

### **COUNCILLORS**

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

Mike Adams  
Sinead Anderson  
Callum Bailey  
Steve Carr - **Absent**  
David Martin

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

### **SUBSTITUTE MEMBERS**

Councillor Creamer for Councillor Welsh

### **OTHER COUNCILLORS IN ATTENDANCE**

Councillor Mike Pringle

### **OFFICERS**

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

### **ALSO IN ATTENDANCE**

|                    |   |   |
|--------------------|---|---|
| Hazel Buchannan    | - | Nottingham and Nottinghamshire ICB        |
| Lucy Dadge         | - | Nottingham and Nottinghamshire ICB        |
| Dr Rahul Mohan     | - | General Practitioner                      |
| Dr Tabitha Randell | - | Nottingham University Hospitals NHS Trust |

The Chairman noted that it had been a week since the events in Nottingham that had seen the tragic deaths of three people. A minute's silence was held in respect for the victims and those who had been impacted by the tragic events.

**1 TO NOTE THE APPOINTMENT BY FULL COUNCIL ON 11 MAY 2023 OF COUNCILLOR MRS SUE SADDINGTON AS CHAIRMAN AND COUNCILLOR BETHAN EDDY AS VICE-CHAIRMAN OF THE COMMITTEE FOR THE 2023-24 MUNICIPAL YEAR**

The Committee noted Council's appointment of Councillor Mrs Saddington as its Chairman and Councillor Eddy as its Vice-Chairman for the 2023/24 municipal year

**2 TO NOTE THE MEMBERSHIP OF THE COMMITTEE FOR THE 2023-24 MUNICIPAL YEAR**

The Committee noted its membership for the 2023/24 municipal year as:

Councillors Mike Adams, Sinead Anderson, Callum Bailey, Steve Carr, David Martin, John 'Maggie' McGrath, Nigel Turner, Michelle Welsh and John Wilmott

**3 APOLOGIES FOR ABSENCE**

Sarah Collis – Nottingham and Nottinghamshire Healthwatch  
Councillor Welsh (other reasons)

**4 DECLARATIONS OF INTEREST**

Councillor Mrs Saddington declared a personal interest in agenda item six (Delivery of Diabetes Care in Nottingham and Nottinghamshire and in agenda item seven (Temporary Service Change - Extension), 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 six (Delivery of Diabetes Care in Nottingham and Nottinghamshire and in agenda item seven (Temporary Service Change - Extension) 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 McGrath declared a personal interest in agenda item six (Delivery of Diabetes Care in Nottingham and Nottinghamshire and in agenda item seven (Temporary Service Change - Extension), in that a family member worked for Nottingham University Hospitals NHS Trust, which did not preclude him from speaking or voting.

**5 MINUTES OF THE LAST MEETING HELD ON 9 MAY 2023**

The minutes of the last meeting held on 9 May 2023, having been circulated to all members, were taken as read and signed by the Chairman.

## **6 DELIVERY OF DIABETES CARE IN NOTTINGHAM AND NOTTINGHAMSHIRE**

Hazel Buchanan – Associate Director of Strategic Programmes at Nottingham and Nottinghamshire ICB, Dr Tabitha Randell – Consultant in paediatric endocrinology and diabetes at Nottingham University Hospitals NHS Trust and Dr Rahul Mohan – General Practitioner, attended the meeting to provide a progress report on the delivery of diabetes care in Nottingham and Nottinghamshire.

Hazel Buchannan made a presentation to the meeting. A **summary** of the presentation is detailed below.

- Across Nottingham and Nottinghamshire there were:
  - 56,465 people aged 15 and over who had been diagnosed with Prediabetes, with the highest numbers of cases in Mid-Nottinghamshire.
  - 6,255 people aged 15 and over had Type 1 Diabetes.
  - 69,065 people aged 15 and over had Type 2 Diabetes.
- How the treatment of diabetes used 10% of the NHS budget, with 80% of that being spent on treating preventable complications related to diabetes, as such there was a focus within diabetes care on activities that would help people to not develop diabetes.
- The different types of services that were delivered for the treatment of diabetes. Information was provided on preventative action and self-care, as well as on the services delivered through Primary Care, Specialist Community Care and Secondary Care.
- Diabetes continued to be a key priority locally with a focus on prevention and on the development of services that supported people to live well with diabetes.
- How the opportunities for personalised care through technology would 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.

A report that detailed the activity that was being carried out across Nottinghamshire regarding the prevention and treatment of diabetes was attached as an appendix to the Chairman's report.

Dr Randell advised that the diabetes situation, both nationally and in Nottinghamshire had worsened due to the impact of the pandemic, noting that whilst the rise in diagnoses of diabetes had now slowed, that cases were still increasing more rapidly than they had been prior to the pandemic.

It was noted that whilst Type 1 diabetes could not be prevented, Type 2 diabetes was a preventable disease. Dr Rendell stated that rising obesity levels were directly related to increased rates of diabetes, and as such there should be a focus on activity that would reduce obesity levels within the population. Dr Rendell also noted with concern the rising levels of obesity within children and young people that placed them at higher risk of developing Type 2 diabetes in the future. Dr Rendell advised that this was particularly concerning as when Type 2 diabetes occurred in young people, it was a much more aggressive disease than in older adults, with the complications of diabetes including eye damage, kidney damage and heart attacks. Dr Rendell also stated that 60% of 19–25-year-olds with Type 2 diabetes were female and as such may be considering pregnancy. Dr Rendell advised that outcomes for young women with Type 2 diabetes were much poorer than for the general population, and that a study had shown that over 50% of pregnancies in this group had an adverse outcome such as miscarriage, stillbirth, premature birth, or a major congenital abnormality in the baby.

Dr Rahul Mohan noted the significant impact that the Covid-19 pandemic had had on the situation around diabetes and on worsening health inequalities. Dr Mohan stated that studies had also shown that Covid-19, when linked with diabetes had led to worse outcomes than when linked to other conditions. Dr Mohan advised that the impact of the pandemic on diabetes and the related health outcomes would continue to be seen for many years to come.

The Chairman noted with concern the increase in obesity amongst children and young people and asked if the ICB was working with schools in to ensure that unhealthy food was not available through vending machines in schools. Hazel Buchannan advised that the ICB did not have an influence on whether schools had vending machines or not but noted that whilst school meals were generally healthy it was important to ensure that other healthy options were available within schools. Hazel Buchannan noted that whilst diet did have an impact with regards to obesity and diabetes, it was important to understand that increasing exercise levels and physical activity within the population were vital if obesity levels and the rate of Type 2 diabetes were to be reduced.

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

- Members of the committee noted that current cost-of-living pressures could be making it harder for families to eat healthily.
- Were the increases in diagnosed cases of diabetes that had been seen recently starting to slow down?
- Whether there were sufficient specialist diabetes nurses to provide the support required to patients? Members of the committee noted that it was very difficult for many patients to access the specialised support that they required.
- What activity was being carried out to increase access to specialised diabetes support, especially in deprived areas?

- Members noted their concern at the rising level of Type 2 diabetes and how this was being worsened by rising levels of obesity and people doing less exercise and physical activity. Members also agreed that estimated numbers of undiagnosed cases of Type 2 diabetes was worrying, given the impact on health outcomes that diabetes could have.
- Members asked for further information on the effectiveness of low calorie diets in the treatment of Type 2 diabetes.

In the response to the points raised, Hazel Buchannan, Dr Randell and Dr Mohan advised:

- That whilst it was possible for families to eat healthily on a limited budget, doing so was difficult if families did not have the knowledge and skills to prepare healthy meals. It was noted that when families were on a tight budget their priority was often preparing a meal that they knew that their children would eat, even if it was not as healthy as it could be. The NHS did not have the resources to help develop these skills through education programmes and that when this type of education work had been carried out in the past the uptake from residents had been very low.
- The Nottingham and Nottinghamshire Joint Health and Wellbeing Strategy provided opportunities for the ICB to work with schools to deliver activity aimed at reducing the number of diabetes cases amongst children and young people.
- Whilst the increase in the numbers of new diagnoses of diabetes had slowed, diagnosis rates were still higher than before the pandemic.
- There was a shortage of specialist diabetes nurses, both locally and nationally but activity was being carried out to increase the level of specialist support that was available. A trial was currently underway in Nottingham on alternative approaches to expand the level of specialist diabetes support that was available to patients.
- The expansion of technological solutions would also help patients to manage their condition in areas such as the use of real-time continuous glucose monitoring for all adults and children living with Type 1 diabetes. Work was underway to ensure all eligible patients were able to access the technological solutions that would help them in managing their condition.
- Further activity was needed to develop processes for signposting patients to support groups and other services that could assist them in managing their diabetes.
- Clear communication and engagement activity was needed to help people understand the risks of diabetes. This activity would support more people to come forward who were potentially diabetic to be diagnosed and to access appropriate treatment and support.

- The NHS low calorie diet had specific eligibility criteria for patients to access it. Specialist diabetes nurses contacted patients who were eligible for the diet where they would then discuss whether the patient would like to access the NHS low calorie diet. It was noted that if referred, there was no cost to the patient to access the meal supplements.
- Dr Randell advised that studies had shown that the low-calorie diet, whilst challenging to follow, offered substantial health benefits. It was noted that analysis had shown that of the patients who had followed the diet, 50% had reversed their diabetes diagnosis. It was also noted that the diet had also provided significantly improved health outcomes for those patients who had followed it, and for those patients who had reversed their diabetes diagnoses that their diabetes had not returned.

The Vice-Chairman asked for further information on the activity being carried out regarding testing for gestational diabetes. Hazel Buchannan advised that a test should be offered to all pregnant women six-months into their pregnancy, and that whilst treatments and drugs were being developed these were not as widespread as they needed to be. Dr Randell also provided information on the development of testing activity for children aged between three and 13 to identify risks of developing Type 1 diabetes. Dr Randell noted that this activity and the related treatments had the potential to stop the development of Type 1 diabetes in children and young people.

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

- Members sought assurance that all Type 1 diabetes patients were able to access face-to-face appointments.
- Members asked what further activity could be carried out to reduce the numbers of children and young people developing diabetes.

In the response to the points raised, Hazel Buchannan, Dr Randell and Dr Mohan advised:

- All Type 1 diabetes patients could access face-to-face appointments.
- That whilst the ICB did have a long term plan on the activities that were required to reduce the number of people developing diabetes there needed to be a focus on carrying out activity that would make a positive impact on children and young people in their early years.
- The Nottingham and Nottinghamshire Strategy ICB had a five-year Joint Forward Plan. This had been developed with strategic partners and provided the opportunity to carry out activity in a joined up way between health and other strategic partners to improve health outcomes around diabetes.

- A bold approach was needed in looking at activity could be implemented with partners on work that could be done to support people to change their lifestyles, and that without such an approach the rise in diabetes would carry on.

The Chairman thanked Hazel Buchanan, Dr Tabitha Randell and Dr Rahul Mohan for attending the meeting and for answering members' questions.

#### **RESOLVED 2023/14**

- 1) That the report be noted.
- 2) That a further report on the delivery of diabetes care in Nottingham and Nottinghamshire be brought to a future meeting of the Health Scrutiny Committee at date to be agreed by the Chairman of the committee.

### **7 TEMPORARY SERVICE CHANGES EXTENSION**

Lucy Dadge – Director of Integration at the Nottingham and Nottinghamshire ICB attended the meeting to inform the committee of an extension to current interim arrangements for NHS services at Newark Hospital that had initially been introduced because of the Covid-19 pandemic.

The report stated that Newark Hospital's Urgent Treatment Centre had initially been temporarily closed for overnight admissions in April 2020 in order to prioritise emergency service provision during the Covid 19 pandemic, with the temporary closure being extended in 2021 and again in 2022.

Lucy Dadge advised that a decision had been made by the Nottingham and Nottinghamshire ICB that the current temporary overnight closure of Newark Hospital's Urgent Treatment Centre would now continue for a further 12 months to the end of June 2024. This decision had been regrettably taken as it was not currently possible to safely staff the Urgent Treatment Centre overnight, and as such there had been no alternative but to continue with the temporary closure. Lucy Dadge reaffirmed the ICB's commitment to delivering high-quality health care services at Newark Hospital. Lucy Dadge advised that the ICB and the Sherwood Forest Hospitals Trust, in collaboration with other partners had been working together to develop an overarching vision and strategy for Newark Hospital that would clearly set out how the hospital and its services would be sustained and grow to meet the health needs of residents. Lucy Dadge assured members that the current situation with regard to the Urgent Treatment Centre would be resolved within the next 12-months and that the current temporary extension to the overnight closure would be the final one.

The Chairman noted the excellent health care services and high-quality of care that was delivered at Newark Hospital, and how residents would welcome the resumption of overnight opening of the Urgent Care Centre when this was possible.

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

- What factors had changed over the previous 12-months that had meant that the overnight closure of the Urgent Treatment Centre was being extended for a further 12-months?
- Members noted the difficulties of Newark residents accessing urgent care and accident and emergency care services at night and that to access these services that they had to travel to either Kings Mill Hospital or to Lincoln.
- Members sought assurance that the decision to extend the temporary closure had not been prompted by financial pressures.
- That whilst residents would be disappointed at the further temporary extension of the Urgent Treatment Centre, members were confident that the ICB was focussed on delivering high-quality health care services at Newark Hospital and on developing the range of services delivered there.

In the response to the points raised, Lucy Dadge advised:

- That whilst the initial temporary closure had been due to the impact of the pandemic, there had been significant changes to the delivery of health care across Nottinghamshire over the last year, including the introduction of the Nottingham and Nottinghamshire ICB and the subsequent work to deliver the changes, including the creation of the new Integrated Care Strategy. Lucy Dadge advised that had the ICB had known 12-months ago what it knew now, then the ICB would have implemented a 24-month extension to temporary closure of the Urgent Care Centre in June 2022.
- That the decision to extend the temporary overnight closure of the Urgent Treatment Centre had not been influenced by financial considerations, but by the need to be able to deliver a safe service.
- The Urgent Care Centre at Newark Hospital did not provide Accident and Emergency Services at any time, and that residents in Newark would continue to access these services at Kingsmill Hospital when the temporary overnight closure ended. Lucy Dadge advised for effective Accident and Emergency care to be delivered, these services had to be delivered at scale and at large sites that could deliver complex procedures, and as such for Newark residents these services were delivered at Kings Mill Hospital.
- Members of the committee were assured that the ICB now had the processes in place to enable the development of services at Newark Hospital that would meet the needs of the growing local population.



- That whilst frustrating for both the ICB and for residents, the extension of the temporary overnight closure of the Urgent Treatment Centre should not be seen as a lack of commitment by the ICB of delivering high-quality health care at Newark Hospital. The ICB was committed to expanding the range of services delivered at Newark Hospital and that further information on these plans would be shared with the Health Scrutiny Committee over the next year.

The Chairman thanked Lucy Dadge for attending the meeting and for answering members' questions. The Chairman also noted how she looked forward to hearing about the ICB's plans for developing the services delivered at Newark Hospital at future meetings of the Health Scrutiny Committee.

#### **RESOLVED 2023/14**

- 1) That the 12-month extension of the current interim arrangements at Newark Hospital be noted.
- 2) That a further report on the development of service provision at Newark Hospital be considered at the December 2023 meeting of the Health Scrutiny Committee.

#### **8 WORK PROGRAMME**

The Committee considered its Work Programme.

#### **RESOLVED 2023/15**

That the Work Programme be noted.

The meeting closed at 12:12pm

**CHAIRMAN**