

COUNCILLORS

Sue Saddington (Chairman)
Nigel Turner (Vice-Chairman)

Mike Adams
Callum Bailey
Steve Carr **Apologies**
Robert Corden
Eddie Cubley

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

SUBSTITUTE MEMBERS

Councillor Dave Shaw for Councillor John Wilmott.

Councillors in attendance

None

Officers

Martin Gately	Nottinghamshire County Council
Noel McMenamin	Nottinghamshire County Council

Also in attendance

Chris Ashwell	-	Nottinghamshire Healthcare Trust
Lucy Dadge	-	Nottinghamshire and Nottingham CCG
Lisa Durant	-	Nottinghamshire and Nottingham CCG
Gary Eades	-	Nottinghamshire Healthcare Trust
Rebecca Keating	-	Nottinghamshire Healthcare Trust

1. MINUTES OF LAST MEETING HELD ON 4 JANUARY 2022

The minutes of the last meeting held on 4 January 2022, having been circulated to all Members, were taken as read and were signed by the Chairman.

2. APOLOGIES FOR ABSENCE

Steve Carr – Medical/Illness
David Martin – Other County Council Business
John Wilmott – Other County Council Business

Sarah Collis – Nottingham and Nottinghamshire Healthwatch

The Chairman welcomed the new Committee Vice-Chairman, Councillor Nigel Turner, to the Committee, and expressed her thanks to the previous Vice-Chairman, Councillor Matt Barney for his hard work and significant contribution to the Committee's work.

The Chairman also expressed her thanks to the former Healthwatch representative Dr Ajanta Biswas for her contribution to the Committee's work.

3. DECLARATIONS OF INTERESTS

Councillor Saddington declared a personal interest in published agenda item 5 'Temporary Service Changes' as a family member worked for the NUH Trust, which didn't preclude her from speaking or voting.

4. INTRODUCTION TO HEALTHWATCH

This item was deferred to a future meeting.

5. MENTAL HEALTH SERVICES REVIEW

Chris Ashwell, Gary Eades and Rebecca Keating of the Nottinghamshire Healthcare Trust introduced the item, providing a progress update on the delivery of key programmes in the Mental Health Transformation Strategy for Nottingham and Nottinghamshire Integrated Care System.

Mr Ashwell and Gary Eades made the following points:

- The Serious Mental Health illness pathway was to have £12 million invested over 3 years to 2023-24, with investment initially earmarked for mid-Nottinghamshire and Bassetlaw. Voluntary Community sector growth was a key element of the pathway;
- It was planned that access to integrated services would increase from 2,315 in Year 1 to 7,000 by the end of Year 3;
- Current waiting times for assessment were at 7 weeks. This was better than the national average, but the ambition was to have a maximum wait of 4 weeks;
- Additional investment of £8 million had been identified for community mental health for children and young people, while an extra £1.2 million had been earmarked for perinatal mental health services;
- Assessment demand for crisis support services had increased by a third between 2018-19 and 2021-22. Crisis sanctuaries had been established both an online and physical space between 6pm and 11pm, with plans in place to expand the offer;

- Children and Young Adult Mental Health Services were performing well, but faced ever increasing demand during the pandemic. Assessment waiting times were currently 15 weeks, but improved capacity through recruitment and reduced sickness absence were making inroads into waiting times.

The Committee raised the following points during discussion:

- It was confirmed that investment had been agreed to expand the NottAlone website to incorporate access to Adult Services. A comprehensive communications campaign was in place to promote the expanded programme;
- During the pandemic, the number and complexity of children and young people with eating disorders had increased, and it was acknowledged that there were challenges in respect of assessment waiting times. It was also confirmed that national thresholds around the diagnosis of bulimia and anorexia had not changed. Rather, there had been an increase in disordered eating without necessarily meeting criteria for formal diagnosis;
- Numbers of young people presenting with psychosis were also increasing. A pilot was in place to launch a 24 hour Crisis service, expanded from the one currently operating on an extended hours basis;
- Mental Health Support Teams (MHSTs) in schools had a visible physical presence, with involvement in assemblies and access to support on-site. MHSTs were still part of a national pilot financial support in place until 2024. However, it was expected that funding would be incorporated in the Integrated Care System budget from 2024;
- The increased scope of the perinatal support service from 12 to 24 months was welcomed. The Committee was reminded that this was in respect of the secondary service for those with serious disorders. Wider need was supported through generic NHS mental health services;
- Work was ongoing in respect of drawing together organisations delivering services and support to older people with mental health issues. It was acknowledged that there were gaps in present coverage;
- Allocation of additional funding had been on a 'fair share' basis and was not weighted on a City/County or other basis;
- Concern was expressed that the pandemic had had a significant impact on the mental health and well-being of residents from all age groups. There was a danger both of stigmatising those with mental health issues and of failing to reach residents in need of support;
- It was agreed that the Committee would receive a further update in late Summer/ early Autumn 2022 to cover a range of issues in more detail, including:

- Data on MHSTs, including numbers reached and assessed, and number of schools involved and their geographic distribution;
- Perinatal support, where it was being delivered and links to wider poverty indicators;
- An explanation of how engagement and involvement with third sector organisations was being strengthened;
- Percentage uptake in support by District in Nottinghamshire;
- Updates on waiting times for the array of services presented at this meeting.

The Chairman thanked Mr Ashwell, Mr Eades and Ms Keating for their attendance at the meeting.

RESOLVED 2022/03

That the Committee had considered and commented upon the briefing and verbal updates provided;

6. TEMPORARY SERVICE CHANGES

Lucy Dadge and Lisa Durant of Nottingham and Nottinghamshire CCG provided an update to the Committee in respect of temporary service changes brought in following the declaration of a Level 4 national incident in December 2021, arising from the accelerated vaccination programme and surge in Omicron variant Covid-19 cases.

Ms Dadge and Ms Durant made the following comments:

- When the Level 4 national was declared, no detailed national guidance was issued in respect of the services to prioritise and to suspend in order to create Omicron-variant and vaccination capacity. Rather, it was left to local decision takers to agree which temporary services to change;
- No permanent changes were introduced. In fact, as a result of the Omicron variant having a lesser impact than expected and the swift roll-out of the vaccination booster programme, a majority of the temporary changes introduced had now come to an end.

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

- Ms Dadge undertook to provide a written response to a series of detailed questions in respect of the suspension of Home Births, including how the suspension and restoration of the service was communicated, the timeline of the suspension, how alternative provision had operated in Derby and Leicester, and how safety of mothers and babies during the suspension had been addressed;
- It was explained that the Continuing Care Team provided ongoing home care for specific complex needs. During Wave 1 of the pandemic there had been a national directive to suspend parts of the service, and rigorous risk assessment

was carried out before temporarily suspending elements of the services under Wave 2. In view of the less-than-feared impact of the Omicron variant, the suspension came to an end on 25 January 2022;

- The temporary change to the cohort at the Sconce Ward at Newark Hospital helped provide required overnight medical cover. There had been no net loss of beds at the hospital and the situation was under ongoing review;
- It was confirmed that a hybrid model of delivering vaccinations was most effective in delivering protection to the most vulnerable. It was also acknowledged that Covid-19 would be part of the fabric of the NHS for the foreseeable future.

The Committee thanked Ms Dadge and Ms Durant for their attendance.

7. WORK PROGRAMME

The Committee work programme was approved, subject to required information being available for scheduled meetings.

The meeting closed at 12.28pm.

CHAIRMAN