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Nottingham City Council
Health and Adult Social Care Scrutiny Committee

Date: Thursday, 15 September 2022

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

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

1	**Apologies for absence**	
2	**Declarations of Interests**	
3	**Minutes** To confirm the minutes of the meeting held on 14 July 2022	3 - 8
4	**Nottingham University Hospitals NHS Trust Maternity Services Assurance and Oversight**	9 - 18
5	**Step 4 Psychological Therapy Services**	19 - 36
6	**Work Programme**	37 - 44

If you need any advice on declaring an interest in any item on the agenda, please contact the Governance Officer shown above, if possible before the day of the meeting

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Nottingham City Council
Health and Adult Social Care Scrutiny Committee

Minutes of the meeting held in the Ground Floor Committee Room, Loxley House, Station Street, Nottingham, NG2 3NG on Thursday 14 July 2022 from 10:00am to 11:29am

Membership

Present	**Absent**
Councillor Georgia Power (Chair)	Councillor Eunice Campbell-Clark
Councillor Maria Joannou (Vice Chair)	
Councillor Michael Edwards	
Councillor Kirsty Jones	
Councillor Anne Peach	
Councillor Dave Trimble	
Councillor Sam Webster	
Councillor Cate Woodward	

Colleagues, partners and others in attendance:

Sarah Collis	-	Chair, Healthwatch Nottingham and Nottinghamshire
Dr Jonathan Evans	-	Head of Service for Neurology, Nottingham University Hospitals NHS Trust
Jane Garrard	-	Senior Governance Officer
Dr Keith Girling	-	Medical Director, Nottingham University Hospitals NHS Trust
Lucy Hubber	-	Director for Public Health
Adrian Mann	-	Governance Officer
Suzanne O'Neil	-	Deputy Director for Communications and Engagement, Nottingham University Hospitals NHS Trust
Dr Stephen Shortt	-	GP
Councillor Adele Williams	-	Portfolio Holder for Finance
Councillor Linda Woodings	-	Portfolio Holder for Adult Social Care and Health

16 Changes to Membership

The Committee noted that Councillor Eunice Campbell-Clark has replaced Councillor Nayab Patel.

17 Apologies for Absence

Councillor Eunice Campbell-Clark - Council business

18 Declarations of Interests

None.

19 Minutes

The Committee confirmed the minutes of the meeting held on 23 June 2022 as a correct record and they were signed by the Chair.

20 Neurology Services

Dr Keith Girling, Medical Director at Nottingham University Hospitals NHS Trust, Dr Jonathan Evans, Head of Service for Neurology at Nottingham University Hospitals NHS Trust, and Dr Stephen Shortt, GP, presented a report on access to Neurology Services. The following points were discussed:

(a) changes have been made to the Neurology Service with the aim of ensuring that specialist neurologists are able to offer the best value to the patients who would benefit most. There are 15 whole-time equivalent consultants covering the area of Nottinghamshire, Leicestershire, Derbyshire and Lincolnshire, focused in the larger population centres. This represents a reduction in capacity on previous years, and consultant numbers are relatively low for the size of the population served. Two new consultants have been appointed, but have not yet started in their roles;

(b) consideration is being given to expanding the number of consultants and a business case is being drawn up for submission in September, but it is difficult to secure the funding required for new positions. There is a need to increase Neurology support to acute medicine, with growing inpatient needs for its services, and funding is being sought to further develop a Neurology liaison role. A positive impact has been made in improving delivery in emergency patient pathways to date, and a great deal of work is underway to engage with inpatients at an early stage, to reduce their stay time in hospital;

(c) Neurology is primary an outpatient speciality, and the consultants see around 200 to 300 patients per month in outpatient clinics, with 3 to 4 clinics per week for each consultant. Appointments are needed for both new patients and patients with chronic conditions, with provision made for timely review appointments – while ensuring that outpatient appointment waiting times are relatively short. Now, when GPs refer patients to Neurology, the referrals are considered carefully to identify those with the greatest service need, those who are most appropriate for the Service and those who would benefit most from early treatment. Where patients with wider and complex needs enter the Service, the consultants will also refer them on to other provision that they might require;

(d) referred patients are triaged to ensure that they are offered the most appropriate kind of appointment, which can be either face-to-face, by phone or by video call. New patients are usually offered a face-to-face appointment. However, the use of video calls, where appropriate, has greatly reduced the number of missed appointments, and has been very helpful to patients who would otherwise need to travel some distance to access a clinic in person. There are a range of mechanisms available for the delivery of care, and it is aimed to use these in the most patient-responsive way possible;

(e) all of the proposed service changes have been audited, and there is confidence that patients that require it are being treated within Neurology, or are referred on to the service that they need. The total number of referrals to the Service have decreased, but the changes have resulted in more patients being referred back to the GP. A safety net process is in place to ensure that patients are not disadvantaged by the new system;

(f) in 57% of referrals returned to the GP, a bespoke letter is produced to provide detailed advice and guidance on the appropriate treatment pathway, and this is shared with the patient. In 20% of cases, advice is provided that the patient should be referred by the GP to another specialist service – however, in response to feedback, consideration is being given to whether Neurology could refer the patient on directly, to ensure that patients have access to the right clinics in a timely way;

(g) in other instances, the referral is returned because Neurology requires more information before an appropriate pathway for the patient can be determined. There are very few cases of a patient being referred back to the GP incorrectly. Although there is a workload associated with all patient contact, the new triage system should not have a substantive impact on GP workloads, even though more patients are being referred back to them;

(h) GPs have access to guidelines on when to refer patients to specialist Neurology services, and resources are in place to support GPs in supporting as many patients as effectively as possible in the primary care environment. GPs also have shared support in making sure that patients are sent to the right place for their needs. It is vital for Neurology to be involved as early as possible where its services are needed, particularly for complex cases – so GPs are able to request a same-day assessment where there is otherwise a risk of a patient requiring hospital admission;

(i) a great deal of work is underway to ensure the use of shared case models so that, instead of responsibility for a patient being transferred fully from the GP to a specialist service and then being transferred back again, services retain different degrees of responsibility for the patient at all points throughout their pathway;

(a) the Trust accepted that there probably had been insufficient engagement and consultation with GPs regarding the changes to how referrals are triaged and managed, and lessons will be learnt from this.

Resolved:

(1) to support the development of a new business case for Neurology Services as part of delivering the upcoming Integrated Care Partnership's strategy for Nottingham. However, the Committee queried whether a step-change in service provision should be considered, given the relatively low level of full-time equivalent Neurology consultants for the size of the population served;

(2) to recommended that GPs, primary care partners, patients and the Committee are consulted and engaged with closely as part of the development of any business case for future service re-design – particularly

as the current changes to service access do not seem to have been consulted upon widely before being introduced;

(3) to recommend that, within an Integrated Care System, all partners across the system should be supporting each other closely in managing service delivery and workloads effectively. The Committee noted that it is also vital for patients to be kept informed as to the boundaries of responsibility for their healthcare at any given point.

21 Proposed Change to Colorectal and Hepatobiliary Services

The Nottingham and Nottinghamshire Integrated Care Board submitted a report on proposals to transfer colorectal and hepatobiliary services provided by Nottingham University Hospitals NHS Trust from the Trust's Queens Medical Centre site to the City Hospital Campus.

Resolved to support the proposed transfer of the colorectal and hepatobiliary services provided by Nottingham University Hospitals NHS Trust from the Queens Medical Centre to the City Campus, and the proposed approach to patient engagement.

22 Integrated Care System Approach to Health Inequalities

Councillor Adele Williams, Portfolio Holder for Finance, and Lucy Hubber, Director for Public Health, presented a report on the approach being developed across the Integrated Care System (ICS) to address health inequality. The following points were discussed:

(a) Nottingham City and Nottinghamshire County Council are working closely with the ICS on developing and embedding an approach to achieving greater health equality and equity for citizens, within the context of the emerging new system for fully integrated care;

(b) unfortunately, the outcomes for Nottingham's population across most health areas are worse than elsewhere in the county, and the difference in the outcomes for the City area when compared to the wider national picture is statistically significant – including when compared to the position in the County. The average life expectancy is substantially shorter across all levels of deprivation, and the period of living in poor health is longer. The Coronavirus pandemic has also had a huge impact on mortality;

(c) many of the major causes of death within the City population are products of the lived environment, and so are preventable. As such, multiple approaches are required, including Levelling Up, developing health equity, addressing the wider determinants of health, growing strong anchor organisations, and enabling and supporting effective communications platforms;

(d) health equity recognises that more should be done differently for some people to provide them with the same chances as others to live a longer and healthier life. Work is being carried out to identify the groups that disease affects the most, and how the causes of disease can be addressed most effectively. A close focus is

required on addressing severe multiple disadvantage through the wider determinants of health, by working to ensure that everyone can access the same opportunities. Beyond growing equity, it is vital that work is carried out to remove as many of the barriers to good health a possible;

(e) going forward, it is important that the whole system works proactively to address people's needs, rather than aiming simply to meet demand. A clear focus is required on the unmet needs of communities that are not able to present easily, and structures must be built up around individuals, in order for them to receive the best health outcomes;

(f) the ICS Health Inequalities Plan is being produced for September, which will be an important foundation of the Integrated Care Partnership's (ICP) upcoming Strategy (being produced for December), to be delivered by the Integrated Care Board (ICB). Progress on the development of the ICP Strategy is scheduled to be reported to the meeting of the Nottingham City Health and Wellbeing Board in November;

(g) the concept and ambition for health equity is not a recent development. However, there is now a deeper understanding of the situation and a stronger appetite to bring about this change. Public Health approaches are being embedded into ICS structures, and services are being developed on the basis of information on need collected directly from communities. The cross-partnership ways of working being grown across the whole system represent an important shift in how services are provided, and there is a clear momentum for change. Community Health and Wellbeing Hubs are being established locally with the intention of reaching people with the greatest need much earlier. The need for equity is written into all ICB objectives, and the right steps are being taken;

(h) given the substantial difference in Nottingham's health figures to elsewhere, it is likely that reversing these trends will take a number of years. However, areas where change can be achieved more rapidly are being identified, and work is underway to ensure that resources are being targeted to the areas of greatest need. A full assurance processes is in place;

(i) there are four key priorities in the Council's Joint Health and Wellbeing Strategy. Financial wellbeing is one of the four priorities, as good employment and access to money represents a strong means of reducing health inequality. The key priorities all have clear, funded implementation plans, with defined and measurable outcome targets in place, which will be used to assess the level of change being delivered in people's lives.

Resolved:

(1) to recommend that there must be an extremely strong focus on addressing the wider determinants of health effectively, and in ensuring timely early intervention and prevention in an ongoing way;

(2) to recommend that very close engagement is carried out with individual communities in developing the Integrated Care System's and Integrated Care Partnership's strategic documents;

(3) to recommend that clear, effective measures are in place to assess the level of change being delivered;

(4) to request that an update on the development of the approach to addressing health inequality is submitted to the Committee in the New Year.

23 Work Programme

Jane Garrard, Senior Governance Officer, presented the Committee's current work programme for the 2022/23 municipal year.

The Committee noted the work programme.

Health and Adult Social Care Scrutiny Committee
15 September 2022

Nottingham University Hospitals NHS Trust Maternity Services Assurance and Oversight

Report of the Head of Legal and Governance

1 Purpose

1.1 To review the system oversight and assurance arrangements in relation to maternity services provided by Nottingham University Hospitals NHS Trust.

2 Action required

2.1 The Committee is asked whether:

a) it wishes to make any comments or recommendations; and

b) whether any further scrutiny is required, and if so the focus and timescales.

3 Background information

3.1 Since the maternity services provided by Nottingham University Hospitals NHS Trust were rated as 'Inadequate' by the Care Quality Commission in December 2020, the Committee has prioritised the issue as part of work programme. To date it has gathered evidence from a range of different stakeholders. At this meeting the Committee will be looking at the oversight and assurance arrangements in place across the local and regional health system.

3.2 A paper has been submitted by Nottingham and Nottinghamshire Integrated Care Board setting out details of the assurance and oversight arrangements in place and representatives of the Integrated Care Board and NHS England Regional Team will be attending the meeting to answer questions about this.

4 List of attached information

4.1 'Nottingham University Hospitals NHS Trust Maternity Services: Assurance and Oversight' paper submitted by Nottingham and Nottinghamshire Integrated Care Board

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 Reports to, and minutes of meetings of the Health and Adult Social Care Scrutiny Committee held on 14 January 2021, 15 July 2021, 11 November 2021, 13 January 2022, 17 February 2022, 17 March 2022 and 19 May 2022

7 Wards affected

7.1 All

8 Contact information

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NHS
Nottingham and Nottinghamshire

Nottingham University Hospitals NHS Trust (NUH)
Maternity Services: Assurance & Oversight

Nottingham City Health Scrutiny Committee

1. Background

1.1. Nottingham University Hospitals NHS Trust (NUH) maternity services have been subject to enhanced surveillance since Autumn 2020 in response to quality concerns, with increased scrutiny and support provided by the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB)[1], Care Quality Commission (CQC), NHS England and NHS Improvement (NHSEI) and the Local Maternity and Neonatal System (LMNS) in agreeing, monitoring, and delivering a Maternity Improvement Plan. A CQC inspection of NUH in 2021 resulted in 'Requires Improvement' overall, with 'Inadequate' for maternity services. In March 2022 an unannounced CQC inspection of NUH maternity services resulted in additional concerns raised, specifically about the timeliness of initial reviews on arrival to maternity triage and the execution of maternal observations on the postnatal ward. There are concerns about the pace and scale of progress against the NUH Maternity Improvement Plan, further evidenced at both the Nottinghamshire County Health & Social Care Scrutiny Committee in January 2022, and Nottingham City Health & Adult Social Care Scrutiny Committee in February and March 2022.

1.2. Although improvements are being made, it is widely acknowledged that the pace is not where we want it to be for our women and their families. The scale of improvement required will take time and has been further compounded by operational demands and response to the pandemic. This however has not prevented the efforts of our teams to maintain the focus. The offers of support to NUH Maternity Services from system partners and regulators have been broad and longstanding.

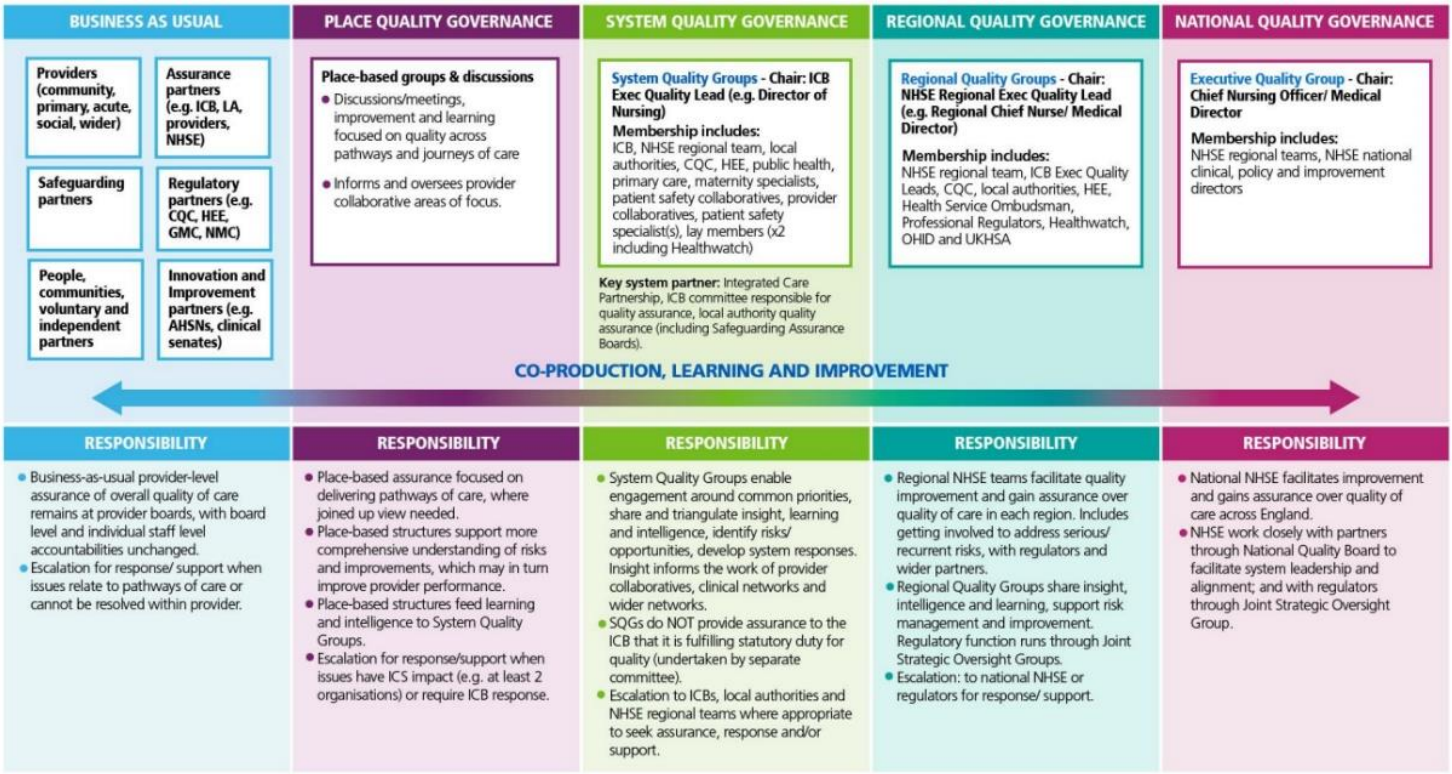
2. System & Regulator Oversight Arrangements

System Quality Governance

2.1. As the clinically led statutory NHS body responsible for the planning and commissioning of healthcare services, the **Nottingham and Nottinghamshire ICB** plays an integral role in ensuring the delivery of high quality and safe local health and care services. In accordance with the National Quality Board (NQB) guidance (Figure 1), the ICB and Integrated Care System (ICS) are responsible for monitoring the quality and safety of health and care services; this includes quality planning, quality improvement and quality control across the Nottingham and Nottinghamshire ICS footprint.

[1] Integrated care boards (ICBs) replaced clinical commissioning groups (CCGs) in the NHS in England from 1 July 2022.

Figure 1: National Quality Board guidance



2.2. These national responsibilities have been embedded in our local governance arrangements as the ICB has been established and *Figure 2* provides an overview of the new system quality oversight arrangements in place for the Nottingham and Nottinghamshire ICS and ICB.

2.3. The **ICS System Quality Group** (SQG) provides a strategic forum for partners from across health, social care, public health and wider within the ICS to have a clear line of sight on quality performance, good practice, concerns, and risks. The SQG has a focus on building an improvement culture, rather than focusing on performance management, and will allow for a collaborative and proactive response to supporting quality improvement across the system.

STRATEGIC Oversight & Quality Planning Alignment of system plans, narratives and responses

SYSTEM Oversight – Quality Assurance & Quality Improvement Identifying and managing system /PLACE / population risks and issues

COLLABORATIVEASSURANCE & DELIVERY– Quality Planning, Quality Assurance & Quality Improvement

Figure 2: ICS/ICB Quality Governance and Reporting Structure

ICB BOARD

Chair: ICB Designate Chair	Monthly

ICS SYSTEM OVERSIGHT MEETING (SOG)

Chairs: tbc	Monthly

NUH IMPROVEMENT OVERSIGHT & ASSURANCE GROUP (IOAG)

Chairs: Regional Medical Director (NHSEI Midlands) and ICS Executive Lead/ICB Accountable Officer	Monthly

NHSE REGIONAL QUALITY GROUP

SYSTEM SAFEGUARDING PARTNERSHIPS / BOARDS

ICB QUALITY & PEOPLE COMMITTEE

Chairs: ICB NED	Monthly

ICS SYSTEM QUALITY GROUP

Chairs: ICB Chief Nurse / ICB Medical Director	Quarterly

ICS CLINICAL EXECUTIVE GROUP & PROFESSIONAL CABINETS

ICS PEOPLE & CULTURE

SQG PROVIDER / PLACE HIGHLIGHT REPORTS

BAU Quality Oversight & Assurance

- ICB
- Acute, Community, Mental Health, and Independent Sector Provider
- PLACE Quality Lead
- Provider Collaborative
- NHSEI Specialised Commissioning

Co-creation of Quality & Risk Profiles per provider

Quality Intelligence & Insights Group	**Safeguarding, LAC, SEND Assurance Group**	**Mental Health Transformation**
Infection Prevention Control Assurance Group	**Patient Safety Specialist Steering Group**	**Health Inequalities Programme**
Primary Care Assurance Group	**Care Sector Strategic Partnership**	**Learning Disabilities & Autism (Ageing Well)**
Health Protection & Vaccinations	**Personalisation Board (including CHC)**	**Perinatal Quality Surveillance Group (LMNS)**

SYSTEM INTERDEPENDENCIES

- Strategic Commissioning Committee
- System Delivery / Operational Groups
  - Digital
  - Finance
  - Performance
  - Planning / Strategy
- System Transformation Programmes
  - Children & Young People
  - Community Services Transformation
  - Estate
  - Planned Care & Cancer
  - Urgent & Emergency Care / Proactive Care
  - Ageing Well

NUH Improvement Oversight & Assurance Group (IOAG)

2.4. The ICB has been working closely with system partners and NUH to oversee improvements in the services, providing capacity to support, as well as continuing to provide scrutiny and challenge to the improvement plans.

2.5. From January 2021 to March 2022, NUH provided monthly progress updates to a system wide NUH Maternity Safety & Oversight (QAG) subgroup, co-chaired by the ICS Chief Nurse and NHSEI Regional Chief Midwife (Midlands).

2.6. However, following the CQC inspection of maternity services in March 2022 and subsequent changes to system governance, arrangements have been refreshed and streamlined. An **NUH Improvement Oversight and Assurance Group** (IOAG) has been established. This group combines partners from across the ICS and is co-chaired between the ICB and Regional NHSE, overseeing the Trust's response to all the quality and governance concerns currently present at NUH. The IOAG and relationship with wider system quality governance arrangements is illustrated in *Figure 2* above. The IOAG meets monthly with membership from: CQC, Health Education England (HEE), Healthwatch Nottingham and Nottinghamshire, General Medical Council (GMC), Nursing and Midwifery Council (NMC), as well as calling on key members of the Trust's leadership team to provide updates and information.

2.7. The group has significant focus on maternity services, whilst ensuring that trust-wide interdependent improvement work, such as culture and inclusion, has complete read across in terms of aims and objectives. The IOAG's aim is to:

- provide support and challenge to drive continued improvement in quality and safety
- provide collective oversight and assurance of progress
- ensure sustained progression of improvement actions

2.8. Work is underway to ensure that the IOAG provides assurance to stakeholders, illustrating how associated clinical and quality risks are appropriately assessed and addressed. It is also imperative that support requirements are clear whilst providing opportunity for stakeholders to provide constructive challenge where appropriate.

2.9. Regular briefings summarising the IOAG discussion are circulated and are available on request.

Perinatal Quality & Local Maternity and Neonatal System (LMNS)

2.10. The LMNS is a partnership collaborative established to oversee the development and implementation of a local vision for transforming maternity services, based on the principles of Better Births, the NHS Long Term Plan, the National Neonatal Review (Better Newborn Care), and more recently the Ockenden recommendations.

2.11. Over the past year, significant work has taken place to evolve the LMNS perinatal governance structure and associated meetings. The overarching aim has been to

strengthen effectiveness and support timely identification and escalation of safety and quality concerns in line with the Perinatal Quality Surveillance Model.

2.12. Quality and safety of maternity services now has system visibility, led by the LMNS. Whilst NUH have the IOAG in place, it is essential that the system sustains the level of rigour and support, not just for services delivered at NUH but beyond.

2.13. The LMNS Perinatal Surveillance Quality Group (PSQG) is intrinsic to system oversight. Key highlights are shared with the LMNS Executive Partnership Board and into the ICS System Quality Group. The LMNS has established a Serious Incident (SI) Shared Governance Group which meets alternate weeks, having oversight of all Maternity Serious Incidents. This group is chaired by the ICB, attended by all system partners, representatives from NHSE, and the Lincolnshire LMNS, offering a sphere of clinical practice and independence.

2.14. Also reporting into the PSQG is the LMNS Quality Outcomes Dashboard Sub-group (DSG), the purpose of which is to ensure that the LMNS dashboard data is regularly scrutinised for key themes that require either escalation or general sharing. The LMNS Quality and Outcomes Dashboard provides an overview of the Local Maternity and Neonatal System performance against a defined set of indicators across a broad range of maternity, neonatal and associated services and was developed over 2021/2022.

3. Future Planning and Support

3.1. In addition to achieving full compliance of both the Ockenden recommendations and SBLCB, insight visits have identified additional areas to strengthen as part of the improvement programme of work:

- Whilst it is improving, more collaboration is required with the Maternity Voices Partnership (MVP)
- To continue to address timeliness of investigations and reporting of Serious Incidents. During insight visits staff were able to provide examples of learning cascade, however there is insufficient evidence to make a full assessment on the learning culture. This is further impacted on the backlog of incidents requiring investigation (both local and HSIB reportable)
- To review time allocated in the new consultant job plans for specialist roles to create realistic capacity for mandatory training
- To actively manage the staff training compliance across all areas
- To improve involvement of all staff as part of responding to the Ockenden recommendations

3.2. Following the announcement of Donna Ockenden to chair a new review, Donna has visited families in Nottingham on 11 July 2022[2]. The review into maternity services at NUH commenced on 1 September 2022[3] with an early indicative timeline of eighteen

[2] https://twitter.com/DOckendenLtd/status/1546383988247461889
[3] https://twitter.com/OckReview/status/1546509262148661518

months; subject to the Terms of Reference for the Ockenden NUH Review which are yet to be confirmed (as of 01 September 2022).

3.3. The ICB welcomes the Review of NUH maternity services chaired by Donna Ockenden, which will give further opportunity to support the families involved in maternity services at NUH have their voices heard, and provide valuable learning to support the rapid improvement in quality in these services to benefit our citizens.

3.4. We are fully committed to both supporting this review and implementing the findings at pace.

4. NHS England Support

4.1. The Trust entered the NHS England (NHSE) Recovery Support Programme (RSP) in September 2021. An embedded Improvement Director and Deputy Improvement Director have been allocated to the Trust and a comprehensive support package has been agreed. The package includes funding and access to subject matter expertise across NHSE to address issues identified through the initial RSP assessment. The RSP support package funding is £1.536M over two years and includes Board and Leadership development, cultural transformation, governance and maternity as well as ongoing support from the national Intensive Support Team.

4.2. The Trust has also been part of the NHSE Maternity Safety Support Programme since January 2021. This programme has been recently refreshed as part of the national Intensive Support Programme and the Trust is supported by two Maternity Improvement Advisors (Obstetric and Midwifery).

4.3. The Regional NHSE team has also provided considerable support to the Trust over the last 18 months, including;

- Regional maternity team general support and specific support with governance, digital and Serious Incidents
- Regional digital team support with procurement of new IT system and other digital issues affecting maternity
- Regional workforce team support with recruitment and HR
- Regional (and national) EDI team support with EDI strategy implementation
- Regional comms support, including temporary acting Director of Comms backfill
- Support to Trust to bid for national programme funding totalling £4.34M for transformation, digital and workforce

5. Summary and Upcoming Actions

5.1. This briefing is not exhaustive however it provides some evidence into the changes and actions being taken by the ICB, Trust and system partners to oversee and support the necessary improvements so babies, women and their families get the safe, effective, and personalised care that they deserve.

5.2. Enhanced surveillance and system/regulatory support continues to be in place, and we are committed to playing an active role with NUH to ensure the momentum is not lost and the radical changes to service delivery are implemented

5.3. The ICB will provide all information requested by Donna Ockenden's team and is available to feed in other relevant information and data as required.

5.4. Improving the quality of care delivered at NUH's maternity services is one of the top priorities for the ICB.

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Health and Adult Social Care Scrutiny Committee
15 September 2022

Step 4 Psychological Therapy Services

Report of the Head of Legal and Governance

1 Purpose

1.1 To review progress in reducing waiting times for assessment and treatment for Step 4 psychological services provided by Nottinghamshire Healthcare NHS Foundation Trust.

2 Action required

2.1 The Committee is asked whether:

a) it wishes to make any comments or recommendations; and

b) whether any further scrutiny is required, and if so the focus and timescales.

3 Background information

3.1 In September 2021, representatives of Nottinghamshire Healthcare NHS Foundation Trust attended a meeting of the Committee to discuss access to step 4 psychotherapy and psychological therapies in response to the Committee's concerns about the waiting time for assessment and treatment, and the support available for people during that period. Having considered the information available, the Committee was concerned about the waiting time for treatment but welcomed assurance by the Trust that receiving lower levels of care whilst waiting for more specialist support does not impact on an individual's access to step 4 services. The Trust outlined the actions being taken to reduce waiting times for treatment and stated that it anticipated that waiting times would be significantly improved by summer 2022. Therefore, the Committee decided to review the Trust's progress in reducing waiting times and improving outcomes through transformation in summer 2022.

3.2 The Trust's Executive Director for Local Mental Health Services, Consultant Clinical Psychologist, Deputy Director for Local Mental Health Services and Head of Transformation of Mental Health Services will be attending the meeting to update the Committee on current waiting times for assessment and treatment, and community mental health transformation in relation to psychological therapies. A copy of the presentation that they will be giving is attached.

4 List of attached information

4.1 Presentation from Nottinghamshire Healthcare NHS Foundation Trust about City Step 4 Waiting Times and Psychological Pathway Transformation

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 Report to, and minutes of the meeting of the Health Scrutiny Committee held on 16 September 2021.

7 Wards affected

7.1 All

8 Contact information

8.1 Jane Garrard, Senior Governance Officer
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Nottinghamshire Healthcare NHS Foundation Trust

City Step 4 Waiting times and Psychological Pathway Transformation update 15th September 2022

Dr Julie Attfield – Executive Director Local Mental Health Services

Alison Smith -Consultant Clinical Psychologist

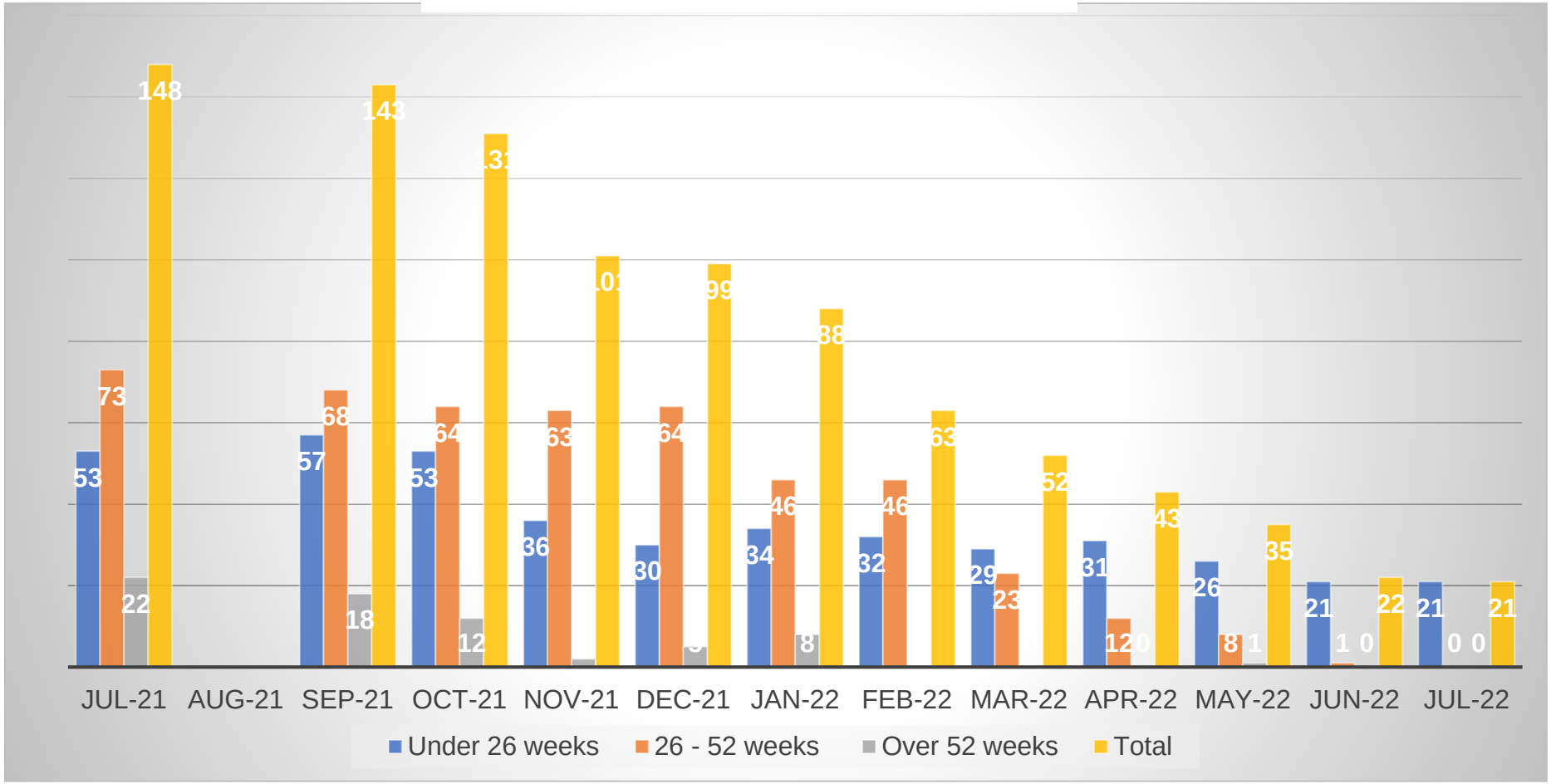
Kazia Foster – Deputy Director Local Mental Health Services

Louise Randle –Head of Transformation Mental Health Services

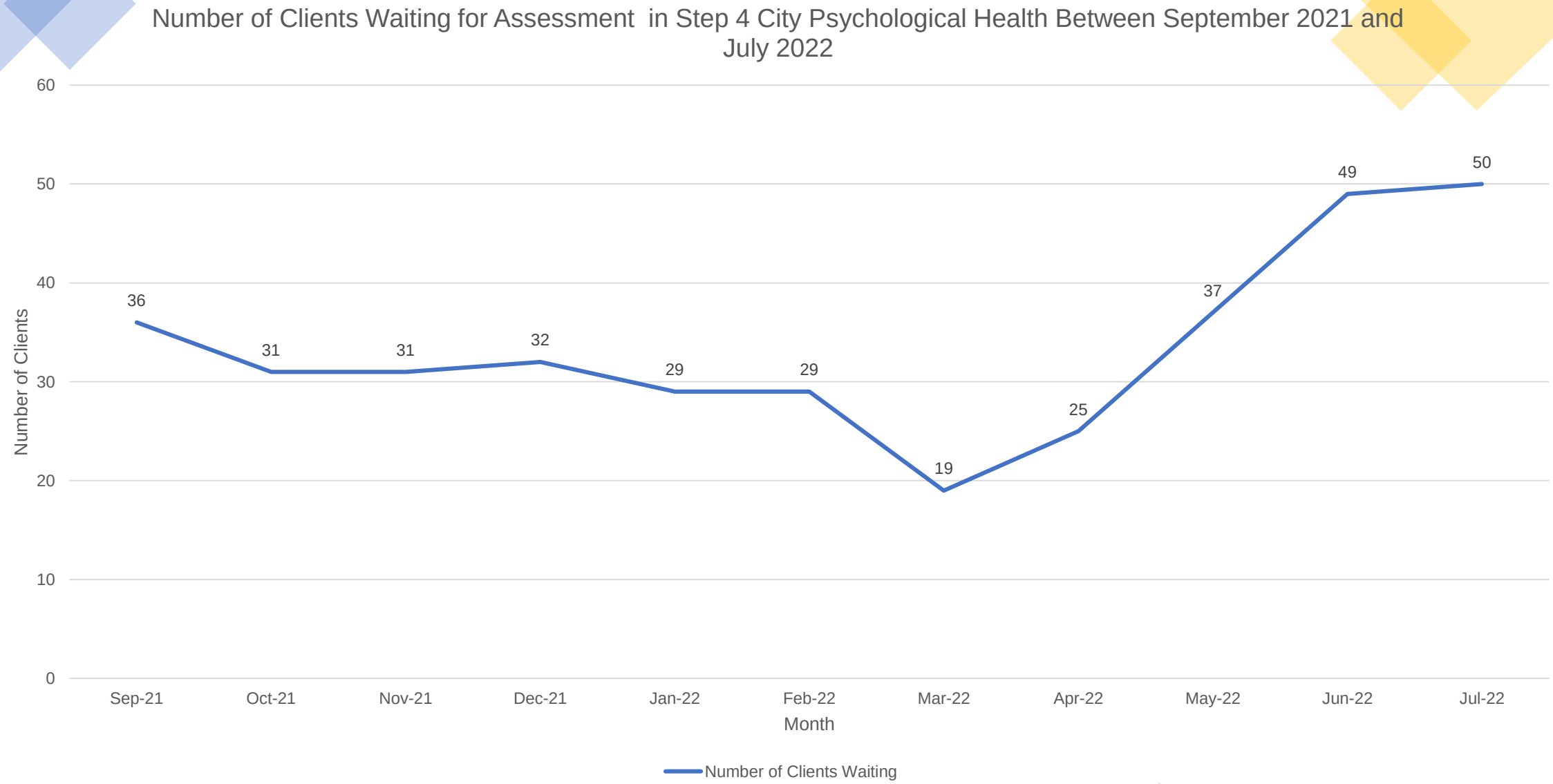
City Step 4

Updated Waiting List Position

July 2022:



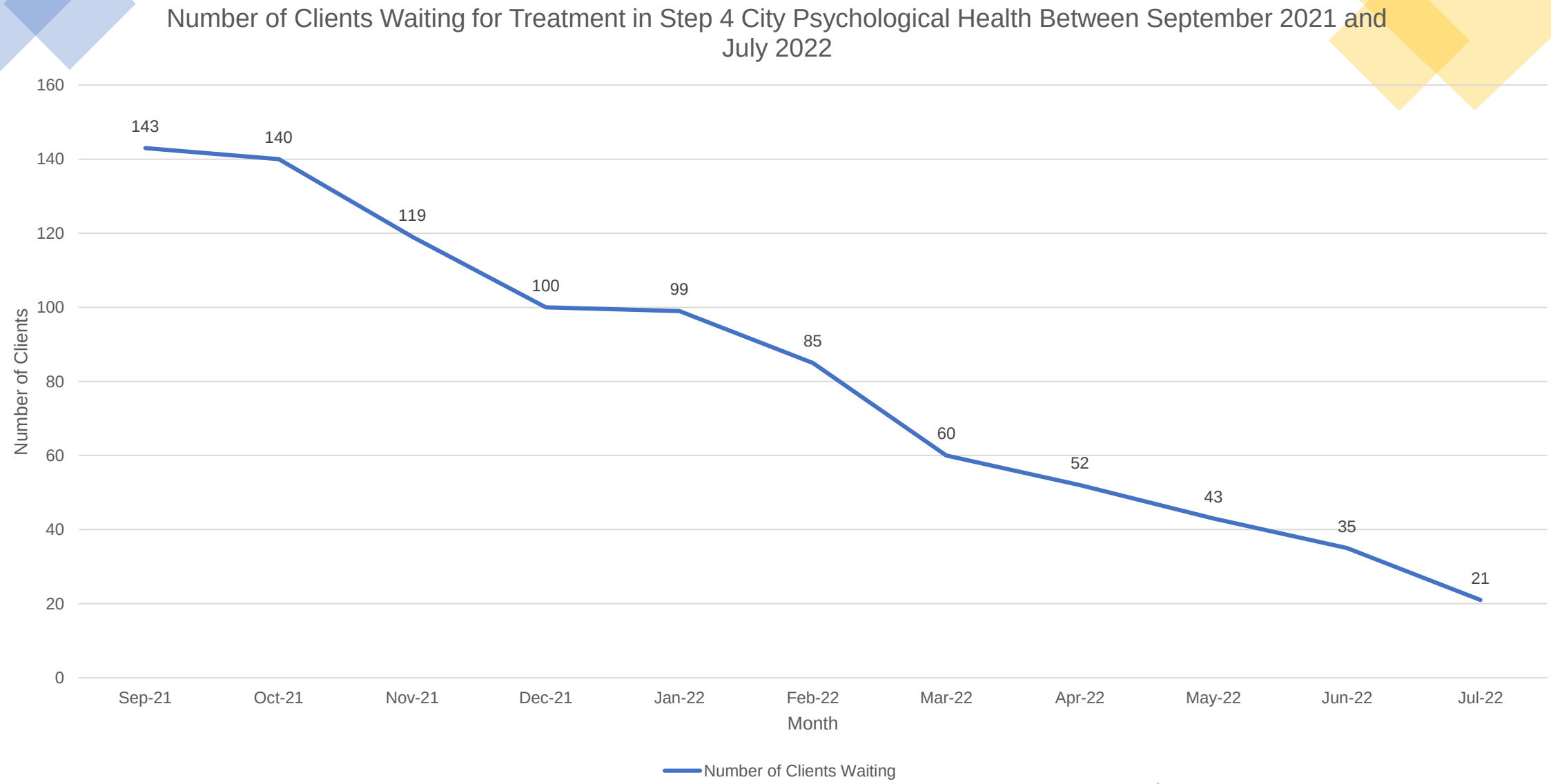
Month	Number of Clients Waiting for Assessment
Sept 2021	36
Oct 2021	31
Nov 2021	31
Dec 2021	32
Jan 2022	29
Feb 2022	29
Mar 2022	19
Apr 2022	25
May 2022	37
Jun 2022	49
Jul 2022	50
Current (29/07/22)	43 (includes pts who have not returned Qu's)


Number of Clients Waiting for Assessment in Step 4 City Psychological Health Between September 2021 and July 2022
60
50
40
30
20
10
0
Number of Clients
36
31
31
32
29
29
19
25
37
49
50
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
Feb-22
Mar-22
Apr-22
May-22
Jun-22
Jul-22
Month
Number of Clients Waiting

- **<u>Comments:</u>**

- There has been a slight increase in referrals numbers in the last quarter
- The figures are raised in June/July as these will include patients who have been opted in, but not yet returned their questionnaire and/or patients still in discussion with other services
- There will be a small number who are recorded as open to Step 4, but are awaiting discharge/signposting
- Waiting times for assessment remain lower overall

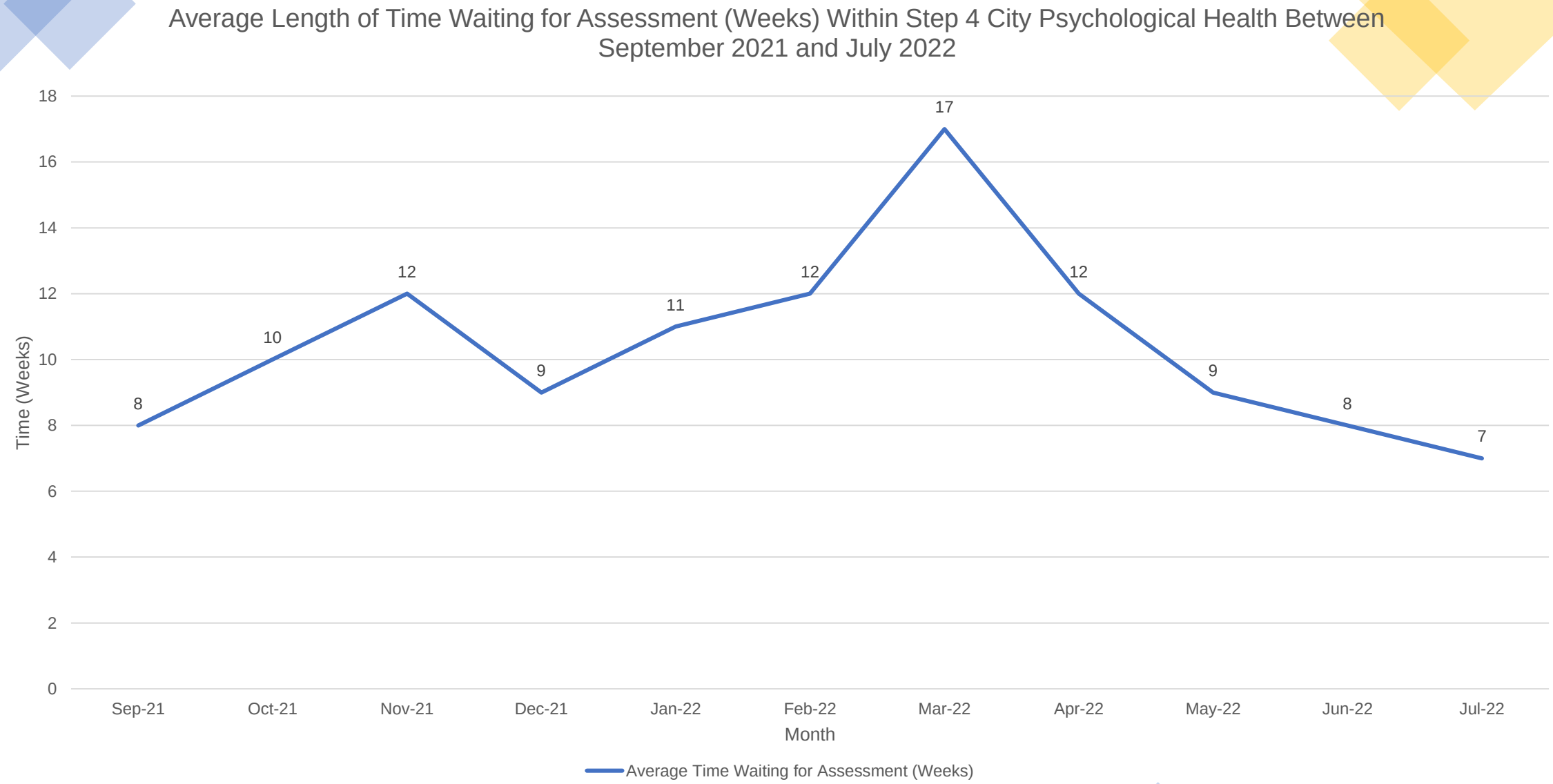
Month	Number of Clients Waiting for Treatment
Sept 2021	143
Oct 2021	140
Nov 2021	119
Dec 2021	100
Jan 2022	99
Feb 2022	85
Mar 2022	60
Apr 2022	52
May 2022	43
Jun 2022	35
Jul 2022	21
Current (29/07/22)	20


Number of Clients Waiting for Treatment in Step 4 City Psychological Health Between September 2021 and July 2022
160
140
120
100
80
60
40
20
0
Number of Clients
143
140
119
100
99
85
60
52
43
35
21
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
Feb-22
Mar-22
Apr-22
May-22
Jun-22
Jul-22
Month
Number of Clients Waiting

Assessment Waiting Times

This table reports the average wait (in weeks) for assessment in Step 4 City Psychological Health per month between September 2021 and July 2022.

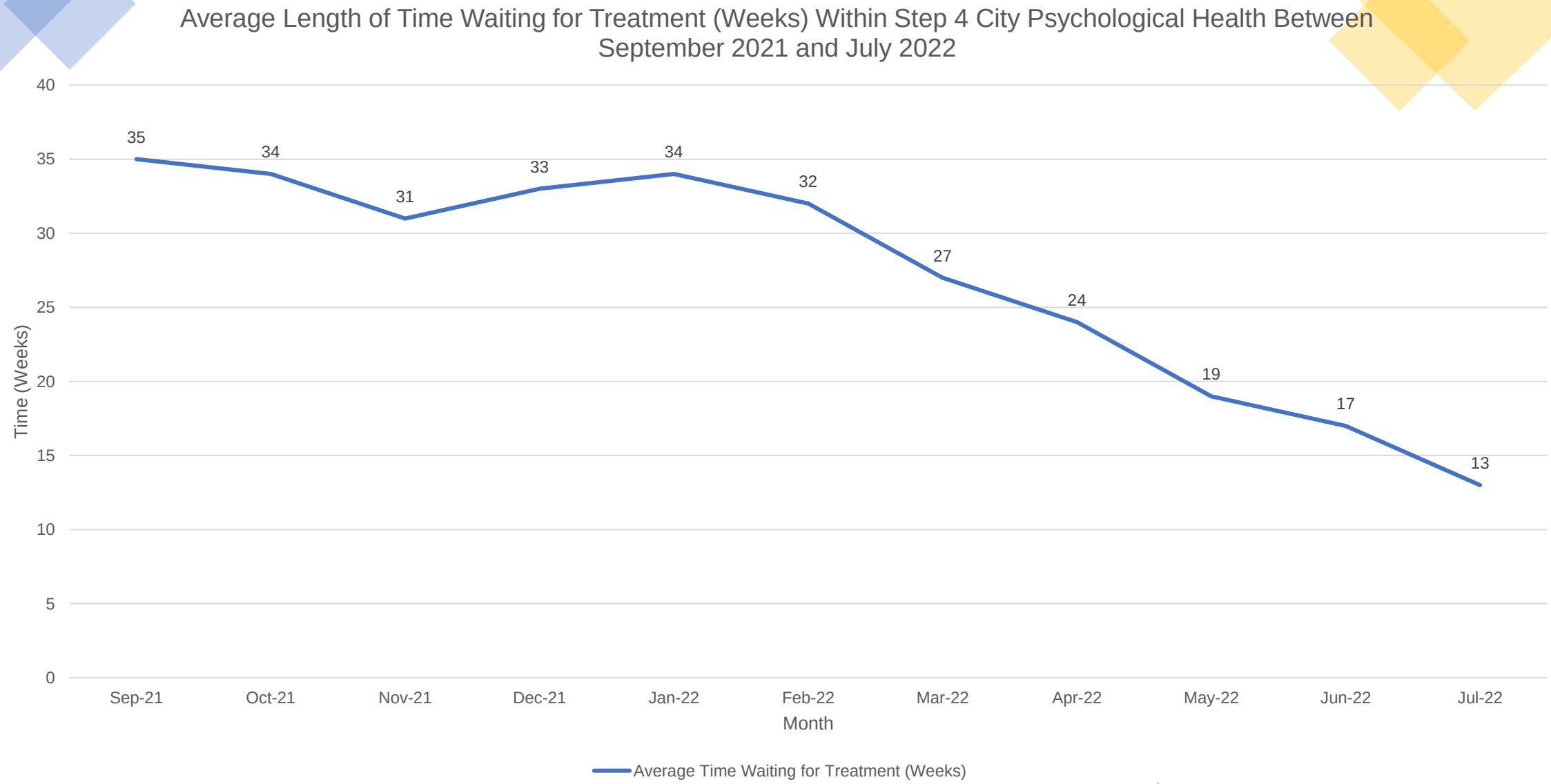
Month	Average Wait (Weeks)
Sept 2021	8
Oct 2021	10
Nov 2021	12
Dec 2021	9
Jan 2022	11
Feb 2022	12
Mar 2022	17
Apr 2022	12
May 2022	9
Jun 2022	8
Jul 2022	7
Current (29/07/22)	5


Average Length of Time Waiting for Assessment (Weeks) Within Step 4 City Psychological Health Between September 2021 and July 2022
Time (Weeks)
18
16
14
12
10
8
6
4
2
0
8
10
12
9
11
12
17
12
9
8
7
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
Feb-22
Mar-22
Apr-22
May-22
Jun-22
Jul-22
Month
Average Time Waiting for Assessment (Weeks)

Treatment Waiting Times

The below table reports the average wait (in weeks) for treatment in Step 4 City Psychological Health per month between September 2021 and July 2022.

Month	Average Wait (Weeks)
Sept 2021	35
Oct 2021	34
Nov 2021	31
Dec 2021	33
Jan 2022	34
Feb 2022	32
Mar 2022	27
Apr 2022	24
May 2022	19
Jun 2022	17
Jul 2022	13
Current (29/07/22)	10


Average Length of Time Waiting for Treatment (Weeks) Within Step 4 City Psychological Health Between September 2021 and July 2022
Time (Weeks)
40
35
30
25
20
15
10
5
0
35
34
31
33
34
32
27
24
19
17
13
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
Feb-22
Mar-22
Apr-22
May-22
Jun-22
Jul-22
Month
Average Time Waiting for Treatment (Weeks)

Additional comments:

- All patients waiting over 26 weeks were reviewed and a small number (n=7) were able to be appropriately discharged from the waiting list (e.g. were feeling better, had sought help elsewhere, moved out of area, pregnant and not wanting therapy at this time)
- All patients who were electing to delay therapy until they could return to face to face, have now commenced in therapy. A handful of patients had elected to wait for other, specific reasons. These have also all commenced in therapy.
- The City Step 4 Team have had communication with all Local Mental Health Team's (LMHT) and wider referring services in AMH, to clarify referral pathways and highlight that Step 4 is best indicated where patients are 'therapy ready'. Communication with the LMHT's has improved markedly.

- New referrals are carefully triaged, working towards a target figure of 20 new patients per calendar month, based on capacity and demand mapping.
- The return to more face-to-face working has enabled a new Mentalization- based Therapy (MBT) group to be developed which commenced several months ago. This will continue to run as a regular therapy offer in Step 4.
- The recruitment to an Assistant Psychology post enabled the development of additional brief intervention models in the City Step 4 services, which has supported patients into longer term therapies.

Community Mental Health Transformation – Psychological Therapies

Review of psychology pathway and patient journey
More integration with LMHT which includes referral processes and streamlined access
Consideration of new roles to support the psychology pathway – invest to train roles commencing in Sept/Oct for Clinical Associates in Psychology and Mental Health and Wellbeing Practitioners
Utilisation of VCSE to support stabilisation offer prior to therapy
Staff undertaking training in HEE funded CBT for SMI

PATHWAY FOR PSYCHOLOGICAL THERAPIES

High Intensity/Low Volume

Volume & Intensity

Low Intensity/High Volume

Governance

Complex Team level Interventions A
(where MDT support not required)
OR
Complex Team Level B
(where LMHT support is required)

(More intensive/longer term interventions - Interpersonal/attachment/ Trauma focussed/Integrated/EMDR etc)

Local Team level Interventions

Psychologically informed, skills based and structured (CBT) interventions

Primary Care level interventions
Brief, focussed, goal based; psychoeducation; self help

Comments and Questions?

Health and Adult Social Care Scrutiny Committee
15 September 2022

Work Programme

Report of the Head of Legal and Governance

1. Purpose

1.1 To consider the Committee's work programme for 2022/23 based on areas of work identified by the Committee at previous committee 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 municipal year 2022/23 and make amendments to this programme as appropriate.

3. Background information

3.1 The purpose of the Health and Adult Social 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 2022/23 is attached at Appendix 1.

4. List of attached information

4.1 Health and Adult Social Care Scrutiny Committee Work Programme 2022/23

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

8.1 Jane Garrard, Senior Governance Officer
Tel: 0115 8764315
Email: jane.garrard@nottinghamcity.gov.uk

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Health and Adult Social Care Scrutiny Committee 2022/23 Work Programme

Date	Items
12 May 2022	• **Nottingham University Hospitals NHS Trust Maternity Services** To review progress in improvements to maternity services. • **'Tomorrow's NUH'** To consider the findings of pre-consultation engagement. • **Work Programme 2022/23**
23 June 2022	• **Adult Social Care Transformation Programme** To consider an overview of the programme and review progress of the first six projects • **Services for individuals with co-existing mental health conditions and addictions** Progress since most recent Prevention of Future Death Notices to seek assurance that what is needed is in place • **Quality Account comments** To note the comments submitted to Quality Accounts 2021/22 • **Work Programme 2022/23**
14 July 2022	• **Integrated Care System Equalities Approach** To review Equalities Approach of the ICS • **Neurology Services** To consider access to neurology services provided by Nottingham University Hospitals Trust • **Changes to Colorectal and Hepatobiliary Services** To review proposals to transfer colorectal and hepatobiliary service to City Campus • **Work Programme 2022/23**

Date	Items
15 September 2022	• **Step 4 Psychological Therapies** To review progress in reducing waiting times for assessment and treatment for Step 4 Psychological Therapies • **Maternity Services** To look at how the local system and region is doing to address the issues with maternity services provided by Nottingham University Hospitals. • **Work Programme 2022/23**
13 October 2022	• **Adult Eating Disorder Service** To hear about how the Service has developed to improve accessibility and reduce waiting times for treatment • **Integrated Care Strategy and Integrated Care Board Forward Plan** To consider engagement and consultation on development of the Integrated Care Strategy and Integrated Care Board's Forward Plan. • **Changes to Neonatal Services** To consider proposals for changes to neonatal services • **Reconfiguration of Acute Stroke Services** To consider to make reconfiguration of acute stroke services permanent • **Work Programme 2022/23**
17 November 2022	• **Access to NHS and Community Dental Services** • **GP Strategy** • **Work Programme 2022/23**
15 December 2022	• **Platform One** To review impact of change, including impact on Emergency Department attendance

Date	Items
	• **Nottingham City Safeguarding Adults Board Annual Report 2021/22** (tbc – dependent on when report is published) • **Medium Term Financial Plan** • **Tomorrow's NUH** (tbc – depending on progress) To receive a written update on the latest position with the development of the proposals • **Work Programme 2022/23**
12 January 2023	• **Work Programme 2022/23**
16 February 2023	• **Work Programme 2022/23**
16 March 2023	• **Work Programme 2021/22**

To be scheduled:

- Tomorrow's NUH – Proposals for Family Care and Outpatients; findings of public consultation and final proposals.
- Implementation of Severe Mental Health Transformation Programme in Nottingham
- Improving immunisation rates. Potential areas of focus: lessons learnt from Covid vaccination programme: accessibility of consent for school-age vaccination: effectiveness of new City and County Health Protection Board in providing assurance rates
- Support for people with co-existing substance misuse and mental health issues
- Adult Social Care Workforce and Organisational Development Strategy
- ICS Equalities Plan
- Trans healthcare/ Gender Identity Clinics

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