

COUNCILLORS

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

Mike Adams
Sinead Anderson – **Apologies**
Callum Bailey
Steve Carr
Eddie Cubley

David Martin – **Apologies**
John ‘Maggie’ McGrath
Michelle Welsh
John Wilmott

SUBSTITUTE MEMBERS

Councillor Francis Purdue-Horan for Councillor David Martin
Councillor Tracey Taylor for Councillor Sinead Anderson

Officers

Martin Elliott	Nottinghamshire County Council
Noel McMenamin	Nottinghamshire County Council
Laura Webb	Nottinghamshire County Council

Also in attendance

Alex Ball	-	Nottingham and Nottinghamshire ICB
Mr Ayan Banerjea	-	Nottingham University Hospitals
Sarah Collis	-	Healthwatch Nottingham and Nottinghamshire
Lucy Dadge	-	Nottingham and Nottinghamshire ICB
Prema Nirgude	-	Nottingham and Nottinghamshire ICB
Amanda Sullivan	-	Nottingham and Nottinghamshire ICB

1 MINUTES OF THE LAST MEETING HELD ON 14 JUNE 2022

The minutes of the last meeting held on 14 June 2022, having been circulated to all members, were taken as read and signed by the Chairman.

2 APOLOGIES FOR ABSENCE

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

3 DECLARATIONS OF INTEREST

Councillor McGrath declared a personal interest in agenda item 5 'Nottingham and Nottinghamshire Integrated Care System and the Implications of the Health and Care Act', in that a family member worked for Nottingham University Hospitals NHS Trust, which did not preclude him from speaking or voting.

Councillor Saddington declared a personal interest in agenda item 5 'Nottingham and Nottinghamshire Integrated Care System and the Implications of the Health and Care Act', in that a family member worked for Nottingham University Hospitals NHS Trust, which did not preclude her from speaking or voting.

4. NOTE OF THANKS

The Chairman expressed her thanks to the Vice-Chairman for her work in examining and making comments the Quality Accounts of the East Midlands Ambulance Service, the Nottinghamshire Health Care Foundation Trust and the Nottingham University Hospitals NHS Trust.

The Chairman expressed her thanks to Councillor Welsh for the work that she had done in preparing a report on the Quality Accounts of the Sherwood Forest Hospitals NHS Foundation Trust.

4 NOTTINGHAM AND NOTTINGHAMSHIRE INTEGRATED CARE SYSTEM AND THE IMPLICATIONS OF THE HEALTH AND CARE ACT'

Amanda Sullivan, Chief Executive, and Prema Nirgude, Head of Insights and Engagements at the Nottingham and Nottinghamshire Integrated Care Board provided a briefing on the Integrated Care System and the implications that had arisen from the Health and Care Act 2022 in relation to the delivery of health care services in Nottingham and Nottinghamshire.

The Committee had received an initial briefing on the Health and Care Bill (as was) at its November 2021 meeting, and as the Act had recently received Royal Assent it was appropriate that the Committee be updated, both on the legislation and on its implications for the Integrated Care System.

Integrated Care Systems (ICS) comprised a collection of organisations that aimed to provide better health and care for everyone, whilst at the same time using resources more efficiently. The introduction of the ICS in Nottinghamshire had drawn together health and care partners from Bassetlaw, Mid Nottinghamshire, Nottingham City and South Nottinghamshire. This enabled more joined up care for citizens, empowering health and care organisations to tackle complex challenges, including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations aged

- getting the best from collective resources so that people could get care as quickly as possible.

Ms Sullivan gave a presentation to the Committee, providing the following information:

- what ICSs were and why they had been created.
- the vision for the Nottingham and Nottinghamshire ICS. Neighbourhoods, places and systems would seamlessly integrate in order to provide joined up care with every citizen being able to enjoy their best health and wellbeing.
- the guiding principles and values of the Nottingham and Nottinghamshire ICS.
- the goals and objectives of the ICS that included the effective management of an annual budget of over £3billion for the commissioning and provision of health and care services.
- the key organisations that made up the Nottingham and Nottinghamshire ICS and how their individual roles and activities would be coordinated to deliver the best possible health and wellbeing outcomes for residents.
- the role and responsibilities of the key constituent parts of the ICS, including:
 - the Primary Care Networks (PCN's)
 - Place Based Partnerships (PBP's)
 - Provide Collaboratives
 - the Integrated Care Board (ICB)
 - the Integrated Care Partnership (ICP)

In conclusion Ms Sullivan summarised that in practice the introduction of the ICS would mean:

- the ICS would provide an opportunity for expertise, experience and efficiencies to be pooled across acute, community, and primary care so that all citizens would benefit equally.
- an integrated service delivery that would bring together skills and expertise into multi-disciplinary teams that would provide the scope for new and varied career opportunities for staff.
- the focus of service delivery would shift to become more preventative, proactive and person centred due to services focussed on a specific geographic area and around a common purpose, working holistically with people and communities.

- that the complex changes being made across the whole health system would involve partnership working in order to understand and resolve different ideas and perspectives.

A full briefing note on the Nottingham and Nottinghamshire ICS and the Health and Care Act 2022 was attached as an appendix to the Chairman's report and published with the agenda.

The Chairman noted that the changes as detailed in the presentation and report appeared to be very complicated and sought assurances that there were processes in place that would enable a full evaluation to take place on how the ICS had impacted on the provision of health services across Nottinghamshire. In response Ms Sullivan, advised:

- that the ICS aimed to deliver health care services in the best possible way, be that either locally to meet specific needs or by reducing duplication and gaining the benefits of the economies of scale provided by a large organisation.
- that processes were in place to monitor and evaluate how the introduction of the ICS was working in practice and in delivering high quality health care services.

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

- that the bringing together of services and teams was a positive move that should have a positive impact on the delivery of health care services locally.
- given the continued pressure on staff across the NHS, what consideration had been given to the impact of the changes on staff welfare?
- would the changes that had been created by the introduction of the ICS lead to an increased role for the private sector in health care provision?
- that given the significant differences in life expectancy across Nottinghamshire that the focus of the ICS in reducing health inequalities was to be welcomed. Members asked how this objective would be achieved as there had been significant work in this area in the past that had not managed to improve life expectancy in the more deprived areas of the County.
- what focus would the ICS be placing on early intervention and preventative health care provision;
- a member queried the impact of Brexit on health care services.

Ms Sullivan provided the following responses:

- that workforce challenges across health care services continued to be an area of concern and that the ICS would be working with GP's and hospitals to provide increased wellbeing support for staff. The introduction of the ICS would also provide greater opportunities for staff development by enabling staff to access a wider pool of vacancies.
- the ICS would bring health care teams together and provide greater opportunities for service innovation.
- that whilst concerns regarding privatisation of health care services were understandable, the ICS would not be seeking greater private sector involvement in health care services delivery.
- that the capacity provided by private providers to deliver health care services was an essential part of health care service provision. Members were assured however that the introduction of the ICS would not lead to increased private health care service provision.
- that the ICS would enable private providers to work together better, rather than in competition against each other and as such patients would receive a better service.
- the reduction of health inequalities would be an immediate focus for the ICS.
- that the introduction of the ICS, would for the first time enable workforce, service and population planning activities to be fully coordinated and that this would enable the delivery of focussed services that would be able to fully meet local needs and improve health outcomes across communities.
- community based early intervention was a proven way of improving health outcomes and that the ICS would enable resources to be targeted in areas where such interventions were most needed. Prema Nirgude, Head of Insights and Engagement at the ICB provided information on some of the community engagement activities that the ICS planned to deliver.

Sarah Collis of Healthwatch Nottingham and Nottinghamshire noted the role that Healthwatch had had in the development of the ICS and noted their commitment to working with the ICS to ensure that the provision of health care services met the needs of residents across Nottingham and Nottinghamshire.

After hearing the responses to their earlier questions members asked for further information on:

- how the performance targets had been set and how performance would be monitored.

- how the ICS would use its size and capacity to improve access to health services easier for patients in areas such as accessing and amending GP appointments. Members also asked whether the NHS app could be developed further to facilitate this.

In response to the points raised Ms Sullivan advised:

- that whilst some performance targets, such as cancer diagnoses were set at a national level others would be set in response to local circumstances. It was noted that the Health Scrutiny Committee would be involved in the setting and monitoring of these areas of performance.
- that improving access to appointments would be a priority for the ICS and that the bringing together of previously separate elements of health service provision would make this easier than this task would have been previously. It was noted that there would be joint working with GPs to look how making and amending appointments could be made easier in addition to improvements to the NHS app that would be delivered nationally.

Members also sought and gained assurances regarding:

- that addressing workforce challenges and building workforce resilience was a key objective of the ICS.
- that existing access to health care services at hospitals in South Yorkshire for Bassetlaw residents would not change with the introduction of the Nottingham and Nottinghamshire ICS.

The Chairman thanked Amanda Sullivan, Chief Executive, and Prema Nirgude, Head of Insights and Engagement at the Nottingham and Nottinghamshire Integrated Care Board for their attendance.

RESOLVED 2022/01:

- 1) That the report be noted.
- 2) That a further progress report on the implementation of the Nottingham and Nottinghamshire Integrated Care Partnership be presented at the Health Scrutiny Committee in 12-months' time.

5 PROPOSED TRANSFER OF ELECTIVE SERVICES AT NOTTINGHAM UNIVERSITY HOSPITALS

Lucy Dadge, Director of Integration, and Alex Ball, Director of Communications and Engagement at the Nottingham and Nottinghamshire Integrated Care Board, and Mr Ayan Banerjee, consultant at Nottingham University Hospitals, presented a report supporting the relocation of elective Colorectal and Hepatobiliary services

from the QMC to the City Hospital by October 2022. The report also sought the Committee's support for the proposal to take a targeted approach to patient engagement on the proposed changes, rather than conducting a full open consultation.

Elective provision for Colorectal and Hepatobiliary services was currently co-located with emergency theatre provision at the QMC, and elective capacity had to date been negatively impacted by emergency demand for services. This situation had led to cancelled procedures and longer waits for elective patients to receive treatment.

The report stated that Nottingham University Hospitals NHS Trust (NUH) had secured access to £15 million of NHS Capital funding to increase its capacity to deliver dedicated elective surgery provision on its City Hospital site and that Colorectal and Hepatobiliary services had been identified as an appropriate service for relocation to the City Hospital site. As such, it was proposed that ringfenced elective provision for these services should be in place by October 2022.

Members of the committee were advised that, in order for the changes to services to be in place in time for Winter 2022/23 that their support was being sought for the NHS to carry out a targeted public engagement exercise rather than a full public consultation on the proposed changes. Due to the urgency to secure the additional external capital funding to deliver the required changes, and the positive impact that they would have for citizens in avoiding further long waits for procedures, it was considered that these factors outweighed the benefits of a full public consultation.

A full briefing note on the proposed changes, along with a summary of their impact in relation to protected characteristics and on citizens from inclusion health and other disadvantaged groups was attached as an appendix to the Chairman's report and published with the agenda.

Members of the committee took the opportunity to ask questions on its content and to gain assurances regarding patient and staff welfare in relation to the transfer of elective services to the City Hospital site. Members expressed their broad support for the principle of moving elective surgery to the City Hospital site, noting that the City Hospital site was a more pleasant environment for patients that was also easier to access than the QMC.

Members of the committee raised a number of concerns about car parking capacity at the site and its adequacy, suggesting that this issue should be fully considered ahead of the development of final plans in order to ensure the transport infrastructure was sufficient to support them. Members of the committee also expressed their support for 'park and ride' solutions for creating sustainable transport links to the City Hospital site with the expansion of the Medilink service being highlighted as a possible solution. Members also suggested that more should be done to promote this service in order to increase passenger numbers. Members also noted their concern on the potential impacts of the proposals on staff, including transport access to their workplace.

In response to the points raised by members, Ms Dadge, and Mr Ayan Banerjea advised:

- Demand for Colorectal and Hepatobiliary services was growing and as such it was essential that additional capacity for delivery was created as soon as possible.
- Significant work was being carried out to reduce the number of patients who needed to come to hospital sites by establishing if their needs could be better met by alternative approaches.
- That there was currently sufficient car parking capacity at the City Hospital site for both patients and staff, but that work would be needed to be carried out ensure that this remained the situation into the future.

Members of the committee asked several questions about the impact of relocation on members of staff. In response to the points raised Lucy Dadge and Mr Ayan Banerjea advised:

- Approximately half of the staff currently working providing Colorectal and Hepatobiliary services would be moving to the City Hospital site. It was noted that this was a good position to be in as both sites would benefit from the presence of experienced staff.
- Some staff had decided to work across both sites.
- That there was currently a recruitment drive in progress to fill vacant posts. This was progressing well with vacancies available in the pharmacy as well as for advanced care practitioners.

Members noted with concern the ongoing impact of the pandemic in creating delays in treatments for patients and asked how the move of elective services to the City Hospital site would help ease these pressures. In response Lucy Dadge and Mr Ayan Banerjea advised that as the services that would be provided at the City Hospital were being provided by new funding that the changes would make a positive impact on the service received by all patients.

Members of the committee raised concerns that the proposals to relocate services would not be open to a full public consultation.

In response Lucy Dadge and Alex Ball, Director of Communications and Engagement at the Nottingham and Nottinghamshire Integrated Care Board advised:

- That as the opportunity to receive additional funding had been available then it had been essential that this opportunity to access that funding to develop and improve health infrastructure had been taken. It was noted that once

the new buildings and infrastructure were in place then further consultation could be carried out on how best to use the new facilities.

- Past experience had shown that for this type of proposed service change that targeted consultation had been an effective tool.
- Conducting a full public consultation on the proposed changes would have time consuming task, and as such carrying one out would have led to delays in the introduction of the new elective services at the City Hospital site. As such a judgement call had been made that the advantages of getting the new services up and running would outweigh the disadvantages of not carrying a full public consultation.

Members sought and gained assurance that if there were occasions where there was either unused emergency or elective spare capacity then this would be utilised appropriately in order to ensure that as many patients as possible received the care that they required. Members were also advised that residents who lived in Bassetlaw would continue to receive care at hospitals in Bassetlaw and Doncaster.

Members asked for further information on consultations that were conducted on health services. Alex Ball advised that in the NHS that “consultation” and “engagement” were very different processes, and that whilst engagement exercises were more targeted that they still provided very useful information on the patient experience. It was also noted that residents could take part in the large-scale consultation ‘Tomorrow’s NUH’ that aimed to shape the way that NUH health and care services were delivered to patients in the future. Lucy Dadge assured members that if engagement processes showed that proposed changes to elective procedures weren’t providing the desired outcomes then the methods of providing services would be looked at again

The Chairman thanked Lucy Dadge, Director of Integration and Alex Ball, Director of Communications and Engagement at the Nottingham and Nottinghamshire Integrated Care Board, and Mr Ayan Banerjee of Nottingham University Hospitals for attending the meeting and answering members questions.

RESOLVED 2022/02:

- 1) that the proposals to relocate elective services for Colorectal and Hepatobiliary services, as detailed in the Appendix to the Chairman’s report be endorsed.
- 2) that the proposal to take a targeted approach to patient engagement in respect of the relocation of elective Colorectal and Hepatobiliary services be endorsed.
- 3) that it be noted that the proposals to relocate elective Colorectal and Hepatobiliary services would have a broadly positive impact on patients with different protected characteristics.

- 4) that it be noted that the proposals to relocate elective Colorectal and Hepatobiliary services would have a positive impact on people from relevant health inclusion and other disadvantaged groups.
- 5) that it be noted that staff and trade unions had, following consultation, endorsed the proposals to relocate elective Colorectal and Hepatobiliary services.
- 6) that a further report on the implementation of elective Colorectal and Hepatobiliary services be presented at the Health Scrutiny Committee in six to nine months' time.

6. WORK PROGRAMME

The Committee considered its Work Programme for 2022/23.

RESOLVED 2022/03

- 1) That the Chairman and Vice-Chairman note the comments of the committee on the draft Work Programme and that they be used to further develop the Work Programme for 2022/23.
- 2) That the Chairman and Vice-Chairman meet with the Chairman and Vice-Chairman of the Adult Social Care and Public Health Select Committee and the Chairman and Vice-Chairman of the Children and Young People's Select Committee in order to discuss areas of common interest and to avoid duplication of work across the three committees' work programmes.

The meeting closed at 12:40pm.

CHAIRMAN