BOROUGH COUNCIL OF KING'S LYNN & WEST NORFOLK

JOINT PANEL MEETING

Minutes from the Meeting of the Joint Panel Meeting held on Wednesday, 21st October, 2026 at 4.30 pm in the Assembly Room, Town Hall, Saturday Market Place, King's Lynn PE30 5DQ

PRESENT: Councillors J Bhondi, R Blunt (Chair), S Collop (Vice - Chair), C Crofts, P Devulapalli, A Dickinson, A Kemp, P Kunes, B Long, S Nash, J Osborne, T Parish, C Rose and S Sandell.

PORTFOLIO HOLDERS:
Councillor Beales, the Leader of the Council
Councillor Rust, Portfolio Holder for People and Communities

PRESENT UNDER STANDING ORDER 34:

Councillors Heneghan, Powers, de Winton and Storey were present remotely under Standing Order 34a.

Councillors Ratcliffe, Ring and de Whalley were present under Standing Order 34a.

Councillors Colwell and Ryves were present remotely under Standing Order 34b.

OFFICERS PRESENT:
Emma Hodds, Chief of Staff and Monitoring Officer
Mark Whitmore, Assistant Director for Health, Wellbeing and Public Protection

REPRESENATIVE FROM QUEEN ELIZABETH HOSPITAL (QEH)
Jo Segasby – Deputy Chief Executive and Delivery Officer

1 **APOLOGIES FOR ABSENCE**

An apology for absence was received from Councillor Kirk.

2 **APPOINTMENT OF CHAIR FOR THE MEETING**

RESOLVED: Councillor Blunt was appointed as Chair for the meeting.

3 **APPOINTMENT OF VICE CHAIR FOR THE MEETING**

RESOLVED: Councillor Collop was appointed as Vice - Chair for the meeting.

4 **MINUTES FROM THE PREVIOUS MEETING**

RESOLVED: The minutes from the previous meeting were agreed as a correct record and signed by the Chair.

5 **DECLARATIONS OF INTEREST**

There was none.

6 **MEMBERS PRESENT UNDER STANDING ORDER 34**

Councillors Heneghan, Powers, de Winton and Storey were present remotely under Standing Order 34a.

Councillors Ratcliffe, Ring and de Whalley were present under Standing Order 34a.

Councillors Colwell and Ryves were present remotely under Standing Order 34b.

7 **RESPONSE TO COUNCIL RESOLUTION: QUEEN ELIZABETH HOSPITAL**

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The Leader, Councillor Beales, introduced the report and advised that, since Full Council, he had written to the Hospital Group and had received a response. He highlighted that no decision had yet been made and that a report was expected to be considered by the Health Overview and Scrutiny Committee (HOSC) in November. He noted that the matter would also be considered by the Integrated Care Board.

The Leader sought clarification on the proposed timeline and commented that there was a public perception that a decision had already been made. Members were advised that the survey questions had been prepared by the University Trust rather than Healthwatch and that an interim report was expected to be considered by HOSC at its meeting on 19 November. The Leader added that Alex Stuart, Chief Executive of Healthwatch, had confirmed that responses submitted to the published Healthwatch enquiry email address would be considered as part of the public engagement.

The Assistant Director for Health, Wellbeing and Public Protection clarified that HOSC was the statutory scrutiny body and that West Norfolk had a representative on the Committee. HOSC would scrutinise the evidence and decision-making process rather than determine whether Accident and Emergency (A&E) or maternity services should remain at the Queen Elizabeth Hospital (QEH). The Chief of Staff and Monitoring Officer highlighted the importance of engaging with HOSC at the appropriate stage, following the commencement of public consultation, which was expected after spring 2027.

Jo Segasby, Deputy Chief Executive and Delivery Officer at the Queen Elizabeth Hospital, clarified that the work remained at the case-for-change stage and that no decisions had been made regarding individual services. She explained that evidence had been assembled to establish whether there was a case for changing the way healthcare was provided. No final decision had been made regarding A&E, maternity or other services, and no preferred model had been agreed.

Jo Segasby advised that the Integrated Care Board was expected to consider the case for change on 4 November and determine whether further work or the preparation of a full business case should be commissioned. The proposal would then be considered by HOSC, which would determine whether the scale of the proposed work required wider public consultation.

She further explained that, should the Integrated Care Board accept the case for change and HOSC require further work, a more detailed business case was expected to be developed by spring 2027. Subject to approval by the Integrated Care Board and NHS England, public consultation could commence in summer 2027, with any final decision being made following that consultation.

Councillor Long expressed concern that the needs of West Norfolk could be diluted within a county-wide committee and asked the Panel to provide a clear recommendation to its representative on HOSC. Councillor Devulapalli confirmed that she would represent the views of residents and encouraged Members and residents to register to attend HOSC and submit questions.

Members were advised that HOSC was expected to meet publicly on 19 November and that members of the public could register to attend and request permission to ask questions. It was anticipated that the papers would be published approximately one week in advance, from around 11 November.

Councillor Kemp asked whether the Clinical Strategy would consider the risks associated with longer journeys to hospital, including delays to treatment for suspected strokes and other emergencies. Jo Segasby advised that the work undertaken to date had considered demographics, population growth, health inequalities and practice elsewhere. She explained that a more detailed risk assessment was expected to form part of the business case if further work was approved following HOSC consideration.

Under Standing Order 34a, Councillor Ratcliffe asked whether communities in North Cambridgeshire and South Lincolnshire, which also used the QEH, would be represented. Jo Segasby confirmed that Cambridgeshire Healthwatch had circulated the survey and agreed to establish whether Lincolnshire Healthwatch had also been involved.

In response to comments made by Councillor Parish, the Chief of Staff and Monitoring Officer acknowledged Members' frustrations but highlighted the importance of following the appropriate governance process. Members were encouraged to liaise with the Borough Council's representative on HOSC, Councillor Devulapalli, to ensure that the views of Members and residents were represented.

Under Standing Order 34b, Councillor Ryves raised a question regarding the timing of the process and commented that no reference had been made to the report of the Government's Maternity and Neonatal Taskforce, which was due to report shortly before Christmas. Jo Segasby commented that its findings and recommendations would need to be considered, as their potential impact on the case for change was not yet known. Members also questioned whether fluctuations in birth rates and future housing growth had been adequately reflected in the work.

Councillor Long left the meeting at 5.08 pm.

Councillor Rust, Portfolio Holder, advised Members that she had registered to attend HOSC on 19 November and had also written to the Integrated Care Board and the Secretary of State.

Councillor Bhondi suggested that the analysis should consider the positive case for improving and increasing services, rather than focusing solely on the potential reduction or relocation of services. Jo Segasby explained that the case for change reflected pressures on existing services, increasing demand, workforce limitations and the need to consider different ways of providing care in the future. She advised that simply expanding hospital capacity might not be financially or operationally feasible and that community, primary care and digital services should also be considered. She added that this perspective could be submitted to HOSC as part of its scrutiny of whether the evidence and options considered were sufficiently broad.

Members highlighted planned housing growth, an ageing population and higher levels of illness in Norfolk as factors which should be reflected in the analysis. Jo Segasby explained that population growth, particularly amongst older or less healthy residents, increased demand and reinforced the need to examine different models of care, workforce capacity and financial sustainability.

Councillor Rust raised concerns regarding the design of the survey and questioned whether it was leading or too limited to fully capture residents' views. She confirmed that direct submissions to Healthwatch would be included as part of the public engagement and could provide more detailed evidence from residents across the affected area. She also highlighted the NHS ten-year plan, reminded Members that the Borough was a Marmot place and referred to the South Lynn Health Hub as an example of a service aimed at preventing or reducing healthcare needs at the QEH.

Members were encouraged to direct residents to the Healthwatch enquiry email address to enable them to provide fuller and more detailed evidence than the survey allowed. This was highlighted as an important route for documenting local needs and concerns.

Councillor de Winton left the meeting at 5.30 pm.

Councillor Kemp asked how primary care would support the proposed model, given surgery closures and limited GP provision in some areas. Jo Segasby explained that primary care was central to the NHS long-term plan and that future work should consider collaboration, community services and digital technology, whilst recognising the existing pressures on primary care.

In response to concerns raised by Councillor Ratcliffe, under Standing Order 34a, regarding insufficient investment, Jo Segasby stated that a new hospital represented approximately £1.4 billion of investment in West Norfolk and that approximately £80 million of investment in electronic patient records was planned across the three hospitals during the following year.

Under Standing Order 34a, Councillor Ratcliffe commented that community and digital care could not replace emergency departments or maternity services and expressed concern that longer journeys could adversely affect outcomes. Members considered that any future proposals should take account of the need for fully functioning local A&E and maternity provision, alongside opportunities to move appropriate care closer to home.

Under Standing Order 34a, Councillor Ring highlighted public concern regarding the potential loss of services at the hospital and commented that communication regarding the potential changes had been poor. He stressed the importance of King’s Lynn retaining a fully functioning hospital and encouraged residents to contact Healthwatch and attend HOSC.

The Chair, Councillor Blunt, invited the Panel to consider an appropriate recommendation. Officers reminded Members of the appropriate scrutiny route and the anticipated timeline.

In response to questions regarding ambulance capacity, Jo Segasby advised that approximately 250 to 280 people attended A&E each day, of whom around 50 arrived by ambulance. She advised that the East of England Ambulance Service had been included in the work and that ambulance transfer times and associated impacts were being considered.

Councillor Devulapalli referred to information she had received which suggested that the ambulance trust had not been formally consulted.

Jo Segasby advised that she was unable to verify that information but understood that the trust had been involved.

Councillor Ring left the meeting at 5.54 pm.

The Leader, Councillor Beales, suggested that, if the Panel wished to make a recommendation, he could write to HOSC setting out the Borough Council's formal position and could also write to the East of England Ambulance Trust.

The Chair, Councillor Blunt, proposed, and the Vice-Chair, Councillor Collop, seconded, that the Leader, Councillor Beales, write to HOSC outlining the Borough Council's position that:

1. The Borough Council supported the retention at the QEH of 24-hour, seven-day-a-week A&E provision; acute medicine; emergency general surgery; critical care; anaesthesia and emergency theatres; consultant-led maternity and obstetric services; paediatrics and appropriate neonatal care; trauma and orthopaedics; core acute medical specialties; stroke assessment and inpatient care; and comprehensive diagnostic services.

2. The Borough Council recognised that highly specialised services could appropriately be provided at regional or tertiary centres where there was a clear clinical case for doing so.

The Panel agreed the recommendation.

Members revisited the proposal for funding to obtain evidence to support the case for retaining local hospital services. It was agreed that any specific requirement would need to be identified and considered through the normal budget process. Members noted that the Budget Task Group could consider provision for the following financial year and that, should an urgent requirement arise during the current financial year, existing funding routes, including the Leader's emergency fund, could be considered.

The Chief of Staff and Monitoring Officer read out the proposed recommendations, which were proposed and seconded by Councillors Blunt, Kunes, Sandell and Osborne.

RESOLVED: That the Joint Panel, having considered the report and the evidence provided by representatives of the Queen Elizabeth Hospital, made the following recommendations:

1. That the Leader, Councillor Beales, be requested to write to Norfolk County Council's Health Overview and Scrutiny Committee (HOSC) and the East of England Ambulance Trust, setting out the Borough Council's position that:

- the Borough Council supported the retention at the Queen Elizabeth Hospital of 24-hour, seven-day-a-week Accident and Emergency provision; acute medicine; emergency general surgery; critical care; anaesthesia and emergency theatres; consultant-led maternity and obstetric services; paediatrics and appropriate neonatal care; trauma and orthopaedics; core acute medical specialties; stroke assessment and inpatient care; and comprehensive diagnostic services; and

- the Borough Council recognised that highly specialised services could appropriately be provided at regional or tertiary centres where there was a clear clinical case for doing so.

2. That the Borough Council's representative on Norfolk County Council's Health Overview and Scrutiny Committee, Councillor Devulapalli, be requested to continue to raise and represent the Borough Council's interests in relation to the Queen Elizabeth Hospital and the emerging Clinical Strategy, and to provide appropriate feedback and updates to Borough Council Members following HOSC's consideration of relevant matters.

3. That the attendance of the Portfolio Holder, Councillor Rust, at relevant meetings of HOSC, where appropriate, be supported, to assist in representing the Borough Council's position and to hear directly the information presented in relation to the Queen Elizabeth Hospital and the emerging Clinical Strategy.

4. That the Joint Panel be reconvened in 2027, once the timetable for consultation on the Clinical Strategy and future service provision had been confirmed, to consider the consultation in detail and provide the Borough Council's input into the consultation process, with any further recommendations being reported through the appropriate decision-making route.

5. That relevant information and updates received regarding the Clinical Strategy, future service provision and consultation arrangements be shared with Members and the Joint Panel, to enable the Council to remain informed and respond at the appropriate stage.

8 **DATE OF THE NEXT MEETING**

The next meeting was scheduled for the 11th November 2026 at 5:30pm in the Council Chamber, Town Hall to discuss the King's Lynn Masterplan. A Joint Panel meeting was to be scheduled to discuss the Queen Elizabeth Hospital at an appropriate time in the future.

The meeting closed at 6.05 pm