you cannot contact a dentist, go online to 111.nhs.uk or call 111.
- if a clinical appointment is necessary, this will be arranged at your dental practice or a local UDC.
- please do not visit A&E departments or your GP with dental problems.



OPEN **Accessing dental care** **NHS**

Dental Practices are open, however practices will need to prioritise patients with the most urgent need.

If you need help from a dentist:

- Contact your regular dentist or if you do not have one, call any NHS dental practice.
- You will be given advice or offered an appointment if appropriate.
- For urgent dental care, out of hours or at weekends that cannot wait, please ring NHS111 or use the NHS111 online service

Please do not visit your dental practice unless you've been advised to. This will ensure the practice can continue to provide essential care safely.

Report prepared by:

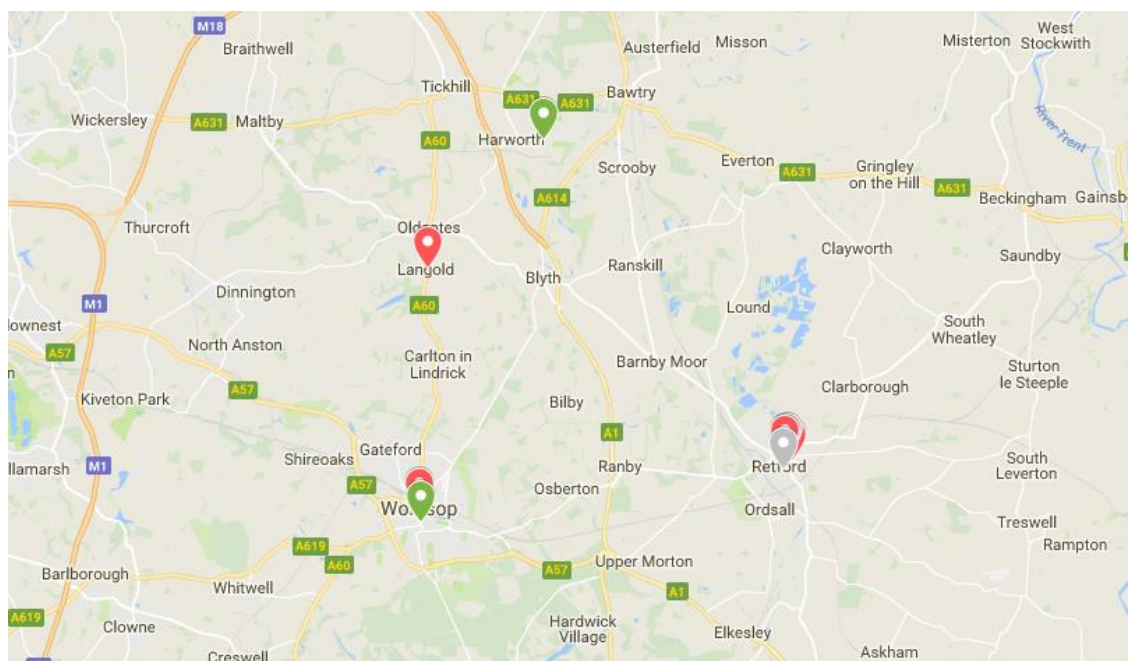
Debbie Stovin

Dental Commissioning Manager, NHS E/I – Yorkshire and the Humber

Appendix A

Dental Practices in Bassetlaw (as of November 2020)

Contract	Address	Postcode
Whitecross Dental Care (My dentist)	Doncaster Road Dental Practice Doncaster Road, Langold	S81 9RJ
Number 9 Dental Care	Dental Surgery 9 Newcastle Street, Worksop	S80 2AS
Wright Dental Care Ltd	Lyndholme, Newcastle Street, Worksop	S80 2AS
The Dental House	37 Carlton Road, Worksop	S80 1PD
Kaye and Rafferty Ltd	Dungannon, Watson Road, Worksop	S80 2BE
P B Robinson Ltd	Dental Surgery 7 Market Place, Retford	DN22 6DR
Whitecross Dental Care (My dentist)	Dental Surgery 53 Grove Street, Retford	DN22 6LA
D the D Ltd	Churchgate Dental Clinic Rear of 35 Churchgate, Retford	DN22 6PA
Retford Dental Care	Dental 22Crown House, Chapelgate, Retford	DN22 6NX
Carl Godfrey	Dental Surgery 32 Chancery Court, West Street, Retford	DN22 6ES
P B Robinson Ltd	Dental Surgery 89 Scrooby Road Harworth	DN11 8JN



15 December 2020

Agenda Item: 5

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

EQUITY OF ACCESS TO GP SERVICES

Purpose of the Report

1. To provide an initial briefing on equity of access to GPs in Nottinghamshire.

Information

2. The Health Scrutiny Committee has requested information on equitable access to primary care in Nottinghamshire.
3. A presentation from the Nottingham and Nottinghamshire Clinical Commissioning Group is attached as an appendix to this report.
4. Joe Lunn, Associate Director of Primary Care, Nottingham and Nottinghamshire CCGs will attend to brief the committee and answer questions as necessary.
5. 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, if necessary.

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



Nottingham and Nottinghamshire
Clinical Commissioning Group

Nottinghamshire County Health Scrutiny Committee

General Practice Equity of Access

15 Dec 2020

Agenda

1. General Practice contract model – Independent contractors
2. Access review – 2020/21 opening hours
3. Extended GP hours – Directed Enhanced Service (DES)
4. Extended access to GPs – core requirements
5. COVID-19 – use of triage, remote and face-to-face appointments during the pandemic
6. 2021/22 changes to Extended Hours and Extended Access arrangements
7. Appointment activity update

General Practice Contract Model – Independent Contractors

- Each General Practice holds a contract for the provision of Primary Medical Services as an Independent Contractor
 - 126 practices. 39 Mid Notts, 39 South Notts and 48 Nottm City
- Core practice opening hours of 8am to 6.30pm
- Provide essential services to meet the 'reasonable needs' of their patients
- Patients should be able to:-
 - phone your practice
 - book an appointment
 - pick up a prescription
 - drop off a specimen
 - received updates on results requiring urgent attention

Primary Care – Access Review

- The CCG Primary Care Team undertake audit reviews of General Practice opening hours
- Latest review 100% complete
 - evidence of opening hours meeting core requirements
 - additional opening hours
 - practice websites

Extended Hours Access – Directed Enhanced Service (DES)

- Primary Care Networks (PCNs) must provide extended hours access to patients in the form of additional clinical appointments in accordance with the Network Contract DES Specification.
- 20 PCNs across Nottingham and Nottinghamshire CCG
 - 6 Mid Notts, 6 South Notts and 8 Nottm City
- Extended Hours Access:-
 - be available to all registered patients within the PCN
 - may be for emergency, same day or pre-booked appointments;
 - be with a healthcare professional or another person employed or engaged by the PCN in the provision of health services;
 - be provided outside of the core hours for primary medical services
 - be a minimum of 30 minutes/1,000 registered patients per week

Extended Access – 7 Core Requirements

- Timing of Appointments
 - 1.5 hours weekdays after 6.30 and weekend provision
- Capacity
 - minimum of 30 minutes/1000 registered population
- Measurement
 - appointment activity measured for utilisation
- Advertising and ease of access
 - practice websites, in practice and offered as options to patients
- Digital
 - use of digital approaches to support new models of care
- Inequalities
 - resolve issues of inequalities in patient access
- Effective access to the wider system
 - patients to receive the right care from the right professional

Extended Access – Current Provision

Mansfield & Ashfield/Newark and Sherwood – provision across all PCN:

- Weekends Hours vary across Saturday and Sunday
- Monday – Friday 6.30pm – 8pm
- Ashfield North 26.25 hours per week
- Ashfield South 20.25 hours per week
- Rosewood 23.25 hours per week
- Mansfield North 20.50 hours per week
- Orchard 10 hours per week
- Newark 38.25 hours per week
- Sherwood 32.5 hours per
- Workforce: GP, Nursing, HCA & Clinical Pharmacists
- Appointments: Routine and pre-bookable.
On the day available Mon-Fri
- Contracted Hours: 171 hours per week maintained

Extended Access – Current Provision

Rushcliffe

Extended Access adjusted due to COVID moved to weekends provision; hours and workforce increased to ensure contracted hours are met.

Weekends and bank holidays: 8.30am – 12.30pm and 1pm – 5pm

Workforce: 2 x GPs per session / 1 or 2 Nurses across 2 sessions
GPs 32 hours per day / Nurses 8 – 16 hours per day

Appointments: Pre bookable and on the day slots

Additional Services: Providing phlebotomy, Cervical Screening and Wound Care

Contracted Hours: 65 hours per week

BAU: Weekdays 6.30pm – 8pm / Weekends & BH 8.30am – 12.30pm
2 GPs and Nurses

Summary: Rushcliffe have maintained contracted weekly provision but moved hours to weekends by increasing hours and workforce

Extended Access – Current Provision

Nottingham West and Nottingham North and East

Current Provider PICS and associated practices

Weekends 3 hours Saturday, Sunday and BH

Monday – Friday 6.30pm – 8pm

Workforce: GPs, Nurses & HCA

Appointments: All bookable slots

Contracted Hours: 123 hours per week

BAU: Weekdays 6.30pm - 8pm / Weekends 3 hours

Summary: NW and NNE have maintained contracted provision

COVID-19 – Impact on Services

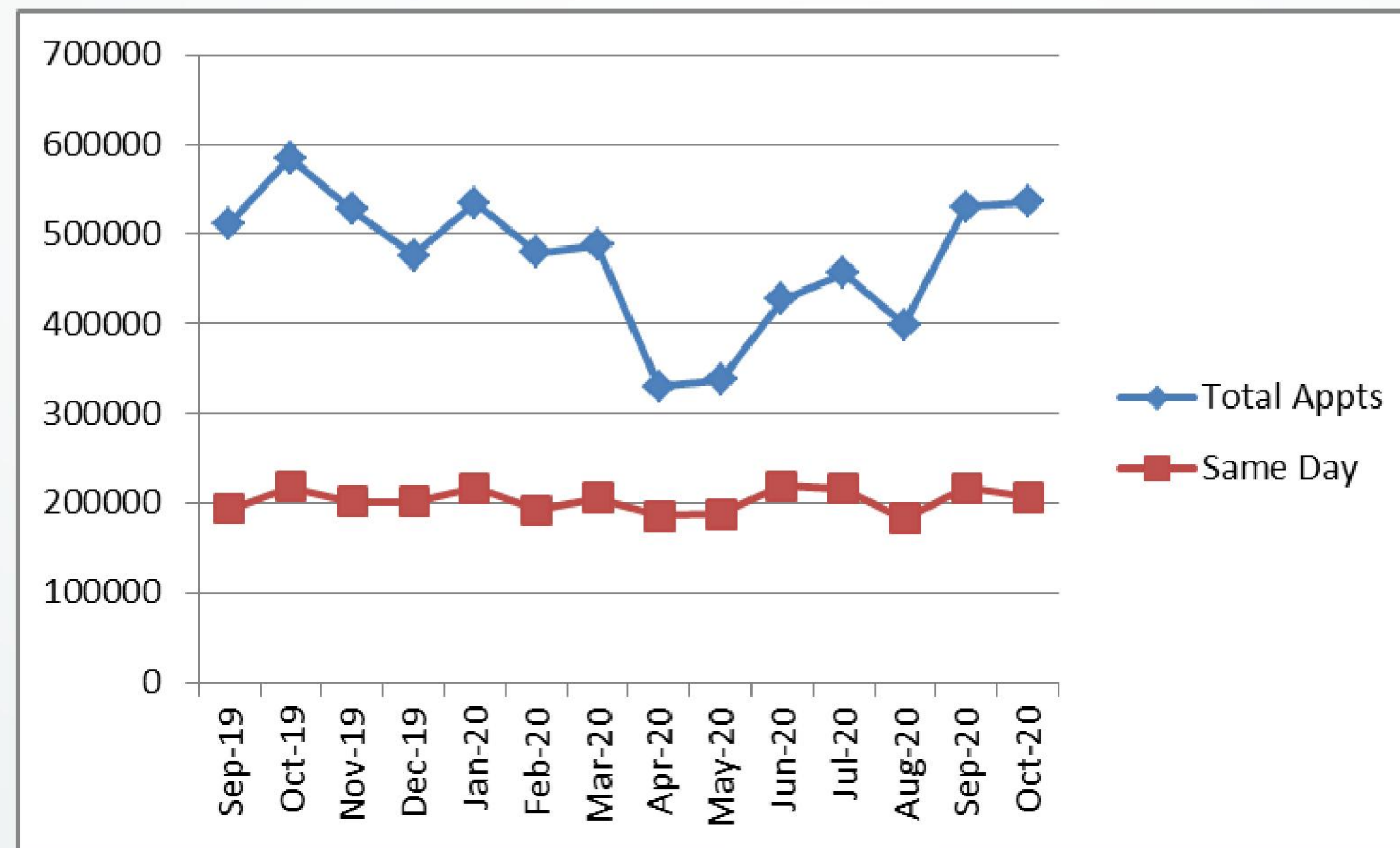
- Digitisation
 - Total Triage
 - Telephone and Video Consultation
 - Online consultation and contact with practices
 - Online booking - paused
- General Practice open – including Face to Face and Home Visit
- Relaxation of Extended Hours and Extended Access
 - delivery of hours flexible

2021/2022 Extended Access and Extended Hours

- The Network Contract DES 2021/22 brings together both schemes which increases access to hours outside of core general practice.
- Guidance on the specification and criteria has been delayed by the national team at NHS England
- Contracts for April – Oct 2021 to be extended based on current arrangements
- Guidance to be shared when available

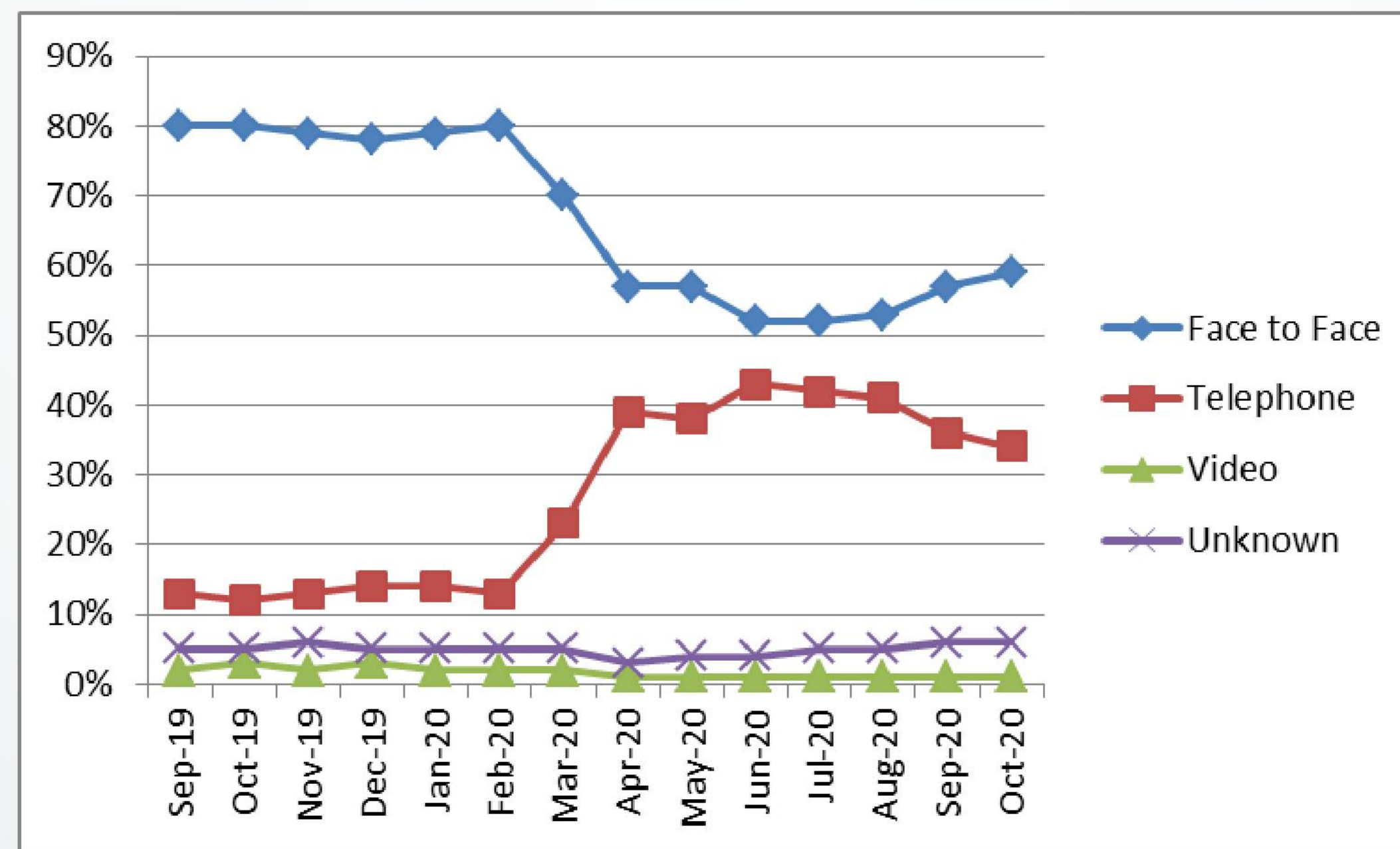
Appointment Activity Update

- Appointment activity in General Practice fell in the early months of the pandemic, now back in line with similar activity levels in 2019
- Same Day appointment activity has remained constant throughout



Appointment Activity Update

- Appointment activity types in General Practice have changed due to the pandemic
- Face to face activity still accounting for over 50% of activity



Questions?

15 December 2020

Agenda Item: 6

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

GP MENTAL HEALTH REFERRALS

Purpose of the Report

1. To provide an initial briefing on mental health crisis pathways.

Information

2. The Health Scrutiny Committee has requested to learn more about the operation of pathways for mental health crisis, particularly from GP referrals.
3. A briefing from the Nottingham and Nottinghamshire CCG is attached as an appendix to this report.
4. Kate Burley, Deputy Head of Mental Health Commissioning, Nottingham and Nottinghamshire CCG and Lucy Anderson, Head of Mental Health Commissioning, Contracting and Performance, Nottingham and Nottinghamshire CCG will attend to brief the committee and answer questions as necessary.
5. 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, if necessary.

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

Mental Health Crisis Pathways

16 November 2020

1. Introduction

The purpose of this briefing is to provide an outline of crisis support that is available in a mental health crisis is; an update on system plans to increase capacity, particularly over winter will also be included. A GP representative will provide details on the pathway for primary care and Nottinghamshire Healthcare NHS Trust will provide details on the Crisis Resolution and Home Treatment Teams.

2. Core Mental Health Crisis Service

- **Crisis Resolution and Home Treatment Teams** operating 24/7 and providing face to face assessments and home treatment to people who would otherwise be admitted to hospital.
- **Mental Health Liaison Services** operate across Sherwood Forest Hospital and the Nottingham University Hospital sites 24/7 and provide rapid assessment of patients within these hospitals who are referred due to concerns regarding their mental health whilst they are being treated for physical health problems or symptoms within the acute hospital setting. The Service takes referrals from the Emergency Department or from inpatient wards.

3. Services within the mental health crisis and urgent care pathway

- **24/7 Crisis Line:** providing 24/7, all age, open access/self-referral to urgent NHS mental health support, advice and triage, staffed by the Crisis Resolution and Home Treatment Team
- All age **Mental Health helpline:** delivered in partnership with Turning Point and providing emotional and therapeutic support and onward signposting into other services. This helpline is available 9am-11pm, 7 days per week
- **Crisis House:** delivered in partnership with Turning Point provides a homely and welcoming space for people who are feeling distressed or experiencing a crisis that is affecting their mental health, and may otherwise need to be admitted to hospital. It provides a residential setting for stays of up to 7 days
- **Street triage:** is a partnership between Nottinghamshire Healthcare NHS Trust, Nottinghamshire Police and the CCG and delivers a joint response to mental health related calls. The service operates 9am- 1am
- **Harmless:** The Tomorrow Project- Designed as an all age primary care, short-term crisis management support pathway providing emotional and practical support for crisis – e.g. safety planning, having a named worker, liaising with other professionals involved in care
- **Mental Health Crisis Sanctuaries:** A series of collaborative workshops were held to jointly develop a local model for Mental Health Crisis Sanctuaries, with a plan to pilot the sanctuaries model from summer 2020. Due to the COVID-19 pandemic, the original timescale has not been feasible. However, planning for the sanctuaries has recently recommenced and a pilot will be implemented during this year through a partnership of voluntary sector organisations working together to provide a safe and welcoming spaces where people can go at times of a crisis where they can access practical and emotional support

- **Children and Young People Mental Health Service (CAMHS) crisis and liaison team:** The team provide a home treatment service and in-reach into the Emergency Department and acute hospital wards. Children and young people can self-refer to the team

In addition to commissioned services outlined above there are services which are funded nationally or by charities which support the local system.

4. Increasing Service Provision

To build resilience and capacity within commissioned services, additional staff are being recruited to across the Crisis and Urgent Care pathway, including expanding the Crisis line and Crisis Resolution and Home Treatment Teams, supporting the CAMHS Crisis service overnight and also to provide additional support in the Emergency Department. There will also be increased communications to the public on mental health services available to support them.

Furthermore, as part of the NHS Long Term Plan Priorities for Mental Health, over the next 3 years there will be investment in complementary and alternative crisis services (to complement traditional crisis teams and reduce presentations at the Emergency Department) and to ensure that services for children and young people, continue to be developed, ensuring by 2023/24 a 24/7 crisis response is available for children and young people.

5. Collaboration and Partnership working

An ICS Mental Health Urgent Care and Out of Area Placement Taskforce Group ensures the system collaboration to achieve the ICS strategy and Long-Term Plan aims and priorities in relation to the urgent and crisis mental health care pathway for all ages. The group focuses on the interface between services/organisations is represented by system partners across the crisis and urgent care pathway. This Group reports to the ICS Mental Health and Social Care Board.

Authors:

Kate Burley, Deputy Head of Mental Health Commissioning, Nottingham and Nottinghamshire CCG

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

15 December 2020

Agenda Item: 7

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

NHS BASSETLAW CLINICAL COMMISSIONING GROUP – IMPROVING LOCAL HEALTH SERVICES - ENGAGEMENT

Purpose of the Report

1. To provide a further briefing on improvements to local health services in Bassetlaw.

Information

2. The committee last heard about the proposed improvements relating to a new model for urgent and emergency care at Bassetlaw Hospital at the 29th September 2020 meeting.
3. A briefing from the Trust on public engagement regarding the proposals is attached as an appendix to this report.
4. Dr Victoria McGregor-Riley, Deputy Chief Officer and Director of Strategy will attend the Health Scrutiny Committee to brief Members and answer questions.
5. 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

Health Scrutiny Committee Briefing December 2020

Improving Local Health Services - update Better Mental Health Inpatient Services for Bassetlaw

1. Introduction

In September 2020 NHS Bassetlaw CCG, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and Nottinghamshire Healthcare NHS Foundation Trust briefed the Health Scrutiny Committee on outline proposals to improve local health services in Bassetlaw. The proposal referenced the development of services for mental health and paediatrics as part of a wider positive transformation of urgent and emergency care services on the Bassetlaw Hospital site.

This paper provides an update regarding a change in scope of those proposed improvements in service. The development of services in Bassetlaw will now focus on the changes to inpatient mental health services for adults and older people in Bassetlaw.

2. Developing our approach to delivery of Mental Health Inpatient Services

Health and care partners across Bassetlaw remain committed to improving the quality and sustainability of local health services. Together we want to ensure that the population of Bassetlaw is able to access safe and effective services provided in the most appropriate high-quality environments possible. There is a real opportunity – and need – to take forward our consideration of transformation of inpatient mental health services for Bassetlaw.

As outlined in September, NHS Bassetlaw CCG wishes to continue to work in collaboration with partners to begin wider engagement with our community to further develop and shape proposed changes for inpatient mental healthcare.

We outline below the current state of inpatient mental health services in Bassetlaw, the reasons for change, initial consideration of potential solutions and next steps.

NHS Bassetlaw CCG is seeking the views of the Health Scrutiny Committee on the proposals for engagement so that we can refine our approach ensuring that it remains proportionate and meaningful. We are also asking for the HSC's view regarding the proposed approach to engagement in line with the CCG's statutory duties (i.e. compliance with Section 14Z2 Health and Social Care Act 2012).

3. Current inpatient mental healthcare services

Inpatient mental health provision within Bassetlaw currently consists of a 39 bedded inpatient facility located within the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust at the Bassetlaw Hospital site in Worksop.

It was opened in 1986 and comprises two wards. These serve the population of Bassetlaw district and provide inpatient services for both male and female Adult Mental Health (AMH) and Mental Health Services for Older People (MHSOP).

There are two inpatient wards: B2 is a 24 bedded ward for adults primarily under 65; B1 is a 15 bedded ward for older people with a split to accommodate patients with organic and functional illness. There are currently circa 100 admissions of Bassetlaw patients a year across the two wards, with a combined total of 5,287 occupied bed days to two wards.

Since 2018, NHS Bassetlaw CCG has used between five and nine of the 24 Adult Mental Health beds at any one time. It is commonplace for the significant majority of B2 beds to be occupied by patients from outside of Bassetlaw.

Of the 15 beds for older people, since 2018, between three and 12 beds have been used by Bassetlaw CCG residents at any one time. It is commonplace for 50% of the B1 beds to be used by non-Bassetlaw residents.

4. Why change is needed for inpatient mental healthcare

The CCG recognises that existing provision does not meet Care Quality Commission (CQC) standards and does not allow for the high quality of service that we want for our local population. We want to ensure better mental healthcare for Bassetlaw patients that is safe, of high quality and is sustainable.

The current unit environment has several concerns:

- The adult mental health ward (B2) has 24 beds, which exceeds the ward sizes (15-18) recommended by the Royal College of Psychiatrists.
- Both wards are mixed gender which is not recommended in quality and safeguarding guidance and has been raised in CQC inspections.
- Both wards have dormitory style accommodation which breaches national quality guidance. The national plan for mental health expects dormitory style accommodation to have been removed by 2020.
- The older people's ward houses both organic and functional patients on the same ward which is against expected standards of care.
- Both wards are on the 1st floor with no direct access to outside space and are reliant on lift facilities for access for those with restricted physical mobility.
- Both ward designs offer poor lines of sight for safe and effective observation of patients often leading to high risk patients requiring care in other inpatient areas.
- Neither wards have access to de-escalation or seclusion facilities on the site.
- Both wards have little or no identified space for therapeutic activities often leading to other spaces being co-opted for this purpose.

- Both wards have little appropriate space to facilitate visits safely, particularly those from children which can lead to a delay.
- Wards are isolated from other inpatient mental health provision with limited access to staff support to manage untoward incidents if required.

All these concerns mean the Trust is not able to assure NHS Bassetlaw CCG as the commissioner of services that the current service is continually compliant with standards set by the Care Quality Commission (CQC).

In addition, from Spring/Early Summer 2021, Nottinghamshire Healthcare NHS FT will no longer place non-Bassetlaw patients in the wards at the Bassetlaw Hospital site. This means the Bassetlaw wards would run at very low occupancy levels, as the beds there routinely have more than half of the beds occupied by non-Bassetlaw patients. Such a small unit with these low occupancy levels would be extremely challenging clinically and would be unable to provide the range of specialist support the local population needs.

5. Service users, carers and staff experience

For patients, the continued provision of dormitory accommodation presents a number of challenges. These include lack of privacy and dignity, noise disturbance, loss of sleep and the ability to feel safe. The lack of suitable and adequate outdoor space and facilities for therapeutic care within the current environment means it remains very challenging to optimise outcomes.

Nottinghamshire Healthcare NHS Foundation Trust (NHCFT) has gathered feedback from service users and carers from a range of sources – including service user carer experience satisfaction surveys and Care Opinion - between July 2018 to October 2020 relating the inpatient services in Bassetlaw. Using the Trust's 'Your Feedback Matters' website, the following key themes have been identified:

- Staff are compassionate and hardworking, but the wait for treatment is too long
- Patients often have to tell their story numerous times, and many do not have a named worker
- Patients would like to be supported to access services rather than simply given a phone number
- Patients feel the ward environments are too noisy and busy, with suggestions that quiet spaces and individual rooms would provide a better experience
- The ward environments are also in need of refurbishments, with comments specifically around the shower facilities and lack of access to other amenities
- Patients feel that access to therapy and other supportive activities could be improved

Staff find the environment challenging to work in during their day-to-day operations and have reported that:

- Poor quality inpatient environments impact negatively on the ability to deliver high quality care

- They are keen to apply the learning from the COVID-19 pandemic and utilise technology to improve access and interventions
- The ability to offer an appropriate range of therapeutic interventions is limited as a result of skills shortages and resource constraints.

6. Exploring solutions for future service provision

The Trust has, for some time, recognised difficulties with the environment in which inpatient services on the Bassetlaw site are delivered.

Consequently, NHCT undertook some preliminary internal reflection with staff and key stakeholders to explore possible next steps to improve local service provision and enhance outcomes. Key discussion points were:

- 1. Do nothing and continue with the services as they are*
It was considered that the status quo is not feasible for the reasons outlined above and that progress should be made on the basis that there is a need to take positive action to improve local services for local people.
- 2. A new build within Bassetlaw with services provided by NHCFT*
Whilst this was considered a strong possibility in meeting quality standards, it was also considered that this would be neither clinically or financially viable.
- 3. Lease alternative accommodation and provide an in-house service within leased space*
This solution was considered to be challenging in assuring the quality of ward environments and a joined-up service model but would offer good local access if suitable space could be found.
- 4. Subcontract the services in totality*
Commissioning the service and capacity from an alternative provider within alternative accommodation was judged to be similar to leasing alternative space but with potential increased risks regarding the service model and assurance of ward environments.
- 5. Transfer inpatient services to new accommodation with continuation of the service by NHCFT.*
It was considered that this would offer the greatest benefit overall: providing ongoing care for patients transitioning across mental health care pathways from community to acute and acute into community-based services within a single coordinated organisational team; purpose-built environments offering high quality accommodation meeting national standards; and making best use of NHS resources.

The outcome of this deliberation was a preference to transfer inpatient services as described above at point 5 to identified sites in the Mansfield locality, including Millbrook and Sherwood Oaks, under the care of NHCFT.

7. Improving local services: Our vision for better mental healthcare inpatient services

We want any changes in provision to raise standards for patients and their families, provide better therapeutic facilities, eliminate large wards with dormitory style accommodation and ensure all the Care Quality Commission recommendations for mental health services are met.

It should be noted that transformation in the way adult mental health services are provided across the system and in the community is continuing to evolve in line with the Long Term Plan and national Community Mental Health Framework. These developments will mean a more comprehensive service offering for patients within a community based setting.

Initial discussions between Nottinghamshire Healthcare NHS Foundation Trust and NHS Bassetlaw CCG have considered the current issues and how to improve inpatient provision for the population of Bassetlaw. During discussions key themes for consideration in the development of a future service were identified:

- Compliance to national safety and quality standards
- Service accessibility
- Service model that meets national guidelines and quality standards
- Service delivery within an estate environment providing acceptable standards
- Business and resource considerations

8. Engagement and next steps

Whilst initial considerations point towards a possible solution, we are keen to ensure any changes to services are developed with our wider community and that we are guided by the Health Scrutiny Committee, feedback from patients, carers, families and the community, as well NHS England/Improvement, local politicians, community leaders and other stakeholders. Our engagement will need to be undertaken in the current context of the ongoing second wave of COVID as we continue to deal with the implications of the pandemic.

Recognising these challenges, we wish to understand concerns or risks associated with the potential solutions in order to better inform the CCG's decision on this issue and ensure that those concerns are understood and risks and impact mitigated as much as possible.

We have been working with NHS England/Improvement to ensure that any potential changes meet the requirements of the NHSE/I assurance process and we are working with the Yorkshire & Humber Clinical Senate to secure their independent clinical advice and assurance on proposals.

We are also continuing conversations with stakeholders and representative organisations through the recently established Bassetlaw Mental Health Collaborative to seek their views, as key representatives of service users and their

families, on the principles of future mental healthcare for Bassetlaw and how we can ensure that the people they represent are involved in the engagement process.

Our ongoing engagement with stakeholders will continue and we are preparing further engagement opportunities to hear the views of advocates, representative organisations and groups as well as service users and our local population more widely to consider potential changes in service delivery and the preferred solution outlined above. Therefore, our proposed next steps are as follows:

Ongoing to January 2021

CCG and partners to continue local conversations with stakeholders with regards to the challenges and potential solutions for mental health inpatient care in Bassetlaw

Stage 2 of the NHSE/I assurance process allowing progress to public engagement and discussion of the options for service change.

Participation with the Yorkshire & Humber Clinical Senate review of local proposals for change, listening and responding to independent perspectives on the issues and possible solutions to Inpatient services in Bassetlaw.

January – March 2021

Further engagement with stakeholders and wider engagement with service users and their representatives and the local population following our engagement plan, which follows the guiding principles of:

- Using trusted and established channels where possible
- A digital first approach where possible
- Going to where people are at – attending existing networks and meetings in the first instance
- Targeted engagement to reach those most affected by the potential changes

Working with our partners, the engagement will be bespoke in its approach and designed to gather high quality, detailed feedback from service users, local people, representative groups and stakeholders. The insight gathered through this engagement will help to shape the final model of service.

We will offer a wide array of methods for people to have their say throughout the engagement period, including: online surveys; meetings; discussion groups; and social media.

The outcome of the engagement will be shared with partners, stakeholders and the public and a decision will be made by NHS Bassetlaw CCG's Governing Body on the future of inpatient mental health services for adults and older people in Bassetlaw in Spring 2021.

Further detail on the engagement plans and approach can be found in Appendix 1.

9. Recommendations

The CCG is clear that there needs to be a change in the provision of inpatient services and that there is a real opportunity to improve the standards of inpatient mental health care available to our local population. We are therefore minded to support future inpatient provision at an alternative site but wish to ensure that any change of this nature is fully informed by the views of our local patients, carers and families and especially those most impacted by this decision. Our engagement process over the next three months will bring insight from our service users and local community together to help shape future service. In considering NHCT's views and developing our approach we have also taken into account:

- The small number of patients affected (c100 per year)
- The change needed to ensure the quality, safety and sustainability aspects of the service
- HSC's previous approval of changes in the pathway for mental health inpatient services across the wider Nottinghamshire area, which resulted in the development of the new unit in Mansfield

The Health Scrutiny Committee is being asked to consider the CCG's proposed approach to engagement on changes to adult and older people's mental health inpatient services in Bassetlaw and assess whether these proposed engagement proposals meet the formal duties of the CCG to consult with the Local Authority under the s244 regulations and compliance with Section 14Z2 of the Health and Social Care Act 2012).

WORKING DOCUMENT

Better mental healthcare for Bassetlaw

Adult and older people's inpatient mental health services

Engagement plan

1. Introduction

This plan details the activities for the engagement around the proposed service changes to the inpatient mental health services for adults and older people in Bassetlaw.

The engagement plan is built upon the following core elements:

- Stakeholder identification and mapping
- Developing the narrative on the proposed potential service changes for the local community and stakeholders
- Seeking early views from key stakeholder groups

Engagement at an early stage in the process is essential in ensuring that people have the opportunity to have a say in developing a shared vision for the future of inpatient mental health services for Bassetlaw. We know that any change to health services can be emotive, high profile and have a wide-reaching impact. It is important, from both a statutory and good practice perspective, to develop a transparent process which can help to maintain trust between the health authorities involved, the communities they serve and stakeholders.

Engaging within the context of the COVID pandemic presents both opportunities and challenges. Whilst many existing groups and networks will now be familiar a range of digital platforms, we must ensure that the process is inclusive for those who are not familiar and cannot access these.

2. Pre-engagement

The key lines of enquiry for the pre-engagement phase will explore the views on what principles should be taken into account when developing the future clinical model and location of inpatient and rapid response mental health services for adults and older people. We will take into account any feedback gathered to date to inform the discussion around future changes in service. Through engagement with key stakeholders and patient and carer representatives this should identify priorities, groups who may be impacted and areas of concern.

Whilst views and suggestions for these particular areas are being sought, other areas of concern and new ideas may also arise through the process of engagement and these will be captured and reported.

The insight gathered from this phase will be fed back to inform the development of any future public engagement.

3. Engagement preparation

In order to be meaningful and effective, the engagement will require the preparation of the following elements: stakeholder identification and mapping; engagement delivery plan; engagement tools and resources; and a timeline and key milestones. These are detailed below.

It should be noted that there are a number of interdependencies between these elements being prepared, which include the following being developed by the programme board:

- A narrative for the case for change (supported by appropriate background information)
- An agreed mandate for the engagement (addressing who is leading the engagement; whose views are being sought; the scope of the engagement and key lines of enquiry; what decisions are being influenced and what the wider aim is)
- Identification of key spokespeople and clinicians for the engagement process

3.1 Stakeholder identification and mapping

Stakeholder identification and mapping is a key part of any engagement process. Not all stakeholders will want, or need, the same level of engagement all of the time. Allowing time for mapping at the outset – and using this alongside impact assessments - enables effective prioritisation and can direct resources accordingly where gaps are highlighted.

Whilst mapping and analysis will help direct the initial engagement, ongoing research into existing networks and groups will continue to allow the engagement approach to constantly evolve and develop an understanding of the conversations they are having.

3.2 Engagement delivery plan

A forward plan of engagement delivery will be developed following the initial stakeholder mapping. So that resources can be used effectively, the plan will make use of existing networks and routes to communicate and engage stakeholder groups across the partnership organisations as well as preparing additional engagement routes where there are gaps or communities of particular interest.

The plan will cover pre-engagement with those key stakeholders who can help direct and influence the engagement process as well as the wider engagement with statutory bodies, service users and other stakeholders and will remain under constant review.

3.3 Engagement tools and resources

A suite of engagement tools and resources will be required to ensure that there is high quality, accessible information available for stakeholders. These will also ensure that the feedback and views are captured in as consistent a manner as possible to aid analysis and inform future decision making.

At this time we expect the engagement tools and resources required will be:

- Listening document (clearly explaining the need for change and the options under consideration)
- FAQs (to address related issues and specific questions as they arise)
- Discussion guide and survey (to ensure alignment of key questions across all engagement)
- Reporting template and data monitoring form (to include key characteristics, demographic information and option for contact details to be provided for future engagement)

3.4 Timeline and key milestones

The timeline for the engagement phase will capture key milestones and opportunities for engagement as well as providing a reference for the next steps.

4. Outline approach

Engagement will take place via a combination of established communications channels and bespoke opportunities set up for the purposes of this engagement.

The guiding principles of utilising communications channels should be:

- Using trusted and established channels where possible
- A digital first approach where possible
- Going to where people are at – attending existing networks and meetings in the first instance

We will offer a range of methods for people to have their say throughout the engagement period, including: online surveys; meetings; discussion groups; and social media. The following is a list of the existing communications channels available to reach stakeholders. It is not designed to be exhaustive but rather added to throughout the engagement phase.

Written (digital or printed)

Face to face (or virtual)

<i>Internal</i> Social media Intranet Email – all staff Email – targeted	<i>Internal</i> Briefings – including targeted meetings with managers Existing meetings
<i>External</i> Email Website Social media	<i>External</i> Partnership meetings Briefings

Our approach to engagement with specific stakeholder groups will be informed by our research into the most effective routes and mechanisms in light of the ongoing COVID pandemic.

To facilitate the engagement effectively, NHS Bassetlaw CCG will:

- Have copies of the engagement documentation available on the CCG's website throughout the process
- Details of the engagement and the documents will be distributed via email to key stakeholders including but not limited to:
 - MPs
 - CVS
 - Health Scrutiny Committee
 - Health and Wellbeing Board
 - Patient Reference Group
 - Healthwatch
 - Members of the Bassetlaw Mental Health Collaborative
 - Nottinghamshire Healthcare NHS Foundation Trust
 - Doncaster and Bassetlaw Teaching Hospitals NHS Trust
 - NHS England/Improvement
- Send media release to all local media outlets at the start of the consultation and at key points in the engagement process
- Use Facebook and Twitter, and other social media resources, to raise awareness of the engagement
- Ensure that translations are made available on request in key community languages and made available on the CCG website when requested
- Log all calls received with regards to the engagement
- Collate all letters and emails received as part of the engagement
- Ensure that there are records of all meetings, virtual or otherwise
- Attend meetings with the following key stakeholder and representative groups during the engagement

Following the engagement, an independent analysis of all responses to the engagement will take place and a report will be produced.

NHS Bassetlaw CCG will review the report and findings before making any decision. Feedback will then be provided via stakeholder briefings, meetings and media release.

15 December 2020

Agenda Item: 8

REPORT OF THE CHAIRMAN OF THE HEALTH SCRUTINY COMMITTEE

EAST MIDLANDS COUNCILS EVENT – SCRUTINY RESET AND RECOVERY WORKSHOP

Purpose of the Report

1. To seek approval for the attendance of four Members (2 Conservative, 1 Labour and 1 Ashfield Independent) at a future Scrutiny Reset and Recovery workshop event.

Information and Advice

2. East Midlands Councils have recently been holding virtual events via MS Teams in relation to 'Reset and Recovery' following the COVID-19 pandemic. A further date is expected to take place in the New Year.
3. These events focus on the following:
 - reviewing the impact on scrutiny functions across the region, including how scrutiny members and officers have responded
 - highlighting best practice in working remotely and through virtual platforms
 - identifying learning from scrutiny reviews of council responses to COVID-19
 - considering the role that scrutiny can play in the recovery planning period
 - outside of COVID-19, identifying emerging and re-emergent priority topics for scrutiny to examine, for example, scrutiny of climate change and scrutiny of re-organisation

In particular, the workshops focus on how the recovery stage is developing and how scrutiny needs to play a part in debates over growing financial and budgetary pressures and fundamental re-prioritisation processes.

Financial Implications

4. The estimated cost of attendance for 4 Members is £65 per attendee (EMC member rate); total of £260. This cost will be met from within the allocated Democratic Services budget. Nominations will be sought from each group and confirmed when the date of the next workshop is announced.

Other Options Considered

5. Not attending this event was not considered due to the importance of ensuring that Health Scrutiny Members have effective knowledge and skills in relation to scrutinising the response to the pandemic.

Reason/s for Recommendation/s

6. Under the terms of the Council's constitution, the Health Scrutiny Committee is responsible for scrutinising the provision of health services within Nottinghamshire, it is best practice to ensure that those charged with this duty have effective knowledge and skills.

Statutory and Policy Implications

7. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

1. That attendance by four Members (2 Conservative, 1 Labour and 1 Ashfield Independent) at a future Scrutiny Reset and Recovery workshop event be approved.

Councillor Keith Girling
Chairman – Health Scrutiny Committee

For any enquiries about this report please contact:
Keith Ford – Team Manager, Democratic Services

Constitutional Comments (EP 04/12/20)

2. The Health Scrutiny Committee is the appropriate body to consider this report.

Financial Comments (RWK 03/12/2020)

3. The costs of attending the workshop event, in the sum of £65 per delegate, will be met from the budget for Members Training for which a sum of £5,000 is included in the 2020/21 revenue budget.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

15 December 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	Emma Wilson, Head of Co-commissioning 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
12 January 2021				
Rehabilitation Services	A full and detailed briefing on rehabilitation services within Nottinghamshire	Scrutiny	Martin Gately	Lucy Dadge, Chief Commissioning Officer, Nottinghamshire CCG
26 January 2021				
Dementia in Hospital	An initial briefing from NUH on dementia services in hospital	Scrutiny	Martin Gately	TBC
Patient Transport Service Performance Update (TBC)	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 Gately	TBC
Children's Strategic Commissioning (Likely to be deferred to March)	TBC	Scrutiny	Martin Gately	Louise Lester, Consultant in Public Health and Jonathan Gribbin, Director of Public Health
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)