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Nottingham City Council
Health and Adult Social Care Scrutiny Committee

Date: Thursday, 14 October 2021

Time: 10.00 am (pre-meeting for all Committee members at 9:30am)

Place: Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG

Please see information at the bottom of this agenda front sheet about arrangements for ensuring Covid-safety.

Councillors are requested to attend the above meeting to transact the following business

Director for Legal and Governance

Senior Governance Officer: Jane Garrard **Direct Dial:** 0115 876 4315

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Nottingham City Council

Health and Adult Social Care Scrutiny Committee

Minutes of the meeting held at Ground Floor Committee Room, Loxley House, Station Street, Nottingham, NG2 3NG on 16 September 2021 from 10.00 – 11.42am

Membership

Present	**Absent**
Councillor Georgia Power (Chair)	Councillor Cate Woodward
Councillor Michael Edwards	Councillor Maria Joannou
Councillor Samuel Gardiner	Councillor Kirsty Jones
Councillor Anne Peach	Councillor Angela Kandola

Colleagues, partners and others in attendance:

Julie Attfield	Director of Mental Health and Learning Disabilities, Nottinghamshire Healthcare NHS Foundation Trust
Alison Smith	Clinical Psychologist, Step 4 County Psychology, Nottinghamshire Healthcare NHS Foundation Trust
Louise Randle	Nottinghamshire Healthcare NHS Foundation Trust
Charlotte Reading	Nottingham and Nottinghamshire Clinical Commissioning Group (CCG)
Lucy Dadge	Chief Commissioning Officer, Nottingham and Nottinghamshire CCG
Dr Manik Arora	Nottingham and Nottinghamshire CCG
Jane Garrard	Senior Governance Officer, Nottingham City Council
Emma Powley	Governance Officer, Nottingham City Council

23 Committee membership change

The Committee noted that Councillor Phil Jackson had been removed as a member of the Health Scrutiny Committee

24 Apologies for absence

Councillor Cate Woodward
Councillor Angela Kandola
Councillor Maria Joannou

25 Declarations of interest

None

26 Minutes

The Committee agreed the minutes of the meeting held on 15 July 2021 as an accurate record and they were signed by the Chair.

27 Assessment, referrals and waiting lists for psychological support

Julie Attfield, Director of Mental Health and Learning Disabilities, Nottinghamshire Healthcare NHS Foundation Trust and Alison Smith, Clinical Psychologist, Step 4 County Psychology, Nottinghamshire Healthcare NHS Foundation Trust attended the meeting and gave a presentation which included information on access to psychological support and Nottinghamshire Healthcare NHS Foundation Trust's plans for improving access to psychological support. The following information was highlighted:

a) The Committee had previously identified a number of concerns about mental health services, including concerns about waiting times and access to Step 4 Psychotherapy and Psychological Therapies.

b) The Step 4 Psychology Service provides psychological assessment and treatment (individual and groups) to adults with complex psychological and mental health difficulties that are unsuitable for intervention with a lower step of care. These include Post Traumatic Stress Disorder (PTSD), anxiety, depression, multiple comorbidities, on-going or recurring psychosis and attachment difficulties and complex trauma.

c) The service offers psychological assessment and treatment (individual and groups) to adults with complex psychological/mental health difficulties and was established out of the decommissioned Health in Minds (IAPT) 2011/12.

d) At present, there are 10.2 whole time equivalents (wte) employed, which includes Clinical Psychologists, Counselling Psychologists, Nurse Specialists and Psychotherapists.

e) The current target (within the Service Level Agreement) is to see people for a psychological assessment within 8 weeks, which is met for the majority of people. There is a target of 26 weeks for those waiting for therapy. The average waiting time is currently 10.5 months compared with 9 months in 2019. There are a number of individuals waiting longer than the average, but some of these are for elective reasons.

f) There has been a significant impact on the Service due to Covid, which resulted in the following:
    - Pause of 1:1 sessions
    - A shift from meeting face to face to conference/video calls
    - A reduction in discharges
    - Impact of staffing variations.

g) In order to improve the waiting list management there has been recruitment of two part-time trainee psychologists and an assistant psychologist; and regular updates have been provided to those on waiting lists.

h) The next steps in improving the Step 4 Psychology Service include:
    - extending the waiting list recovery plan into 2022;

- increasing the frequency of group intervention programmes (through a range of delivery methods); and
- ensuring patients are 'therapy ready' before accessing Step 4 treatments.

Louise Randle, Nottinghamshire Healthcare NHS Foundation Trust updated the Committee on transformation activity taking place that will impact on Step 4 Psychological Therapies. The following information was highlighted:

i) There is a large programme of works being undertaken in relation to Severe Mental Illness Transformation. £975million will be invested in services by 2023-24 to treat those suffering from severe mental illness. This will benefit over 370,000 people through the following improvements:
   - expanded access to support, care and treatment
   - increased access to psychological therapies
   - removal of thresholds
   - a 'no wrong door' approach
   - enabling choice and flexibility
   - facilitating a multi-sector approach
   - integration between services and providers
   - a person centred and strengths based approach.

j) National targets in the transformation programme are ambitious, for example there is a proposal for access to care and treatment to be within eight weeks. These waiting time standards are being tested nationally. Initially these will be targets for improvement and something for providers to work towards.

In response to questions from the Committee and in the subsequent discussion the following points were made:

k) The number of people on the Step 4 waiting list currently is approximately 74, however the number fluctuates due to some individuals no longer requiring access.

l) The Trust assured the Committee that support is offered to individuals while they are on the waiting list. Individuals on the waiting list are assessed initially, and phone contact is made after three months to assess how they are and whether their needs have changed. A face to face review is offered at six months. Individuals can opt in or out of these reviews. Individuals will be redirected to another service if they are identified as waiting for an inappropriate service. Individuals are kept informed about the length of waits.

m) In response to concern raised by some Committee members about the implications of an individual receiving lower levels of care whilst waiting for specialist support, the Trust assured the Committee that if this happens an individual will not be removed from the waiting list for Step 4 services.

n) The Trust acknowledged that there have been significant staffing shortages which has put pressure on the Service, and this has been a contributing factor in longer than ideal waiting times. A number of agency and non-agency staff have been recruited to address staffing pressures. The service does want to

recruit and retain permanent staff but agency staff are currently being used to achieve a swifter increase in capacity of experienced staff.

o) New referrals are being better managed, but the challenge is dealing with the current 'bulge' of cases that have accrued. Due to the length of courses of therapy, it is not anticipated that there will be a significant change in waiting times for treatment until summer 2022.

p) It is anticipated that the transformation programme will help improve access to a range of services such as behaviour therapy and counselling, as well as building capacity in the psychological support service and preventing people from becoming more mentally unwell.

q) Consideration will be given to additional training and upskilling of other healthcare professionals to try and reduce inappropriate referrals to the service or referral of patients who are not ready for treatment. Increasing the number of psychologists in local mental health teams, which is part of the Transformation Plan, will also help to improve understanding and the appropriateness of referrals.

r) Committee members suggested that in order for change delivered through transformation to be effective, it needs to be developed from a service user perspective.

The Committee remained concerned about the current length of wait for Step 4 Psychotherapy and Psychological Therapies, but welcomed the actions being taken by the Trust to reduce waiting times for treatment. The Committee noted that the Trust said waiting times should be significantly improved by summer 2022 and decided to review the position again at that point. The Committee welcomed assurance provided by the Trust that individuals receiving lower levels of care whilst waiting for specialist support are not removed from the waiting list for Step 4 services but felt that it would be useful to receive more detailed anonymised information on the reasons why individuals do leave the waiting list and their care destination.

Resolved to

(1) request that Nottinghamshire Healthcare NHS Foundation Trust provide anonymised information on the reasons why individuals leave the waiting list for Step 4 Psychotherapy and Psychological Therapies and their care destination, including those eligible for Section 117 aftercare; and

(2) review Nottinghamshire Healthcare NHS Foundation Trust's progress in reducing waiting times for Step Psychotherapy and Psychological Therapies and improving outcomes through transformation in summer 2022.

28 Reconfiguration of acute stroke services

The Committee was reminded that the proposal to permanently reconfigure acute stroke services provided by Nottingham University Hospitals NHS Trust had been identified as a substantial variation or development of service.

Lucy Dadge, Chief Commissioning Officer, Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) and Dr Manik Arora, CCG Governing Body GP, updated the Committee on the development of proposals to reconfigure acute stroke services. The Committee noted that it was not possible for a representative of Nottingham University Hospitals NHS Trust to attend due to Covid-related restrictions. They highlighted the following information:

a) Nottingham University Hospitals (NUH) stroke service is the second largest stroke service in the East Midlands region. In response to the Covid-19 pandemic acute stroke services were temporarily moved to the Queens Medical Centre (QMC) campus on the 14 July 2020, where they currently remain. The Committee was advised of this in July 2020 and further details were provided to the Committee at its meeting in September 2020.

b) The relocation of acute stroke services enabled NUH to comply with the national directives related to nosocomial (hospital acquired) Covid-19 infections with implementation of temporary new patient pathways with dedicated Covid and non-Covid areas on the City Hospital campus.

c) There is also a clear clinical case for the reconfiguration of stroke services and specifically for the centralisation of hyper acute stroke services. The change is aligned to regional and national stroke strategies and is a stated ambition of the local Clinical and Community Services Strategy review for stroke services.

d) This review was underpinned by strong patient and public involvement from stroke survivors alongside staff and clinicians. The Stroke Association supported a number of patient engagement sessions, including with people who had been cared for previously by the service.

e) Rapid diagnosis and treatment is essential to ensure the best possible patient outcomes. The relocation of Acute Stroke Services to the QMC site ensures that key assessments, investigations and interventions take place in a timely manner.

f) There are three main geographical alignments that are achieved through the relocation to the QMC site that are critical to patient outcomes:
    i. Acute Stroke Services are now geographically aligned with the CT scanner. Undertaking a CT scan for stroke patients as soon as possible after arrival at hospital is vital as it provides valuable clinical information that informs the patient pathway. When on the City campus, Acute Stroke Services and CT scanning were on two different sites resulting in additional ambulance journeys.
    ii. Acute Stroke Services are now geographically aligned with Medical Thrombectomy Services. The Medical Thrombectomy (MT) Service at QMC delivers services for the entire East Midlands area. Prior to the

move to the QMC campus, the Trust was one of only two Neurosciences Centres in the country that did not have a co-located hyper-acute stroke unit and Medical Thrombectomy Service

iii. Acute Stroke Services are now geographically aligned with other critical specialities such as the Emergency Department, Neurology and Neuro-surgery and the proximity to such medical specialities is key. Some patients presenting acutely with stroke-like symptoms turn out to have an alternative diagnosis, for example, a brain tumour. As Acute Stroke Services are now co-located on QMC sites alongside the Neurology and Neuro-surgery departments, this enables 'stroke mimic' patients to be identified and put on the correct (non-stroke) patient pathway earlier.

In response to questions from the Committee and in the subsequent discussion, the following points were made:

g) Changes to travel times are likely to have a more significant impact on patients living in the County rather than the City. The CCG confirmed that as proposals are further developed the travel impact analysis will be updated.

h) As the proposals relate to the hyper acute stroke phase the impact on other health and social care services is likely to be limited but the CCG confirmed that the potential impact will be explored as proposals are developed.

i) With the reduction of Covid-19 admissions the Medicines Division is now in a position to undertake the remaining developmental work and it is anticipated that we will see a positive upward trajectory for the stroke SSNAP metrics alongside improved patient outcomes. This information will be considered in evaluation of the proposal.

j) Although the temporary change to configuration has already been made, if it is determined that making the change permanent is not the appropriate way forward, the CCG confirmed that it is possible for services to revert to their previous configuration.

The Committee requested that representatives of Nottingham and Nottinghamshire Clinical Commissioning Group attend the Committee's meeting in April 2022 to update the Committee on development of proposals for permanent reconfiguration of acute stroke services, including the findings of engagement that it is planned to carry out, to enable the Committee to consider how the proposals are responding to issues raised during engagement and whether the proposal is in the interests of local health services.

29 Local Covid 19 Vaccination Programme

The Committee received and noted a written report from the Nottingham and Nottinghamshire Integrated Care System on the Local Covid-19 Vaccination Programme.

30 Work Programme

The Chair reported that, as agreed by the Committee in July, she had spoken with representatives of Nottingham and Nottinghamshire Clinical Commissioning Group about the independent review of maternity services provided by Nottingham University Hospitals NHS Trust to seek assurances regarding the terms of reference and process for, and publication of the review. Based on these assurances, the Committee welcomed the review but given the likely timescales of 12-18 months for its completion decided to review the Trust's progress in making improvements to maternity services in February 2022.

The Chair drew the Committee's attention to the report recently published by the Care Quality Commission following its inspection of Nottingham University Hospitals NHS Trust. The report re-rated the Trust as Requires Improvement overall, with an Inadequate rating for the Well Led Domain. The Committee was concerned by this report and agreed to invite a senior representative of the Trust to a future meeting alongside organisations including NHSE/I and the CCG, who will have an important role in support and oversight of the Trust.

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Health and Adult Social Care Scrutiny Committee
14 October 2021

Adult Eating Disorder Services

Report of the Head of Legal and Governance

1 Purpose

1.1 To explore current access to, and provision of adult eating disorder services; and transformation plans relating to the service.

2 Action required

2.1 The Committee is asked to identify if any further scrutiny is required and, if so, the focus and timescales.

3 Background information

3.1 The adult eating disorder service in Nottinghamshire is provided by Nottinghamshire Healthcare NHS Foundation Trust. The Eating Disorder Team is a mental health team made up of nursing, psychological and psychiatric health professionals. An outpatient service is provided at the Mandala Centre on Gregory Boulevard, Nottingham. Patients are referred to the service by GPs and other psychiatric services.

3.2 In May, the Committee spoke to John Brewin, Chief Executive, and Julie Attfield, Director of Mental Health and Learning Disabilities, Nottinghamshire Healthcare NHS Foundation Trust about the review of the Trust's strategy, which was taking place at that time. During that session, the Committee discussed access to eating disorder services. Some Committee members raised concern that Body Mass Index (BMI) is used as a threshold for treatment as it means that people with eating disorders whose BMI does not fall below the threshold do not have access to treatment. The Committee was also concerned at the lack of adult inpatient provision in the City. The Trust advised that there was not a critical mass of patients which would justify creating such provision locally and patients are placed within the region where possible. The Committee decided that it wanted to explore access to, and provision of eating disorder services in more detail.

3.3 The Committee requested that the Trust attend this meeting specifically to discuss access to adult eating disorder services. The Chief Executive, Eating Disorders Service Manager and Head of Transformation Mental Health Services will be attending the meeting to give a presentation and answer any questions from the Committee. The Committee will want to use this information to consider whether it is satisfied with the current position or if further scrutiny is required, and if so the focus for that scrutiny.

4 List of attached information

4.1 None

5 Background papers, other than published works or those disclosing exempt or confidential information

5.1 None

6 Published documents referred to in compiling this report

6.1 Minutes of the meeting of the Health Scrutiny Committee meeting held on 13 May 2020

7 Wards affected

7.1 All

8 Contact information

8.1 Jane Garrard, Senior Governance Officer
Jane.garrard@nottinghamcity.gov.uk
011587654315

Health and Adult Social Care Scrutiny Committee
14 October 2021

Update on Elective Recovery

Report of the Head of Legal and Governance

1 Purpose

1.1 To scrutinise the impact of delays in elective care due to the Covid-19 pandemic, plans to mitigate this impact and the progress with meeting need following delays.

2 Action required

2.1 The Committee is asked to identify if any further scrutiny is required and, if so, the focus and timescales.

3 Background information

3.1 Throughout the Covid-19 pandemic there have been national reports that the pressure of caring for large numbers of patients seriously unwell with Covid-19 has led to increasing waiting lists for elective care. In September 2021, The Health Foundation reported data that nationally approximately 6 million fewer people completed elective care pathways between January 2020 and July 2021 than would have been expected based on pre-pandemic numbers and, as well as fewer patients being treated, nationally approximately 7.5 million fewer people were referred into consultant-led elective care than would have been expected based on pre-pandemic numbers. NHS England data, analysed and reported by the Kings Fund, suggested that nationally the elective waiting list increased by 42% between April 2020 and July 2021. Within this national picture, there is consideration variation between areas in England in terms of the impact on elective care and the rate of recovery.

3.2 In September 2020, Nottingham and Nottinghamshire Clinical Commissioning Group reported to the Committee that in response to the Covid-19 pandemic it had worked with NHS providers to make changes to local services to manage increased demand in relation to Covid-19 and ensure appropriate infection control measures were in place. Following initial postponement of all non-urgent elective operations, the Committee heard that by that stage increasing amounts of routine elective work were being undertaken. One year on, the Committee wanted to explore the current local position in relation to the impact of Covid-19 on elective care and associated health outcomes, and work taking place, and planned to mitigate negative impacts.

3.3 A paper updating the Committee on the Nottingham and Nottinghamshire Integrated Care System's approach to managing elective recovery and

reduce waiting times for elective care that formed during the Covid-19 pandemic is attached. The Chief Commissioning Officer and System Delivery Director for Planned Care, Cancer and Diagnostics from Nottingham and Nottinghamshire Clinical Commissioning Group will be attending the meeting to answer any questions from the Committee.

4 List of attached information

4.1 Report on Elective Recovery across the Nottingham and Nottinghamshire Integrated Care System

5 Background papers, other than published works or those disclosing exempt or confidential information

5.1 None

6 Published documents referred to in compiling this report

6.1 The Health Foundation 27/09/21 'Elective care: how has Covid-19 affected the waiting list?' https://www.health.org.uk/news-and-comment/charts-and-infographics/elective-care-how-has-covid-19-affected-the-waiting-list?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=12680743_NEWSL_HMP%202021-09-28&dm_i=21A8,7JSIV,FLWR37,UQSDR,1

6.2 The Kings Fund 27/09/21 'Tackling the elective backlog – exploring the relationship between deprivation and waiting times' https://www.kingsfund.org.uk/blog/2021/09/elective-backlog-deprivation-waiting-times?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=12680743_NEWSL_HMP%202021-09-28&dm_i=21A8,7JSIV,FLWR37,UQ21E,1

7 Wards affected

7.1 All

8 Contact information

8.1 Jane Garrard, Senior Governance Officer
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Elective Recovery across the Nottingham and Nottinghamshire ICS

The purpose of this document is to inform City Council, Health Scrutiny Committee of the ICS approach to managing 'Elective Recovery' and reduce waiting times for elective care that formed during the Covid-19 Pandemic.

Context

The Nottingham and Nottinghamshire system has been working collaboratively over recent years to transform our healthcare system with social care partners. This system wide approach formed the basis of our Clinical and Community Services Strategy and associated clinical pathways which cover; primary, community, and secondary care. It is now essential to build on this to ensure 'Elective Recovery' following the onset of Covid-19.

Our collective aim is to offer high quality integrated care in the right setting, to support patients to stay well, make best use of resource and reduce health inequalities. The impact of Covid-19 required the system to respond to the immediate challenges presented by the pandemic. However, this has also given us a strong basis for joint working as a system to build on and a platform to develop and implement our wider system transformation plans.

Elective Waiting Lists

At the outset of the global pandemic, under national direction, our hospitals responded to high numbers of patients with Covid-19 requiring urgent and complex care. This meant that like all other health systems, non-urgent elective procedures ceased for a period which in turn has increased the numbers of patients waiting for non-urgent elective treatment. All health systems are currently working to reduce waiting lists as part of 'Elective Recovery'. Throughout the pandemic, however, Nottingham and Nottinghamshire continued to perform better than many health care systems in terms of ensuring that those time critical surgical procedures (e.g. cancer) were undertaken.

Whilst waiting times for surgical treatment have increased as a result of Covid, our waiting times against the national 18-week Referral to Treatment standard are proportionate compared to other local health systems across our region and slightly better than the national position.

However, the current urgent care pressure on our hospitals and other parts of the system has an impact on elective waiting times. In addition, our staff worked relentlessly during the peak of the pandemic and need time to recover by taking annual leave. Anaesthetists, particularly, have supported critically ill patients in critical and high dependency care and are a key element of the workforce now required to increase the throughput of planned operations. In order to optimise

productivity and ensure staff wellbeing it is essential to care for staff during this recovery period.

Some patients have chosen to wait for a variety of reasons, but they will remain on the waiting list and will have their procedure when they feel ready. There was a reduction in the number of referrals at the beginning of the pandemic and in the early stages of recovery, however referrals are now returning to a level that we would generally anticipate.

Patients with health concerns have been encouraged to seek advice and avoid delay in diagnosis, which is particularly important for patients with a potential cancer diagnosis.

Planned Care Transformation

Whilst the initial focus was the immediate response to the Covid-19 Pandemic, working together strengthened the level of collaboration as a system which in turn supports our Elective Recovery. Built around our existing transformation priorities and clinical pathways, the Planned Care Transformation Programme has been developed with the patient at the centre of our design.

We have agreed system priorities that respond to the immediate current pressures on our waiting lists and the wider opportunities for medium to longer term transformational change. This builds on our aim to support patients to stay well and offer community-based care where appropriate which is the basis of the Clinical and Community Services Strategy.

The Planned Care Transformation Programme consists of 3 core work streams:

- Cancer Programme; to provide earlier diagnosis across a range of areas including the Targeted Lung Health Check Programme and Rapid Diagnostic Centres.
- Diagnostics Programme; increasing diagnostic capacity and reducing waiting times. Dependant on national funding we aim to implement Community Diagnostic Hubs in the future.
- Elective and Outpatient Transformation; providing GPs with access to consultant advice and guidance, supporting patients to stay well with shared decision making in place, and implementing evidence based clinical pathways. In addition, our hospitals continue to offer virtual out-patient consultations where clinically appropriate and are maximising capacity based on national best practice.

Our programme is clinically led with plans developed by front line services and delivery is supported by managers across all organisations in the health system.

Pathway redesign has been prioritised based on waiting list pressures and the opportunities afforded by transformational change. In order to successfully deliver sustainable change, redesign of 2 key specific pathways is underway:

- **Eye Health.** Prevention of deteriorating eye health, with community-based care to enable conditions to be diagnosed and treated outside of the acute hospital.
- **Orthopaedics.** To offer integrated community-based care with a focus on keeping well, conservative treatment and support where clinically appropriate. Hospitals are also working together to maximise all capacity, share learning and to ensure that opportunities to increase acute productivity are taken.

Further discrete pathway redesign will follow sequentially in parallel with wider system plans to offer integrated community-based care, supporting patients to stay well with a focus on population health management. Working with health and care partners this will span primary, community and secondary care.

Despite ongoing challenges in urgent care demand there is excellent engagement across the system, underpinned by agreed principles of joint working, shared methodology and clear decision making as an ICS. The work programme is being successfully implemented however we anticipate that we will continue to deliver this transformational change over several years.

Accelerator Programme

In May 2021 the CCG successfully bid for 'Elective Accelerator' funding as one of 10 sites to support elective recovery over a 3-month period between May and July. Discrete schemes were agreed by our community and acute providers which enabled an additional 24,768 patients to be seen or diagnosed under the programme. A proportion of the funding was spent on buying new equipment such as a mobile endoscopy unit and other equipment to aid future sustainability.

In summary this enabled:

- more patients to have a diagnostic test: including endoscopy and an ophthalmology diagnostic hub
- more patients to be seen in a clinic or virtually
- more patients to have surgery within ophthalmology, orthopaedics, and general surgery

The pilot finished at the end of July and has informed our elective recovery. We have identified those schemes which will have the greatest impact on waiting times that we can take forward as part of our transformation programme.

Managing Waiting Lists

The impact of our elective recovery and transformational change will continue, and we anticipate good progress over the short and medium term. Meanwhile we are clinically prioritising patients on waiting lists so that patients with cancer or urgent care needs are treated without delay. At the same time, we are taking every step to prevent unnecessary waits for simple procedures not requiring admission.

This approach to clinical prioritisation is fully in line with National Guidance from the Royal College of Surgeons. This defines clinical priorities as follows:

- P1 Surgery within 72 hours
- P2 Surgery within 1 month
- P3 Surgery within 3 months
- P4 Surgery over 3 months
- P5 Patients who deferred treatment due to COVID concern (remaining on list)
- P6 Patients offered 2 dates for treatment but declined to accept for non Covid reasons and are removed from the list

Our senior clinical leaders retain oversight of this as a system to ensure that patients with urgent clinical need or cancer are treated without unnecessary delay across all organisations. Clinical teams within our hospitals have detailed oversight of patients on waiting lists and they define the level of clinical priority with regular reviews in place.

During the height of the Covid-19 Pandemic our health system including our local hospitals worked closely together to make best use of all capacity to treat patients with mutual aid offered between health and care partners. This collaborative approach continues and has clear benefits for our patients. We have developed a system ‘Elective Hub’ which has oversight of all waiting lists so that we use all available capacity fairly, prevent inequity of access and ensure patients are offered dates for their procedure as quickly as possible. This detailed review is undertaken on a weekly basis and includes NHS and Independent Sector providers so that patients can be offered care at other providers where appropriate. We have also undertaken detailed analysis of our waiting lists to ensure that we continue to take action to avoid health inequalities.

We recognise that some patients with less urgent needs have waited longer, and so hospitals have written to patients to explain the reasons for the wait with advice on staying well and a contact number for further information if needed. Information is sent by letter with some updates by text.

Managing Winter Pressures

Over the summer the health and care system experienced pressure from urgent care demand. These pressures are still evident across primary, community and secondary care with increased urgent admissions to hospital. Exacerbated by workforce issues due to staff availability, sickness, and vacancies; the impact is wide ranging and has an impact on elective recovery.

It is therefore essential to have robust system wide plans to deal with the ongoing pressures that we are likely to experience during winter.

Importantly our ambition is to enable patients to be discharged and cared for at home where clinically appropriate. We have undertaken detailed modelling to test how many community and acute beds we are likely to need and discharge requirements based on likely demand. This has informed our winter planning, therefore Health and Care Partners system wide are taking joint action to support safe timely discharge home and wider winter planning.

Key issues related to discharge delays:

- Increased numbers of patients who are medically fit for discharge occupying an acute bed
- Community beds / interim care home beds may be occupied with longer stays for patients awaiting packages of care
- General workforce shortages across health and social care with reduced availability of home care preventing discharge home first

Joint planning is underway with additional beds identified and we are working closely with voluntary sector organisations. There are solutions being actively progressed to support the home care market and secure staffing.

Summary

The management of our waiting lists is clinically prioritised supported by an approach to Elective Recovery with clinical leadership and strong system engagement to underpin delivery. It is appropriately aligned to system wide planning for winter pressures and reflects longer term transformation opportunities.

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Health and Adult Social Care Scrutiny Committee
14 October 2021

Work Programme

Report of the Head of Legal and Governance

1. Purpose

1.1 To consider the Committee's work programme for 2021/22 based on areas of work identified by the Committee at previous meetings and any further suggestions raised at this meeting.

2. Action required

1.1 The Committee is asked to note the work that is currently planned for the remainder of the municipal year 2021/22 and make amendments to this programme as appropriate.

3. Background information

3.1 The purpose of the Health Scrutiny Committee is to act as a lever to improve the health of local people. The role includes:

- strengthening the voice of local people in decision making, through democratically elected councillors, to ensure that their needs and experiences are considered as part of the commissioning and delivery of health services;
- taking a strategic overview of the integration of health, including public health, and social care;
- proactively seeking information about the performance of local health services and challenging and testing information provided to it by health service commissioners and providers; and
- being part of the accountability of the whole health system and engaging with the commissioners and providers of health services and other relevant partners such as the Care Quality Commission and Healthwatch.

3.2 As well as the broad powers held by all overview and scrutiny committees, committees carrying out health scrutiny hold the following additional powers and rights:

- to review any matter relating to the planning, provision and operation of health services in the area;
- to require information from certain health bodies[1] about the planning, provision and operation of health services in the area;
- to require attendance at meetings from members and employees working in certain health bodies[1];
- to make reports and recommendations to clinical commissioning groups, NHS England and local authorities as commissioners of NHS and/or public health services about the planning, provision and operation of health services in the area, and expect a response within 28 days (they are not required to accept or implement recommendations);

[1] This applies to clinical commissioning groups; NHS England; local authorities as commissioners and/or providers of NHS or public health services; GP practices and other providers of primary care including pharmacists, opticians and dentists; and private, voluntary sector and third sector bodies commissioned to provide NHS or public health services.

- to be consulted by commissioners of NHS and public health services when there are proposals for substantial developments or variations to services, and to make comment on those proposals. (When providers are considering a substantial development or variation they need to inform commissioners so that they can comply with requirements to consult.)
- in certain circumstances, the power to refer decisions about substantial variations or developments in health services to the Secretary of State for Health.

3.3 While a 'substantial development or variation' of health services is not defined in legislation, a key feature is that there is a major change to services experienced by patients and/ or future patients. Proposals may range from changes that affect a small group of people within a small geographical area to major reconfigurations of specialist services involving significant numbers of patients across a wide area. Health scrutiny committees have statutory responsibilities in relation to substantial developments and variations in health services. These are to consider the following matters in relation to any substantial development or variation that impacts on those in receipt of services:

- whether, as a statutory body, the relevant overview and scrutiny committee has been properly consulted within the consultation process;
- whether, in developing the proposals for service changes, the health body concerned has taken into account the public interest through appropriate patient and public involvement and consultation; and
- whether the proposal for change is in the interests of the local health service.

Where there are concerns about proposals for substantial developments or variations in health services, scrutiny and the relevant health body should work together to try and resolve these locally if at all possible. Ultimately, if this is not possible and the committee concludes that consultation was not adequate or if it believes the proposals are not in the best interests of local health services then it can refer the decision to the Secretary of State for Health. This referral must be accompanied by an explanation of all steps taken locally to try and reach agreement in relation to the proposals.

3.4 The Committee is responsible for setting and managing its own work programme to fulfil this role.

3.5 In setting a programme for scrutiny activity, the Committee should aim for an outcome-focused work programme that has clear priorities and a clear link to its roles and responsibilities. The work programme needs to be flexible so that issues which arise as the year progresses can be considered appropriately.

3.6 Where there are a number of potential items that could be scrutinised in a given year, consideration of what represents the highest priority or area of risk will assist with work programme planning. Changes and/or additions to the work programme will need to take account of the resources available to the Committee.

3.7 The current work programme for the municipal year 2021/22 is attached at Appendix 1.

4. List of attached information

4.1 Appendix 1 – Health Scrutiny Committee Work Programme 2021/22

5. Background papers, other than published works or those disclosing exempt or confidential information

5.1 None

6. Published documents referred to in compiling this report

6.1 None

7. Wards affected

7.1 All

8. Contact information

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Health and Adult Social Care Scrutiny Committee 2021/22 Work Programme

Date	Items
13 May 2021	• **Terms of Reference** To note the terms of reference for the Committee • **Platform One** To assess progress towards the transition date of 1 July 2021, particularly in relation to vulnerable patients to be dispersed to local practices (to include reference to how the EQIA is evolving, being monitored and responded to) • **Nottinghamshire Healthcare NHS Foundation Trust Strategy** To consider the Trust's strategy in order to identify a focus for any further scrutiny of mental health issues in 2021/22 • **Work Programme 2021/22**
17 June 2021	• **Integration and Innovation White Paper** To consider the implications of proposed reforms to health and care and the potential local impact • **Integrated Care System: Community Care Transformation** To consider and comment on this ICS priority which will involve a review of all community services • **Quality Accounts 2020/21** To note the scrutiny comments on each Quality Account (if any submitted) • **Work Programme 2021/22**
15 July 2021	• **Maternity Services** To review the action taken by NUH over the last six months to improve maternity services • **Tomorrow's NUH**[1] To consider progress to date and plans for consultation and engagement.

[1] Informal meeting held to do some deep dive consideration of the Tomorrow's NUH programme 30 June 2021 (Phil Britt, Nina Ennis, Lucy Dadge) focused on maternity and cancer services. A further deep dive meeting to be held later in the year to focus on outpatients' care and splitting elective/ emergency services.

Date	Items
	• **Work Programme 2021/22**
16 September 2021	• **Assessment, Referrals and Waiting Lists for Psychological Support** To consider the Nottinghamshire Healthcare NHS Foundation Trust's plans for managing access to psychological support, particularly in relation to step 4 psychotherapy and psychological therapies. • **Reconfiguration of Acute Stroke Services** To consider proposals for making changes to the configuration of acute stroke services permanent. Changes were made on a temporary basis to support the response to the Covid pandemic. If it is proposed to make the changes permanent, then this is likely to be a substantial variation to services and the Committee will need to carry out its statutory role as a consultee • **Covid 19 Local Vaccination Programme** To assess progress with local delivery of the vaccination against national targets (at 23/03/21 the whole population should have had at least one dose by the end of July 2021) • **Work Programme 2021/22**
14 October 2021	• **Update on Elective Care Recovery** To scrutinise the impact of delays on elective care due to Covid 19, plans to mitigate this impact and the progress with meeting need following delays • **Eating Disorder Services** To assess the impact of expansion to workforce capacity to services, consider the continuing use of BMI as a threshold for access to services and to consider the impact of out of area adult inpatient placements. • **Work Programme 2021/22**
11 November 2021	• **Nottingham University Hospitals NHS Trust – CQC Inspection** To consider the findings of the recent CQC Inspection of NUH and scrutinise action being taken to address areas identified as inadequate and requiring improvement, with a particular focus on the Well-Led domain.

Date	Items
	• **GP Services** To review GP provision and access across the City • **Work Programme 2021/22**
16 December 2021	• **Draft Medium Term Financial Plan (MTFP) - Adult Social Care focus** To consider proposals relating to Adult Social Care in the draft MTFP (as part of the consultation on the MTFP) • **Transformation Programme Adults Portfolio** To receive an overview of the Adults Portfolio of the Council's Transformation Programme • **Platform One** To assess the initial impact of the transition to the new city centre practice and to local practices, with particular reference to the experiences of vulnerable patients. • **Work Programme 2021/22**
13 January 2022	• **Adult Social Care Workforce Development Plan** To review the draft Workforce Development Plan, which forms part of the Council's recovery and improvement activity • **Work Programme 2021/22**
17 February 2022	• **Nottingham University Hospitals NHS Trust Maternity Services** To review action being taken by NUH to improve maternity services following CQC rating of 'Inadequate' in December 2020 • **Provision of Services for Adults with Learning Disabilities** To review changes to provision for adults with learning disabilities • **Work Programme 2021/22**

Date	Items
17 March 2022	• **Work Programme 2021/22**
15 April 2022	• **Reconfiguration of Acute Stroke Services** To consider the proposals for making changes to the configuration of acute stroke services permanent, which is a substantial variation of services and therefore the Committee will need to carry out its statutory role as a consultee • **Work Programme 2022/23**

Items to be scheduled

It was agreed at the 13 May HSC meeting that some members would visit the new SMD LES once it is safe to do so, ie post pandemic (liaise with Joe Lunn, CCG)

Item	Focus
1. Discharge and after care (including impact on Social Care)	To consider the effectiveness, including the impact on adult social care, of current plans and practice for the discharge of patients from hospital care
2. NHS and National Rehabilitation Centre (NRC)	Update on the Decision Making Business Case and implementation plans
3. White Paper	To contribute to discussions about new arrangements, especially in relation to governance, representation on committees and engagement and consultation with the public about local changes
4. Community Care Transformation	CCG to keep HSC informed of progress at Chair/ Vice Chair and CCG monthly meetings.
5. Child and Adolescent Mental Health Services (CAMHS)	(a) To consider the services provided by CAMHS in the light of the need for support as the city recovers from the pandemic; and (b) To consider systems and processes in place to ensure effective transition from CAMHS to Adult Mental Health Services (Recommendation from the Children and Young People Scrutiny Committee)

Item	Focus
6. Health Inequalities	To consider how health inequality is measured, how factors which impact on health are established (including barriers to access) and where hot spots identified (geographical and community) and to scrutinise how partners work together to tackle particular aspects of health inequality[2]
7. Dental Services	To review access to dental services during the Covid-19 pandemic, the impact of reduced access and reinstatement of services, future dental provision contracts/ private and public treatment.

Reserve Items

Item	Focus
8. Alcohol dependency/ Alcohol related issues	Potential role of HSC in relation to impact on health when premises are licensed for sale of alcohol
9. Carer Support Services	To review support for carers during the Covid-19 pandemic
10. Gender reassignment services	Need for scrutiny and focus to be identified
11. Impact of Covid-19 on disabled people	Need for scrutiny and focus to be identified
12. 111 First	Changes to the service as a result of Covid

Healthwatch Priorities for 2021/22 – for information

- **Long Term Conditions, primarily diabetes: management, education and support for patients**

[2] Following this to identify an area where scrutiny can add value by more detailed consideration at a future meeting(s), for example: BAME health experiences and access to services/ Poverty and the impact on health and access to services/ Support for those new to the city from other countries to access available NHS services/ Access to PEP medication to prevent HIV (pilot)/ Waiting lists in the context of health inequalities (see notes below funder impact of Covid on elective services from meeting with CCG 03/04/2021)

- **Primary Care Strategy and Integrated Care Partnership strategy.**