

## **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 Banerjee 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**