

## Health Scrutiny Committee

**Tuesday, 09 May 2023 at 10:30**

County Hall, West Bridgford, Nottingham, NG2 7QP

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### AGENDA

- |   |  |         |
|---|--|---------|
| 1 | Minutes of last meeting held on 28 March 2023  | 3 - 18  |
| 2 | Apologies for Absence  |         |
| 3 | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 4 | Transfer of Elective Services at Nottingham University Hospitals   | 19 - 38 |
| 5 | Nottingham and Nottinghamshire NHS Joint Forward Plan  | 39 - 44 |
| 6 | Chairman and Vice-Chairman Visit to QMC Emergency Department<br>Verbal Update  |         |
| 7 | Work Programme   | 45 - 52 |

#### Notes

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.

- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Noel McMenamin (Tel. 0115 993 2670) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

## **COUNCILLORS**

Mrs. Sue Saddington (Chairman)  
Bethan Eddy (Vice-Chairman)

Mike Adams  
Sinead Anderson - **Apologies**  
Callum Bailey  
Steve Carr  
David Martin

John 'Maggie' McGrath - **Apologies**  
Nigel Turner  
Michelle Welsh  
John Wilmott

## **SUBSTITUTE MEMBERS**

Councillor Foale for Councillor McGrath  
Councillor Lee for Councillor Anderson

## **OFFICERS**

Kerrie Adams - Senior Public Health Manager  
Martin Elliott - Senior Scrutiny Officer  
Jonathan Gribbin - Director of Public Health  
Noel McMenamain - Democratic Services Officer

## **ALSO IN ATTENDANCE**

David Ainsworth	-	Sherwood Forest Hospitals NHS Trust
Sarah Collis	-	Nottingham and Nottinghamshire Healthwatch
Sherrell Dudley	-	Nottinghamshire Healthcare NHS Foundation Trust
Lisa Durant	-	Nottingham and Nottinghamshire ICB
Jane Green	-	NHS England, East Midlands
Clare Hames	-	NHS England, East Midlands
Caroline Goulding	-	NHS England, East Midlands
Adam Morby	-	NHS England, East Midlands
Allan Reid	-	NHS England, East Midlands
Joseph Sullivan	-	Nottinghamshire Healthcare NHS Foundation Trust
James Thomas	-	Sherwood Forest Hospitals NHS Trust

## **1 MINUTES OF THE LAST MEETING HELD ON 21 FEBRUARY 2023**

The minutes of the last meeting held on 21 February 2023, having been circulated to all members, were taken as read and signed by the Chairman.

## **2 APOLOGIES FOR ABSENCE**

Councillor Anderson (medical/illness)  
Councillor McGrath (other reasons)

## **3 DECLARATIONS OF INTEREST**

Councillor Mrs Saddington declared a personal interest in agenda item six (Community Diagnostic Centre – Mansfield) in that a family member worked for Nottingham University Hospitals NHS Trust, which did not preclude her from speaking or voting.

Councillor Eddy declared a personal interest in agenda item (Community Diagnostic Centre – Mansfield) in that her husband was a Community Staff Nurse who had previously worked for Sherwood Forest Hospitals NHS Trust, which did not preclude her from speaking or voting.

Councillors Foale and Welsh advised that they would be attending the meeting of the Overview Committee on 31 March where the call-in of the Cabinet decision of Nottinghamshire Healthy Families Programme 2024 and beyond would be considered as they had been signatories of the call-in request.

Councillors Lee and Carr advised that they would be sitting as members of the Overview Committee on 31 March where the call-in of the Cabinet decision of Nottinghamshire Healthy Families Programme 2024 and beyond would be considered.

## **4 NHS DENTISTRY SERVICES**

Caroline Goulding, Head of Primary Care Commissioning, Adam Morby, Regional Chief Dentist, Jane Green, Programme Manager, Pharmacy, Optometry and Dental, Allan Reid, Consultant in Public Health and Claire Hames, Commissioning Manager from NHS England, East Midlands attended the meeting to present a report on access to NHS Dental Services in Nottinghamshire.

In introducing the report Caroline Goulding acknowledged that access to dental services in Nottinghamshire been an area of challenge and concern for the NHS since before the Covid-19 pandemic and that levels of access to dental services in Nottinghamshire, and across the East Midlands, was not where it should be.

Caroline Goulding advised that in Nottinghamshire NHS that dental service activity was currently at around 87% of the level that had been seen prior to the pandemic and that it was envisaged that by the end of the 2024 financial year that levels of activity would have returned to pre-pandemic levels. Caroline Goulding assured the committee that NHS East

Midlands was doing everything it possibly could to improve access to NHS dental services locally and that there was also significant work being carried nationally to try to address bigger contractual issues and their impact on access to dental services. Caroline Goulding assured the committee that whilst there were significant levels of activity being carried out to improve access to NHS dental services, it could take a further two or three years to fully deliver the improvements that were required to improve access to NHS dental services in Nottinghamshire

Caroline Goulding and the other representatives made a presentation to the meeting. A **summary** of the presentation is detailed below.

- The location and provision of NHS Dental Services in Nottinghamshire, including:
  - 109 NHS Dental Practices.
  - One Extended Out of Hours unplanned Urgent Care Site, based in Mansfield.
  - Five Community Dental Service sites providing community and specialised services.
  - Nine providers of Intermediate Minor Oral Surgery.
- The challenges being faced in delivering dental services, both nationally and within Nottinghamshire, that included:
  - Access to services – general and orthodontics.
  - Access to services for vulnerable groups, including Looked after Children / Children in Care.
  - Contract hand backs (there had been two in Nottinghamshire).
  - Discontent within the profession with the NHS Dental Contract.
- The initiatives that had been carried out locally to address the challenges around access to dental services, that included:
  - Weekend Sessions.
  - Dedicated Urgent Slots during surgery opening hours.
  - Extended hours, urgent dental care and out of hours services.
  - Oral Health improvement funding (including Oral Health Promotion training / toothbrushing packs)
  - Support Practices - Community Dental Services
  - a “Golden Hello” Scheme for dentists entering NHS dental services.
- Activities around contract reform.
- How the fluoridation of water supplies in Ashfield, Bassetlaw and Mansfield and bordering areas of Gedling and Newark and Sherwood were an effective and safe public health measure to reduce the frequency and severity of dental decay, and in narrowing oral health inequalities.

- Future planned activity around improving access to NHS Dental Services that included:
  - The changes to the how NHS dental services would be managed locally when the Nottinghamshire and Nottinghamshire Integrated Care Service took on delegated responsibility from NHS England for the Commissioning of Pharmacy, Dental and Optometry services from 1 April 2023.
  - How the NHS Communications Team had drafted a series of stakeholder briefings to update key partners and the public on the situation with respect to NHS dental services.

The full report from NHS England, East Midlands on access to dental services in Nottinghamshire was attached as an appendix to the Chairman's report.

The Chairman noted her concern about the ongoing difficulties of residents accessing dental appointments and the lack of NHS dental practices in some areas of Nottinghamshire.

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

- That the difficulties being experienced by residents in accessing NHS dental services would be having a negative impact on their oral health and placed them at a higher risk of experiencing other related health conditions. Members also noted their concerns around residents feeling that they had no alternative to carrying out self-treatment and the related health risks that this situation carried.
- That the current situation of insufficient NHS dental services was forcing residents to either access private care or to not access dental care at all.
- Members agreed that the current value of NHS dental contracts made NHS practice unappealing to many dentists.
- Members asked what activity was taking place to encourage and enable residents who did not access dental services to access the urgent care that they needed.
- Members noted their concern of residents not being able to access appointments and treatments at NHS practices where they had received treatment before.

In the response to the points raised, Caroline Goulding and Adam Morby advised:

- That the current situation around access to dental services and the current value of NHS dental contracts were areas of deep concern that placed residents at risk of poor oral health.
- That whilst there were enough dentists in practice nationally to provide the required level of access to services, the major issue of concern was that the current value of NHS dental contracts made NHS dentistry a less appealing option for dentists when compared to practicing privately.
- That many dental graduates were going straight into private practice once qualified. It was also noted that the procedures and processes that were required for dentists from overseas to become registered and practice in the UK took a considerable amount of time to complete.
- That the most significant issues being faced in delivering the desired level of NHS dental services to residents were workforce related.
- To increase the numbers of appointments that were available, dentists were assessing patients on their individual oral health needs regarding the frequency of their check-up appointments. It was noted that for healthy patients longer gaps between appointments were suitable and that this activity had enabled more patients to access dental appointments.
- That there had been significant activity carried out over the past year to ensure that residents who were in need of urgent dental care were able to access an appointment with an NHS dentist. It was noted that unfortunately that the location of such appointments may not always be in a resident's local area.
- That processes were in place to support and improve the performance of any dental practice that provided NHS dental services and who were not meeting the requirements of their NHS contract.
- That whilst there were situations where some practices had not enabled residents to access treatments at practices where they had had treatment before, that most NHS practices would always aim to care for patients who had received treatment from them in the past.

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

- That the situation regarding the inability of residents to access the required level of NHS dental services had been an issue of concern for some years and did not show any sign of improving soon. Members reaffirmed their concerns regarding the current NHS dental contracts and how they did not encourage dentists to provide NHS services.

- Members noted that consideration should be given to the possibility of the Chairman of the Health Scrutiny Committee writing to all Nottinghamshire MPs to express the concerns of the committee on the issue of access to NHS dental services and to request their support in reforming the current NHS dental contracts to help improve access to NHS Dental services.

The Chairman noted that the Nottingham and Nottinghamshire ICB would be taking on delegated responsibility from NHS England for the Commissioning of Dental services from 1 April 2023. The Chairman noted that as such that it would be beneficial for the Health Scrutiny Committee to look again at the issue of access to NHS dental services at a future meeting to fully examine the impact of this change on resident's access to NHS dental services.

Members of the committee noted with concern the issue of the high number of children at age five from across Nottinghamshire who were showing signs of dental decay. Members also noted with concern the difference in levels of decay across Nottinghamshire districts and how this highlighted ongoing problems around health inequality. The report stated that in Ashfield, Bassetlaw, Gedling and Mansfield, over 20% of children at age five showed signs of dental decay, whilst in Rushcliffe only 12.7% of children showed signs of decay. Members also sought assurance that there was a focus on improving the oral health of the most vulnerable children across Nottinghamshire, particularly Looked After Children.

Members of the committee asked for further information on what activity was taking place to increase access to dental services for children and what activity was being carried out to support children and their families to maintain good oral health. Allan Reid advised that whilst levels of deprivation across Nottinghamshire were linked to levels of oral health, there were many other variable factors that impacted on the oral health of children. Members were assured that the oral health of children was a key area of focus for the NHS and that a steering group on oral health focussed on this issue was in place.

Members were also advised of the community outreach and targeted activity that was taking place that was focussed on improving the oral health of children across Nottinghamshire. Caroline Goulding noted that the transfer of dentistry to the ICB would provide further opportunities for improving children's oral health due to the opportunities provided for the provision of dental services to be considered alongside the provision of other health services. Caroline Goulding assured the committee that supporting the health of vulnerable and Looked After Children was a priority for the NHS and the ICB.

The Vice-Chairman sought further information on the changes to the frequency of regular check-up appointments for patients. Caroline Goulding advised that studies had shown that the intervals between dental check-ups should be set at a frequency based on each patient's individual needs. Caroline Goulding noted that for patients with generally good oral health that a dental check-up every six months was not always necessary and that studies had shown that less frequent check-ups for healthy patients did not negatively impact on their oral health. It was also noted that reducing frequency of check-ups created extra capacity in the system

for patients who needed emergency care, or who had poorer oral health to access appointments.

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

- Whether there was an NHS app to support children brush their teeth effectively.
- What further action could be taken to ensure more dentists stayed within the NHS services after becoming qualified.

In the response to the points raised, Adam Morby advised:

- Whilst there was no NHS app to support children to brush their teeth effectively, that the major brands of toothpaste did provide such apps.
- That the situation around dentists going into private only practice straight after qualifying was an issue of great concern and that activity needed to take place to encourage more dentists to provide NHS services. It was noted that it cost around £600,000 to train a dentist and that once qualified there was no requirement for them to work providing NHS services.

Sarah Collis of Nottingham and Nottinghamshire Healthwatch advised that access to NHS dental services was a major issue of concern for Healthwatch both locally and nationally and noted that issues related to the current NHS dental contracts were making access to dental services very difficult for many residents. Sarah Collis noted that Nottingham and Nottinghamshire Healthwatch had published a report in June 2022 that had highlighted the significant problems that residents faced in accessing NHS dental care and how many residents had had to resort to self-treatment. Sarah Collis advised that the report had made a series of recommendations around dental access and that a meeting between Healthwatch and local MPs had been scheduled to discuss these concerns.

Sarah Collis noted that Healthwatch were hopeful that the changes created by Nottingham and Nottinghamshire ICB taking on delegated responsibility from NHS England for the Commissioning of Dental services would have a positive impact on access to NHS dental services.

The Chairman thanked Caroline Goulding, Adam Morby, Jane Green, Allan Reid, and Claire Hames for attending the meeting and answering member's questions.

#### **RESOLVED 2023/06**

- 1) That the report be noted.

- 2) That the Chairman of the Committee write to all Nottinghamshire MP's requesting their support in reforming the current NHS Dental contracts in order to help improve access to NHS Dental services.
- 3) That a further report on NHS Dentistry Services be brought to a future meeting of the Health Scrutiny Committee at a date to be agreed by the Chairman.

Councillor Carr left the meeting at 12:05pm and did not return.

## **5 HEALTH VISITOR SERVICE IN NOTTINGHAMSHIRE**

Jonathan Gribbin, Director of Public Health and Kerrie Adams, Senior Public Health Manager at Nottinghamshire County Council and Sherell Dudley, General Manager, Universal and Targeted Children's Services and Joseph Sullivan, Divisional General Manager - Children, Young People and Adult Specialist Services, at the Nottinghamshire Healthcare NHS Foundation Trust, attended the meeting to present a report on the delivery and performance of the health visitor service during the Covid-19 pandemic and the restoration of its services post-pandemic.

The report noted that the Government's Healthy Child Programme was the national evidence based universal programme for children aged 0 to 19 and was at the heart of the Nottinghamshire's Healthy Families Programme (HFP). The Nottinghamshire HFP was an early intervention and prevention public health service, supporting Nottinghamshire families to provide their children with the best start in life. The Nottinghamshire HFP offered every family with a child between the ages of 0 and 19 years a programme of health and development reviews as well as information and guidance to support child development, parenting, and healthy choices, to ensure that children and families achieved optimum health and wellbeing. The report stated that the service was universal in reach and personalised in response, and that support was offered to all families, which enabled those with additional needs to be identified, and that whilst most family's needs would be met by the universal offer, further targeted and evidence-based support was offered as early as possible to those families who required it.

The report provided a summary of the Nottinghamshire HFP service, the current HFP workforce and the latest evidence on the impact of the Covid pandemic on Nottinghamshire's babies and young children. The full report was attached as an appendix to the Chairman's report.

The Vice-Chairman noted that during the pandemic many of the required reviews of the HFP had been carried out over the phone and asked whether this approach had meant that some issues around children's development may have been missed. Kerrie Adams stated due to the impact of the pandemic and the guidance that had been issued on how reviews should be carried out to ensure the safety of staff, families, and children, that a blended offer of a longer telephone meeting, accompanied by a shorter face-to-face meeting had been used at that time. Kerrie

Adams assured members that a manual audit of the reviews that had been carried over the period when face-to-face visits had been limited to families who were either vulnerable or where safeguarding concerns had been raised had shown that all families had received at least one face-to-face visit. Kerrie Adams noted that whilst this audit offered a great deal of assurance that children's needs had not been missed when face-to-face visits were limited, it was not possible to say that no issues relating to any child's development had been missed. Kerrie Adams noted that to understand the impact of the Covid pandemic on the health and wellbeing of the population, the Nottinghamshire Health and Wellbeing Board had supported development of a Nottinghamshire Covid Impact Assessment to assess the impact of the Covid-19 pandemic that would be used to inform public health and partner strategies, plans and commissioning activity. As part of the CIA development, a dedicated assessment on the impact of Covid-19 in pregnancy and early years was currently being completed and that a summary report was due to be presented at the May 2023 meeting of the Health and Wellbeing Board.

The Chairman noted her concerns that the reviews for children born during the periods of pandemic related restrictions may not have picked up accurately the developmental needs of all children due to the reviews not being carried out entirely face-to-face. The Chairman also noted that as such the needs of these children may have not become apparent until they were attending school.

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

- That the role of Health Visitors and the Health Visiting Service provided a vital and valuable role in supporting families and ensuring the developmental progress of all children was monitored and supported.
- That the service delivered to families and children during the period of Covid-19 restrictions had not provided the level of support that had been needed to ensure that families were adequately supported, and the developmental needs of children were identified. Members expressed concern that during this time that follow up activity on issues highlighted during reviews had not been adequately followed up.
- That because of how the Health Visiting Service had operated during the period of Covid-19 restrictions, members were concerned that there were significant numbers of children starting school who were not "school ready".
- Members asked why during 2020/21 that the numbers of purely face-to-face birth reviews that had been carried out in comparison to blended face-to-face/telephone reviews varied so greatly between districts. The report stated that during 2020/21 74% of birth reviews in Rushcliffe had been carried out entirely face-to-face, whilst in Gedling 20% of birth reviews had been carried out in this manner.

- What activity was being carried out to currently to identify children who may have additional developmental needs that were not identified during the period of Covid-19 restrictions.
- What activity was being carried out to ensure that any children who missed out from the support that they required during the period of Covid-19 restrictions were now able to access the support they required to catch up with the development of their peers.

In response to the points raised, Kerrie Adams and Sherell Dudley advised:

- All children who had been born during the period of Covid-19 restrictions would now have had their 2 – 2.5-year review. This review would have been carried out face-to-face. These reviews were comprehensive in their nature and also included a detailed assessment of language development. Members were assured that any issues picked up during these reviews would be addressed by the provision of suitable support to ensure that as many children as possible were “school ready” when the time came for them to start school.
- That whilst services and support were provided to all families and children to support each child’s individual development, the development rate of all children varied, and that as such, and for a wide variety of reasons, it would always be the case that some children reached school age less “school ready” than others.
- That whilst the requirement for reviews of children’s development to be offered was mandated by legislation, it was not mandatory for families to take up the reviews when offered. Members were assured however that every effort was made to engage with families and that the number of families who refused reviews across Nottinghamshire was very low. It was also noted that the levels of engagement by families with the mandated reviews, when compared to levels of engagement seen by Nottinghamshire’s statistical neighbours was very favourable.
- That during the first period of Covid-19 restrictions the guidance that had been issued regarding when purely face-to-face reviews should and should not be carried out had not been followed and implemented as uniformly across Nottinghamshire as it should have been. It noted that this had occurred during the first period of restrictions due to several factors including problems with communicating with teams and the limitations of the technology that was available at that time (due to security and safety concerns Zoom had not been used to support the carrying out of reviews). It was noted and agreed that written questionnaires were a far from ideal method of supporting the review process.

- That in subsequent periods of Covid-19 restrictions the processes and communication methods that supported the delivery of safe and meaningful reviews had been reviewed, developed, and improved. It was noted that MS Teams and other secure digital platforms had been used as a secure way to enable staff to carry out reviews over video calls that had enabled each child's development to be thoroughly reviewed.
- Members were assured that the Covid Impact Assessment that was currently being carried out would be used to develop and strengthen the service's business continuity plans so that a better service could be provided if another situation like the pandemic arose.

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

- Whether there were plans in place to address the challenges of recruitment and retention in the Health Visiting Service to ensure that a safe and reliable service could be offered to all children and families across Nottinghamshire.
- Whether the opportunities that working with Further Education Colleges and other education providers were being fully utilised to encourage more people to join the service.
- Members sought assurance that the learning around service provision from the time of the pandemic would be used to develop and strengthen the level of service provision.
- Members expressed their concern around the approach to service delivery during the periods of pandemic related restrictions and noted that the level of service provided had not given the level of support to families that it should have done.

In response to the points raised, Joseph Sullivan and Sherell Dudley advised:

- That whilst there had been challenges around staffing across the Healthy Families Service, including in health visiting, there had been significant improvements made recently. It was noted that changes to provide more flexibility around where staff worked across the service had had a beneficial impact on the delivery of the health visiting service. Members were assured that addressing the challenges around recruitment and retention were a major focus for the service, and that the issues and activity in this area were regularly monitored and reviewed.
- It was confirmed that the Trust was working to fully utilise and develop further the opportunities for recruitment that working with education providers offered.

- As the people who worked across the service, delivering services to children and families were vital to providing a high level of service there was a focus on providing high levels of support to staff to ensure that they felt valued and supported.
- A focussed recruitment programme, increased mentoring support and a comprehensive programme of training were also in place to address the challenges of recruitment and retention.
- Members were assured that learning from past activity around service delivery was a central and important part of strengthening future service delivery, and as such played a vital role in ongoing service development.
- That the way in that services had been delivered during the pandemic had not been ideal or had been at the high level that staff across the service had wished to provide. It was noted that the instructions that had come from Government on limiting face-to-face contact to limit the spread of infection had placed major limitations on how services had had to be provided. Members were assured that during this time face-to-face visits had been provided for vulnerable families. It was noted that the methods of service provision of health visiting had now returned to how they were delivered prior to the pandemic.

The Chairman thanked Jonathan Gribbin, Kerrie Adams, Sherell Dudley and Joseph Sullivan for attending the meeting and answering member's questions.

#### **RESOLVED 2023/07**

- 1) That the report be noted.
- 2) That a summary of the issues and concerns of the Health Scrutiny Committee, as discussed during the meeting around the recommissioning Healthy Families Programme be considered by both the Adult Social Care and Public Health Select Committee and the Children and Families Select Committee
- 3) That a progress report on the performance of the recommissioned Healthy Families Programme be brought to a future meeting of the Health Scrutiny Committee at a date to be agreed by the Chairman.

#### **6 COMMUNITY DIAGNOSTIC CENTRE – MANSFIELD**

Lisa Durant, System Delivery Director - Planned Care, Cancer and Diagnostics at Nottingham and Nottinghamshire ICB and David Ainsworth, Director of Strategy

and Partnerships at Sherwood Forest Hospitals NHS Trust attended the meeting to present a report on a proposed new Community Diagnostic Centre in Mansfield.

The report stated that the proposed Community Diagnostic Centre (CDC) would be located adjacent to Mansfield Community Hospital and would provide an increase in diagnostic capacity across a range of key tests (including MRI, CT, Echocardiography, Ultrasound, Endoscopy, X-Ray and Electrocardiogram) as well as enabling the separation of outpatient tests from urgent diagnostics. It was noted that the new centre would provide additional capacity and that the provision of diagnostic tests at King's Mill Hospital would continue. David Ainsworth advised that over the past five years demand for diagnostic services in England has risen at a greater rate than increases in diagnostic capacity, with increased waiting times for key diagnostic tests being faced by patient MRI, CT, Echocardiography, Ultrasound and Endoscopy. David Ainsworth advised that whilst good progress was being made in reducing backlogs and waiting times, additional capacity was required to accelerate the reduction and future proof services to further predicted increases in demand.

David Ainsworth advised that the Nottingham and Nottinghamshire ICS had now received confirmation of the required funding from NHS England to build and equip the Mansfield CDC and that it was hoped that the new facility would be operational by Autumn 2024. It was also noted that the development of the Mansfield CDC would bring investment of around £20million to the area and create around 160 jobs across its clinical and administrative functions.

A full report on the proposed Mansfield Diagnostic Centre was attached as an appendix to the Chairman's report.

The Chairman welcomed the proposals and noted with approval how the Mansfield CDC enable local residents to access diagnostic facilities at a local and accessible location.

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

- That the proposed Mansfield CDC would be a great facility for residents that would be located in a central and accessible location. Members also welcomed the positive impact that the CDC would have on the local economy and noted with approval the use of green technology in the design of the proposed new buildings.
- That the increase in diagnostic capacity in Nottinghamshire was to be commended. Members noted that early diagnosis was an essential element of service provision that could then enable treatments for health conditions to be started at the earliest possible opportunity, and as such improve health outcomes for residents.

- Members asked whether there was currently any use of diagnostic services provided by independent providers, and as such whether the proposed CDC would provide the opportunity for these services to be used less, and for savings to be made by the Sherwood Forest Hospitals NHS Trust (SFHT).
- Members noted their concern about the current waiting lists for patients to access treatment and sought assurance that once diagnosed with a condition at the CDC that patients would be able to access treatment promptly.
- Members sought assurance that whilst the site of the CDC had excellent public transport links that there would be adequate parking available at the site for both patients and staff.

In response to the points raised, Lisa Durant and David Ainsworth advised:

- That waiting lists for treatment were actively managed and prioritised to ensure that patients were treated on the basis of their individual needs. Members were assured that these processes worked well, and that good progress was being made in reducing the waiting lists for treatment in line with national targets.
- The new CDC would enable early diagnosis of conditions that would then enable the most appropriate response to be put in place that could then be delivered through both primary and secondary care pathways.
- That the independent sector was used in the delivery of diagnostic services in a partnership approach with the NHS so to provide the best possible service to patients. Members were assured that whilst this did mean that money was spent outside of the NHS, that the costs related to the delivery of these services were set by a national tariff and did not cost any more than if they had been delivered directly by the NHS.
- That a parking assessment had been completed as part of the development plans for the CDC and that there would be adequate and secure parking for both patients and staff at the site.

The Chairman thanked Lisa Durant and David Ainsworth for attending the meeting and answering member's questions.

#### **RESOLVED 2023/08**

- 1) That the report be noted.
- 2) That the establishment of Community Diagnostic Centre in Mansfield be supported.

- 3) That consideration should be given in the development of the committee's Work Programme for 2023/24 on the inclusion of reports on areas of activity being carried out by the Sherwood Forest Hospitals NHS Trust.

## **7 WORK PROGRAMME**

The Committee considered its Work Programme for 2022/23.

### **RESOLVED 2023/09**

- 1) That the Work Programme be noted;
- 2) That consideration should be given in the development of the Committee's Work Programme for 2023/24, to include a report on progress with the Tomorrow's NUH initiative, particularly around the proposed relocation of NUH Maternity Service to the Queen's Medical Centre site from the City Hospital site;
- 3) That further discussion on the longer term Work Programme take place at the Committee's May 2023 meeting, with a view to approving a Work Programme for 2023/24 at the June 2023 meeting of the Health Scrutiny Committee.

The meeting closed at 1:35pm

## **CHAIRMAN**



**9 May 2023**

**Agenda Item: 4**

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

### **TRANSFER OF ELECTIVE SERVICES AT NOTTINGHAM UNIVERSITY HOSPITALS**

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

1. To receive a progress report on the relocation of colorectal and hepatobiliary service provision from the QMC to City Hospital, as requested by the Committee in July 2022.

#### **Information**

2. At its meeting on 26 July 2022, the Committee welcomed the Nottingham University Hospitals NHS Trust's securing access to £15 million of NHS Capital funding to increase dedicated elective surgery provision on its City Hospital site. The investment was consistent with the aim of providing elective and emergency provision in separate locations, meaning that elective provision would not be adversely affected by emergency services pressures.
3. The Committee also agreed that targeted patient engagement rather than full consultation was appropriate in this instance in the interests of proceeding at pace with the new elective capacity at the City Hospital site. The Committee did request a further report once the capital works had been completed, to provide assurance that the initiative had been delivered fully, to time and within budget.
4. A progress briefing from the Nottingham and Nottinghamshire Integrated Care Board is attached as an appendix to this report. This indicates that the initiative is nearly, but not quite, delivered in full. Lisa Durant; System Delivery Director, Planned Care, Cancer and Diagnostics, and Mr Ayan Banerjea; Divisional Director Surgery, NUH, will attend the meeting to introduce the reports and respond to questions.

#### **RECOMMENDATIONS**

That the Health Scrutiny Committee:

- 1) Consider the information provided and timescales for full implementation;

- 2) Note the feedback in the final engagement report appended to the briefing;
- 3) Request that the Integrated Care Board write to the Committee Chairman at the end of July 2023 to advise whether the additional theatre capacity and Enhanced Perioperative Care Unit have been completed and are fully functional, as currently planned.

**Councillor Sue Saddington**  
**Chairman of Health Scrutiny Committee**

# **Update on Transfer of Elective Services at from Queens Medical Centre to City Hospital**

## **Campus**

### **Briefing for Nottinghamshire Health Scrutiny Committee**

**May 2023**

#### **1 Purpose of the report**

The purpose of this report is to provide an update to the Nottinghamshire Health Scrutiny Committee (HSC) on the transfer of elective services as agreed in July 2022 and the associated targeted engagement undertaken by the Nottingham and Nottinghamshire Integrated Care Board (ICB) in relation to this transfer.

#### **2 Background**

An initial briefing was provided to the Committee in July 2022 on the planned transfer of elective services at Nottingham University Hospitals (NUH) from the Queens Medical Centre to the City Campus. This proposal was supported by HSC and the programme has received 15m of capital funding from the national Targeted Investment Fund (TIF) which supports elective recovery following the Covid-19 pandemic. The aim of the transfer is to protect elective capacity and ensure a reduction in the backlog of patients waiting for elective care by creating additional beds, theatre capacity with segregation of routine elective capacity away from urgent care demand. The specific services included are Colorectal and Hepato-Biliary (HPB) surgery. Both services have routine, cancer and complex tertiary patients requiring surgery. Protected access to theatres and beds is also important to balance demand for urgent and non urgent care. HPB and Colorectal services frequently require Critical Care beds, the provision of Enhanced Perioperative Care beds will reduce the demand on Critical Care across a number of specialties and further prevent the risk of cancellations.

The transfer of elective surgery will affect around 900 patients a year accessing Colorectal and simple HPB services and potentially an additional 100-150 patients requiring more complex intestinal care.

This capital development will provide:

- Additional 20 bedded ward on the City campus
- Additional 3 modular theatres
- 10 bedded Enhanced Perioperative Care Unit (EPOC) for surgical patients who cannot be optimally cared for in a general ward environment but can safely avoid critical care admission

This will have a number of benefits to patients:

- Enable Colorectal and HPB patients to access 'ring fenced' elective care on the City campus reducing the risk of cancellations due to increased urgent care demand
- Reduce waiting time for these patients
- Release additional capacity (theatres, beds and critical care beds) at the QMC campus for other elective services based there

The proposal aligns with national planning guidance and key priorities for the transformation of elective care, including the Getting it Right First Time (GIRFT) programme to increase elective capacity making the best use of resources. The guidance also recommends the creation of ring-fenced elective capacity on 'cold sites' to separate urgent and elective pathways and patients. This aligns with Tomorrow's NUH (TNUH) ambitions for City campus to be the 'cold site' for

elective care. Further proposals to expand this provision are being developed in collaboration with NHS England and will be offered for consideration to Nottinghamshire Health Scrutiny Committee in due course.

A comprehensive workforce model has been developed, with trade unions made aware of the moves in late 2021 and a formal proposal submitted to the NUH Workforce Change Panel in March 2022. The Staff Side Chair has worked closely with the Surgery and Theatres Management teams and with health and safety representatives engaged in the build design and development to ensure compliance with relevant workplace guidance for staff.

An Equality and Quality Impact Assessment (EQIA) was undertaken to assess the impact of proposed changes dependent on people's different protected characteristics, as defined by the Equality Act 2010. This was developed with consideration to the Nottingham and Nottinghamshire ICB Quality Strategy (2019-2022) and the needs of the local population. The EQIA panel, led by the Quality Team, considered the proposal in line with the commissioning process and determined that the proposal could potentially have a broadly positive impact for citizens with protected characteristics and people in other disadvantaged groups.

The Committee was asked at the time of the initial briefing in July 2022 to approve a targeted engagement approach, rather than public consultation needing to be undertaken. The Committee supported the targeted engagement approach and requested that the findings from that engagement be reported back. This is included at Appendix 1.

### 3 Programme Update

The scheme is at the latter stages of development with two key phases, namely:

- Opening of a 20 bedded inpatient ward the "Jubilee Unit".
- Building of 3 Theatres and an EPOC facility to increase operating capacity and provide enhanced perioperative care for the cohort of patients requiring more complex surgery.

A project team is in place, with strong clinical input. Progress is overseen internally by the NUH Reconfiguration Programme Board. The System wide Planned Care Programme Board receives monthly updates on progress.

Due to the need to agree the business cases to attract capital funding and mobilise contractors there has been some slippage to the original proposed timescales. The timeline for the overall scheme is summarised below:

	<b>Expected Project End</b>	<b>Actual Project End</b>
<b>20 bedded ward</b>	23.12.2022	19.01.2023*
<b>3 theatres and EPOC</b>	30.10.2022	14.06.2023**

\*10 beds opened to patients on the 30<sup>th</sup> January 2023, with the remaining 10 beds opening mid-May. The delay has been caused by the requirement to address a number of 'snagging' items to complete the build. Recruitment to staff the 20 beds is complete.

\*\*The aim is for theatre and EPOC capacity to be ready for patients in early July. Delays to construction have been caused by the requirement to move a gas main and fibre optic cable with added legal complications.

From 30<sup>th</sup> January 2023 half of the elective colorectal service was moved to the City hospital using existing theatre estate. This enabled the first 10 beds on the Jubilee unit to be used as planned. The

remaining elective colorectal service and HPB service will move upon theatre and EPOC completion.

#### **4 Summary of targeted engagement**

Nottingham and Nottinghamshire ICB led the engagement for this programme, and an online survey was developed to offer patients the opportunity to share their views. The engagement work commenced on the 2 November 2022, with active promotion in outpatient clinics, supported by volunteers. A total of 22 surveys were completed. Concerted efforts were made to obtain feedback from patients via various different ways and means including a survey, posters in outpatient clinics with access to information about the engagement activity, invitations to any groups meeting and also the help and assistance of a NUH Volunteer to complete surveys with patients in the clinical setting.

70% found the quality of care during admission to the colorectal and hepatobiliary (HPB) service to be positive (excellent or good), 20% rated it as poor or very poor and 10% felt neither good nor bad. 43% of respondents expressed concern that their surgery may be carried out at City Hospital and that the outpatient and pre-operative clinics will remain at QMC. However by a slight majority, the City Hospital was rated as the easiest hospital to access for patients, with 58% rating their access as excellent or good, compared to 44% rating access to QMC as excellent or good.

Comments from respondents referenced the limited car parking facilities at City Hospital, which they felt would be problematic. Suggestions were made from respondents about the possibility of extending the car parking areas or improving public transport links to the hospital, which will inform future plans.

It is recognised that there may be some access and travel impact for patients, and we will continue to keep this under review. Despite this, the majority of patients were still in support of travelling to City Hospital if services were relocated there.

#### **5 Recommendations**

That the Nottinghamshire Health Scrutiny Committee:

1. Consider the information provided and timescales for full implementation
2. Note the feedback in the final engagement report from Nottingham and Nottinghamshire ICB, which is attached as appendix 1 of this report.

Lisa Durant; System Delivery Director, Planned Care, Cancer and Diagnostics, Nottingham and Nottinghamshire ICB  
Mr Ayan Banerjee; Divisional Director Surgery, NUH

# **Relocation of Colorectal and Hepatobiliary Services: Engagement Report**

**February 2023**

**NHS Nottingham and Nottinghamshire  
Integrated Care Board**

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## 1. Executive Summary

### 1.1 Background

Nottingham University Hospitals (NUH) have received a capital investment of £15 million to provide an additional 20 bedded ward on the City Hospital site. The Trust also put together proposals for a modular building comprising three theatres and a 10 bedded Enhanced Perioperative Care Unit (EPOC) which would allow for a phased refurbishment of existing theatres while also easing pressure on critical care. The two facilities would provide additional capacity to enable elective (planned) colorectal and simple case hepatobiliary surgery to move to the City Hospital from the Queen's Medical Centre (QMC), thereby helping to reduce elective waiting lists as well as increasing the number of beds available for emergency patients at the QMC. Outpatient appointments, diagnostics and pre-operative assessment would remain at the QMC and the Treatment Centre, with no change to service delivery.

In July 2022 NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) sought support for these proposals from the Nottingham and Nottinghamshire Health Scrutiny Committees (HSC). Both Committees endorsed the paper, advising that the ICB should conduct a more targeted approach to patient engagement in respect of the relocation of elective colorectal and hepatobiliary services whilst ensuring the impact on patients is captured.

### 1.2 Methods

An online survey was developed (with paper copies also made available) to offer patients the opportunity to share their views. The survey was also received and reviewed by patient and public representatives to ensure that the information was clear and public facing. The engagement work commenced on the 2 November 2022, with active promotion in outpatient clinics, supported by volunteers. A total of 22 surveys were completed. Concerted efforts were made to obtain feedback from patients via various different ways and means including a survey, posters in outpatient clinics with access to information about the engagement activity, invitations to any groups meeting and also the help and assistance of a NUH Volunteer to complete surveys with patients in the clinical setting.

The table below outlines an example of the number of people who were accessing the services prior to Covid in 2019/2020. The numbers are based on an annual total.

**Table 1. Number of people accessing colorectal & Hepatobiliary services in 19/20**

	Colorectal	Hepatobiliary
Electives	800	600
Day case	200	100
Outpatients	5500	1700

### 1.3 Key findings

- 70% found the quality of care during admission to the colorectal and hepatobiliary (HPB) service to be positive (excellent or good), 20% rated it as poor or very poor and 10% felt neither good nor bad.
- 43% of respondents responded negatively to the proposals for their surgery to be carried out at City Hospital and for the outpatient and pre-operative clinics to remain at

QMC.

- By a slight majority, the City Hospital was rated as the easiest hospital to access for patients, with 58% rating their access as excellent or good, compared to 44% rating access to QMC as excellent or good.
- 55% of the respondents rated the environment, where they were treated and received care, as excellent or good, 15% found the environment to be poor and 30% of respondents opted for neither good nor poor.
- Comments from respondents referenced the limited car parking facilities at City Hospital, which they felt would be problematic. Suggestions were made from respondents about the possibility of extending the car parking areas or improving public transport links to the hospital.

#### 1.4 Next steps

The findings from the engagement work will be presented to the Health Scrutiny Committees in Nottingham and Nottinghamshire for further consideration and subsequent actions. This report will be available on the ICB website for communities and networks.

## 2. Conclusions and Recommendations

### **Conclusion 1:**

Access to both hospitals is equally challenging, particularly in relation to car parking which on both sites is limited and expensive. Public transport is more readily available for the Queens Medical Centre, but the majority of patients were nonetheless still in support of traveling to the City Hospital if the service were relocated there.

**Recommendation 1:** Adequate car parking spaces to be considered at City Hospital to accommodate the increased number of patients attending surgery together with a review of parking fees and potential improvements to public transport routes for those who do not have access to their own vehicles.

### **Conclusion 2:**

There may be some access and travel impacts for those patients who will need to access the services at City Hospital from surrounding areas of Nottingham.

**Recommendation 2:** Consideration should be given to understand the impact for patients and carers across Nottingham and Nottinghamshire when accessing services and work in partnership with Local Authorities to provide information on suitable bus routes to the sites together with travel times.

### **Conclusion 3:**

Respondents felt that information provided before the surgery could be improved. Information about aftercare post surgery was also highlighted as a concern.

**Recommendation 3:** To review patient communications and patient-facing information provided both before and after the surgery to ensure clear and consistent information is given.

### **3. Background**

#### **3.1. National context**

The national picture indicates that waiting lists have grown following the Covid-19 pandemic. A challenging winter with increased urgent care demand and Infection Control Procedures requiring segregation of Covid positive patients has meant that elective activity has not yet increased to the levels required to treat current backlogs and manage current demand.

Systems are required to develop 'Elective Recovery' plans that deliver activity at 110% of pre-Covid levels in 2022/23 increasing to 130% by 2024/25. National planning guidance has a number of key priorities for transformation to inform these plans including the requirement to fully utilise the recommendations of the Getting It Right First Time (GIRFT) programme to increase elective capacity, making best use of resources. This includes the creation of ring-fenced elective capacity in 'cold sites' otherwise known as 'Elective Hubs' that separate urgent and elective pathways and patients. A review by the national GIRFT team has recently been undertaken and our clinical leads have committed to developing plans to:

- Ring-fence elective capacity on a site that is away from the main A&E
- Maximise productivity through better use of theatre and ward areas
- Focus on six High Volume / Low Complexity procedures in line with national recommendations. This includes general surgery and therefore colorectal and HPB.

#### **3.2. Local context**

Regionally, winter pressures continue within the NHS with further delays in routine elective care as clinically urgent and cancer patients have been necessarily prioritised for treatment. The impact of Covid and Flu has resulted in continuing emergency demand, lack of interim bed capacity to support discharge and staff absence to a level that is outside of seasonal norms.

Currently elective bed and theatre capacity is too often impacted by emergency demand meaning patients have their appointments cancelled at short notice. To reduce the existing backlog of patients waiting for treatment, we also need to maximise and make better use of our elective capacity this year. Waiting lists for elective care have increased across the Integrated Care System (ICS) and in particular the number of patients waiting longer than 104 weeks at NUH. Routine elective care is vulnerable to cancellation when there are increased emergency pressures and discharge delays.

Capital investment of £15m is available in 2022/2023 to provide:

- Additional 20 bedded ward on the City Hospital site. The ward would be designed to reduce the requirement for critical care;
- Additional 3 Modular Theatres to provide extra capacity and to enable phased refurbishment of existing estate;
- 10 bedded Enhanced Peri-operative Care Unit for surgical patients who cannot be optimally cared for in a general ward environment but can safely avoid critical care admission.

Outpatients, diagnostics and pre-operative assessment would remain at Queen's Medical Centre (QMC) and the Treatment Centre, so there would be no change to delivery of these aspects of the service.

In the longer-term, through the Tomorrow's NUH Programme, NUH would like to create a Centre of Excellence for planned care at the City Hospital, with QMC being the main location

for emergency care. During the recent phase of Pre-Consultation Engagement in March/April 2022, people were supportive of this proposal as outlined in the programme of work and evidenced in the Engagement Report mentioned above. This service move is aligned with those proposals. A full public consultation on Tomorrow's NUH is planned for 2023.

#### **4. Engagement**

The aim of the engagement work undertaken was to seek the views of patients on the relocation of the colorectal and hepatobiliary service from QMC to the City Hospital and to understand current experiences of patients accessing the services including communication and quality of care during their admission to surgery.

We specifically wanted to hear from patients who had recently received surgical care with the NUH colorectal and hepatobiliary service.

An online survey was developed. Hard copies were also made available, with the offer to provide the survey in alternative languages and formats upon request. The opportunity to participate was proactively shared at NUH outpatient clinics, as well as being shared with Patient Participation Groups, GP practices, Healthwatch Nottingham and Nottinghamshire, Voluntary, Community and Social Enterprise sector colleagues and community groups supporting colorectal or hepatobiliary conditions.

The engagement work commenced on the 2 November 2022 and concluded on the 30 November 2022.

22 respondents filled out the survey but did not attempt all the questions.

Please see **Appendix 1** for the survey questions distributed.

#### **5. Survey Demographics**

A full breakdown of survey demographics is available in **Appendix 2**.

Of the 22 people who completed the survey, 20 told us their gender, 81% (17) were women and 14% (3) were men and 5% (1) preferred not to say.

Of the 22 respondents, 19 people responded with their age group which included 35 – 44 11% (2), 45 – 54 47% (9), 65 and over 37% (7) and only 5% (1) preferred not to give their age group.

Of the 21 people who told us their ethnicity, the majority 19 were white (90%) with 1 (5%) other black background and 1 (5%) preferred not to say.

Of the 21 people who answered the question around disability 5% (1) of respondents stated they have a mental health difficulty was, 10% (2) have an impairment health condition or learning different, 28% (6) have a long standing illness or health condition, 5% (1) are deaf or have a hearing impairment and those with no known impairment, health condition or learning difference accounted for 52% (11).

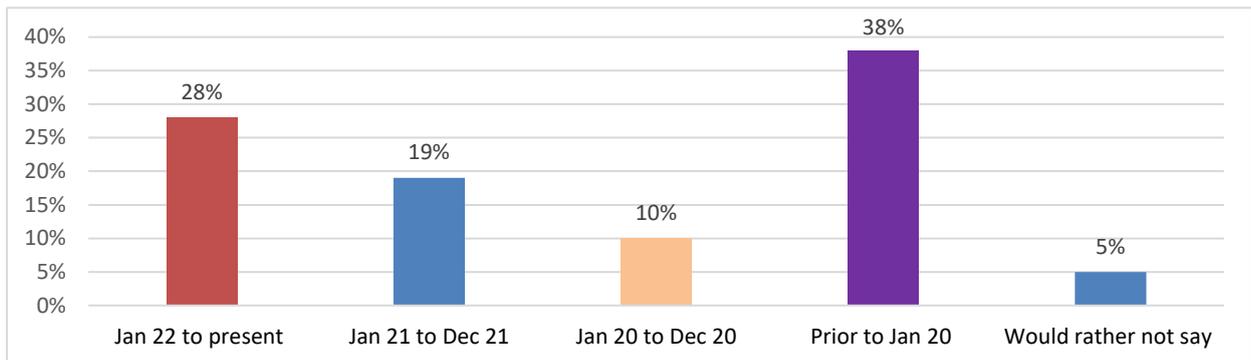
Of the 21 people who answered the survey question asking are you a carer providing unpaid support to a family member partner or friend, 81% (17) responded with no and 19% (4) said yes they were providing unpaid support.

## 6. Findings

This section presents the analysis from responses to the survey.

### 6.1 When was your surgery undertaken?

We asked patients when their surgery took place, 21 people responded. Figure 1 below shows the largest number of surgeries took place prior to January 2020 and the least was during January 2020 – December 2020.



**Figure 1. Date of surgery (n = 21)**

We also asked patients where they had received their care, 75% (15) had been to Queens Medical Centre, 15% (3) had their surgery at City Hospital and 10% (2) had been to The Park for their surgery.

### 6.2 Quality of Care

The survey asked about the quality of care that patients and carers received whilst accessing the colorectal and hepatobiliary services. Results gathered regarding the quality of care during their admission, comprised of 20 responses, with 70% (14) respondents giving a positive rating for quality of care during their admission with 20% (4) having a poor experience. Additionally, 10% (2) of respondents felt that it was neither good nor bad.

20% (4) felt that their care was excellent and 50% (10) felt that their care was good. 5% (1) felt that they had poor quality care and 15% (3) had very poor quality care during admission to surgery.

“The nurses on the ward gave great care”

“Couldn't fault surgery at all”

### 6.3 Frequency of information received

16 respondents completed the question regarding the frequency of information received from NUH staff at the time of admission. Overall, 63% (10) of respondents felt positively about the frequency of the communication; 25% (4) found this to be excellent and 38% (6) thought the frequency was good. 6% (1) reported the frequency of communication as neither good nor poor. 13% (2) of respondents rated the frequency of communications as poor and 19% (3) of people rated the frequency of communications as very poor.

## 6.4 Quality of information provided

We also asked respondents to provide information about the quality of information that was given at the time of their appointment such as patient leaflets and letters. 18 people responded, of whom 28% (5) thought this was excellent and 33% (6) thought it was good. 11% (2) thought it was neither good nor bad. 16% (3) thought it was poor and 11% (2) thought it was very poor.

“Very little information given before the operation”

The question on quality of information given at the time of their care was answered by 18 people of whom 72% (13) had a positive experience of quality of information with only 28% (5) having a poor experience.

## 6.5 Rating the environment patients were treated in

We wanted to know how patients felt about the environment in which they were treated whilst in hospital for their surgery. 20 respondents answered this question. 20% (4) respondents rated the environment as excellent and 35% (7) rated the environment as good. However, 30% (6) respondents opted for neither good nor poor, and 15% (3) found the environment to be poor.

## 6.6 Relocation of services and accessibility for patients

NUH is looking to relocate services to the City Hospital from QMC and will be providing new facilities. Therefore, we wanted to find out how accessible each hospital was to patients who had previously used the service.

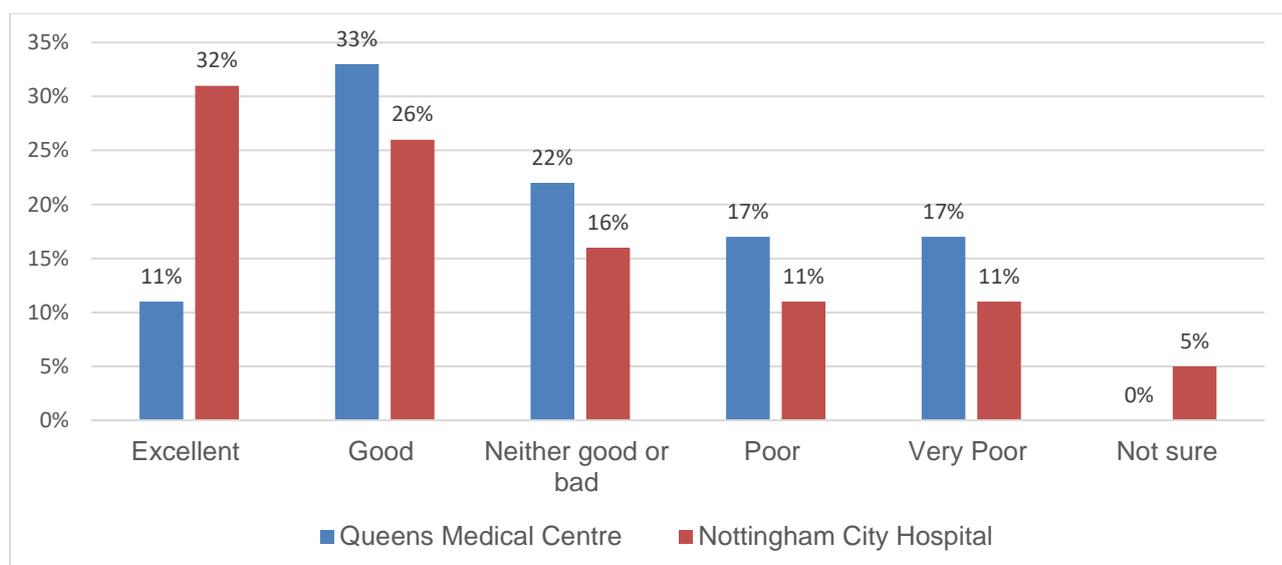


Figure 2. How accessible are the two hospital sites (n = 19 City Hospital n = 18 QMC)

Figure 2 shows the responses from patients about their experience of accessing the City Hospital (19 responses) and the Queens Medical Centre (18 responses). By a slightly higher majority, the City Hospital was rated as the easiest hospital to access with 58% rating access as excellent or good, compared to access to QMC which 44% rated as excellent or good.

City Hospital - respondents rated the experience of accessing City Hospital as excellent 32% (6), good 26% (5), neutral 16% (3), poor 11% (2), very poor 11% (2) and not sure 5% (1).

Queens Medical Centre - respondents rated the experience of accessing QMC as excellent 11% (2), good 33% (6), neutral 22% (4), poor 17% (3), very poor 17% (3)

“If you are going to move services here you either need to seriously improve car parking or provide adequate public transport.”

“Car parking charges are expensive”

Further comments made by patients indicated the different experiences of accessibility to either hospital. One stating that the City Hospital was easier to access and another that public transport had been available to them when visiting Queens Medical Centre.

“Much nearer and easier to reach”

“It is on the bus route to Queens Medical Centre”

However, depending on where in the county you live it could take longer to travel to City Hospital.

“I live in South Nottinghamshire and City would mean up to one hour travel time dependent on time of day”

## 6.7 How would you feel about having to attend a different hospital setting

It is proposed that outpatient and pre-operative clinics would remain at Queens Medical Centre, with the surgery itself taking place at City Hospital. Patients were asked to choose a number on a scale of 1 – 10 with 1 = no problem and 10 = a significant problem.

21 responded to this question, with responses as follows: 33% (7) stated this would not be a problem (ranking the scale from (1-2), 24% (5) ranked this as 5 or a 6 on the scale i.e., neutral opinion/slight problem, and 43% (9) considered this to be a problem/significant problem, ranking it from 7 – 10 on the scale.

## 7. Acknowledgements

Thank you to all participants who took the time to complete the survey your feedback and experience and sharing your experiences with us.

## 8. Appendix 1: Survey Questions

### 8.1 Survey

1. Before continuing, we need to get your permission that you agree for your views to be recorded. Your views will be used to analyse and produce a report. This information may be shared with other services but it will be anonymous and WILL NOT contain anything that could identify you as an individual. Do you give your permission?

Yes  
No

2. Are you answering this questionnaire as (please tick one):

A service user  
A Carer  
A patient representative  
Other

3. When did you have your colorectal or hepatobiliary surgery?

Nottingham Treatment Centre  
Queens Medical Centre  
The Park Hospital  
Other

4. How you would describe the following areas that you/your family member received during your care?

5. Please rate the following questions below (Excellent, Good, Neither good or Poor, Poor, Very Poor.

Quality of care during admission of surgery  
Frequency of communications with NUH Staff at the time  
Quality of information you were given at the time, both written materials, patient letters, leaflets, and information given to you by staff

6. Other information supporting the previous question

Free text

7. How would you/your family rate the experience you received from the statements below?

Excellent, Good, neither good or bad, poor, very poor or not sure

The environment you were treated in  
How accessible is the Queens Medical Centre in terms of travel time  
The service will be relocated to the City Hospital into new facilities. How accessible is the City Hospital for you/your family in terms of travel time

8. Other information to support the previous question

Free Text

9. Outpatients and pre-operative clinics would still be at the Queen's Medical Centre.

On a scale of 1 – 10, how would you/your family feel about having to attend a different hospital setting for your pre-operative care and for your actual surgery? 1 being no problem and 10 being a significant problem.

## Equality and Diversity Questions

We are committed to providing equal access to healthcare services to all members of the community. To achieve this, gathering the following information is essential and will help us ensure that we deliver the most effective and appropriate healthcare.

Responding to these questions is entirely voluntary and any information provided will remain anonymous.

10. What is your gender?

- Man
- Woman
- Non-Binary
- Prefer not to say

11. Which age band do you fall into?

- Under 18
- 18 – 24
- 25-34
- 35-44
- 45-54
- 65 and over
- Prefer not to say

12. Which race/ethnicity best describes you? (Please only choose one)

- Arab
- Asian/Asian British – Bangladeshi
- Asian/Asian British – Pakistani
- Asian/Asian British – African
- Asian/Asian British – Caribbean
- Chinese
- Gypsy or Traveller
- Mixed White and Asian
- Mixed White and Black Caribbean
- Other Asian background
- Other black background
- Other ethnic background
- Other mixed background
- White
- White Irish
- Prefer not to say

13. Do you have an impairment, health condition or learning difference that has a substantial or long term impact on your ability to carry out day to day activities?

No known impairment, health condition or learning difference

A long standing illness or health condition such as cancer, HIV, Diabetes, chronic heart disease or epilepsy

A mental health difficulty such as depression schizophrenia or anxiety disorder

A physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches

A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D

Blind or have a visual impairment uncorrected by glasses

Deaf or have a hearing impairment

A social communication impairment such as a speech and language impairment or

Asperger's syndrome other autistic spectrum disorder  
An impairment health condition or learning different that is not listed above

14. Are you a carer providing unpaid support to a family member partners or friend who needs help because of their illness, frailty, disability, mental health problem or an addiction?

Yes

No

Prefer not to say

15. What is your current religion or belief if any

Atheist

Buddhist

Christian

Christian- Church of Scotland

Christian – Roman Catholic

Christian – Presbyterian Church in Ireland

Christian - Church of Ireland

Christian- Methodist Church in Ireland

Christian – other denomination

Hindu

Jewish

Muslim

Sikh

Spiritual

Any other religion

Prefer not to say

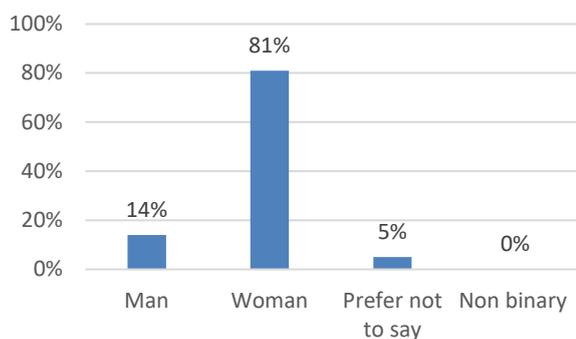
16. I consent for my feedback being used anonymously

Yes

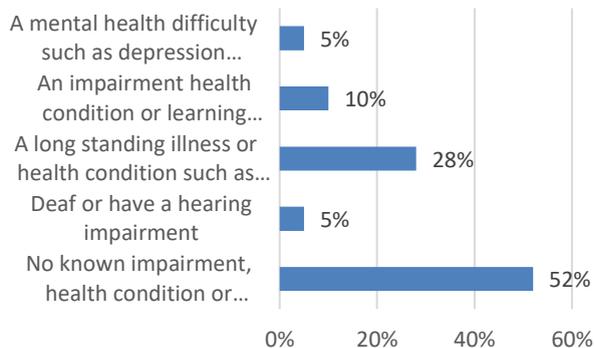
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## Appendix 2 - Demographic profile of survey respondents

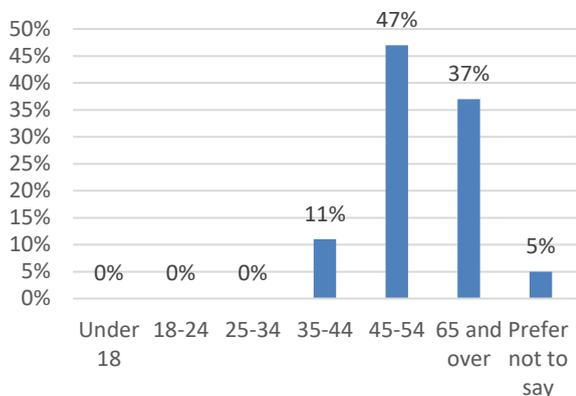
**Gender:** Total responses 21



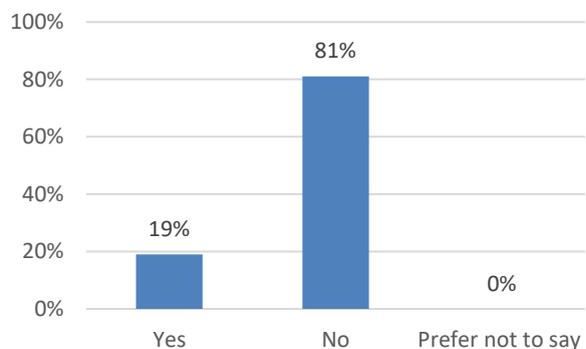
**Long term conditions or disability:** Total responses 21



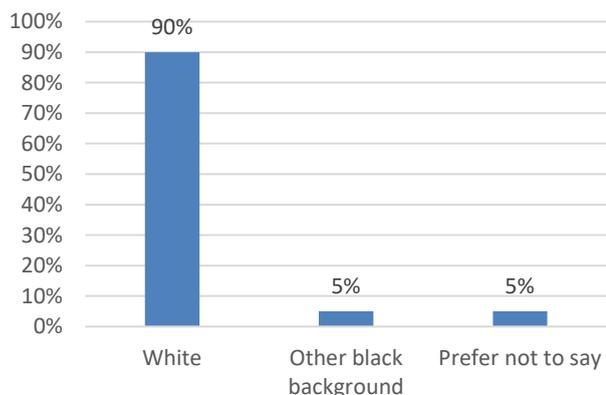
**Age Distribution:** Total responses 19



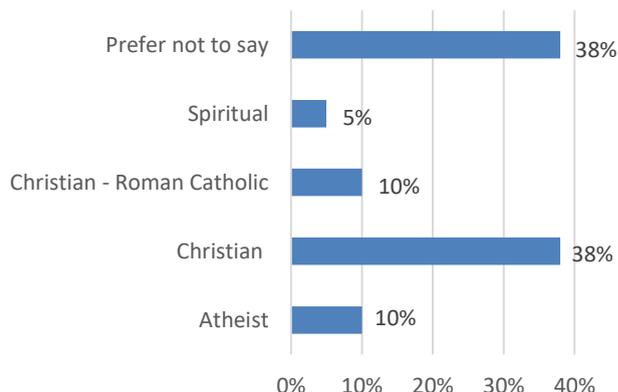
**Carer:** Total responses 21



**Ethnicity:** Total responses 21



**Religion:** Total responses 21





**9 May 2023**

**Agenda Item: 5**

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

### **NOTTINGHAM AND NOTTINGHAMSHIRE NHS JOINT FORWARD PLAN - PROGRESS**

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

1. To provide a briefing on the development of the NHS Joint Plan as required under the Health and Care Act 2022.

#### **Information**

2. The Committee has previously received briefings on the development and provisions of the Health and Care Act 2022, under which Integrated Care Partnerships are required to produce Integrated Care Strategies. The Strategy for Nottingham and Nottinghamshire was approved in March 2023.
3. The Integrated Care Board is also required to produce a 5-year Joint Forward Plan with strategic partners. Updated annually, the Joint Forward Plan is currently being worked up with NHS partners and both Nottingham and Nottinghamshire Health and Wellbeing Boards will have input into the Plan to ensure it aligns with the Integrate Care Strategy.
4. A briefing from the Nottingham and Nottinghamshire Integrated Care Board is attached as an appendix to this report. Alex Ball, Director of Communications and Engagement, and Joanna Cooper, Assistant Director of Strategy, Nottingham and Nottinghamshire ICB will attend the meeting to introduce the Plan, and to respond to questions and comments from the Committee.
5. Members are requested to consider and comment on the information provided and schedule further consideration, if necessary.

#### **RECOMMENDATIONS**

That the Health Scrutiny Committee:

- 1) Consider and comment on the information provided.

- 2) Note the Integrated Care Strategy and the progress made towards producing the NHS Joint Forward Plan.

**Councillor Sue Saddington**  
**Chairman of Health Scrutiny Committee**

## **Developing the Nottingham and Nottinghamshire NHS Joint Forward Plan**

### **Briefing for Nottinghamshire Health Scrutiny Committee**

**May 2023**

#### **1 Purpose of the report**

The purpose of this report is to update the Nottinghamshire Health Scrutiny Committee on the Integrated Care Strategy and the work underway to develop the NHS Joint Forward Plan.

#### **2 Context**

The Health and Care Act 2022 requires that each Integrated Care Partnership (ICP) produces an Integrated Care Strategy for its health and care system. The strategy should be “evidence based, system wide priorities to improve health and reduce disparities... based on assessed need”. The Nottingham and Nottinghamshire strategy was finalised in March 2023 and is available online here: [Integrated Care Strategy - NHS Nottingham and Nottinghamshire ICS \(healthandcarenotts.co.uk\)](https://www.healthandcarenotts.co.uk/integrated-care-strategy)

Before the start of each financial year, each Integrated Care Board (ICB), together with partner NHS Trusts and NHS foundation Trusts must prepare a plan (hereafter referred to as the NHS Joint Forward Plan), detailing how they propose to exercise their functions in the next five years. There is an expectation that this plan will be refreshed annually, in line with emerging national guidance. As well as delivering the NHS Mandate, the production of the NHS Joint Forward Plan will be strongly influenced by the Integrated Care Strategy.

Planning guidance for the Joint Forward Plan was published by NHS England on 23 December, which is available online here: [B1940-guidance-on-developing-the-joint-forward-plan-december-2022.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/publications/b1940-guidance-on-developing-the-joint-forward-plan-december-2022.pdf)

#### **3 Nottingham and Nottinghamshire Integrated Care Strategy**

The Integrated Care Partnership (ICP) is a statutory committee of the ICB, Nottinghamshire County Council and Nottingham City Council. The ICP brings together a broad alliance of partners concerned with improving the care, health and wellbeing of the population, with membership determined locally. Membership of the Nottingham and Nottinghamshire ICP comprises key representatives of each of the Local Authorities and ICB and senior representatives from each of the four Place Based Partnerships. Healthwatch Nottingham and Nottinghamshire and the Chair of the ICS Voluntary, Community and Social Enterprise Alliance are also members, ensuring that the voice of citizens is heard.

It is here that partners have set the overarching strategy for the system as a whole, addressing the wider health, public health and social care needs as well as supporting economic regeneration. People, communities and system partners have been involved in developing the priorities, which have been tested in a number of forums through a variety of methods as the strategy has been developed.

The Integrated Care Partnership approved the Integrated Care Strategy on 17 March 2023, which focuses on improving prevention, equity and integration across the health and care system<sup>1 2</sup>.

#### 4 NHS Joint Forward Plan

The NHS Joint Forward Plan provides an opportunity to create a longer-term shared sense of endeavour, a realistic and ambitious view of what is achievable and a sense of hope for our teams and our public. The ICS Executive Leadership Group has discussed and agreed the scope as:

- a) Delivering the NHS Mandate, whilst also tackling the most challenging issues for the system: e.g. demand, capacity, performance, finance, sustainability.
- b) The NHS contribution to the aims of the Integrated Care Strategy.

NHS partners have plans in place to work with the two local Health and Wellbeing Boards in the development of this plan to ensure that the ambitions of the Integrated Care Strategy are reflected.

Work is underway with partners to jointly develop the plan by 30 June 2023 with proposed contents which may include:

- a) Foreword from system leaders to outline the mission and a call to action
- b) Executive summary
- c) Introduction including our journey to date, the context of the plan and vision set by the Integrated Care Strategy, the NHS Long Term Plan, and Joint Health and Wellbeing Strategies
- d) Our ambition and how we might address these through the Provider Collaborative at Scale and Place Based Partnerships
- e) Our approach to population health management and what the data tells us about our population
- f) Our clinical priorities, contributing to:
  - Reduced illness and disease prevalence
  - Proactive management of long-term conditions to avoid crises/escalations of care
  - Reduced elective waiting lists
  - Improved navigation and flow to reduce emergency pressures
- g) Our enablers to this work:
  - Workforce
  - Estates and capital
  - Digital, analytics, information and technology
  - Development of specialised services
  - Research
- h) How we will work together, including:
  - Primary care and the role of Primary Care Networks

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<sup>1</sup> [Integrated-Care-Strategy-2023\\_27.pdf \(healthandcarenotts.co.uk\)](#) – Full document

<sup>2</sup> [Integrated-Care-Strategy-2023-27-SUMMARY.pdf \(healthandcarenotts.co.uk\)](#) – Summary document

- Place Based Partnerships
- Provider Collaboration at Scale
- Single system activity/demand/capacity plan
- Single system long term financial framework
- Social value and the role of anchor institutions
- Accountability and oversight, performance, governance and outcomes framework
- Approach to quality improvement, leadership, organisational development, education and training
- Joint Commissioning for integrated care
- Clinical and care professional leadership arrangements
- Personalisation
- Mental health

## **5 Recommendations**

That the Nottinghamshire Health Scrutiny Committee:

1. Note the Integrated Care Strategy for the system.
2. Note the progress to date on developing an NHS Joint Forward Plan for Nottingham and Nottinghamshire.
3. Consider and comment on the information provided.



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

### **WORK PROGRAMME**

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

1. To consider the Health Scrutiny Committee's work programme.

#### **Information**

2. The Health Scrutiny Committee is responsible for scrutinising substantial variations and developments of service made by NHS organisations, and reviewing other issues impacting on services provided by trusts which are accessed by County residents.
3. The Council's adoption of the Leader and Cabinet/Executive system means that there is now an Overview and Scrutiny function, with Select Committees covering areas including Children and Young People and Adult Social Care and Public Health. While the statutory health scrutiny function sits outside the new Overview and Scrutiny structure, it is appropriate to keep this Committee's work programme under review in conjunction with those of the new Select Committees. This is to ensure that we work in partnership with the wider scrutiny function, that work is not duplicated, and that we don't dedicate Committee time unduly to receiving updates on topics.
4. The latest work programme is attached at Appendix 1 for the Committee's consideration. A work programme for beyond July 2023 will be submitted to the first meeting of the 2023-24 municipal year on 20 June 2023. The work programme will continue to develop, responding to emerging health service changes and issues (such as substantial variations and developments of service), and these will be included as they arise.

#### **RECOMMENDATION**

That the Health Scrutiny Committee:

- 1) Considers and agrees the content of the work programme.

**Councillor Sue Saddington  
Chairman of Health Scrutiny Committee**

**For any enquiries about this report please contact: Noel McMenamin – 0115 993 2670**

**Background Papers**

Nil

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

All

## HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2022/23

Subject Title	Brief Summary of agenda item	Scrutiny/Briefing /Update	External Contact/Organisation	Follow-up/Next Steps
<b>14 June 2022</b>				
Review of Maternity Services at NUH – Update and Implications		Scrutiny	None	
Tomorrow’s NUH		Scrutiny	Mark Wightman and Alex Ball Nottingham and Nottinghamshire CCG	
Temporary Service Changes - Extension		Scrutiny	Mark Wightman and Alex Ball Nottingham and Nottinghamshire CCG	
<b>26 July 2022</b>				
Integrated Care System and Implications of Health and Care Act	Further update on the Health and Care Act and its implications for services and residents	Briefing	Dr Amanda Sullivan, ICB	
Proposed Transfer of Elective Services at Nottingham University Hospitals	Endorsement of proposals to move colorectal and hepatobiliary services from QMC to City Hospital	Scrutiny	Lucy Dadge and Alex Ball, Nottingham and Nottinghamshire ICB Ayan Banerjea, Colorectal Surgeon	
<b>20 September 2022</b>				
East Midlands Ambulance Service Performance	The latest information on key performance indicators from EMAS.	Scrutiny	Richard Henderson, Chief Executive, Greg Cox, Operations Manager (Nottinghamshire)	

Integrated Care System Preparation for Winter 2022/23	Lessons learned from experiences of last winter and preparations for the forthcoming winter	Scrutiny/briefing	tbc	
Update on Dementia Services	Further briefing/update of the Dementia Strategy		Proposed Action: Request briefing and liaise ASC/PH Select Committee on next steps	
<b>15 November 2022</b>				
Health and Care System Critical Incident and Winter Plan	Update from September 2022 meeting on winter pressure challenges	Scrutiny	ICB/NUH	
Update on Expansion of Neonatal Capacity at NUH	Update on Expansion Programme	Scrutiny	ICB	
Update on Acute Stroke Service	Update on relocation of services to QMC	Scrutiny	ICB	
<b>10 January 2023</b>				
Newark Hospital – Increased Capacity	Briefing on expansion of operating theatre facilities at Newark Hospital.	Scrutiny	TBC	
<b>21 February 2023</b>				
NUH Chief Executive – Priorities and Challenges	Briefing from NUH Chief Executive on key areas of focus to deliver improvement	Scrutiny		
Maternity Services Progress	Briefing from NUH Chief Executive on Maternity services	Scrutiny		

Health and Care System Winter Planning 2022-23 – NUH Perspective	Briefing from NUH Chief Executive on delivery of winter planning from the NUH perspective	Scrutiny			
Access to GP Services	Refresh of information considered to date, and update on post-pandemic access	Scrutiny	ICB/GP representatives		
<b>28 March 2023</b>					
Dentistry Services	Briefing on service provision and barriers to access, including registration of infants and young children	Scrutiny	NHS England		
Health Visiting	Service delivery of health visiting for 0-3 year olds. Focus on cohort affected by lack of face-to-face contact during pandemic	Scrutiny	NCC and Nottinghamshire Healthcare Trust		
Community Diagnostic Centres	Briefing on the roll-out of Community Diagnostic Centres in Nottinghamshire				
<b>9 May 2023</b>					
Diabetes Services Update	Further information on diabetes services	Scrutiny	Senior officers of Nottingham/Nottinghamshire CCG/successor organisation (ICB)		
Colorectal and Hepatobiliary Services to City Hospital - Update	Update on relocation of elective services from QMC	Briefing (from July 2022 meeting)	ICB/NUH		

<b>20 June 2023</b>				
Tomorrow's NUH		Scrutiny	Senior ICB/NUH representatives	
Enhanced Service Provision at Newark Hospital		Scrutiny	Senior ICB SFH representatives	
<b>25 July 2023</b>				
Integrated Care Partnership - Update	Update from July 2022 meeting on implications for services and residents	Briefing	TBC	
East Midlands Ambulance Service Performance	The latest information on key performance indicators from EMAS.	Scrutiny	Richard Henderson, Chief Executive, Greg Cox, Operations Manager (Nottinghamshire)	
<b>To be scheduled and potential alternative actions</b>				
Diabetes Services				
Sherwood Forest Hospitals Trust				
Hospital Patient 'Flow'				
Discharge to Assess (From Hospital)	To be discussed with Chair/V-Chair Adult Social Care and PH Select Committee to consider how the committees can work together to look at this item			
Mental Health Services and Support	Last considered Feb 2022 - To be discussed with Chair/V-			

	Chair Adult Social Care and PH Select Committee to consider how the committees can work together to look at this item			
Newark Hospital – Future Strategy	Update on future provision	Scrutiny	Mark Wightman and Alex Ball Nottingham and Nottinghamshire ICB	
Early Diagnosis Pathways	To consider access/timeliness of early diagnosis for cancer, CPOD etc, and to explore where disparities lie	Scrutiny		
Non-emergency Transport Services (TBC)	An update on key performance.	Scrutiny	Senior ICB officers, Provider representatives.	
NHS Property Services	Update on NHS property issues in Nottinghamshire	Scrutiny	TBC	
Frail Elderly at Home and Isolation	TBC –	Scrutiny	Proposed Action: Initial Focus on GP use of Frailty Index. Possible link in with Overview of Public Health Outcomes	
Performance of NHS 111 Service	Briefing on performance			
Long Covid	Initial briefing on how commissioners and providers are responding to the challenges of Long Covid			
<b>Also:</b>				
Visit to Bassetlaw Hospital				

