Nottinghamshire County Council

minutes

Meeting:	Health Scrutiny Committee
Date:	Tuesday 23 September 2025 (commencing at 10:00am)

Membership:

County Councillors

Mike Robertson (Chairman)
Simon Wright (Vice Chairman)

Christopher Adegoke
Janette Barlow
Alan Bite (**Apologies**)
Terry Cox (**Apologies**)
Kev Dale
Russell Dodd
Helen Faccio
Roger Upton
Jonathan Wheeler (**Apologies**)

Other Councillors in attendance

None

Partner representatives in attendance:

Jane O'Neil	-	Clinical Lead – Crisis Service, Nottinghamshire Healthcare NHS Foundation Trust
Jan Sensier	-	Executive Director Partnerships and Strategy, Nottinghamshire Healthcare NHS Foundation Trust
Joseph Sullivan	-	Deputy Director – Mental Health Group, Nottinghamshire Healthcare NHS Foundation Trust
Gemma Whysall	-	Deputy Chief Delivery Officer, NHS Nottingham and Nottinghamshire Integrated Care Board

Officers in attendance:

Martin Elliott	-	Senior Scrutiny Officer
Katherine Harclerode	-	Democratic Services Officer
James Lavender	-	Democratic Services Officer

Substitute Members:

Councillor Keith Girling for Councillor Jonathan Wheeler
Councillor Joseph Rich for Councillor Alan Bite

1 MINUTES OF THE LAST MEETING HELD ON 1 JULY 2025

The minutes of the last meeting held on 1 July 2025, having been circulated to all Members, were taken as read and were confirmed and signed by the Chairman.

2 APOLOGIES FOR ABSENCE

Councillor Alan Bite	-	other reasons
Councillor Terry Cox	-	other reasons
Councillor Jonathan Wheeler	-	other reasons

3 DECLARATIONS OF INTEREST

There were no declarations of interest from Members and Officers.

4 NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST – TRANSFORMATION OF CRISIS AND COMMUNITY MENTAL HEALTH SERVICES

Consideration was given to a report presented on behalf of the Nottinghamshire Healthcare NHS Foundation Trust (NHFT) by Jan Sensier, Executive Director - Partnerships and Strategy, Joseph Sullivan, Deputy Director – Mental Health Group and Jane O'Neil, Clinical Lead – Crisis Service. The report highlighted the improvement actions undertaken in the crisis and mental health services in Nottinghamshire, as well as the challenges in making improvements in these services. The following points were highlighted:

- The Section 48 review which was launched in February 2024 by the then-Secretary of State for Health and Social Care into the NHFT had identified a lack of consistency across the crisis and community mental health teams in terms of process and care pathways. The resulting transformation work undertaken by the NHFT had seen significant progress made in improving the quality of care in the crisis and community mental health services, however the representatives of the NHFT recognised that significant improvement was still required.

- The representatives of the NHFT placed heavy emphasis on providing coherent and consistent practices and standards across crisis and community mental health teams, particularly around monitoring and understanding patient need. An example of such an improvement action was the use of the Safer Now Tool, which was an interactive dashboard that monitored patient risk and need whether they were awaiting care or already in receipt of care.

- Patients were in receipt of information, advice and guidance from the NHFT and its partners to help support them whilst they were waiting for direct care from NHFT services.

In the discussion that followed, members raised the following points and questions:

- Members highlighted the processes of scrutiny and governance that were involved in the Trust's improvement journey and asked for more information regarding the Trust's internal scrutiny and governance processes.

- Further details were requested regarding the two recommendations for improvements to the NHFT Crisis Service.

- A preference was expressed that future NHFT reports could be written in a more accessible way for a general readership, and that specifically the reports should contain clear detail and an explanation of acronyms.

- Further information was sought in respect of the staffing arrangements for the Crisis Service.

- Clarification was requested around the longest current waiting times for care at the NHFT and how this compared with the national average.

- Further details were requested regarding the number of calls and waiting times for calls into the Crisis Access Line (CAL) and the impact of these on the performance of the Crisis Service. Members also requested data on the number of abandoned calls into the Crisis Service.

- Clarification was requested around any unique challenges to provide mental health care in specific geographical areas of Nottinghamshire.

- Additional details were sought regarding the staff training required and the procedure when staff receive a telephone call from someone requiring help.

- Members enquired about how patients' and users' feedback was used to influence NHFT services.

- Members requested further information on how the NHFT partnered with community groups, faith groups and volunteer organisations to shape their services.

- The importance of a holistic approach to personalised care was noted..

In relation to the points raised by the Committee, the representatives of the NHFT provided the following responses:

- Overview and scrutiny of the 14 key projects and 5 work programmes of the NHFT's Integrated Improvement Plan (IIP) was provided internally by the IIP Portfolio Board and Improvement Oversight Committee and by external partners such as NHS England and the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) through the Improvement and Assurance Oversight Group.
- The accountability structure involved the ICB and the County Council locally and the CQC and NHS England nationally.

- The NHFT was currently under special measures due to the findings of the Section 48 Review. These special measures resulted in additional oversight and scrutiny processes than a hospital trust would normally be subject to.

- The two recommendations on improving the NHFT Crisis Service from the Section 48 Review were allowing access to services for patients as soon as possible and improving responsiveness to people's needs.

- The NHFT would aim to make their reports clear in order to make the organisation more accountable to the public and its partner organisations.

- There were 4 posts left to fill in the NHTF Crisis Service. 5 new staff were starting in November and 9 starting in January. Further recruitment would take place in Quarter 4 of 2025/26. This stepped approach allowed the Trust to ensure that the right people were in post and were trained.

- National data showed that the NHFT was meeting NHS England's national key performance indicator (KPI) of target waiting times, which was around 50%. The NHFT were aware that they were experiencing a higher than the national average abandoned call rate, which was at 30% compared with the national target of 2%.

- The volume of calls into the CAL was three times the capacity of the staff team responsible for taking these calls. The national target for waiting time for a call to be answered was 2 minutes.

- Depending on the level of risk, the target time for being triaged to the appropriate service was 4 hours for high-risk patients and 24 hours for low risk patients. Currently, the NHFT had 90% of high-risk patients being seen in 4 hours and 80% of low-risk patients being seen in 24 hours; however, those results changed on a weekly basis.

- It was hoped that by changing the call pathways to simplify access to the service for GPs and healthcare practitioners and by recruiting more staff to operate the CAL, the number of calls into the service would be spread out, and it would bring down the number of abandoned calls.

- 8 of the 11 community mental health teams were based in Nottinghamshire, with the other 3 teams being based in Nottingham. There had been variations in performance across these teams due to factors such as higher levels of sickness and struggles to recruit psychologists. The current work being undertaken with the community mental health teams aimed to create a more consistent level of service across the county and city.

- There was no specific area of Nottinghamshire which had a higher level of need than others. The patient data gathered by the NHFT could be broken down by district/borough in order to help the Trust identify areas of need. The NHFT needed support from partner organisations, such as local

authorities and community groups, to develop effective local partnership working.

- The NHFT partnered with external organisations such as the veteran's charity Help for Heroes to provide mental health care and support to specific groups of people, but it did not outsource its services.

- The Community Mental Health service worked with Partners in Mind, which was a group of people with lived experiences of mental health illnesses, who highlighted the issues, concerns and barriers within the mental health care system. The Patient Carer and Family Reference Group were involved in shaping mental health care pathways. The Youth Impact Board also worked with the NHFT to shape mental health care for children and young people. Patients and carers also influence the development of the Crisis Service through working groups.

- In areas of Nottinghamshire where there was high demand for the NHFT's services, there was a correlation between areas of deprivation and poor mental health/trauma. Much of the long-term impact of the Trust's work in these areas would depend on how their plans would fit into the emerging NHS Ten-Year Plan. Local Mental Health Teams in areas such as Ashfield were building connections with local partners to develop an effective and efficient mental health care and support system.

- The NHFT's Executive Director - Partnerships and Strategy chaired the Third Sector Commissioning Group which brought together community and voluntary service organisations from across the county and city to better understand how the voluntary sector can work with the Trust. The Place-Based Partnerships also worked with the charity and volunteering sector.

- The NottAlone website can be used by grassroots organisations for signposting to mental health services. It was recognised that people found improvement to their mental health through their involvement with community groups and sports clubs. Working with the community and voluntary sector would contribute to the NHFT's move towards a holistic approach to personalised care.

- Patient waiting times varied based on the team, the pathway and the patient need. Currently, the waiting time for therapy was over 18 weeks; however, the NHFT aimed to bring this waiting time down to under 18 weeks. There was some variance in waiting times of 7 to 9 weeks and 18 to 24 weeks. The NHFT could provide specific waiting times for each pathway of care across all services.

The Chairman thanked the NHFT representatives for attending the meeting and answering members' questions.

RESOLVED 2025/013:

1) That the content of the briefing be noted.

2) That the feedback of members regarding the pathway redesign for crisis and community mental health services in Nottinghamshire be noted.

5 NOTTINGHAM AND NOTTINGHAMSHIRE INTEGRATED CARE BOARD – HEALTH AND CARE SYSTEM WINTER PLANNING

Consideration was given to a report presented on behalf of the Nottingham and Nottinghamshire Integrated Care Board (ICB) by Gemma Whysall, Deputy Chief Delivery Officer. The report described the expected increased winter pressures for 2025/26. The following points were highlighted:

- Each NHS ICB across the country had its own internal winter plan for how local services would cope with the challenges of the season such as increased number of patients, the winter weather and IT outages. The plan was developed with partners from across the health and social care sector in Nottinghamshire. The plan took into consideration the actions of previous winter plans and looked to adapt what actions worked well in previous years. The ICB also anticipated what would happen during this winter by examining health trends during Australia's winter.

- It was currently predicted that the peak curve for winter admissions would be lower than the previous three years, although September was a busy month.

- The ICB had placed a focus on increasing vaccination rates in the community. Communication with the public was key in encouraging healthy behaviours over the winter period.

- There were 62 metrics for the Winter Plan, for example, ambulance response times, discharging patients from hospital back into the community and re-admissions. The data on winter admissions was reviewed on a daily basis and corrective action would take place immediately if any of those metrics were significantly off target.

- The ICB's Winter Plan had already been submitted to NHS England.

- Work had gone into preparing care home staff for winter.

- Some key actions resulting from the Winter Plan included opening additional bed capacity in acute and mental health hospitals, a specialist geriatric advice line, making sure patients were being discharged with the right packages of care and supporting the primary care sector to be more resilient over winter.

- Risks identified to the healthcare system within the Winter Plan included the health of staff, the levels of vaccination against winter viruses amongst staff, monitoring staff sickness levels and the impact of winter on finances.

In the discussion that followed, Members raised the following points and questions:

- Members asked about whether there would be any cuts or reductions in service during the winter of 2025/26.

- Members commented on how the ICB was still having to encourage the primary care sector to be involving with winter planning, although members highlighted the positive promotion of vaccinations for Flu, Covid-19 and Respiratory Syncytial Virus (RSV) within the primary care sector.

- Members requested further information on the current overall vaccine uptake for Nottinghamshire and what the actions the healthcare system was undertaking to address vaccine hesitancy.

- Members highlighted that in previous winters there were a number of patients who were well enough to go home but were still in a hospital bed.

- Members asked if the Winter Plan had considered contingencies against industrial action.

- Members asked if the elective recovery targets would slip during the winter months.

- Members asked if plans were in place to allow for the safe and efficient transport of patients during winter and enquired about the feasibility of an on-call transport service.

- Members queried whether there were any geographical areas which will be more adversely affected by winter than others.

- Members noted that healthcare staff would need to be supported over the busy winter months.

- Members asked if there were any plans to maximise the use of convalescence homes.

- Members enquired about the potential impact of the clustering of ICBs upon local winter planning.

- Members asked if the Winter Plan considered disruption to the medicines supply chain.

In relation to the points raised by the Committee, the representatives of the ICB provided the following responses:

- There were no plans to cut or reduce services this winter. Whilst there had been no funding granted by NHS England this year to cope with winter pressures, the ICB would be maximising existing resources to meet the challenges of winter.

The eligibility of age groups for each vaccine was set nationally by the Joint Committee on Vaccination and Immunisation (JCVI). The Committee prioritised people aged 70-79 and pregnant women eligible for the RSV vaccine. There would be an update at the Urgent and Emergency Care Board around the vaccination rate for Nottinghamshire.

- Emails and text messages were directed by the Council's Public Health department to groups of people to encourage vaccination. For example, schools and parents were contacted to get school-age children vaccinated. A roving vaccination service went to care homes to get the residents vaccinated. Concern around the vaccination rates amongst children had been raised with the Health and Wellbeing Board.

- The ICB had a principle of homes first for patients, which involved sending patients home as soon as possible and be supported at home with wraparound support from health and social care providers. If patients did need a bed, there were beds available across the Nottinghamshire healthcare system. The number of patient discharges were tracked on a daily basis.

- Contingency plans were in place in case of staff industrial action such as the use of consultants to take on the responsibilities of junior doctors in emergency departments if junior doctors went on strike.

- The health care system maintained elective capacity over the winter of 2024/25 and would continue to do so this winter.

- The ICB commissioned a transport provider to take outpatients to hospital and take discharged patients home.

- Rural areas would be more adversely affect by winter in terms of transport and people receiving care packages. Data provided by health care providers and the Met Office helped the ICB to identify rural areas which were at risk of heavy snowfall and travel disruption and allowed them to plan ahead.

- Each organisation within the Nottinghamshire health and care system had a plan to support staff wellbeing through busy periods.

- Not all patients were eligible for transport and it was expensive to hire, however the Winter Plan aimed to maximise the transport opportunities for those patients who needed it within existing budgets.

- The Winter Plan would be circulated to all members of the Committee.

- It remained unclear how winter planning would work under the proposed East Midlands ICB cluster, which would include Derbyshire, Lincolnshire and Nottinghamshire ICBs.

- The ICB's Medicines Management Team did have plans in case of disruptions to the delivery of medicines.

The Chairman left the meeting at 11:40am and the Vice-Chairman took up the Chairmanship for the rest of the meeting.

The Vice-Chairman summarised the debate and thanked the representatives of the NHS Nottingham and Nottinghamshire ICB for attending the meeting and answering members' questions.

RESOLVED 2025/014:

1) That the content of the briefing be noted.

2) That feedback to discussions on the review of the Winter Plan 2024 and plans for Winter 2025 be made.

6 WORK PROGRAMME

Consideration was given to an outline programme of scrutiny work for the municipal year 2025/26. Details were shared regarding a Health Scrutiny Committee Site Visit to the National Rehabilitation Centre.

In the discussion that followed, Members raised the following points and questions:

- Members requested that primary care representatives be invited to future considerations of the Winter Plan.

- Regarding the NHFT, Members requested further baseline data on the overall percentages of performance data.

- Members requested an item examining endometriosis.

- Members identified access to dentistry as an item for consideration.

In relation to the points raised by the Committee, officers provided the following responses:

- Endometriosis would be covered at the meeting on 11 November 2025.

- Access to dentistry could be examined, however further work was needed on which areas of dentistry could be scrutinised to ensure value could be added.

- There was uncertainty about the future of functions of Healthwatch after its abolition. Once further details had been announced, this could be examined by the Committee.

RESOLVED 2025/015:

1) That the work programme and scrutiny criteria be noted.

2) That authority be delegated to the Health Scrutiny lead officer to update the work programme as appropriate, in consultation with the Chairman, Vice-Chairman and representatives of the relevant partner organisations, with any changes reported to the next meeting.

The meeting closed at 12:04pm.

CHAIRMAN