

## Health Scrutiny Committee

**Tuesday, 20 June 2023 at 10:30**

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

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### AGENDA

- 1 To note the appointment at Full Council on 11 May 2023 of Councillor Sue Saddington as Chairman and Councillor Bethan Eddy as Vice-Chairman of Health Scrutiny Committee for the 2023-2024 municipal year
- 2 To note the membership of the Committee for the 2023-24 municipal year as follows: Councillors Mike Adams, Sinead Anderson, Callum Bailey, Steve Carr, Kate Foale, David Martin, Nigel Turner, Michelle Welsh, John Wilmott
- 3 Apologies for Absence
- 4 Declarations of Interests by Members and Officers:- (see note below)  
(a) Disclosable Pecuniary Interests  
(b) Private Interests (pecuniary and non-pecuniary)
- 5 Minutes of last meeting held on 9 May 2023 3 - 12
- 6 Delivery of Diabetes Care in Nottingham and Nottinghamshire 13 - 24
- 7 Temporary Services Changes - Extension 25 - 28
- 8 Work Programme 29 - 34

## **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  
Callum Bailey  
Steve Carr  
David Martin

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

### **SUBSTITUTE MEMBERS**

Councillor Foale for Councillor McGrath

### **OFFICERS**

Martin Elliott - Senior Scrutiny Officer  
Noel McMenamin - Democratic Services Officer

### **ALSO IN ATTENDANCE**

|                  |   |  |
|------------------|---|--|
| Alex Ball        | - | Nottingham and Nottinghamshire ICB         |
| Mr Ayan Banerjea | - | Nottingham University Hospitals NHS Trust  |
| Sarah Collis     | - | Nottingham and Nottinghamshire Healthwatch |
| Joanna Cooper    | - | Nottingham and Nottinghamshire ICB         |
| Lisa Durant      | - | Nottingham and Nottinghamshire ICB         |

### **1 MINUTES OF THE LAST MEETING HELD ON 28 MARCH 2023**

The minutes of the last meeting held on 28 March 2023, having been circulated to all members, were taken as read and signed by the Chairman.

### **2 APOLOGIES FOR ABSENCE**

Councillor McGrath (other reasons)

### **3 DECLARATIONS OF INTEREST**

Councillor Mrs Saddington declared a personal interest in agenda item four (Transfer of Elective Services at Nottingham University Hospitals) and in agenda item five (Nottingham and Nottinghamshire NHS Joint Forward Plan), 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 four (Transfer of Elective Services at Nottingham University Hospitals) and in agenda item five (Nottingham and Nottinghamshire NHS Joint Forward Plan), 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.

Councillor Welsh declared a personal interest in agenda item four (Transfer of Elective Services at Nottingham University Hospitals) and in agenda item five (Nottingham and Nottinghamshire NHS Joint Forward Plan), in that she had a family member who was currently receiving treatment at a Nottingham University Hospitals NHS Trust site.

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

Lisa Durant, System Delivery Director, and Alex Ball, Director of Communications and Engagement at the Nottingham and Nottinghamshire ICB, and Mr Ayan Banerjee, Divisional Director of Surgery at Nottingham University Hospitals NHS Trust attended the meeting to present a progress report on the relocation of colorectal and hepatobiliary provision from QMC to the City Hospital.

At the meeting held on 26 July 2022, the Committee had welcomed how the Nottingham University Hospitals NHS Trust had secured access to £15 million of NHS Capital funding to increase dedicated elective surgery provision on its City Hospital site. The investment had been 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. Members of the Committee had also agreed at this meeting that targeted patient engagement, rather than a full consultation activity would be appropriate in this instance in the interests of proceeding at pace with the delivery of new elective capacity at the City Hospital site. At that meeting it has also been agreed that a further report should be received once the capital works had been completed to provide assurance that the initiative had been delivered fully, to time and within budget.

The report stated that the aim of the transfer had been to protect elective capacity and to 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 report provided a progress report on the delivery of the programme and stated that the scheme was at the latter stages of development of two key phases, the opening of a 20 bedded inpatient ward the “Jubilee Unit” and the building of three Theatres and an EPOC facility to increase operating capacity and provide enhanced perioperative care for the cohort of patients requiring more complex surgery. It was noted that due to the need to agree the business cases to attract capital funding and to mobilise contractors there had been some slight slippage to the original proposed timescales that had been previously envisaged for the completion of the project.

Alex Ball, Director of Communications and Engagement at the Nottingham and Nottinghamshire ICB advised that the engagement work had been widely and actively promoted with target groups and outlined the results that had shown a high level of patient support for the changes. It was noted that there had been 22 responses received to the engagement. Alex Ball advised that, of those surveyed:

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

Alex Ball advised that there had also been some concern expressed regarding the limited car parking facilities at City Hospital, which they patients had stated could be problematic. Alex Ball also noted that it was also recognised that there may be some negative access and travel impact for some patients, but assured members that this issue would be kept under review. Alex Ball stated that despite these concerns, most patients had still been in support of travelling to the City Hospital if services were relocated there. A full report on the engagement that had been carried out on the relocation of Colorectal and Hepatobiliary Services was attached as an appendix to the Chairman’s report.

The Chairman sought assurances that the parking facilities at the City Hospital site were adequate to meet the needs of patients and staff using the relocated services. Alex Ball noted that the reinstatement of parking barriers and the use of staff parking permits had improved the parking situation at the City Hospital, and assured members that there was adequate parking at the City Hospital for both staff and patients.

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

- Members noted the slippages to the original proposed timescales for the completion of the programme of changes and sought assurance that the programme of changes would be completed in a timely manner.
- Whether there were any plans for further patient consultation on the changes given the relatively low number of responses received to the targeted engagement that had taken place?
- Members noted their concern and disappointment to the low level of responses that had been received to the patient engagement that had been carried out in November 2022.

In the response to the points raised, Lisa Durant, Alex Ball and Mr Ayan Banerjea advised:

- That the ICB was confident that the programme of changes would be completed in a timely manner and within the revised timescales that had been detailed in the report. It was noted that issues that could not have been foreseen during the planning of the implementation of the changes had impacted on the anticipated completion date.
- Members were assured that plans around the wider project of separating elective and urgent care services at NUH sites were progressing well.
- The funding for the delivery of the current programme of changes had already been secured, and work was currently being carried out to develop strong business cases to secure the funding that would be needed to deliver further improvements to service delivery at NUH. Members were advised that the ICB were confident that they would be able to secure the required funding.
- The patient engagement programme had been widely and actively promoted, and whilst a higher rate of response would have been welcomed, ongoing patient feedback had shown broad support for the changes that had been made. Members were advised that wider consultation activities on changes to how services were delivered across NUH had also shown support from patients. It was noted that a comprehensive consultation on plans detailed in “Tomorrow’s NUH” would also provide the opportunity to gather further patient feedback.

Sarah Collis of Nottingham and Nottinghamshire Healthwatch noted her agreement on the concerns that had been raised by the committee on the number of responses that had been received to the patient engagement on the changes to the delivery of services and stated that further engagement should be

carried out with the patients who would be impacted by the changes. Mr Ayan Banerjea acknowledged the concerns about the response rate to the formal engagement that had been expressed. Mr Banerjea assured the committee that feedback from patients was gathered on a weekly basis and that there had also been informal engagement and discussions with patients on the changes to colorectal and hepatobiliary service provision prior to the plans being developed and implemented. Mr Banerjea also noted that the feedback, both formal and informal that had been received had shown overwhelming patient support for the changes in service delivery. Mr Banerjea advised that the changes to colorectal and hepatobiliary service provision were also supported by the clinicians at NUH as the separation of planned and emergency care had enabled them to provide the highest level of care to patients. Mr Banerjea also noted that there was also a patient representative on the steering group for the project. Sarah Collis noted that whilst it was positive that clinicians had noted their support for the changes, it was essential that the voice of the patient was at the centre of decision making around how health services were delivered. Members of the committee agreed that patients should always be at the centre of decision-making processes on how health services were delivered. Members asked that a report should be presented at a future meeting of the Health Scrutiny Committee on how NUH engaged with and involved patients on decisions around service delivery.

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

- That the move of elective surgery to the City Hospital site and the separation of planned and emergency treatment was a positive change that would provide all patients with the best level of care.
- How much additional capacity would the new facilities at the City Hospital provide? Members also asked what impact the changes to service delivery would have on waiting lists for surgery.
- Members also sought further information on issues around the recruitment and retention of staff and sought assurance that there would be enough staff to deliver the expanded services at the City Hospital site.

In the response to the points raised, Mr Ayan Banerjea advised:

- That whilst the changes to the delivery of colorectal and hepatobiliary services were a key part of wider changes being made at NUH, they would not solve all the issues related to waiting lists for surgery. It was noted that the impact the pandemic, and the delays that it had created for elective surgery were still a significant issue.
- All the positions required for the delivery of the planned changes had been successfully recruited to.

- The transfer of elective surgery to the City Hospital would create additional capacity at QMC and that this that provided the potential to increase surgical capacity and to have a positive impact on waiting lists.
- Recruitment and retention of staff across health care settings continued to be an area of concern and there were some jobs where there was a national shortage of the required people to fill them.
- Members were assured that the NUH Work Force Plan was continuing to be developed, and that this would have a positive impact on staffing levels across NUH.

The Chairman thanked Lisa Durant, Alex Ball and Mr Ayan Banerjea for attending the meeting and answering members' questions.

#### **RESOLVED 2023/10**

- 1) That the report be noted.
- 2) That the Nottingham and Nottinghamshire Integrated Care Board writes to the Chairman of the Health Scrutiny Committee at the end of July 2023 to advise whether the additional theatre and the Enhanced Perioperative Care Unit have been completed and are fully functional.

### **5 NOTTINGHAM AND NOTTINGHAMSHIRE NHS JOINT FORWARD PLAN**

Joanna Cooper, Assistant Director of Strategy, and Alex Ball, Director of Communications and Engagement at the Nottingham and Nottinghamshire ICB, attended the meeting to present a report on the Integrated Care Strategy and the work being carried out to develop the Nottingham and Nottinghamshire Joint Forward Plan.

The Health and Care Act 2022 had set out the requirement for each Integrated Care Partnership (ICP) to produce an Integrated Care Strategy for its health and care system and that the Nottingham and Nottinghamshire Strategy had been finalised in March 2023. To support the delivery of the strategy, the Integrated Care Board (ICB) was also required to produce five-year Joint Forward Plan with strategic partners. It was noted that the NHS Joint Forward Plan would provide the opportunity to create a longer-term shared sense of endeavour, a realistic and ambitious view of what was achievable and a sense of hope across health providers and residents. The report stated that the Nottingham and Nottinghamshire Joint Forward Plan was currently being created with NHS partners. It was noted that both the Nottingham and Nottinghamshire Health and Wellbeing Boards would also have input into the development of the Plan to ensure that it aligned with the Integrated Care Strategy.



Alex Ball and Joanna Cooper made a presentation to the meeting on the work that was being carried out to jointly create the Forward Plan with partners, this work was scheduled to be completed by 30 June 2023.

The Chairman asked how the progress made in the delivery of the objectives of the Integrated Care Strategy and Forward Plan would be monitored and how the Health Scrutiny Committee could be involved in this work. Alex Ball noted that the Health and Care Act 2022 had left some ambiguity on how this work should be carried out but advised that both the Health and Wellbeing Boards would be involved. Alex Ball advised that progress reports could also be presented to the Health Scrutiny Committee as required. It was also noted that the plan would be reviewed and refreshed annually.

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

- Members welcomed the focus that the Integrated Care Strategy and Forward Plan placed on early intervention and preventative activity that would support residents to maintain good levels of health and wellbeing.
- Whether the Forward Plan would contain actions that would work to deliver greater coordination on services being delivered across Nottinghamshire that supported residents' mental health.
- Members sought further information on how residents would be kept up to date with the work that would be carried out in delivering the objectives of the Integrated Care Strategy.
- Members asked for further details on how the work with community food providers, such as food banks and community kitchens could be maximised to deliver the benefits of promoting healthy eating that these services brought to residents and communities.
- Members noted the vital role that hospices delivered in providing high quality end of life care and that stated that activity should take place to maximise the availability of hospice capacity across Nottinghamshire.

In the response to the points raised, Alex Ball and Joanna Cooper advised:

- Activities on preventative activity to maximise residents' health and wellbeing, as well as on mental health service provision were key priorities for the ICB.
- Whilst the Forward Plan that was currently being created focused on the current health needs of residents, the plan would be reviewed and

refreshed annually to ensure that it remained relevant and focused on the health needs of Nottinghamshire residents.

- The ICB was actively bringing representatives together from across the voluntary and community sectors, including the Trussell Trust, to support coordination and improve connections that would maximise the impact of these services to residents. Alex Ball advised that further work was planned to develop relationships with faith group providers of these services to further develop this area of activity.
- Further information on the capacity of hospice care across Nottinghamshire would be circulated to member of the Health Scrutiny Committee.

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

- How would the Integrated Care Strategy and Forward Plan work to link health care and social care service to enable residents to access the most appropriate level of care and support for their individual needs.
- Members noted with concern the poor levels of mental health being experienced by residents, especially younger residents across Nottinghamshire. Members agreed that effective mental health service provision was vital to support the delivery of the ICB's focus on preventative activity in the provision of health services. Members noted that the ICB should also look to further develop its work with the Council's Youth Services teams to gain an increased understanding of the mental health issues impacting young people.
- Members asked whether further information could be provided to the committee on the ICB's approach to consultation.
- How would the ambitions of the Integrated Care Strategy be measured and how would the ICB monitor the impact that the strategy was having.
- How would the Integrated Care Strategy work to address the problems around the recruitment and retention of staff across the health and social care sector.

In the response to the points raised, Alex Ball and Joanna Cooper advised:

- Supporting good mental health for residents was a key issue for the ICB and early intervention was a key part of service delivery in supporting residents with their mental health. The Integrated Care Strategy would

also enable service delivery and the development of activity in this area to be coordinated.

- Extensive and wide-ranging consultation activity had taken place to support the creation of the Integrated Care Strategy and Forward Plan. Alex Ball advised that the quality of the consultation activity had been carried out had been nationally recognised for its high standards. Members were advised that the ICB's Communication Strategy would be circulated to them after the meeting.
- Members were assured that the Integrated Care Strategy had been developed in consultation with the social care sector to maximise the benefits that the health and social care sectors working together would bring to residents.
- Measures of performance were in place that would be actively monitored to drive the ambitions of the Integrated Care Strategy forward and to ensure that it was having a positive impact on Nottinghamshire residents. Case studies that showed the impact that the Strategy was having would also be gathered and shared widely to illustrate how the Strategy was delivering on its ambitions.
- The Integrated Care Strategy and the Forward Plan contained objectives and activity to develop the health and social care workforce and to address shortages of staff. Members were advised that a range of activity was being considered to address these issues, including closer working with colleges and schools to promote health and social care careers and changes to working practices to make careers in the sector more appealing. It was also noted that a People and Culture Strategy was also being developed to drive activity on this issue.

The Chairman thanked Joanna Cooper and Alex Ball for attending the meeting and answering members' questions.

**RESOLVED 2023/11**

- 1) That the Integrated Care Strategy and the progress made towards the NHS Joint Forward Plan, be noted.
- 2) That a further report on the Nottingham and Nottinghamshire Joint Forward Plan be brought to a future meeting of the Health Scrutiny Committee at a date to be agreed by the Chairman.

**6 CHAIRMAN AND VICE-CHAIRMAN VISIT TO QMC EMERGENCY DEPARTMENT**

The Vice-Chairman provided a verbal report on the recent visit that the Chairman and Vice-Chairman had made to the Emergency Department at QMC.

**RESOLVED 2023/12**

That the verbal report be noted.

**7 WORK PROGRAMME**

The Chairman advised that the Quality Accounts from local NHS providers would shortly be submitted to the members of the Health Scrutiny Committee. The Chairman asked the committee for volunteers to carry out the work in reviewing and making comment on each report.

**RESOLVED 2023/13**

That the Work Programme be noted.

The meeting closed at 12:45pm

**CHAIRMAN**

**20 June 2023****Agenda Item: 6****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****DELIVERY OF DIABETES CARE IN NOTTINGHAM AND NOTTINGHAMSHIRE****Purpose of the Report**

1. To provide a progress briefing on Diabetes Services in Nottinghamshire.

**Information**

2. The Health Scrutiny Committee previously received a briefing on Diabetes Services in Nottinghamshire at its meeting in June 2021. In previous discussions on the Work Programme, the Committee has requested a progress report on service delivery post-pandemic. This was to understand both how planned service initiatives had been delivered, and demand trends in the wake of the Covid 19 pandemic.
3. A briefing from Nottingham and Nottinghamshire Integrated Care Board is attached as Appendix 1 to this report.
4. Hazel Buchanan, Associate Director of Strategic Programmes will attend the Health Scrutiny Committee to brief Members and answer questions. Dr Kerri Sallis, the Integrated Care System's Diabetes Clinical Lead, will also be in attendance.
5. Members are requested to consider and comment on the information provided and schedule further consideration, as necessary.

**RECOMMENDATION**

That the Health Scrutiny Committee:

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

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

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

**Background Papers**

Nil

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

All

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

**Briefing for Nottinghamshire Health Scrutiny Committee**

**June 2023**

**1.0. Purpose**

- 1.1. The purpose of this briefing paper is to provide an update to Nottinghamshire County Council Health Scrutiny Committee on the delivery of diabetes care in Nottingham and Nottinghamshire.
- 1.2. The local system is focused on continuing to provide specialist diabetes support to those most in need – all people with Type 1 diabetes and those with Type 2 diabetes with high Hba1c and/or complex co-morbidities including mental health issues.
- 1.3. Education of the modifiable risk factors for poorer health outcomes will not only be important for people living with diabetes, but it will also be critical in guiding management and providing targeted support to those at high risk of developing Type 2 diabetes which includes weight management.
- 1.4. The diabetes transformation programme aims to provide better access and an improved experience across primary, community and secondary care. This includes widening access to technology for those most in need.

**2.0. Overview of Diabetes Statistics and Trends in Nottingham and Nottinghamshire**

- 2.1. Diabetes mellitus is a chronic complex metabolic disorder characterised by high levels of blood glucose and caused by defects in insulin secretion and/or action. As of 2019, 3.9 million people had been diagnosed with diabetes in the UK, 90% with Type 2. In addition, there are almost a million more people living with Type 2 diabetes who have yet to be diagnosed, bringing the total number up to more than 4.8 million. It is estimated that by 2025 more than 5.3 million will have diabetes.
- 2.2. Diabetes is a hidden condition. If left untreated or undiagnosed, it can cause serious harm affecting every part of the body, damaging the cardiovascular system, blood vessels and organs.
- 2.3. Diabetes costs 10% of the NHS budget, 80% of which is spent on treating preventable complications.
- 2.4. Prevalence of Diabetes across the system is increasing year on year in line with the increase seen across England. From 2009/10 to 2020/21 prevalence of Diabetes has risen from 5.2% to 7.0% today. This is an increase of 35%. Specifically in Nottingham and Nottinghamshire, there are currently 69,065 people aged 15 and over with Type

2 diabetes (6.7% prevalence) and a further 6,285 people aged 15 and over diagnosed with Type 1 diabetes (0.6% prevalence).

- 2.5. Obesity is a known significant risk factor for the development of Type 2 diabetes, but also for the development of gestational diabetes during pregnancy. By making changes to diet, increasing physical activity and losing weight, about half of Type 2 diabetes cases can be prevented or delayed in some people.
- 2.6. In Nottingham and Nottinghamshire 85% of people with Type 2 Diabetes have at least 1 other long-term condition; 53% have 2 or more.
- 2.7. Logistic regression analysis carried out on local primary care data has confirmed the risk factors known from national and international evidence:
  - Morbidly Obese people (BMI 40 are 7 times more likely to be diagnosed with Type 2 diabetes than people with an healthy weight (BMI 18.5 < 25);
  - People in the most deprived areas are 70% more- likely to be diagnosed than people in the least deprived areas;
  - Males are 50% more at risk than females;
  - People aged 65 and over are eight times more likely to be diagnosed with diabetes than people aged 18-44;
  - People from black and minority ethnic groups are at a 70% higher risk than white people.
  - The highest risk is with the Asian population who are 3 times more likely to have diabetes than white people.
- 2.8. Furthermore, a third of adults in England have pre-diabetes. Pre-diabetes means that an individual's blood sugars are higher than usual, but not high enough to diagnose with Type 2 diabetes. It also means that you are at high risk of developing Type 2 diabetes. This risk can be eliminated or reduced considerably by adapting relevant lifestyle factors, recognizing that these are also impacted by social determinants.
- 2.9. In Nottingham and Nottinghamshire there are 59,230 people aged 15 or over diagnosed by a GP with pre-diabetes (5.7% prevalence). Pre-diabetes does not present symptoms and therefore, there is the risk that this number is higher.
- 2.10. To ensure people with diabetes are seen in the right location at the right time, diabetes care divides into four main tiers of care as highlighted in the diagram in appendix 1.

### **3.0. Integrated Care System Diabetes Transformation Programme**

- 3.1. The NHS Long Term plan sets out a range of diabetes commitments, to be reflected in system level plans including:
  - Ensuring universal access to Diabetes Inpatient Specialist Nurses;
  - Ensuring universal access to Multi-Disciplinary Footcare Teams;
  - Further expansion of provision of diabetes structured education;



- Providing support across primary care to enable more people to achieve the recommended diabetes treatment targets and drive down variation between GP Practices.
- 3.2. The 2023/24 NHS Operational Planning & Contracting Guidance asks that ICS' develop plans for the prevention of ill-health. This should involve improving uptake of lifestyle services, the Diabetes Prevention Programme, Low Calorie Diets, the new Digital Weight Management Programme and digitally supported self-management services. Focus should be on socio-economically deprived populations and certain ethnic minority groups in line with the Core20Plus5 framework.
  - 3.3. Locally there is an established Nottingham and Nottinghamshire ICS Diabetes Steering Group comprised of key stakeholders (commissioning leads, local clinical experts, patient representatives, NHS England, Diabetes UK, Public Health) who oversee current service offers and agree transformational change.
  - 3.4. Transformation priorities are in addition to or developments in relation to existing services as outlined in the tiers in appendix 1. Existing services include the following:
    - NHS Diabetes Prevention Programme (NHS DPP)
    - Structured education programmes for patients diagnosed with Type 1 and Type 2 Diabetes (DESMOND, DAFNE, KAREN, Healthy Living, MyType1Diabetes)
    - Education programmes for Primary and Secondary Care staff
    - Diabetic Specialist Nurses working with GP Practices
    - Specialist Diabetes Podiatrists
    - Dieticians
    - Secondary Care Specialist Services
  - 3.5. Key transformation priorities identified by the ICS Diabetes Steering Group and in line with the national agenda for 2023/24 are outlined below.

### **NHS Diabetes Prevention Programme (NHS DPP)**

- 3.6. Prevention is at the heart of the NHS Long Term Plan. One of the key commitments is to deliver the NHS Diabetes Prevention Programme (NHS DPP). This reflects a major contribution on the part of the NHS to upstream prevention and will enable more at-risk individuals to access the programme and support them lowering their risk of Type 2 diabetes.
- 3.7. Locally we will continue to work collaboratively with Living Well Taking Control to implement, deliver and ensure future sustainability of the NHS DPP. Living Well Taking Control is committed to working with local communities and along with system partners, will be identifying priority neighbourhoods and developing culturally competent approaches.

- 3.8. Data from Living Well Taking Control monthly site reporting shows that between 01st December 2020 – 31st March 2023:
- 9220 referrals have been received from Primary Care;
  - 981 participants are currently on the face-to-face programme;
  - 159 participants are accessing the digital app;
  - 57% of participants are female compared to 43% who are male;
  - 25% of all participants are from Black Asian and Minority Ethnic groups.
  - Average weight loss on completion is 5kg.
- 3.9. The ICS NHS DPP Delivery Group has utilised local NHS DPP data to identify the following priority areas:
- Increase uptake in high social deprivation areas;
  - Increase uptake in male population;
  - Increase uptake in working age population;
  - Increase uptake in BAME population;
  - Increase referral rates across Mid-Nottinghamshire.
- 3.10. A targeted approach will be achieved by working collaboratively with Living Well Taking Control to deliver the following communication and engagement activity: -
- ICS wide public transport campaign including promotion on high footfall bus and tram routes - targeting areas of low NHS DPP uptake, socially deprived areas and areas with high BAME prevalence;
  - Delivery of partnership campaigns with local sports clubs including Mansfield Town Football Club, Notts County Cricket Club and Nottingham Forest Football Club including social media campaigns, match day programme coverage, venue poster campaigns;
  - Development of GP resource packs;
  - Translating NHS DPP patient resources into multiple languages including: e.g., Arabic, Farsi, Kurdish Sorani, Polish, Romanian. Urdu, Tigrinya;
  - Delivery of community-based NHS DPP education sessions across PBP's working with community leaders to target high risk groups.

### **Type 2 Diabetes Pathway to Remission - NHS Low Calorie Diet**

- 3.11. The NHS is delivering a new programme which provides a low calorie diet treatment for people who are overweight and living with Type 2 diabetes. The programme is based on two large studies which showed that, as a result of going on a specially designed programme, people living with Type 2 diabetes who were overweight could improve their diabetes control, reduce diabetes-related medication and, in some cases, put their Type 2 diabetes into remission (no longer have diabetes).
- 3.12. Eligible participants are offered low calorie, total diet replacement products – for example, soups and shakes which add up to around 900 calories per day – for up to 12 weeks. During this time participants replace all normal meals with these products.

Alongside this, participants receive support and monitoring for 12 months including help to re-introduce real food after the initial 12-week period.

- 3.13. The NHS Low Calorie Diet Pilot isn't suitable for everyone and there are some strict eligibility requirements that people must meet to be involved.
- 3.14. Locally, ABL Health – Your Health, Your Way provide the NHS Low Calorie Diet Pilot across Nottingham and Nottinghamshire.
- 3.15. The service went live accepting referrals from February 2022 with face-to-face sessions commencing April 2022. To date 373 eligible referrals have been received with 137 patients commencing the programme. An average weight loss of -12.5kg has been observed in those completing the first 12 weeks of the programme.
- 3.16. There are only 500 intervention places available initially so it will be important to continue to target areas of greatest need using population health management approaches.

### **Diabetes in Hospital**

- 3.17. A significant number of surgeries are cancelled due to poor management of diabetes identified pre-operatively. Understanding and managing a patient's diabetes is especially critical when they are undergoing surgery. Getting diabetes treatment wrong could lead to hypoglycaemia and hyperglycaemia both of which may cause serious harm.
- 3.18. Poor diabetes control also increases the risk of post-operative surgical complications, including delayed wound healing and infection.
- 3.19. People with diabetes who have surgery experience increased length of stay, higher readmission rates and higher morbidity compared with people without diabetes.
- 3.20. Transformation funding has been utilised to expand the current multi-disciplinary team at Nottingham University Hospitals NHS Trust with a consultant led triage service that will work with surgical, anaesthetic and pre-operative assessment teams through a referral pathway to ensure timely and appropriate assessment and optimisation of control for people with sub-optimally controlled diabetes (HbA1c >69mmol/mol) prior to elective surgery. Sherwood Forest Hospitals NHS Foundation Trust have also implemented an approach to identify individuals on the waiting list with high HbA1c. The approach includes supporting individuals with lifestyle changes that will impact on the management of their diabetes and refer to the Nottinghamshire County Council Service, Your Health Your Way and other community assets.

### **Multi-Disciplinary Foot Care Teams**

- 3.21. Foot disease is a known complication of diabetes. NICE NG19 recommends: Adults with diabetes should have foot risk assessment when diabetes is diagnosed, and at

least annually thereafter. Patients with active foot problems are referred within one working day to specialist foot care service, for triage within one further working day.

- 3.22. Locally, there are increasing amputation rates and increasing emergency admissions. Enhanced foot care can reduce foot ulcers, amputation incidence and reduce associated inpatient bed days. In 2021 there were 48 major lower limb amputations (above the ankle) compared to 38 in 2019 and 101 minor lower limb amputations compared to 69 in 2019. The largest increases in amputations occurred in South Notts (52 compared with 32 in 2019) and Nottingham City (56 compared with 36 in 2019).
- 3.23. To address these issues existing podiatry and foot care services have been expanded with additional resource for a Nottingham and Nottinghamshire wide Diabetic Foot Protection Team. This is a community-based team with specialist knowledge and the capacity to target population cohorts and neighbourhoods with the highest risk.
- 3.24. Care delivery is provided by a team of Advanced Specialist Podiatrists and will be dependent on risk stratification, disease progression and severity, with implementation of patient care plans with referral and transfer of care across settings appropriate to reduce the risk of complications.

#### **Improving achievement against recommended diabetes treatment targets in Primary Care**

- 3.25. Completion of the NICE recommended 9 care processes and 3 treatment targets prevents complications of diabetes which can develop with a long-term condition. These checks are important measurements and checks for the common complications of diabetes including, cardiovascular disease, kidney disease, peripheral arterial disease, nerve and eye damage.
- 3.26. Based on 2021/22 National Diabetes Audit data, Nottingham and Nottinghamshire achievement of these indicators is as follows:

| <b>Three Treatment Targets</b> | <b>Care Processes</b>         |
|--------------------------------|-------------------------------|
| Type 1 – 20.1 % (Eng – 21.6%)  | Type 1 – 32.7 % (Eng – 32.8%) |
| Type 2 – 32.9% (Eng – 35.4%)   | Type 2 – 46.9 % (Eng - 47.8%) |

- 3.27. There is currently wide variation in attainment for these targets across GP Practices in Nottingham and Nottinghamshire, with results falling because of disruption due to COVID-19. To address this variation a new standardised diabetes framework has been implemented. In this approach the GP Practice is the bedrock of delivering high quality coordinated care, in partnership with the person with diabetes and with the Diabetes Specialist Nurse.
- 3.28. The overarching aim of the new scheme is to increase skills and knowledge in GP Practices and establish a diabetes care which focuses on the needs of the whole person, empowering people with diabetes to live healthy lives, and which provides timely support when issues arise.

## Diabetes and Technology

- 3.29. NICE guidance published in April 2022 recommended the use of real-time continuous glucose monitoring (rtCGM) for all adults and children living with Type 1 diabetes, providing them with a continuous stream of real-time information on a smartphone about their current blood glucose level.
- 3.30. Alongside new rtCGM technology, the use of intermittently scanned glucose monitoring (isCGM) devices – also known as flash monitoring – has been expanded to adults with Type 2 diabetes on insulin therapy.
- 3.31. Locally, 76% of the people living with Type 1 diabetes currently have access to flash monitoring and 98% of pregnant women with Type 1 diabetes have access to rtCGM.
- 3.32. A system wide policy has been developed and approved locally that adopts the NICE guidance in full and work is now underway to ensure all eligible patients are able to access this technology.
- 3.33. Through collaborative working with Digital Notts we are exploring ways to utilise digital platforms Patient Knows Best (PKB) and the NHS APP to empower people living with diabetes to seamlessly access their personal health record to self-manage and coordinate their care. This includes developing a digital diabetes care plan to help patients self-manage their condition.

## Children and Young People

- 3.34. The national Children and Young People's (CYP) Programme and the National Diabetes Programme are now developing a joint programme of work to improve care and outcomes for children and young adults with diabetes.
- 3.35. Data from the National Paediatric Diabetes Audit (NPDA) and the National Diabetes Audit (NDA) have shown big increases in the number of children and young people with Type 2 diabetes, with the number of CYP with Type 2 diabetes under the care of a paediatric diabetes unit trebling from 326 in 2012-13 to 976 in 2020-21.
- 3.36. When Type 2 diabetes occurs in young people, it is a much more aggressive disease than in older adults. Long-term follow up data show that in CYP diagnosed with Type 2 diabetes in childhood or adolescence, >60% had at least one diabetes-related complication and nearly 30% had at least two complications by the time they were in their mid-20s. They are also more likely to have co-morbidities such as hypertension and fatty liver disease.

- 3.37. 60% of 19–25-year-olds with Type 2 diabetes are female and so may be considering pregnancy. Pregnancy outcomes for young women with Type 2 diabetes are much poorer than the general population with one longitudinal study showing >50% of pregnancies in this group having an adverse outcome such as miscarriage, stillbirth, premature birth or a major congenital abnormality in the baby.
- 3.38. CYP with Type 2 diabetes are also more likely to come from minority ethnic backgrounds and/or areas of high socio-economic deprivation, adding further to health inequalities. In 2019/20, around 50% of all CYP aged 0-18 with Type 2 diabetes and 35% of 19–25-year-olds with Type 2 diabetes had a minority ethnic background, compared with 15% of the overall England population (in the 2011 census). Around 65% lived in the bottom two quintiles of indices of deprivation.
- 3.39. The NHSE CORE20PLUS5 approach to addressing health inequalities in CYP specifically highlights the need to increase the proportion of CYP with Type 2 diabetes receiving annual health checks.
- 3.40. Taking the above into consideration, Nottingham and Nottinghamshire ICB has identified the following as priorities for CYP in 2023/24:
- Working with colleagues in Primary Care to ensure all young people with diabetes aged 25 or under should be under the care of a dedicated, specialist diabetes team whenever possible.
  - Reviewing the current provision of Type 2 diabetes services for CYP, particularly those aged 16-25 and ideally commission specialist services for this group.
  - Reviewing approaches to prevention and weight management for CYP.
  - Increasing access and uptake of rtCGM technology.

#### **4.0. In Conclusion**

- 4.1. Diabetes continues to be a key priority locally with the system focused on prevention and developing services that support people to live well with diabetes, addressing their concerns and supporting where we can all aspects of care including the complex array of life challenges that impact overall and health and wellbeing.
- 4.2. We continue to prioritise tackling the inequalities in diabetes outcomes experienced by those from deprived communities and those from ethnic minority groups. To underpin this work we will utilise population health data available to inform the action the local system takes to remove the barriers that cause inequality.
- 4.3. Providing the opportunity for personalised care through technology will fundamentally support the local diabetes population to improve self-management of their diabetes, impacting on quality of life, and reducing the onset of diabetes related complications associated with poor diabetes control.

## **5.0. Contact Details**

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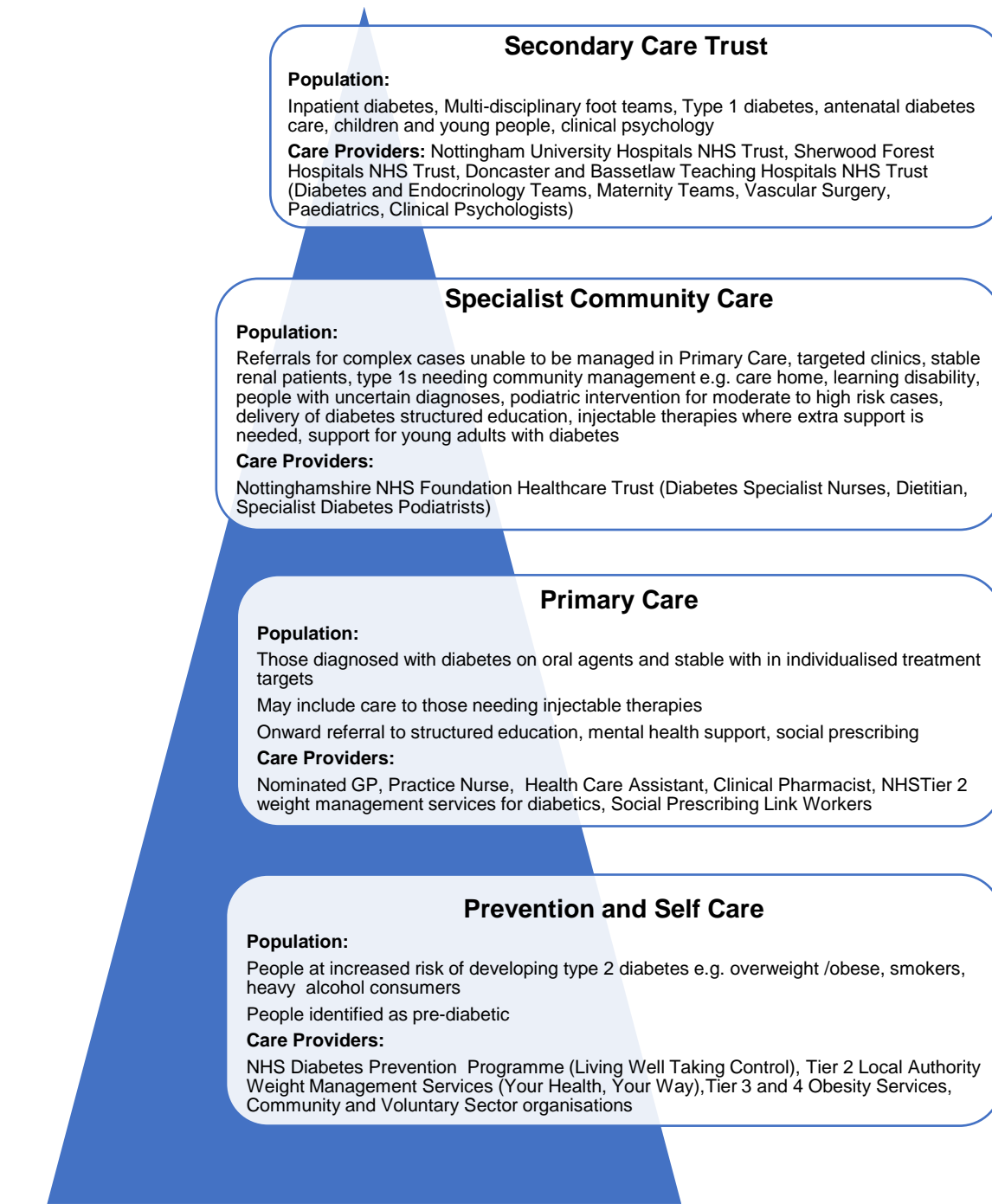
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## Appendix 1.0

### Overview of Diabetes Services





**20 June 2023****Agenda Item: 7****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****TEMPORARY SERVICE CHANGES - EXTENSION****Purpose of the Report**

1. To inform the Committee of the extension of current interim arrangements for NHS services at Newark Hospital introduced as a result of the COVID 19 pandemic.

**Information**

2. Newark Hospital's Urgent Treatment Centre was temporarily closed for overnight admissions in April 2020 to prioritise emergency service provision during the Covid 19 pandemic, and the temporary closure was extended in 2021 and again in 2022.
3. The Director of Integration at Nottingham and Nottinghamshire Integrated Care Board has now written to the Chairman of the Health Scrutiny Committee to advise that the temporary closure is to be extended for a further 12 month period, to end June 2024. A copy of the letter is attached at the Appendix to this report.
4. It had been expected that the Committee would be in a position to consider this extension alongside discussion of the wider provision of services at Newark Hospital. However, the Integrated Care Board, in line with the NHS England guidance on service change<sup>1</sup> continues to work with Sherwood Forest Hospitals NHS Foundation Trust, other NHS providers and local authority colleagues to develop a proposed way forward with associated timelines. This means that substantive consideration by the Committee will have to take place later in 2023.
5. A senior representative from the Integrated Care Board will attend the meeting to provide further information and answer questions, as necessary.
6. Members are requested to note the information provided

**RECOMMENDATION**

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<sup>1</sup> <https://www.england.nhs.uk/publication/planning-assuring-and-delivering-service-change-for-patients/>

That the Health Scrutiny Committee note the 12-month extension of current interim arrangements at Newark Hospital to the end of June 2024.

**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

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Date: 24 May 2023

Councillor Saddington  
Nottinghamshire County Council  
County Hall  
Loughborough Road  
West Bridgford  
NG2 7QP

Sent via email to: [cllr.susan.saddington@nottsccl.gov.uk](mailto:cllr.susan.saddington@nottsccl.gov.uk)

Dear Councillor Saddington,

Nottingham and Nottinghamshire Integrated Care Board (ICB) wishes to inform Nottinghamshire County Council Health Scrutiny Committee that, in line with s.23(3) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 made under s.244 NHS Act 2006 (as amended), the current temporary overnight closure of Newark Hospital's Urgent Treatment Centre will continue for a further 12 months to the end of June 2024. The ICB has not consulted the Committee on this continuation of the temporary overnight closure because it is not possible to safely staff the Urgent Treatment Centre overnight and so there is no alternative to the continuation of the temporary closure.

Nottingham and Nottinghamshire ICB and Sherwood Forest Hospitals Trust, in collaboration with other partners in our Integrated Care System, have been working together to develop an overarching vision and strategy for Newark Hospital that clearly articulates how the hospital and its services are sustained and can grow to meet the population health needs of its catchment area.

We are keen to continue to work with you, and will engage in a conversation with the Health Scrutiny Committee at the appropriate time, once our strategic thinking has evolved.

Yours sincerely,



Lucy Dadge  
Director of Integration  
Nottingham and Nottinghamshire ICB



**20 June 2023****Agenda Item: 8****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****WORK PROGRAMME****Purpose of the Report**

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

**Information**

2. The Health Scrutiny Committee is responsible for scrutinising substantial variations and developments of service made by NHS organisations, and reviewing other issues impacting on services provided by trusts which are accessed by County residents.
3. The 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 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. The Committee's planned activity for June and July 2023 has had to be amended. Consideration of enhanced service provision at Newark Hospital has had to be delayed as explained elsewhere on the agenda, while the Tomorrow's NUH item has had to be put back to our July 2023 meeting, in view of the need to review content following recent announcements on the scale and timeline for the programme.
5. The Integrated Care Board has also recommended that the July 2023 meeting be a single-item meeting, given the level of detail to cover under Tomorrow's NUH, so previously scheduled items will be rolled over to the autumn of 2023. It is intended that a verbal update on the Committee's autumn schedule will be available at the June 2023 meeting.
6. From September 2023 the Committee will meet monthly. It is intended that no more than two substantive items will be scheduled for each meeting. 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 2023/24

| Subject Title   | Brief Summary of agenda item  | Scrutiny/Briefing /Update | External Contact/Organisation | Follow-up/Next Steps |
|---|---|---------------------------|-------------------------------|----------------------|
| <b>20 June 2023</b>   |   |                           |                               |                      |
| Delivery of Diabetes Care in Nottingham and Nottinghamshire | Progress on delivery of diabetes services and update on demand trends   | Scrutiny                  | Integrated Care Board         |                      |
| Temporary Service Changes - Extension                       | To note the further extension of overnight closure at Newark Hospital   | Scrutiny                  | Integrated Care Board         |                      |
| <b>25 July 2023</b>   |   |                           |                               |                      |
| Tomorrow's NUH Programme (TNUH)                             | Comprehensive consideration of the Programme, including next steps. Recommended to hold a single-item meeting |                           |                               |                      |
|   |   |                           |                               |                      |
| <b>12 September 2023</b>                                    |   |                           |                               |                      |
|   |   |                           |                               |                      |
|   |   |                           |                               |                      |
| <b>17 October 2023</b>                                      |   |                           |                               |                      |
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| <b>14 November 2023</b>                                     |   |                           |                               |                      |
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| <b>12 December 2023</b>        |  |  |  |  |  |
|                                |  |  |  |  |  |
|                                |  |  |  |  |  |
| <b>16 January 2024</b>         |  |  |  |  |  |
| NHS Dental Services - Progress | Follow-up to consideration in March 2023 |  |  |  |  |
|                                |  |  |  |  |  |
| <b>20 February 2024</b>        |  |  |  |  |  |
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| <b>19 March 2024</b>           |  |  |  |  |  |
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| <b>16 April 2024</b>           |  |  |  |  |  |
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| <b>14 May 2024</b>             |  |  |  |  |  |
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| <b>18 June 2024</b>            |  |  |  |  |  |



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| <b>16 July 2023</b>   |   |          |   |  |
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|   |   |          |   |  |
| <b>To be scheduled and potential alternative actions</b>        |   |          |   |  |
| East Midlands Ambulance Service                                 | Latest information on key performance indicators  |          |   |  |
| Integrated Care Board – Policy Alignment across Nottinghamshire | To consider work being undertaken to ensure consistency of policy across the Nottingham and Nottinghamshire ‘footprint’ | Scrutiny |   |  |
| Sherwood Forest Hospitals Trust                                 |   |          |   |  |
| NUH Chief Executive   | Progress against Priorities and Challenges  |          |   |  |
| NHS Joint Forward Plan  | Progress from May 2023 meeting  |          |   |  |
| Hospital Patient ‘Flow’   |   |          |   |  |
| Discharge to Assess (From Hospital)                             |   |          |   |  |
| ICS Mental Health Strategy                                      | Refresh Scheduled in 2023-24  |          |   |  |
| Newark Hospital – Future Strategy                               | Update on future provision  | Scrutiny | Mark Wightman and Alex Ball<br>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 | To discuss best approach with Adult Social Care Select Committee |  |
| 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            |   |          |  |  |
|  |   |          |  |  |