

**COUNCILLORS**

Sue Saddington (Chairman)  
Matt Barney (Vice-Chairman)

Mike Adams  
Callum Bailey  
Robert Corden  
Eddie Cubley **A**  
Penny Gowland

David Martin  
John 'Maggie' McGrath  
Michelle Welsh  
John Wilmott

**SUBSTITUTE MEMBERS**

None.

**Councillors in attendance**

Dr John Doddy

**Officers**

Martin Gately  
Noel McMenamin

Nottinghamshire County Council  
Nottinghamshire County Council

**Also in attendance**

Ajanta Biswas	-	Healthwatch Nottingham & Nottinghamshire
Lucy Dadge	-	Nottinghamshire and Nottingham CCG
Idris Griffiths	-	Bassetlaw CCG
Rebecca Larder	-	Nottingham and Nottinghamshire ICS
Dr Leona Lee	-	Nottinghamshire and Nottingham CCG
Joe Lunn	-	Nottinghamshire and Nottingham CCG
Dr Tim Noble	-	Doncaster & Bassetlaw Teaching Hospitals
David Purdue	-	Doncaster & Bassetlaw Teaching Hospitals
Dr Stephen Shortt	-	General Practitioner
Dr Ian Trimble	-	General Practitioner

**1. MINUTES OF LAST MEETING HELD ON 12 OCTOBER 2021**

The minutes of the last meeting held on 12 October 2021, having been circulated to all Members, were taken as read and were signed by the Chairman.

## **2. APOLOGIES FOR ABSENCE**

Eddie Cubley – Other reasons

## **3. DECLARATIONS OF INTERESTS**

Councillor Bailey declared a personal interest in published agenda item 7 'Improving Children's and Emergency Services at Bassetlaw Hospital' as his employer was a statutory consultee on the proposals, which did not preclude him from speaking or voting.

Councillor Barney declared a personal interest in published agenda item 5 - 'Access to Primary Care' as a participant in the item had previously been his General Practitioner, which didn't preclude him from speaking or voting.

Councillor Barney also declared personal interests in published agenda item 4 – 'Expansion of Neonatal Capacity at Nottingham University Hospitals' as a family member received ongoing health care and support through NUH services, which didn't preclude him from speaking or voting.

Councillor McGrath declared a personal interest in published agenda item 4 'Expansion of Neonatal Capacity at Nottingham University Hospitals' as a family member worked for the NUH Trust, which didn't preclude him from speaking or voting.

Councillor Gowland a declared personal interest in published agenda item 4 – 'Expansion of Neonatal Capacity at Nottingham University Hospitals' as she worked closely with the Obstetrics Department at NUH, which didn't preclude her from speaking or voting.

Councillor Saddington declared a personal interest in published agenda item 4 'Expansion of Neonatal Capacity at Nottingham University Hospitals' as a family member worked for the NUH Trust, which didn't preclude her from speaking or voting.

Councillor Welsh declared a personal interest in published agenda item 4 'Expansion of Neonatal Capacity at Nottingham University Hospitals' as a close friend worked in the NUH Trust Neonatal Unit, which didn't preclude her from speaking or voting.

Councillor Wilmott declared a personal interest in published agenda item 5 'Access to Primary Care' as a Board member of the Wyburn Medical Practice, which didn't preclude him from speaking or voting.

## **4. EXPANSION OF NEONATAL CAPACITY AT NOTTINGHAM UNIVERSITY HOSPITALS**

Lucy Dadge of the Nottinghamshire and Nottingham provided a brief introduction to the report, before handing over to Dr Leona Lee of the NUH Trust to provide a presentation to the Committee. Dr Lee made the following points:

- The proposals were to achieve a net increase of 13 neonatal cots by 2023, delivering three levels of highly specialist care;

- Through patient stories providing examples of the type and level of care to be provided, it was explained that care for ill mothers post-partum and for premature babies, including twins, would be delivered on one site, making it easier for wider family members to support all inpatients;
- Similarly, there would be increased specialist capacity to address more complex surgical requirements within the expanded neonatal service, and there would no longer a need to transfer premature babies between QMC and City Hospital facilities;
- It was explained that the increase in capacity within the Neonatal Unit would be developed in close association with residents' and service users' input, with a preference for targeted service user engagement rather than wider consultation.

The Committee expressed support for the proposals, and the following points were raised during discussion:

- It was confirmed that the proposals represented an interim improvement in capacity, pending the longer-term roll-out of the Tomorrow's NUH Programme. Neither the CCG nor the Trust wanted to await wider developments on-site at QMC to introduce the improved capacity proposals. It was also confirmed that an interim increase in parking capacity at the QMC site was being considered;
- It was acknowledged that current transfer rates between facilities increased the potential risk of cross-contamination and infection. It was also acknowledged needed starting now to ensure that sufficient recruitment and retention measures were in place for when the increased capacity went 'live';
- Disappointment was expressed that patient engagement had not yet taken place. In response it was explained that the complexities of neonatal provision meant that very careful planning was needed to deliver meaningful engagement. It was also explained that this was the start of a new approach where local commissioners were involved – previously it would have fallen to NHS England to conduct the engagement.
- The Committee thanked Ms Dadge and Dr Lee for their attendance, agreed that targeted engagement was appropriate in this instance, and requested that the Committee be kept regularly updated on progress.

## **RESOLVED 2021/04**

That the Committee:

- 1) had considered and commented upon the proposals;
- 2) Determined that targeted engagement was appropriate in relation to the proposals, subject to the Committee being kept informed of progress on a regular basis.

## **5. ACCESS TO PRIMARY CARE**

CCG representative Joe Lunn introduced the report, which provided Nottingham and Nottinghamshire CCG, introduced the report, which provided further briefing on issues of concern to the Committee in relation to access to primary care services.

The briefing, which was published with the agenda, detailed workforce data for the 124 GP practices in Nottinghamshire, identifying 37 practices falling below the England CCG average of 0.4 FTE per 1000 weighted population. The briefing also covered nurse and administration data in GP practices, and reported the outcomes of the 2021 CCG GP Survey. Specifically, around 60% of current GPP appointments were delivered face-to-face.

Finally, the briefing identified practice funding information, and anonymised and aggregated data about appointments offered.

The Committee raised the following points during discussion:

- It was acknowledged that reducing social distancing from 2 metres to 1 metre in GP surgeries would help improve the flow of face-to-face appointments;
- In response to a Member's query, it was confirmed that face-to-face appointments might not be with GPs, but could be with physiotherapists, phlebotomists and other health professionals, and data was not available on the categorisation of appointments at local level;
- the assertion was made that GP practices had already been struggling with capacity issues before the pandemic struck, and that increased targets for GPs at national level had not been met;
- concern was expressed about the disparity highlighted in the briefing paper between different districts in respect of residents being able to speak to GPs, and more generally asked about collaborative work between better and less well performing GP practices to share good practice;
- several Members asked for further information in respect of call management data, whether the data could be provided in spreadsheet form, have the data mapped against indices of deprivation, GP leavers and future planning and for an indication of when 'normal service' might resume in GP surgeries.

Drs John Doddy, Stephen Shortt and Ian Trimble provided the following insights:

- Telephone appointments had been vital during the pandemic, and worked well for patients who were well-known to GPs. However, the 'gold standard' remained having face-to-face GP appointments.

- Overall, patient behaviour had been very supportive respectful and reasonable, and practices had been very supportive of each other to get through the worst of the pandemic;
- Larger practices enjoyed economies of scale to be able to address issues such as call abandonment more effectively than smaller practices. Practices were also moving increasingly towards Cloud telephony, which helped improve call management overall;
- There were big advantages for both GP surgeries and patients for using the NHS app to make online appointments, order repeat prescriptions and similar functions;
- Primary Care Networks had been instrumental in helping individual practices work more collaboratively;
- CCGs were working hard to address workforce shortages, while work was also ongoing in respect of addressing GP practice estates shortcomings;
- It was suggested that it would be worth having Dr Kathy McLean, the Independent Chair of Nottingham and Nottinghamshire Integrated Care System, to attend a future Committee discussion on primary care access.

## **RESOLVED 2021/05**

That the Committee:

- 1) had considered and commented upon the briefing and presentations provided;
- 2) determined that further information be identified and presented to the Committee for its consideration.

## **6. HEALTH AND CARE BILL 2021**

Rebecca Larder, Programme Director of Nottingham and Nottinghamshire Integrated Care Systems (ICS) introduced the report and gave a presentation on forthcoming changes to collaborative and integrated working, and to commissioning roles and responsibilities arising from the Health and Care Bill 2021.

Ms Larder made the following points:

- The Bill provided for the establishment of an Integrated Care Partnership (ICP) comprised of Local Authority and NHS Integrated Care Board representatives. The ICP would meet as a Joint Committee partnership, not as a corporate body, and would be responsible for developing an Integrated Care Strategy;
- The Bill would change NHS structures, but not those of local authorities. Health and Wellbeing Boards would remain in place, but strategic commissioning functions would no longer be delivered through Clinical Commissioning Groups;

- The Bill placed a duty to collaborate on ICPs, ensuring full engagement with the voluntary and community sector and related stakeholders,
- It was confirmed that the area for which Bassetlaw CCG were currently responsible would come under the Nottingham and Nottinghamshire NHS 'footprint';
- If ratified, the revised structures were expected to be up and running by April 2022, with the Integrated Care Strategy expected to be in place by September 2022. Key local drivers of the transition process were Dr Kathy McLean, Independent Chair of the Nottingham and Nottinghamshire ICS, Melanie Brooks, Corporate Director for Adults, and Dr John Doddy, Chair of Nottinghamshire Health and Wellbeing Board.
- Staffing challenges had been significant during the pandemic, with absence levels averaging at 8%. Recruitment nationally was an issue, with a shortage of suitably trained health professionals, particularly around the treatment of eating disorders;

The following points were raised during discussion:

- Ms Larder advised that health scrutiny committees and health and wellbeing boards would remain as is, as would the Care Quality Commission. The reforms under the Bill sought to break down organisational barriers, many of which had been highlighted through joint working on the pandemic. The Bill was also silent on there being joint City and County health scrutiny committees;
- Patient pathways would remain unchanged under the Bill, meaning that Bassetlaw patient relationships with NHS care provided outside Nottinghamshire would continue;
- It was confirmed that the ICP would meet in public, and that papers would be publicly available in advance of meetings. Discussions on how and by whom the Partnership meetings would be chaired were currently ongoing, with joint chairing arrangements under consideration.

The Chairman thanked Ms Larder for her attendance and asked that the Committee be provided with a further update at a future meeting.

## **7. IMPROVING CHILDREN'S AND EMERGENCY SERVICES AT BASSETLAW HOSPITAL**

Idris Griffiths, Chief Officer of Bassetlaw CCG, David Purdue, Chief Nurse at Doncaster and Bassetlaw Teaching Hospitals (DBTH) and Dr Tim Noble, Medical Director at DBTH introduced the report and provided a presentation, highlighting the significant investment undertaken at Bassetlaw Hospital to develop an 'Emergency Village' to help address overnight paediatric provision at Bassetlaw Hospital, which had been suspended in 2017.

The following points were made:

- Serious complex cases would continue to be transferred to Doncaster Royal Infirmary. Analysing the figures for transfers in the past 12 months, over 50% of transfers would remain at Bassetlaw Hospital overnight;
- The £17.6 million investment in Bassetlaw Hospital's 'Emergency Village' would ensure the hospital's resilience well into the future, providing state-of-the-art facilities for Bassetlaw residents, and ensuring that existing services would be increased in size and scope;
- The report presented 3 options for the way forward, of which the most ambitious – Option 3 – was preferred. This would provide a dedicated Children's Assessment Unit with provision for overnight observation for less complex cases and make better use of specialist children's nurses capacity;
- A detailed 12-week engagement plan had been drawn up on the basis that the CCG believed Option 3 to be a substantial variation of service, subject to Committee agreement. A final decision was expected to be submitted to the Integrated Care Board in April 2022.

The Committee expressed strong support for Option3 and confirmed that if implemented it constituted a substantial variation in service, requiring full consultation. As the consultation period ended at end February 2022, the Chairman requested that a further report be brought to the Committee's 29 March 2022 meeting.

## **RESOLVED 2021/05**

That:

- 1) the proposed change constituted a substantial variation of service, requiring a full consultation exercise prior to inform final proposals for approval;
- 2) the Committee was to receive an update report in March 2022, following the consultation period and before a final decision was taken by the Integrated Care Board in April 2022.

## **8. WORK PROGRAMME**

The Committee work programme was approved, subject to considering scheduling the following:

- Management of the Vaccination Programme – particularly around access to the vaccine for the clinically vulnerable;
- Health and Care Bill Update;
- Improving Children's and Emergency Services at Bassetlaw Hospital – post-consultation update;
- Information on Bassetlaw GP statistics.

The meeting closed at 1:55pm.

**CHAIRMAN**