

COUNCILLORS

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

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

David Martin
John 'Maggie' McGrath
Michelle Welsh
John Wilmott

SUBSTITUTE MEMBERS

Councillor Francis Purdue-Horan for Councillor Steve Carr

Officers

Martin Elliott	Nottinghamshire County Council
Noel McMenamin	Nottinghamshire County Council
Jo Toomey	Nottinghamshire County Council

Also in attendance

Alex Ball	-	Nottinghamshire and Nottingham CCG
Sarah Collis	-	Healthwatch Nottingham and Nottinghamshire
Mark Wightman	-	Nottinghamshire and Nottingham CCG

Before the business of the meeting began, the Chairman of the Committee announced she would be adjourning the meeting at 10:50am to enable members to attend the flag raising event to commemorate the end of the conflict in the Falklands. She also stated she would be varying the order of the agenda to consider item 8, 'Temporary Services Changes – Extension' first, which could be dealt with in advance of the adjournment.

1. **TO NOTE THE APPOINTMENT AT FULL COUNCIL ON 12 MAY 2022 OF COUNCILLOR SUE SADDINGTON AS CHAIRMAN AND COUNCILLOR BETHAN EDDY AS VICE-CHAIRMAN OF HEALTH SCRUTINY COMMITTEE**

The appointment of Councillor Sue Saddington as Chairman and Councillor Bethan Eddy as Vice-Chairman of the Committee by Council on 12 May 2022 was noted.

2. MEMBERSHIP AND TERMS OF REFERENCE

The membership of the Committee was noted, together with its Terms of Reference, which were agreed by Council at its meeting on 31 March 2022.

3. MINUTES OF THE LAST MEETING HELD ON 29 MARCH 2022

The minutes of the last meeting held on 29 March 2022, having been circulated to all members, were taken as read and signed by the Chairman.

4. APOLOGIES

Councillor Steve Carr (other reasons)

5. DECLARATIONS OF INTEREST

Councillor McGrath declared a personal interest in agenda item 6, '*Review of maternity services, update and implications*' and agenda item 7, '*Tomorrow's NUH*', as a family member was training under the NUH Trust, which did not preclude him from speaking or voting.

Councillor Welsh declared a personal interest in agenda item 6, '*Review of maternity services – update and implications*' as consideration of her case formed part of the Thematic Review of Maternity Services at NUH, which did not preclude her from speaking or voting.

Councillor Saddington declared a personal interest declared a personal interest in agenda item 6, '*Review of maternity services, update and implications*', and agenda item 7 '*Tomorrow's NUH*', as a family member worked for the NUH Trust, which did not preclude her from speaking or voting.

6. TEMPORARY SERVICE CHANGES – EXTENSION

The report informed the Committee about the extension of the interim arrangements for NHS services at Newark Hospital. The Chief Commissioning Officer of the Nottingham and Nottinghamshire Clinical Commissioning Group had written to the Chairman of the Committee to advise that the temporary closure of Newark Hospital's Urgent Treatment Centre for overnight admissions would be extended for a further 12-months, to end in June 2023. The reason given for this was that it was not possible to safely staff the Urgent Treatment Centre overnight.

Members of the Committee were given the opportunity to make comment and ask questions, which covered the following:

- Some concern was expressed about the impact of the extended closure on the capacity of King's Mill Hospital and the potential detrimental impact on residents of both Newark and Mansfield
- Any future proposals for permanent change would be brought before the Committee for consideration and subject to consultation; once an

indication was given of any such proposal becoming available, it would be added to the Committee's work programme

- Members discussed the balance between getting a patient treatment as swiftly as possible against benefits of consolidating acute services on larger sites
- Assurance was sought that during the year's extension, work would be undertaken to improve the staffing situation and get to a final position where a further extension would not be required, or alternative plans brought forwards
- Any new proposals coming forward would be based on data that had been collected and reflect the demographics and epidemiology of local communities; Members also highlighted levels of planned development for the Newark area
- Questions were raised about ambulance response times and Members were advised that EMAS was listed on the work programme to come to a future meeting

The Committee noted the extension of the temporary service changes.

10:50am to 11:13am – the meeting adjourned

As there were no visitors attending the meeting for agenda item 6, 'Review of maternity services – update and implications', the Chairman stated she would deal with agenda item agenda item 7, 'Tomorrow's NUH' first.

7. TOMORROW'S NUH

Members of the Committee were given a presentation by the Director of Communications for the Nottingham and Nottinghamshire Clinical Commissioning Group and the Director of Reconfiguration for Reshaping Services in Nottinghamshire. The presentation covered the following points:

- The Government's intention to build 40 new hospitals by 2030 to address failing infrastructure across the country both in terms of the NHS acute estate and optimising clinical configuration in hospitals
- Nottingham University Hospital was identified amongst that cohort to benefit from the programme
- The plan for reconfiguration included the separation of emergency care, which would be consolidated at the Queen's Medical Centre (QMC) site, and elective care, which would be housed in an Elective Centre of Excellence on the City Hospital campus
- Almost 2,000 people had participated in a recent consultation exercise, with 78% of respondents either strongly supporting or somewhat supporting the proposals overall; it was noted that the level of support varied between each proposal

The proposals were highlighted, together with a summary of the consultation findings in respect of each:

Proposal – New Family Care Hospital at QMC

- This proposal, which was supported by 64% of respondents, would consolidate maternity services at QMC in a new Family Care Hospital
- Concerns raised included loss of choice, transport and parking and the need for more detailed information on the proposals
- More work would be undertaken to ensure the unit was tailored for all women accessing maternity services as well as those accessing associated services included gynaecology and fertility services

Urgent and emergency care

- 72% supported the consolidation of emergency services around the main emergency department at QMC
- Concerns concentrated around parking and staffing
- Further work was required to develop a travel plan to make sure people could access services

Cancer patients have access to specialist care where needed

- The proposals, which were supported by 75% of respondents, would bring together diagnosis, planned surgery and outpatient services at City Hospital, whilst providing access to other services, for example palliative care, at QMC
- It was taken as an indication that there was an understanding that for patients who were going through the cancer pathway, getting expert care in one place was more important than whether it was at the City or QMC site

Create a Centre of Excellence for Elective (Planned) Care at City Hospital

- Under the proposals, a majority of elective operations would take place at the City campus away from emergency and urgent care, which received support of 80% of respondents
- Travel, parking and access were again raised as concerns
- Options being explored included using different ways of interacting with the care pathway by creating a blended digital and in-person option

Transform outpatient services

- 69% respondents supported the consolidation of outpatient services on one site
- Concerns raised included transport and parking, and how elements outside the hospital would interact with one another

The Committee was given the opportunity to make comment and ask questions.

Several members raised concerns about car parking, suggesting it should be considered ahead of the development of final plans, to ensure the transport infrastructure was sufficient to support them. Specific comments were made about the number of accessible parking spaces and family spaces. Some Councillors advocated 'park and ride' solutions, and the Medilink service was highlighted; a suggestion was made that more should be done to promote the service to outpatients who were able to travel, together with visitors. Comment was made about the potential impacts of the proposals on staff, including transport access to their workplace.

A further comment was made about tackling health inequality and the need to consider transport in the round because of the proportion of patients who needed to attend one of the hospital sites and did not have their own transport, including staff members.

Members of the Committee made specific reference to the early proposals for the new Family Care Hospital. Some concerns were raised about sensitivities around locating fertility and gynaecological services with maternity. Concern was also expressed about considering the needs of the trans community who would also need to access services on site.

Whilst members recognised that there were links between them, they suggested consideration should be given to the layout of any such facility. Feedback on this area was welcomed by representatives from the Clinical Commissioning Group. There was also a concern that combining services on a single site could be perceived as removing the choice of mothers about the kind of birth they wanted.

Members also wanted reassurance that the creation of the new Family Care Hospital would take account of findings in the Ockenden Review of maternity services, which was beginning. A suggestion was made that the development of any final plans should be suspended until the review was complete. The Committee was advised that the timescale for the project would allow for outcomes from the review to feed into the development of any solutions.

A concern was raised about the risk of digital exclusion, but members were reassured that patients would not be excluded from accessing services; they would be able to choose an option that suited them.

Questions explored whether the 2,000 respondents constituted a sufficient sample size that was representative of Nottinghamshire's communities. Reference was also made to slippage in the consultation timetable. Whilst the slippage was acknowledged, representatives from the CCG explained the additional time had been spent working with regional bodies to ensure the proposals were right. They also stated that they would always like to see more respondents but highlighted that the initial consultation may have been affected by COVID restrictions that were in place at the time, which affected how people could engage. Those who responded were generally considered to be a representative sample however there was a keenness to work with the

committee during future phases of consultation to boost numbers as much as possible.

The Chairman thanked Mr Ball and Mr Wightman for their attendance.

8. REVIEW OF MATERNITY SERVICES

The report, which gave an update on the review of maternity services at Nottingham University Hospitals NHS Trust and the implications arising from that, was introduced by the Chairman. The Committee was informed of the decision made by NHS England and NHS Improvement to draw the current Independent Thematic Review of maternity services at Nottingham University Hospitals NHS Trust (NUH) to a close and to undertake a new national review, which would be led by Donna Ockenden. On that basis, it was appropriate for the Committee to step back whilst the review was undertaken. It was also appropriate that the Committee no longer considered the Care Quality Commissioner's latest report on its re-inspection of maternity services, which would now inform the national review.

A majority of members who spoke supported stepping back from work on maternity services to allow the national review to progress unfettered, however members were keen to retain some flexibility to bring an item forward if there were any concerns about the status or progress of the review. Several speakers made comments about the pressure that the Committee had created around the issue and the way it had made affected families feel listened to and supported.

An area highlighted as key to the review was the welfare of families and some concern was expressed that trauma support was not readily available to affected families. Reassurance around this was needed from the review and it was a matter about which Healthwatch was giving due regard.

9. WORK PROGRAMME

The Committee work programme was approved, subject to required information being available for scheduled meetings.

The meeting closed at 12.50pm.

CHAIRMAN