

## Health Scrutiny Committee

**Tuesday, 08 June 2021 at 10:30**

**County Hall, West Bridgford, Nottingham, NG2 7QP**

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### AGENDA

- |   |  |         |
|---|--|---------|
| 1 | To note the appointment at Full Council on 27 May 2021 of Councillor Sue Saddington as Chair and Councillor Matt Barney as Vice-Chair                              |         |
| 2 | Membership and Terms of Reference  | 3 - 4   |
| 3 | Minutes of last meeting held on 20 April 2021  | 5 - 8   |
| 4 | Apologies for Absence  |         |
| 5 | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 6 | Nottingham University Hospital Maternity Services Improvement Plan   | 9 - 16  |
| 7 | Diabetes Services  | 17 - 24 |
| 8 | Work Programme   | 25 - 28 |

### 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>

8 June 2021

Agenda Item: 2

## **REPORT OF THE SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE AND EMPLOYEES**

### **MEMBERSHIP AND TERMS OF REFERENCE**

#### **Purpose of the Report**

1. To set out the membership and terms of reference of the Health Scrutiny Committee.

#### **Information**

2. The following Councillors have been appointed to the committee:

Chairman: Councillor Sue Saddington  
Vice-Chairman: Councillor Matt Barney

Councillor Mike Adams  
Councillor Callum Bailey  
Councillor Robert Corden  
Councillor Eddie Cubley  
Councillor Penny Gowland  
Councillor John 'Maggie' McGrath  
Councillor David Martin  
Councillor Michelle Welsh

3. At its meeting on Thursday 27 May 2021, the Council agreed the terms of reference for the Health Scrutiny Committee, highlighted below:

**'Responsibility for scrutinising health matters in relation to service provision for residents living in the County Council's area'.**

If any report comes within the remit of more than one committee, to avoid the report being discussed at several committees, the report will be presented and determined at the most appropriate committee. If this is not clear, then the report will be discussed and determined by the Policy Committee.

#### **Other Options Considered**

4. None.

## **Reason/s for Recommendation/s**

5. To inform the committee of its membership and terms of reference.

## **Statutory and Policy Implications**

6. 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**

That the Committee membership and terms of reference are noted.

**Marjorie Toward**

**Service Director, Customers, Governance and Employees**

**For any enquiries about this report please contact:**

Noel McMenamin, Democratic Services Officer

Email: [noel.mcmenamin@nottsccl.gov.uk](mailto:noel.mcmenamin@nottsccl.gov.uk)

Tel: 0115 993 2670

## **Constitutional Comments (CEH 27/05/21)**

7. The report is for information purposes for Members of the Committee.

## **Financial Comments (SES 26/05/2021)**

8. There are no specific financial implications arising directly from this report.

## **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.

- Report to full Council on 27 May 2021 (published)

## **Electoral Division(s) and Member(s) Affected**

- All

**COUNCILLORS**

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

	Richard Butler	Kevin Rostance
	John Doddy	Stuart Wallace
A	Kevin Greaves	Muriel Weisz
A	David Martin	Yvonne Woodhead
	Liz Plant	

**SUBSTITUTE MEMBERS**

Councillor Kate Foale substituted for Councillor Kevin Greaves.

**Officers**

Martin Gately	Nottinghamshire County Council
Noel McMenamin	Nottinghamshire County Council

**Also in attendance**

Kerrie Adams	-	Nottinghamshire County Council
Ajanta Biswas	-	Healthwatch Nottingham and Nottinghamshire
Vanessa Briscoe	)	Nottinghamshire Healthcare NHS Foundation
Sherrel Dudley	)	Trust

**1. MINUTES OF MEETING HELD ON 09 MARCH 2021**

The minutes of the meetings held on 09 March 2021, having been circulated to all Members, were taken as read and were signed by the Chair.

**2. APOLOGIES**

Councillor Kevin Greaves – personal reasons.

**3. DECLARATIONS OF INTEREST**

None.

#### **4. SCHOOL NURSES AND FAMILIES TEAMS**

Kerrie Adams, Senior Public Health and Commissioning Manager, Nottinghamshire County Council, Sherrel Dudley, General Manager, Healthy Families Programme at Nottinghamshire Healthcare NHS Foundation Trust (NHFT) and Vanessa Briscoe, Head of Service for the Programme at NHFT introduced the report and briefing note.

The briefing, published with the agenda, covered statutory responsibilities and commissioning arrangements, the role of the Healthy Families Programme, tiers of provision provided, arrangements for provision during the pandemic, contract management arrangements, and performance, both in respect of development reviews for children in their first 2 years, and wider interventions for children and young people.

The Committee was advised that overall performance of the Programme was very strong, and that the service had been recommissioned until 2024.

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

- It was explained that there were 20 local Healthy Families Teams in place, providing a schedule of support. There were 5 mandatory interventions in a baby's first 2 to 2.5 years, where physical, social and emotional development was assessed and reviewed. Initial assessments were carried out by health practitioners in a face-to-face setting, and targeted intervention was also sanctioned by health professionals;
- Outcomes were recorded on individuals' health records and on the System One platform, which was accessible by wider safeguarding agencies;
- Assessments normally took place in a home/family setting, which provided the opportunity to meet both parents and gain additional understanding of the family circumstances;
- The Committee welcomed the retention of the Family Nurse Partnership which, it was explained, had been decommissioned in most local authority areas. The Partnership was skilled and experienced in early intervention and, while expensive to maintain, provided invaluable targeted support for children and young people;
- It was explained that the named health practitioner for each school was a qualified nurse. It was acknowledged that the service had experienced logistical difficulties in delivering sessions at certain schools, with issues around dedicated room space on occasions. NCC and NHFT colleagues undertook to address a Committee member's concerns about provision at 2 particular schools outside the meeting;
- It was confirmed that digital outreach initiatives were being explored, including an emotional health and wellbeing questionnaire for Year 9 pupils which was currently been piloted;

- It was explained that it was not feasible to carry out testing for diabetes under the National Childhood Measurement Programme as there was no resource available under the Programme to conduct urine tests in a clinical environment.

The Chair thanked NCC and NHFT representatives for their attendance during consideration of this item and requested a further update in March 2022.

It was specifically requested that the update included a review of the Programme's offer in schools, covering logistics issues and consistency of presence in schools.

## **5. WORK PROGRAMME**

Subject to capturing the update at minute 4 above, the work programme was approved without substantive discussion.

The Chair took the opportunity to thank Committee members Councillors Plant and Weisz, who were not seeking re-election in May 2021, for their engagement with and contributions to the work of the Committee over the course of the administration, and wished them both well for the future.

The meeting closed at 12:25pm.

**CHAIRMAN**





8 June 2021

Agenda Item: 6

## **REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE**

### **NOTTINGHAM UNIVERSITY HOSPITAL MATERNITY SERVICES IMPROVEMENT PLAN**

#### **Purpose of the Report**

1. To provide details of Nottinghamshire University Hospital's improvement plan for maternity services.

#### **Information**

2. In October 2020, the Care Quality Commission (CQC) undertook a review of maternity services at Nottingham University Hospital (NUH) and in December 2020 published their report in which they re-rated NUH from 'Requires Improvement' to 'Inadequate' – along with regulatory notices requiring the Trust to take immediate actions to make the service safe for mothers and babies.
3. This topic was last on the agenda of the Health Scrutiny Committee on 9<sup>th</sup> March 2021 when Members heard that the Trust accepted there was evidence of longstanding concerns about maternity services and it had taken a range of actions to improve oversight of maternity services even before the 'Inadequate' rating had been issued, given the Prevention of Further Deaths Report issued in September 2020. In addition, the Trust's Improvement Plan has the ambition to move to a 'Good' rating by the end of 2021.
4. A briefing from NUH on the latest position is attached as an appendix to this report.
5. Dr Keith Girling, Medical Director, NUH and Sarah Moppett, Interim Chief Nurse, NUH, will attend the Health Scrutiny Committee to brief Members and answer questions.
6. Members are requested to consider and comment on the information provided and schedule further consideration, as necessary.

#### **RECOMMENDATION**

That the Health Scrutiny Committee:

- 1) Consider and comment on the information provided.
- 2) Schedules further consideration.

**Councillor Sue Saddington**  
**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

**Briefing for Nottinghamshire Health Scrutiny Committee, May 2021**

The Maternity Oversight and Improvement work has moved forward since we last met with you and through this report we will update you on recent progress against our action plan.

**Key areas of progress:**

1. Recruitment of additional midwives including a substantive Director of Midwifery due to start in post on the 21<sup>st</sup> June
2. Daily escalation meetings to ensure staffing safe for the women needing care
3. Training on fetal heart rate monitoring (approx. 500 staff) progressing well with expected completion by end of May
4. 51 new fetal heart rate monitors have been purchased, machines are being rolled out into clinical areas as they are configured and training is complete. Completion of this project is due by the end of May.
5. New IT devices deployed across the service with improvement in community WiFi, to be supported by newly appointed digital midwives starting in May.

**Governance processes:** There are internal and external assurance processes in place to ensure delivery of our action plan. Internal assurance takes place via the Maternity Oversight Committee, which is chaired by one of our Non-Executive Directors. Each of the five work streams, led by Executive Directors, reports monthly to the Maternity Oversight Committee on achievement against the action plan. The Maternity Oversight Committee reports regularly into our Trust Board.

The external assurance is with the CQC and a Quality Assurance Group. There are regular informal conversations with the CQC and we report formally our progress against the action plan on the 30<sup>th</sup> of each month.

There are monthly meetings with the Quality Assurance Group chaired by NHS England and Improvement and the group includes representation from Integrated Care System (ICS) / Nottingham & Nottinghamshire CCG, Health Education England (HEE), Healthwatch, Professional Bodies, and Public Health. We present progress against our action plan with an opportunity for questions and challenge from the group.

**Action plan progress:** Our action plan addresses the areas of concern raised by the CQC but has been extended to include more areas of focus from the Ockenden Report, feedback from inquests and incidents, Healthcare Safety Investigation Branch (HSIB) reports and staff feedback. The table overleaf covers the five themes from our action plan, the key actions under each theme and a summary of progress in April:

Theme	Actions	Summary of progress as of 30 April 2021
<b>Safe Today</b> (led by Interim Chief Nurse, Sarah Moppett)	<ul style="list-style-type: none"> <li>The Trust must have an effective system in place to ensure staffing is actively assessed, reviewed and escalated appropriately to maintain safe staffing in the maternity unit in line with national guidance</li> </ul>	<ul style="list-style-type: none"> <li>Redefined proformas for daily MDT Meeting and daily safe staffing meetings into a single template.</li> <li>Reviewed and streamlined 3 daily staffing meetings.</li> <li>Assessed handover process for both midwifery &amp; medical staff to ensure there are robust processes in place. SBAR (situation, background, assessment, recommendation) has been agreed as the tool of choice.</li> <li>Community staff now involved in the safe staffing meetings and their data is included in the revised proforma.</li> </ul>
<b>Safe Practice</b> (Led by Medical Director, Dr Keith Girling)	<ul style="list-style-type: none"> <li>Fetal heart rate monitoring (training): Ensure there is effective, consistent and established monitoring of Fetal Wellbeing at all stages of pregnancy</li> <li>Fetal Heart Rate Monitoring (CTG Machine Replacement Programme): Ensure there is effective, consistent and established monitoring of Fetal Wellbeing at all stages of pregnancy</li> <li>Antenatal Assessment: Women undergo risk assessment throughout pregnancy that is clearly documented within Medway Maternity and actioned appropriately. For women requiring Consultant Led Care, they are assigned a named consultant.</li> <li>Post-partum haemorrhage: To reduce the proportion of women experiencing a post-partum haemorrhage and the morbidity associated with this to at or below national average/ peer comparator</li> <li>Induction of Labour: Address any unwarranted variation in rates and reasons for induction of labour. Where induction is clinically indicated, ensure an effective process is in place to induce women in a timely manner</li> <li>Community Postnatal Pathway: Ensure provision of safe postnatal community pathways which minimises avoidable readmissions of babies.</li> </ul>	<ul style="list-style-type: none"> <li>5 priority areas PIDs and Driver Diagrams developed and being signed off by Sub-Group.</li> <li>New fortnightly Maternity Digital Programme Board established with support from NHSE/I and NHS Digital to oversee digital issues and delivery.</li> <li>Progressed with CTG competencies from 36%-67% Midwives, &gt;75% doctors in training and &gt;90% of consultants. Completion expected in May.</li> <li>Antenatal risk assessments now captured through electronic booking system and much improved.</li> <li>Post-partum haemorrhage training sessions have taken place and protocols updated.</li> <li>Induction of labour indications audited and comparable with national data. Further data being collected.</li> <li>Community post-natal face to face midwifery visits reinstated post covid. Additional training being provided to hospital staff about discharge information and infant feeding.</li> <li>Additional new IT equipment distributed in all areas. Digital midwives due to commence in May.</li> </ul>

Theme	Actions	Summary of progress as of 30 April 2021
	<ul style="list-style-type: none"> <li>Digital Support: Ensure information technology systems are used effectively to monitor and improve the quality of care provided to women and babies</li> </ul>	
<b>Governance</b> (led by Director of Corporate Governance, Michelle Rogan)	<ul style="list-style-type: none"> <li>Risk Management: The Trust will implement an effective governance system</li> <li>Serious Incidents: Ensure the Trust has a robust and effective process in place to identify, investigate and learn from Serious Incidents. Including working collaboratively with neighbouring trusts to ensure investigations have regional and LMS oversight. Ensure the Trust is using the National Perinatal Mortality Review Tool to the required standard.</li> </ul>	<ul style="list-style-type: none"> <li>Review of 15 and above risks completed.</li> <li>Reviewing of below 15 incidents and one to one meetings has taken place.</li> <li>Risk Management training sessions have taken place in groups and one to ones.</li> <li>Continued development of a Maternity Services Quality and Activity Dashboard now showing benchmarking against Birmingham Women's and Childrens Hospital.</li> <li>Recruited a Governance Matron to support reducing open incidents</li> </ul>
<b>People</b> (led by Chief People Officer, Dr Neil Pease)	<ul style="list-style-type: none"> <li>Staffing: Plan and deliver to Birthrate Plus standard. Deliver on having consultant led labour ward rounds twice daily and 7 days per week</li> <li>Training: The Trust must implement an effective system to ensure that medical and midwifery staff are suitably qualified, skilled and competent to care for and meet the needs of women and babies within all areas of the Maternity Service.</li> </ul>	<ul style="list-style-type: none"> <li>A Director of Midwifery has been appointed and will start on 21/06/2021</li> <li>A full time Maternity Improvement Director will start on 10/05/2021</li> <li>4.5 WTE midwives started employment during February – April (total of 20 WTE from Sept 2020). Rolling recruitment continues</li> <li>Development of funding bid detail to access national investment into maternity to support appointment of Obstetricians and Midwives (Ockenden)</li> <li>Institute have worked with midwifery to develop vision and strategy for professional excellence which will complement culture activity.</li> <li>Obstetric Job Descriptions have been approved by Royal College of Obstetricians and Gynaecologists and will be advertised.</li> <li>Suzanne Banks (ex-Chief Nurse from Sherwood Forest Hospitals) has started programme of development with Band 7 Midwives</li> </ul>

Theme	Actions	Summary of progress as of 30 April 2021
<b>Communications and Engagement</b> (led by Director of Communications and Engagement, Tiffany Jones)	<ul style="list-style-type: none"> <li>Ensure a robust mechanism is in place for gathering service user feedback and the Trust works with the Maternity Voices Partnership (MVP) to coproduce local maternity services.</li> </ul>	<ul style="list-style-type: none"> <li>Launched 10 experience boards to collate and share service user feedback</li> <li>Fortnightly meetings with MVP. Recent collaborative work:               <ul style="list-style-type: none"> <li>updating our Visitors' Code</li> <li>planning National Maternity Survey and Local Picker Survey</li> <li>capturing service user feedback, responding and completing feedback cycles e.g. website information updates</li> </ul> </li> <li>Feedback session with Small Steps Big Changes (SSBC) about their 'Fathers' Survey'</li> <li>Director of Midwifery Facebook session with service users</li> <li>Regular All About You staff forums for all maternity staff groups, including medical teams</li> <li>Twice weekly staff newsletters – including incident learning</li> <li>Launched digital staff survey and digital suggestion boxes</li> <li>Staff pledges – their actions to enhance experience for service users and families</li> <li>Regular briefings with local MPs with maternity specific meetings with three local MPs being arranged. Visits to the maternity units have been offered to our MPs.</li> </ul>

**Care Quality Commission (CQC):** The CQC returned on the 20 April 2021 to follow up on the required actions in the Section 29A Warning Notice issued following the focussed inspection of Maternity Services on 14/15 October 2020. The Warning Notice was concerned with documentation for risk assessment carried out for women and risk management plans and the adequacy of information technology systems to support access to information in a timely and accessible way in order to deliver safe care and treatment.

Initial feedback has been provided verbally and via a letter. The CQC found that observation charts had been completed appropriately with evidence of escalation to appropriate healthcare staff. However documentation for risk assessments and risk management plans were not always carried out or developed in line with national guidance.

Whilst not part of the Section 29A warning notice, staff expressed concern about staffing levels. However staff within the triage assessment areas were complimentary of the actions the Trust had taken since the inspection and were appreciative of the additional staff working in these areas.

The CQC acknowledged the significant work the Trust has done to address information technology systems however most staff reported that they had not felt the impact of this work and required further training on the changes made to the Medway system. There continues to be issues with connectivity both on the hospital sites and in community and a need for more IT equipment.

The Trust awaits the full draft report however will act on this feedback ahead of this.

**Summary:** The Trust has made significant progress on the key areas identified by the CQC but there remains much to do. The programme of work and governance of it is now well-established and remains on track to deliver significant further progress over the next 6 months.

**Dr Keith Girling, Medical Director**

**Sarah Moppett, Interim Chief Nurse**





8 June 2021

Agenda Item: 7

## **REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE**

### **DIABETES SERVICES**

#### **Purpose of the Report**

1. To provide an initial briefing on Diabetes Services in Nottinghamshire.

#### **Information**

2. The Health Scrutiny Committee previously requested an initial briefing on Diabetes Services in Nottinghamshire.
3. A briefing from Nottingham and Nottinghamshire Clinical Commissioning Group is attached as Appendix 1 to this report.
4. Hazel Buchanan, Associate Director of Strategic Programmes and Laura Stokes, Senior Commissioning Manager for Diabetes 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, as necessary.

#### **RECOMMENDATION**

That the Health Scrutiny Committee:

- 1) Consider and comment on the information provided.
- 2) Schedules further consideration, as necessary.

**Councillor Sue Saddington**  
**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

## **Delivery of Diabetes Care in Nottingham and Nottinghamshire**

### **1.0. Purpose**

- 1.1. The purpose of this briefing paper is to provide an update to Nottinghamshire County Council Health Scrutiny Committee on the delivery of diabetes care in Nottingham and Nottinghamshire.
- 1.2. Routine Diabetes care has been significantly impacted by COVID-19 and the measures put in place to prevent the spread of the virus.
- 1.3. As we emerge from the COVID-19 pandemic, the local system is focused on recovery and is in a position to continue to provide specialist diabetes support to those most in need – all people with Type 1 diabetes and those with Type 2 diabetes with high Hba1c and/or complex co-morbidities including mental health issues.
- 1.4. Education of the modifiable risk factors for poorer health outcomes will not only be important in people living with diabetes, but it will also be critical in guiding management and providing targeted support to those at high risk of developing type 2 diabetes and in obesity prevention.

### **2.0. Overview of diabetes services in Nottingham and Nottinghamshire**

- 2.1. Diabetes mellitus is a chronic complex metabolic disorder characterised by high levels of blood glucose and caused by defects in insulin secretion and/or action. As of 2019, 3.9 million people had been diagnosed with diabetes in the UK, 90% with type 2. In addition, there are almost a million more people living with type 2 diabetes who have yet to be diagnosed, bringing the total number up to more than 4.8 million. It is estimated that by 2025 more than 5.3 million will have diabetes.
- 2.2. There are currently 55,210 people aged 15 and over in Nottingham and Nottinghamshire CCG with type 2 diabetes (6.1% prevalence) and a further 5,520 people aged 15 and over diagnosed with Type 1 (0.6% prevalence).
- 2.3. Pre-diabetes affects 5% of people aged 15 and over across Nottingham and Nottinghamshire – (Mid Nottinghamshire – 7.4%, South Nottinghamshire – 4.4%, Nottingham City – 3.2%). Obesity is a known significant risk factor for the development of type 2 diabetes, but also for the development of gestational diabetes during pregnancy.
- 2.4. In order to ensure people with diabetes are seen in the right location at the right time, diabetes care divides into four main tiers of care as highlighted in the figure below.

### Secondary Care Trust

**Population:**

Inpatient diabetes, Multi-disciplinary foot teams, Type 1 diabetes, antenatal diabetes care, children and young people, clinical psychology

**Care Providers:** Nottingham University Hospitals NHS Trust, Sherwood Forest Hospitals NHS Trust (Diabetes and Endocrinology Teams, Maternity Teams, Vascular Surgery, Paediatrics, Clinical Psychologists)

### Specialist Community Care

**Population:**

Referrals for complex cases unable to be managed in Primary Care, targeted clinics, stable renal patients, type 1s needing community management e.g. care home, learning disability, people with uncertain diagnoses, podiatric intervention for moderate to high risk cases, delivery of diabetes structured education, injectable therapies where extra support is needed, support for young adults with diabetes

**Care Providers:**

Nottinghamshire NHS Foundation Healthcare Trust (Diabetes Specialist Nurses, Dietitian, Specialist Diabetes Podiatrists)

### Primary Care

**Population:**

Those diagnosed with diabetes on oral agents and stable with in individualised treatment targets

May include care to those needing injectable therapies

Onward referral to structured education, mental health support, social prescribing

**Care Providers:**

Nominated GP, Practice Nurse, Health Care Assistant, Clinical Pharmacist, NHSTier 2 weight management services for diabetics, Social Prescribing Link Workers

### Prevention and Self Care

**Population:**

People at increased risk of developing type 2 diabetes e.g. overweight /obese, smokers, heavy alcohol consumers

People identified as pre-diabetic

**Care Providers:**

NHS Diabetes Prevention Programme (Living Well Taking Control), Tier 2 Local Authority Weight Management Services (Your Health, Your Way), Tier 3 and 4 Obesity Services, Community and Voluntary Sector organisations

### **3.0. Overview of the delivery of diabetes care during the COVID-19 pandemic**

- 3.1. In England, the NHS has taken a number of steps to support people with diabetes during the COVID-19 pandemic, with extra measures put in place such as:
  - NHS Diabetes Advice, a national helpline provided by NHS England and NHS Improvement in collaboration with Diabetes UK, set up to provide support for adults living with diabetes who use insulin to manage their condition and require immediate advice from clinical advisors;
  - People considered especially clinically vulnerable were contacted by the government with advice on shielding;
  - A number of online self-management tools have been made freely available for all people living with diabetes;
  - Diabetes UK has been active in providing advice to people with diabetes through their website and social media;
  - Where possible, diabetes structured education is now being delivered remotely using platforms such as Microsoft Teams and Zoom.
- 3.2. Following the announcement of social distancing recommendations to help prevent the spread of COVID-19, temporary changes were made to the delivery of the NHS Diabetes Prevention Programme (NHS DPP). Since April 2020, patients have been offered 3 choices to access the service: a fully digital platform; the ability to take part in group sessions via a remote service or the option to pause until face to face service resumes. New referrals have continued to be accepted and the referral pathway has been extended to enable patients to self-refer.
- 3.3. General Practice is now focused on recovery and prioritising those patients who are due an annual review. During the peak of the pandemic, 'routine annual reviews' for people with diabetes were largely suspended. Patients were still able to access their GP where they had concerns in relation to the management of their diabetes.
- 3.4. Specialist community diabetes services, including Diabetes Specialist Nurses, continued to operate and, like General Practice, have been reviewing people remotely where possible and appropriate. If any review, urgent or routine, highlights a need for specialist diabetes care, referral to such teams proceeded without delay (or triggered communication with the specialist team if the person with diabetes is already under their care).
- 3.5. Secondary Care services have been maintained throughout the pandemic in line with national recommendations. This includes inpatient diabetes services, access to virtual email and telephone support, face to face foot clinics, antenatal diabetes services and urgently required face to face reviews.
- 3.6. The COVID-19 pandemic has shone light on some of the wider health and inequalities that persist in society. The impact of the virus has been particularly detrimental on

people living in areas of deprivation, on BAME communities, older people, men, those who are obese and people living with long term conditions including Diabetes.

#### **4.0. Nottingham and Nottinghamshire Integrated Care System Diabetes Transformation Priorities**

- 4.1. The Nottingham and Nottinghamshire ICS Diabetes Steering Group is comprised of key stakeholders (Commissioning leads, local clinical experts, patient representatives, NHS England, Diabetes UK, Public Health) who oversee current service offers and agree transformational change.
- 4.2. Transformation priorities are in addition to or developments in relation to existing services as outlined in the tiers in section 2. Existing services include the following:
  - NHS Diabetes Prevention Programme (NHS DPP)
  - Structured education programmes for patients diagnosed with Type 1 and Type 2 Diabetes (DESMOND, DAFNE, KAREN, Healthy Living, MyType1Diabetes)
  - Education programmes for Primary and Secondary Care staff
  - Diabetic Specialist Nurses working with GP Practices
  - Specialist Diabetes Podiatrists
  - Dieticians
  - Secondary Care Specialist Services
- 4.3. The following table identifies key transformation priorities identified by the ICS Diabetes Steering Group and in line with the national agenda for 2021/22:

<b>Prevention and Self-Care</b>	Prevention is at the heart of the <u>NHS Long Term Plan</u> . One of the key commitments is to double, to 200,000 people per year by 2023/24, the scale of the NHS Diabetes Prevention Programme (NHS DPP). This reflects a major contribution on the part of the NHS to upstream prevention and the planned expansion will enable more at risk individuals to access the programme and support them lowering their risk of Type 2 diabetes. Locally, we will continue to work collaboratively with Living Well Taking Control to implement, deliver and ensure future sustainability of the NHS DPP. Living Well Taking Control is committed to working with local communities and along with the CCG, will be identifying priority neighbourhoods and developing culturally competent approaches.
<b>Diabetes In Hospital</b>	A significant number of surgeries are cancelled due to poor management of diabetes identified pre-operatively.

	<p>Understanding and managing a patient's diabetes is especially critical when they are undergoing surgery. Getting diabetes treatment wrong could lead to hypoglycaemia and hyperglycaemia, both of which may cause serious harm. Poor diabetes control also increases the risk of post-operative surgical complications, including delayed wound healing and infection. People with diabetes who have surgery experience increased length of stay, higher readmission rates and higher morbidity compared with people without diabetes.</p> <p>Plans have been developed to expand the current multi-disciplinary team at Nottingham University Hospitals with a consultant led triage service that will work with surgical, anaesthetic and pre-operative assessment teams through a referral pathway to ensure timely and appropriate assessment and optimisation of control for people with sub-optimally controlled diabetes (HbA1c &gt;69mmol/mol) prior to elective surgery.</p>
<b>Multi-Disciplinary Foot Care Teams</b>	<p>Foot disease is a known complication of diabetes. Locally, there are increasing amputation rates and increasing emergency admissions. Enhanced foot care can reduce foot ulcers, amputation incidence and reduce associated inpatient bed days. Plans have been developed to create a Diabetic Foot Protection Team to deliver foot care according to best practice. Care delivery is provided dependent on risk stratification, taking into consideration risk, progression and severity, with implementation of a care plan with referral and transfer of care across settings appropriate to reduce the risk of complications.</p>
<b>Improving achievement against recommended diabetes treatment targets in Primary Care</b>	<p>Completion of the NICE recommended 9 care processes and 3 treatment targets prevents complications of diabetes which can develop with a long-term condition. These checks are important measurements and checks for the common complications of diabetes including, cardiovascular disease, kidney disease, peripheral arterial disease, nerve and eye damage. There is currently wide variation in attainment for these targets across GP Practices in Nottingham and Nottinghamshire. To address this variation a new standardised diabetes framework has been developed. In the approach the GP Practice is the bedrock of delivering high quality coordinated care, delivered in partnership with the person with diabetes and with the diabetes specialist nurse.</p>



## **5.0. In Conclusion**

- 5.1. Recovery from COVID-19 is focused on prioritising those most at risk due to poor diabetes management and ensuring that individuals are accessing the relevant care. The promotion and take up of structured education will be a key element of this and the CCG will be reviewing programmes to see how they may need to be changed to increase uptake. The ICS transformation programme is being expedited to further provide enhanced care that is also targeted to those with the highest needs.

## **6.0. Contact Details**

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8 June 2021

Agenda Item: 8

## **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 Sue Saddington**  
**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 2021/22

Subject Title	Brief Summary of agenda item	Scrutiny/Briefing/Update	External Contact/Organisation
<b>8 June 2021</b>			
NUH Maternity Services Improvement Plan	Further briefing on NUH's improvement plan for maternity	Scrutiny	Dr Keith Girling and Sarah Moppett (NUH)
Diabetes Services/Public Health	Initial briefing on diabetes and public health services	Scrutiny	Lewis Etoria & Laura Stokes, Nottingham & Nottinghamshire CCG
<b>13 July 2021</b>			
East Midlands Ambulance Service Performance	The latest information on key performance indicators from EMAS.	Scrutiny	TBC
Allergies in Children	Initial briefing in relation to allergies and epi-pens	Scrutiny	TBC
Tomorrow's NUH	Further briefing on development of services at NUH	Scrutiny	TBC
<b>To be scheduled</b>			
Public Health Issues			
Integrated Care System – Ten Year Plan (TBC)	An initial briefing on the ICS – ten-year plan.	Scrutiny	TBC
NHS Property Services	Update on NHS property issues in Nottinghamshire	Scrutiny	TBC
Operation of the Multi-agency Safeguarding Hub	Initial briefing on the	Scrutiny	TBC
Bassetlaw Proposals Engagement	Briefing on the results of engagement in relation to the emerging proposals for Bassetlaw	Scrutiny	Dr Victoria McGregor-Riley, Bassetlaw CCG TBC
Frail Elderly at Home and Isolation (TBC)	TBC	Scrutiny	TBC

Winter Planning (NUH) (Sept)	Lessons learned from experiences of last winter	Scrutiny	TBC
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**Potential Topics for Scrutiny:**

Recruitment (especially GPs)

Air Quality (NCC Public Health Dept)

CAMHS – Mental Health Support

Mental Health – Young People and COVID