

### COUNCILLORS

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

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

Johno Lee  
John 'Maggie' McGrath – **Apologies**  
Michelle Welsh  
John Wilmott

### SUBSTITUTE MEMBERS

Councillor Errol Henry for Councillor John 'Maggie' McGrath  
Councillor Francis Purdue-Horan for Councillor David Martin  
Councillor Johno Lee took the vacant seat on the committee

### Officers

Mel Williams - Corporate Director, Adult Social Care and Health  
Martin Elliott - Senior Scrutiny Officer  
Noel McMenamin - Democratic Services Officer

### Also in attendance

Dr Ali Aamer	-	Nottingham University Hospitals
Dave Briggs	-	Nottingham and Nottinghamshire ICB
Sarah Collis	-	Healthwatch Nottingham and Nottinghamshire
Greg Cox	-	East Midlands Ambulance Service
Sarah Collis	-	Healthwatch Nottingham and Nottinghamshire
Sue Chisolm	-	Nottingham University Hospitals
Lucy Dadge	-	Nottingham and Nottinghamshire ICB
Megan Dawes	-	Nottingham University Hospitals
Bill Kelly	-	East Midlands Ambulance Service
Annette McKenzie	-	East Midlands Ambulance Service
Caroline Nolan	-	Nottingham and Nottinghamshire ICB

The Chairman referred with sadness to the death of Councillor Eddie Cubley who had been a member of the Health Select Committee as well as to the death of HRH Queen Elizabeth II. Members stood for a minute's silence in their honour.

## **7 MINUTES OF THE LAST MEETING HELD ON 26 JULY 2022**

The minutes of the last meeting held on 26 July 2022, having been circulated to all members, were taken as read and signed by the Chairman.

## **8 APOLOGIES FOR ABSENCE**

Councillor Steve Carr (other reasons)  
Councillor David Martin (other reasons)  
Councillor John 'Maggie' McGrath (other reasons)

## **9 DECLARATIONS OF INTEREST**

Councillor Mrs Saddington declared a personal interest in agenda item 4 'Health and Care System Winter Planning', 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 4 'Health and Care System Winter Planning', 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.

## **10 HEALTH AND CARE SYSTEM WINTER PLANNING**

Lucy Dadge, Director of Integration at the Nottingham and Nottinghamshire ICB, Dave Briggs, Medical Director at the Nottingham and Nottinghamshire ICB, Caroline Nolan – Assistant Delivery Director for Urgent Care at the Nottingham and Nottinghamshire ICB and Mel Williams - Corporate Director, Adult Social Care and Health attended the meeting to present a report regarding Nottingham and Nottinghamshire Integrated Care Board's winter planning arrangements.

Greg Cox – Divisional Director, Annette McKenzie – Head of Operations – Nottinghamshire South and Bill Kelly - Head of Operations – Nottinghamshire North, at the East Midlands Ambulance Service were also in attendance for this item.

Lucy Dadge, Dave Briggs and Caroline Nolan provided a presentation to the meeting. A **summary** of the presentation is detailed below.

- That Throughout 2022 there had been significant pressure on urgent and emergency care services across England and in the Nottingham and Nottinghamshire health and care system.
- Nottingham and Nottinghamshire ICS had sought advice and guidance from the Nottingham Expert Advisory Panel on the likely and potential health issues arising from the impact of individuals and services who have

been managing the pandemic for the past two years and the likely economic developments that were likely to impact on patterns of need and health resilience.

- The Nottingham Expert Advisory Panel had provided the following key insights:
  - That it was likely that there would be significant levels of respiratory infection because of flu, Covid and pneumonia over the winter period.
  - Waiting lists for elective operations and screening and diagnostic tests were at high levels.
  - Demand challenges were especially prevalent for mental health services.
  - Issues of trust may affect willingness to follow guidance or engage with pharmaceutical or non-pharmaceutical interventions.
  - The same issue that would impact on the general public would also impact on the health workforce, many of whom were in groups and communities most likely to be affected by health and economic factors.
  
- That there were humanitarian concerns regarding the rising cost of living and food, fuel and energy affordability for a substantial proportion of our population and the related health impacts that included excess deaths, increased respiratory infections and poorer nutrition and increased vulnerability to illnesses and disease.
  
- That the Integrated Care Board UEC team would maintain real time oversight of operational pressures at provider and system level and that the Nottingham and Nottinghamshire ICS Urgent and Emergency Care Delivery Board would also continue to provide oversight of winter planning and resilience.
  
- The activities that were planned to manage winter pressures that included:
  - That the ICS Navigation group was leading two key pieces of work to support acute and specifically ED flow.
  - Ambulance pre handover trajectories improvements having been agreed ICS wide.
  - All system partners being actively engaged in the 100-day Discharge to Access challenge.
  - The ICS Demand and Capacity Group has established a programme of work to develop demand scenarios and mitigation plans.
  - The ICS would be implementing a winter communications strategy to support the public to minimise pressures on urgent and emergency services including the 'Help Us Help You' campaign.

- Working alongside community, faith and voluntary groups to identify vulnerable groups and provide support/signposting to appropriate advice.
- Asking communities and volunteers to support older family and friends with their care needs particularly at the point of discharge from hospital.
- Sharing information regarding health prevention activities, such as vaccine uptake and access to healthcare.
- Supporting access to food banks, travel schemes and heating support through partnerships with voluntary and community services.
- Enabling access to healthcare, potential through transport schemes.
- Maximising uptake of support schemes/benefits/financial advice across the area.
- Contributing to the mapping of the public service offer across Nottingham and Nottinghamshire, so that actions were aligned.

A full briefing note on the Nottingham and Nottinghamshire ICS Winter Planning preparations was attached as an appendix to the Chairman's report and published with the agenda.

Mel Williams - Corporate Director, Adult Social Care and Health provided an outline of how activities being carried out regarding the pressures being faced by the Council in regard to the provision of Adult Social Care were connected to the winter pressure planning activities being carried out by the ICB. She noted that work was being carried out with health partners regarding community resilience activity that aimed to mitigate some of the winter pressures that would be faced by health services.

The Chairman asked for further information on whether there was a problem of residents presenting at Accident and Emergency Departments (A&E) when it would be more appropriate for them to access health services in another way. Dave Briggs from the Nottingham and Nottinghamshire ICB detailed how patients were triaged when they presented at A&E and how this process was managed to ensure that patients accessed the most appropriate care. It was noted that the Sherwood Forest Hospitals Trust was a national leader in this work and that other NHS Trusts were working with them to develop and improve their own triage processes.

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

- That the pressure on GP services meant that many residents presented at A&E as they were unable to get a GP appointment. It was also noted that access to GP services out of normal working hours was difficult for many residents.

- That the impact of the pandemic was still being felt, with many health care staff still struggling with work pressures and their mental and physical wellbeing.
- Whether it was correct that patients who were taken to A&E in an ambulance accessed care quicker than patients who arrived by other means.
- That it was essential that health services were able to provide the care that patients needed over the winter period.
- That there should not be an overreliance placed on community resilience in dealing with potential winter pressures on health services.
- That there were still long delays for patients accessing care that had been caused by the pandemic. This was a particular a problem with regard to routine screening appointments, and that along with the forecast winter pressures that bold action was needed in order to ensure that patients would be able to access the services that they required over the winter.
- That diagnostic rates for many cancers had decreased in comparison to before the pandemic. Members asked what action was being taken to address this issue. Members also noted with concern that diagnostic rates for cancer were uneven across different communities in Nottinghamshire.
- Members noted their concern that there were substantial waits for patients being transferred from ambulances when they arrived at hospital and that there was insufficient space on wards when patients arrived at hospital.
- Members asked whether vaccine hesitancy and fatigue was an issue across communities in Nottinghamshire.

In response to the points raised, Greg Cox of the East Midlands Ambulance Service noted:

- That there was no difference in triage times for patients who arrived at A&E by ambulance to those who did not. Triage times did however vary across the region with resources deployed to meet demand as required.
- Ambulance transfer times in Nottinghamshire were the best in the East Midlands allowing ambulance crews to be released promptly to attend more calls.

Members were in agreement that whilst it was positive that ambulance transfer times in Nottinghamshire were the best in the East Midlands that it should be a key objective to reduce these transfer times even further.

In response to the points raised, Lucy Dadge of the Nottingham and Dave Briggs of the Nottingham and Nottinghamshire ICB noted:

- Targeted health checks and proactive case finding activity were being carried out in order to identify residents for screening.
- Community diagnostic centres were being used to move screening out into the community and away from hospitals.
- That the ICB was in agreement with members that despite being the best in the East Midlands that further improvements in ambulance transfer times were a priority.
- That the ICB was focussed on activity that supported staff welfare. This activity would also support improvements in staff recruitment and retention, and consequently in patient care.
- That there was no evidence of vaccine hesitancy or fatigue, but that work was being carried out to remind residents of the benefits of vaccination and to encourage vaccine take up.

In response to the points raised, Lucy Dadge of the Nottingham and Nottinghamshire ICB noted:

- That even prior to the pandemic cancer outcomes had been uneven across Nottinghamshire and across its different communities, with outcomes varying greatly across different ethnic groups.
- There was a focus on developing and delivering different access pathways to meet the needs of different communities across Nottinghamshire. It was noted that it was essential that these pathways were developed carefully in order to meet the needs of different communities.

In the further discussion that followed, members raised the following points:

- Whether more could be done to inform and direct residents to access the right service for their health care needs. Members noted that there needed to be a focussed, comprehensive and wide-ranging communication exercise with residents.
- Members reemphasised that health care staff were exhausted and asked what more could be done to support them.

In response to the points raised, Lucy Dadge of the Nottingham and Nottinghamshire ICB noted:

- That there was more work to do in ensuring that residents accessed and used health care services in the most appropriate way.

- That work was being carried out by the ICS to simplify systems across health services that would ensure that services linked together better and were able to provide a joined-up response in delivering health services to residents.
- Staff needed to be provided with a sense of hope that things were getting better. This was a key objective for the ICS.

Sarah Collis of Nottingham and Nottinghamshire Healthwatch noted her agreement that an effective communications strategy was an essential part of mitigating winter pressures on health services and ensuring that A&E Departments were not put under additional pressures by patients who could have accessed health care services more appropriately elsewhere. Sarah Collis sought assurances, that were provided by Lucy Dadge and Caroline Nolan of the Nottinghamshire ICB, that a comprehensive action plan of measurable actions was in place to mitigate winter pressures across health services.

Members of the committee sought assurances around the activity that was taking place around recruitment and retention of staff, noting the importance of a stable and motivated workforce in alleviating winter pressures on health services. Lucy Dadge of the Nottingham and Nottinghamshire ICB noted that it was important that there was parity of esteem across all health service jobs and advised that there was substantial work being carried out across the Nottingham and Nottinghamshire ICS to build and sustain a workforce across the entire health sector that could deliver the health care that local residents deserved. Mel Williams - Corporate Director, Adult Social Care and Health noted the activity that was being carried out by the Council to address workforce challenges in the wider health and care sector.

The Chairman thanked Lucy Dadge, Dave Briggs and Caroline Nolan of the the Nottingham and Nottinghamshire ICB, Mel Williams - Corporate Director, Adult Social Care and Health and Greg Cox of East Midlands Ambulance Service for attending the meeting and answering members' questions.

#### **RESOLVED 2022/04:**

- 1) That the report be noted.
- 2) That a further progress report on the Winter Planning within the Health and Care System be brought to the November 2022 meeting of the Health Scrutiny Committee.

## **11 EAST MIDLANDS AMBULANCE SERVICE PERFORMANCE**

Greg Cox – Divisional Director, Annette McKenzie – Head of Operations – Nottinghamshire South and Bill Kelly - Head of Operations – Nottinghamshire North, at the East Midlands Ambulance Service attended the meeting to provide a briefing on the performance of the East Midlands Ambulance Service. It was

noted that Health Scrutiny Committee received an annual briefing on the work of the East Midlands Ambulance Service (EMAS), particularly in relation to performance issues.

Greg Cox, Annette McKenzie and Bill Kelly provided a presentation to the meeting. A **summary** of the presentation is detailed below.

- Performance data for Category 1 and Category 2 calls.
- Performance data for ambulance turnaround times.
- Winter preparations including maximising the use of resources, staff welfare, demand management and working with partners.
- Activity around quality and safety that included:
  - Annual statutory and mandatory training for all clinical staff.
  - Robust risk and safety incident reporting for issues arising regarding potential patient harm events, staff health and safety and equipment issues.
  - Adult and Children's safeguarding processes where staff could raise immediate emergency or care concerns.
  - Alternative care pathway ambassadors.
  - Clinical and infection prevention control audits for staff, premises and vehicles.
  - An Incident review group that would identify root causes, contributory factors and prevention of recurrence from incidents reported and enquiries to division.
- The procedures that would be in place to support staff welfare that included responding to staff feedback, support for flexible working, signposting to supportive therapies, and the delivery of occupational health support.
- The progress that had been made in reducing the number of patient conveyances

The Chairman asked for further information on Category 1 calls and how EMAS planned to manage the demand from these calls over the winter period. Greg Cox of EMAS assured the Chairman that there had been significant work carried out to model demand that would ensure that anticipated demand for ambulance services could be met. It was also noted that there had been work carried out to reduce the time that ambulances



waited at hospitals transferring patients that would positively impact on EMAS's ability to respond to calls promptly.

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

- Members noted their concern over the time being taken for ambulance crews to hand over patients when arriving at hospital and asked how many ambulance crews were on duty at any one time.
- Whether EMAS needed increased funding in order to have more ambulance crews available at any one time.
- Members asked whether there was an issue with some patients exaggerating their symptoms in order to obtain an ambulance response more quickly.
- That whilst the committee noted the dedication and loyalty of EMAS staff, members asked whether staff morale was a concern due to the pressures that were being faced by EMAS that would increase over the winter period.
- Members asked whether violence towards ambulance crews was a problem, and what support was available for staff who were the victims of violence.

In response to the points raised, Greg Cox, Annette McKenzie and Bill Kelly of EMAS noted:

- That at any one time the maximum number of ambulance crews that were available was 40, with crews becoming available all the time working a combination of 8 and 12 hour shifts.
- That the factors that impacted on the time taken for crews to transfer patients to hospital went wider than the funding of EMAS. It was advised that investment was needed across the health system in order to improve patient flows.
- That whilst incidents of patients exaggerating their symptoms in order to get an ambulance more quickly were not unknown, they were not common. It was noted that there was an ongoing communications campaign that worked to ensure that the public were aware of when it was and was not appropriate to call an ambulance.
- That whilst not widespread, violence towards ambulance crews was a concern with incidents increasing over recent years. Members were assured that there was zero tolerance taken towards these incidents with crews wearing body cams and support being available for staff who were subjected to violence or other abusive behaviour.

The Vice-Chairman noted the good progress that had been made in reducing patient conveyances and asked how the performance of EMAS in this area compared to that of other ambulance services. The Vice-Chairman also asked whether there was confidence that this improved performance would be able to be maintained over the winter period. In response Greg Cox of EMAS noted that an increase in conveyances was not always problematic if it ensured patients were being taken to the most appropriate healthcare setting for their needs, but assured members that this area of performance would be kept under regular review. Greg Cox advised that full performance information on how EMAS compared to other ambulance services regarding conveyances would be circulated to members outside of the meeting.

The Chairman thanked Greg Cox, Annette McKenzie and Bill Kelly of the East Midlands Ambulance Service for attending the meeting and answering members' questions.

**RESOLVED 2022/05:**

- 1) That the report be noted.
- 2) That information on how the performance of the East Midlands Ambulance Service compares to other ambulance services with regard to conveyances be circulated to members of the Health Scrutiny Committee.
- 3) That a further progress report on the performance of the East Midlands Ambulance Service be brought to the July 2023 meeting of the Health Scrutiny Committee.

**12 DEMENTIA STRATEGY UPDATE - NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST**

Dr Ali Aamer, Consultant, Health Care of Older People, Megan Dawes of the Nursing and Midwifery Team and Sue Chisholm of the Clinical Support Divisional Team at Nottingham University Hospitals attended the meeting to provide a report on the delivery of the Dementia Strategy at Nottingham University Hospitals (NUH).

It was noted that the Health Scrutiny Committee had received an initial report on the NUH Dementia Strategy at its January 2021 meeting. The Strategy described NUH's priorities for developing Dementia services during 2019 – 2022 and detailed their commitment to work with patients, carers, the local community and staff to review, develop and monitor dementia care across a range of priority workstreams including end of life care and training. The report detailed the progress that had been made towards the delivery of the Strategy's Year 2 milestones, the delivery of which had been affected by the Covid 19 Pandemic.

Dr Ali Amar advised that although progress in the delivery of the Dementia Strategy had has been limited due to the impact of the pandemic, that there had

been some good progress made towards achievement of the Dementia Strategy Year 2 milestones. It was noted that staff training had increased, and awareness had been raised internally about the need to increase and improve NUH's care and facilities to best meet the needs of patients with Dementia and their carers. It was also noted that strong links had been made within the local community and that NUH had remained an active partner in the Nottingham and Nottinghamshire Integrated Care System.

The Committee also received a progress report on dementia artwork project at NUH. Members welcomed this progress report and noted their approval for the positive way that it was impacting on the lived experiences of patients and their families.

A full briefing note on the implementation of the NUH Dementia Strategy was attached as an appendix to the Chairman's report and published with the agenda.

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

- What were the current waiting times for patients to access Memory Clinics?
- Whether the Covid-19 pandemic had led to an increase in people suffering with, being diagnosed with and being treated for dementia.
- What activity was being carried out to encourage more people to come forward to be tested for Alzheimer's disease? Members noted with concern that the East Midlands had a higher than average rate of undiagnosed people with Alzheimer's disease.

In response to the points raised, Dr Ali Aamer of NUH noted:

- That whilst he and his team did not have control on the number of patients referred to the Memory Clinic, that changes to how patients were referred that had removed the necessity for a GP diagnosis and referral had meant that patients were able to be referred more quickly to clinic, and as such would be able to access services sooner than had been the case.
- That Covid-19, as a disease had not in itself increased the numbers of people suffering with dementia, but that the response to the pandemic that had resulted in social isolation and loss of interaction with others had, for many people who were coping with their dementia, worsened their condition.
- That whilst the NUH Dementia Service could only support those who had been referred to them as needing help with their cognitive functions and ensure that each patient received appropriate care for their individual needs, that work had, and would continue to be carried out to raise awareness of Dementia and other related illnesses in the community.

Members asked How NUH was managing and delivering staff training and awareness after the challenges faced in delivering training during the pandemic. In response Sue Chisolm acknowledged the difficulties of delivering training whilst maintaining the delivery of services during the pandemic but assured members that there was a comprehensive recovery plan in place for staff training on dementia issues.

Sarah Collis of Healthwatch Nottingham and Nottinghamshire noted with approval the increased focus on staff training on the specific needs of dementia patients, as for someone with dementia going into hospital could be a very difficult experience and having staff with awareness of Dementia patients' specific needs was to be welcomed.

Sarah Collis also asked for further information on how the service worked with carers to support Dementia sufferers whilst in hospital and how services involved the carers of those with dementia in delivering the care that each individual needed. In response Sue Chisolm advised that carers were always allowed to be with patients in order to give reassurance whilst staff were delivering care. It was also noted that the Dementia strategy would be further developed to recognise the integral and vital part that carers played in supporting health staff deliver care to dementia patients.

The Chairman thanked Dr Ali Amer, Megan Dawes and Sue Chisholm of NUH for attending the meeting and answering members' questions.

**RESOLVED 2022/06:**

That the report be noted.

**13 WORK PROGRAMME**

The Committee considered its Work Programme for 2022/23.

**RESOLVED 2022/07**

That the Work Programme for 2022/23 be noted

The meeting closed at 1:20pm.

**CHAIRMAN**