

Health Scrutiny Committee

Tuesday, 20 September 2022 at 10:30

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

- | | | |
|---|--|---------|
| 1 | Minutes of last meeting held on 26 July 2022 | 3 - 12 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Health and Care System Winter Planning 2022-23 | 13 - 20 |
| 5 | East Midlands Ambulance Service Performance | 21 - 32 |
| 6 | Dementia Strategy Update - Nottingham University Hospitals NHS Trust | 33 - 38 |
| 7 | Work Programme | 39 - 46 |

Notes

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.
- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Noel McMenamin (Tel. 0115 993 2670) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

COUNCILLORS

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

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

David Martin – **Apologies**
John 'Maggie' McGrath
Michelle Welsh
John Wilmott

SUBSTITUTE MEMBERS

Councillor Francis Purdue-Horan for Councillor David Martin
Councillor Tracey Taylor for Councillor Sinead Anderson

Officers

Martin Elliott
Noel McMenamin
Laura Webb

Nottinghamshire County Council
Nottinghamshire County Council
Nottinghamshire County Council

Also in attendance

Alex Ball	-	Nottingham and Nottinghamshire ICB
Mr Ayan Banerjea	-	Nottingham University Hospitals
Sarah Collis	-	Healthwatch Nottingham and Nottinghamshire
Lucy Dadge	-	Nottingham and Nottinghamshire ICB
Prema Nirgude	-	Nottingham and Nottinghamshire ICB
Amanda Sullivan	-	Nottingham and Nottinghamshire ICB

1 MINUTES OF THE LAST MEETING HELD ON 14 JUNE 2022

The minutes of the last meeting held on 14 June 2022, having been circulated to all members, were taken as read and signed by the Chairman.

2 APOLOGIES FOR ABSENCE

Councillor Anderson (medical/illness)
Councillor Martin (other reasons)

3 DECLARATIONS OF INTEREST

Councillor McGrath declared a personal interest in agenda item 5 'Nottingham and Nottinghamshire Integrated Care System and the Implications of the Health and Care Act', in that a family member worked for Nottingham University Hospitals NHS Trust, which did not preclude him from speaking or voting.

Councillor Saddington declared a personal interest in agenda item 5 'Nottingham and Nottinghamshire Integrated Care System and the Implications of the Health and Care Act', in that a family member worked for Nottingham University Hospitals NHS Trust, which did not preclude her from speaking or voting.

4. NOTE OF THANKS

The Chairman expressed her thanks to the Vice-Chairman for her work in examining and making comments the Quality Accounts of the East Midlands Ambulance Service, the Nottinghamshire Health Care Foundation Trust and the Nottingham University Hospitals NHS Trust.

The Chairman expressed her thanks to Councillor Welsh for the work that she had done in preparing a report on the Quality Accounts of the Sherwood Forest Hospitals NHS Foundation Trust.

4 NOTTINGHAM AND NOTTINGHAMSHIRE INTEGRATED CARE SYSTEM AND THE IMPLICATIONS OF THE HEALTH AND CARE ACT'

Amanda Sullivan, Chief Executive, and Prema Nirgude, Head of Insights and Engagements at the Nottingham and Nottinghamshire Integrated Care Board provided a briefing on the Integrated Care System and the implications that had arisen from the Health and Care Act 2022 in relation to the delivery of health care services in Nottingham and Nottinghamshire.

The Committee had received an initial briefing on the Health and Care Bill (as was) at its November 2021 meeting, and as the Act had recently received Royal Assent it was appropriate that the Committee be updated, both on the legislation and on its implications for the Integrated Care System.

Integrated Care Systems (ICS) comprised a collection of organisations that aimed to provide better health and care for everyone, whilst at the same time using resources more efficiently. The introduction of the ICS in Nottinghamshire had drawn together health and care partners from Bassetlaw, Mid Nottinghamshire, Nottingham City and South Nottinghamshire. This enabled more joined up care for citizens, empowering health and care organisations to tackle complex challenges, including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations aged

- getting the best from collective resources so that people could get care as quickly as possible.

Ms Sullivan gave a presentation to the Committee, providing the following information:

- what ICSs were and why they had been created.
- the vision for the Nottingham and Nottinghamshire ICS. Neighbourhoods, places and systems would seamlessly integrate in order to provide joined up care with every citizen being able to enjoy their best health and wellbeing.
- the guiding principles and values of the Nottingham and Nottinghamshire ICS.
- the goals and objectives of the ICS that included the effective management of an annual budget of over £3billion for the commissioning and provision of health and care services.
- the key organisations that made up the Nottingham and Nottinghamshire ICS and how their individual roles and activities would be coordinated to deliver the best possible health and wellbeing outcomes for residents.
- the role and responsibilities of the key constituent parts of the ICS, including:
 - the Primary Care Networks (PCN's)
 - Place Based Partnerships (PBP's)
 - Provide Collaboratives
 - the Integrated Care Board (ICB)
 - the Integrated Care Partnership (ICP)

In conclusion Ms Sullivan summarised that in practice the introduction of the ICS would mean:

- the ICS would provide an opportunity for expertise, experience and efficiencies to be pooled across acute, community, and primary care so that all citizens would benefit equally.
- an integrated service delivery that would bring together skills and expertise into multi-disciplinary teams that would provide the scope for new and varied career opportunities for staff.
- the focus of service delivery would shift to become more preventative, proactive and person centred due to services focussed on a specific geographic area and around a common purpose, working holistically with people and communities.

- that the complex changes being made across the whole health system would involve partnership working in order to understand and resolve different ideas and perspectives.

A full briefing note on the Nottingham and Nottinghamshire ICS and the Health and Care Act 2022 was attached as an appendix to the Chairman's report and published with the agenda.

The Chairman noted that the changes as detailed in the presentation and report appeared to be very complicated and sought assurances that there were processes in place that would enable a full evaluation to take place on how the ICS had impacted on the provision of health services across Nottinghamshire. In response Ms Sullivan, advised:

- that the ICS aimed to deliver health care services in the best possible way, be that either locally to meet specific needs or by reducing duplication and gaining the benefits of the economies of scale provided by a large organisation.
- that processes were in place to monitor and evaluate how the introduction of the ICS was working in practice and in delivering high quality health care services.

In the discussion which followed, members raised the following points:

- that the bringing together of services and teams was a positive move that should have a positive impact on the delivery of health care services locally.
- given the continued pressure on staff across the NHS, what consideration had been given to the impact of the changes on staff welfare?
- would the changes that had been created by the introduction of the ICS lead to an increased role for the private sector in health care provision?
- that given the significant differences in life expectancy across Nottinghamshire that the focus of the ICS in reducing health inequalities was to be welcomed. Members asked how this objective would be achieved as there had been significant work in this area in the past that had not managed to improve life expectancy in the more deprived areas of the County.
- what focus would the ICS be placing on early intervention and preventative health care provision;
- a member queried the impact of Brexit on health care services.

Ms Sullivan provided the following responses:

- that workforce challenges across health care services continued to be an area of concern and that the ICS would be working with GP's and hospitals to provide increased wellbeing support for staff. The introduction of the ICS would also provide greater opportunities for staff development by enabling staff to access a wider pool of vacancies.
- the ICS would bring health care teams together and provide greater opportunities for service innovation.
- that whilst concerns regarding privatisation of health care services were understandable, the ICS would not be seeking greater private sector involvement in health care services delivery.
- that the capacity provided by private providers to deliver health care services was an essential part of health care service provision. Members were assured however that the introduction of the ICS would not lead to increased private health care service provision.
- that the ICS would enable private providers to work together better, rather than in competition against each other and as such patients would receive a better service.
- the reduction of health inequalities would be an immediate focus for the ICS.
- that the introduction of the ICS, would for the first time enable workforce, service and population planning activities to be fully coordinated and that this would enable the delivery of focussed services that would be able to fully meet local needs and improve health outcomes across communities.
- community based early intervention was a proven way of improving health outcomes and that the ICS would enable resources to be targeted in areas where such interventions were most needed. Prema Nirgude, Head of Insights and Engagement at the ICB provided information on some of the community engagement activities that the ICS planned to deliver.

Sarah Collis of Healthwatch Nottingham and Nottinghamshire noted the role that Healthwatch had had in the development of the ICS and noted their commitment to working with the ICS to ensure that the provision of health care services met the needs of residents across Nottingham and Nottinghamshire.

After hearing the responses to their earlier questions members asked for further information on:

- how the performance targets had been set and how performance would be monitored.

- how the ICS would use its size and capacity to improve access to health services easier for patients in areas such as accessing and amending GP appointments. Members also asked whether the NHS app could be developed further to facilitate this.

In response to the points raised Ms Sullivan advised:

- that whilst some performance targets, such as cancer diagnoses were set at a national level others would be set in response to local circumstances. It was noted that the Health Scrutiny Committee would be involved in the setting and monitoring of these areas of performance.
- that improving access to appointments would be a priority for the ICS and that the bringing together of previously separate elements of health service provision would make this easier than this task would have been previously. It was noted that there would be joint working with GPs to look how making and amending appointments could be made easier in addition to improvements to the NHS app that would be delivered nationally.

Members also sought and gained assurances regarding:

- that addressing workforce challenges and building workforce resilience was a key objective of the ICS.
- that existing access to health care services at hospitals in South Yorkshire for Bassetlaw residents would not change with the introduction of the Nottingham and Nottinghamshire ICS.

The Chairman thanked Amanda Sullivan, Chief Executive, and Prema Nirgude, Head of Insights and Engagement at the Nottingham and Nottinghamshire Integrated Care Board for their attendance.

RESOLVED 2022/01:

- 1) That the report be noted.
- 2) That a further progress report on the implementation of the Nottingham and Nottinghamshire Integrated Care Partnership be presented at the Health Scrutiny Committee in 12-months' time.

5 PROPOSED TRANSFER OF ELECTIVE SERVICES AT NOTTINGHAM UNIVERSITY HOSPITALS

Lucy Dudge, Director of Integration, and Alex Ball, Director of Communications and Engagement at the Nottingham and Nottinghamshire Integrated Care Board, and Mr Ayan Banerjee, consultant at Nottingham University Hospitals, presented a report supporting the relocation of elective Colorectal and Hepatobiliary services

from the QMC to the City Hospital by October 2022. The report also sought the Committee's support for the proposal to take a targeted approach to patient engagement on the proposed changes, rather than conducting a full open consultation.

Elective provision for Colorectal and Hepatobiliary services was currently co-located with emergency theatre provision at the QMC, and elective capacity had to date been negatively impacted by emergency demand for services. This situation had led to cancelled procedures and longer waits for elective patients to receive treatment.

The report stated that Nottingham University Hospitals NHS Trust (NUH) had secured access to £15 million of NHS Capital funding to increase its capacity to deliver dedicated elective surgery provision on its City Hospital site and that Colorectal and Hepatobiliary services had been identified as an appropriate service for relocation to the City Hospital site. As such, it was proposed that ringfenced elective provision for these services should be in place by October 2022.

Members of the committee were advised that, in order for the changes to services to be in place in time for Winter 2022/23 that their support was being sought for the NHS to carry out a targeted public engagement exercise rather than a full public consultation on the proposed changes. Due to the urgency to secure the additional external capital funding to deliver the required changes, and the positive impact that they would have for citizens in avoiding further long waits for procedures, it was considered that these factors outweighed the benefits of a full public consultation.

A full briefing note on the proposed changes, along with a summary of their impact in relation to protected characteristics and on citizens from inclusion health and other disadvantaged groups was attached as an appendix to the Chairman's report and published with the agenda.

Members of the committee took the opportunity to ask questions on its content and to gain assurances regarding patient and staff welfare in relation to the transfer of elective services to the City Hospital site. Members expressed their broad support for the principle of moving elective surgery to the City Hospital site, noting that the City Hospital site was a more pleasant environment for patients that was also easier to access than the QMC.

Members of the committee raised a number of concerns about car parking capacity at the site and its adequacy, suggesting that this issue should be fully considered ahead of the development of final plans in order to ensure the transport infrastructure was sufficient to support them. Members of the committee also expressed their support for 'park and ride' solutions for creating sustainable transport links to the City Hospital site with the expansion of the Medilink service being highlighted as a possible solution. Members also suggested that more should be done to promote this service in order to increase passenger numbers. Members also noted their concern on the potential impacts of the proposals on staff, including transport access to their workplace.

In response to the points raised by members, Ms Dadge, and Mr Ayan Banerjea advised:

- Demand for Colorectal and Hepatobiliary services was growing and as such it was essential that additional capacity for delivery was created as soon as possible.
- Significant work was being carried out to reduce the number of patients who needed to come to hospital sites by establishing if their needs could be better met by alternative approaches.
- That there was currently sufficient car parking capacity at the City Hospital site for both patients and staff, but that work would be needed to be carried out ensure that this remained the situation into the future.

Members of the committee asked several questions about the impact of relocation on members of staff. In response to the points raised Lucy Dadge and Mr Ayan Banerjea advised:

- Approximately half of the staff currently working providing Colorectal and Hepatobiliary services would be moving to the City Hospital site. It was noted that this was a good position to be in as both sites would benefit from the presence of experienced staff.
- Some staff had decided to work across both sites.
- That there was currently a recruitment drive in progress to fill vacant posts. This was progressing well with vacancies available in the pharmacy as well as for advanced care practitioners.

Members noted with concern the ongoing impact of the pandemic in creating delays in treatments for patients and asked how the move of elective services to the City Hospital site would help ease these pressures. In response Lucy Dadge and Mr Ayan Banerjea advised that as the services that would be provided at the City Hospital were being provided by new funding that the changes would make a positive impact on the service received by all patients.

Members of the committee raised concerns that the proposals to relocate services would not be open to a full public consultation.

In response Lucy Dadge and Alex Ball, Director of Communications and Engagement at the Nottingham and Nottinghamshire Integrated Care Board advised:

- That as the opportunity to receive additional funding had been available then it had been essential that this opportunity to access that funding to develop and improve health infrastructure had been taken. It was noted that once

the new buildings and infrastructure were in place then further consultation could be carried out on how best to use the new facilities.

- Past experience had shown that for this type of proposed service change that targeted consultation had been an effective tool.
- Conducting a full public consultation on the proposed changes would have time consuming task, and as such carrying one out would have led to delays in the introduction of the new elective services at the City Hospital site. As such a judgement call had been made that the advantages of getting the new services up and running would outweigh the disadvantages of not carrying a full public consultation.

Members sought and gained assurance that if there were occasions where there was either unused emergency or elective spare capacity then this would be utilised appropriately in order to ensure that as many patients as possible received the care that they required. Members were also advised that residents who lived in Bassetlaw would continue to receive care at hospitals in Bassetlaw and Doncaster.

Members asked for further information on consultations that were conducted on health services. Alex Ball advised that in the NHS that “consultation” and “engagement” were very different processes, and that whilst engagement exercises were more targeted that they still provided very useful information on the patient experience. It was also noted that residents could take part in the large-scale consultation ‘Tomorrow’s NUH’ that aimed to shape the way that NUH health and care services were delivered to patients in the future. Lucy Dadge assured members that if engagement processes showed that proposed changes to elective procedures weren’t providing the desired outcomes then the methods of providing services would be looked at again

The Chairman thanked Lucy Dadge, Director of Integration and Alex Ball, Director of Communications and Engagement at the Nottingham and Nottinghamshire Integrated Care Board, and Mr Ayan Banerjee of Nottingham University Hospitals for attending the meeting and answering members questions.

RESOLVED 2022/02:

- 1) that the proposals to relocate elective services for Colorectal and Hepatobiliary services, as detailed in the Appendix to the Chairman’s report be endorsed.
- 2) that the proposal to take a targeted approach to patient engagement in respect of the relocation of elective Colorectal and Hepatobiliary services be endorsed.
- 3) that it be noted that the proposals to relocate elective Colorectal and Hepatobiliary services would have a broadly positive impact on patients with different protected characteristics.

- 4) that it be noted that the proposals to relocate elective Colorectal and Hepatobiliary services would have a positive impact on people from relevant health inclusion and other disadvantaged groups.
- 5) that it be noted that staff and trade unions had, following consultation, endorsed the proposals to relocate elective Colorectal and Hepatobiliary services.
- 6) that a further report on the implementation of elective Colorectal and Hepatobiliary services be presented at the Health Scrutiny Committee in six to nine months' time.

6. WORK PROGRAMME

The Committee considered its Work Programme for 2022/23.

RESOLVED 2022/03

- 1) That the Chairman and Vice-Chairman note the comments of the committee on the draft Work Programme and that they be used to further develop the Work Programme for 2022/23.
- 2) That the Chairman and Vice-Chairman meet with the Chairman and Vice-Chairman of the Adult Social Care and Public Health Select Committee and the Chairman and Vice-Chairman of the Children and Young People's Select Committee in order to discuss areas of common interest and to avoid duplication of work across the three committees' work programmes.

The meeting closed at 12:40pm.

CHAIRMAN

20 September 2022**Agenda Item: 4****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****HEALTH AND CARE SYSTEM WINTER PLANNING 2022-2023****Purpose of the Report**

1. To consider the information provided regarding Nottingham and Nottinghamshire Integrated Care Board's winter planning arrangements.

Information

2. The Health Scrutiny Committee has historically taken a keen interest in planning for the challenges of winter. Severe winter weather can mean more admissions of frail and elderly patients due to respiratory conditions, as well as fractures due to falls in icy conditions.
3. As health and social care services emerge from the pandemic, it is appropriate to consider winter planning arrangements in advance of what is expected to be a very challenging period.
4. The attached appendix to this report sets out the risks to service delivery as identified by the Nottingham Expert Advisory Panel, and the planned responses to those risks. Members are also invited to consider what further collective action might be taken to mitigate the challenges to come.
5. Lucy Dadge, Director of Integration at the Nottingham and Nottinghamshire Integrated Care Board and Melanie Williams, Corporate Director, Adult Social Care and Health, will attend Health Scrutiny Committee to brief Members and answer questions, as necessary.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Considers and comments on the information provided.
- 2) Schedules further consideration

Councillor Sue Saddington

Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Noel McMenamin – 0115 993 2670

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Health and Care System Winter Planning

Briefing for Nottinghamshire Health Scrutiny Committee

September 2022

1 Introduction

This briefing aims to update the Health Scrutiny Committee on winter plans for the Nottingham and Nottinghamshire Integrated Care System (ICS), highlighting the anticipated challenges and response to these. It also asks for the Committee's support in finding additional responses and mitigations for the winter period.

2 Background

Throughout 2022 there has been significant pressure on urgent and emergency care (UEC) services across England and in the Nottingham and Nottinghamshire health and care system. This has resulted in bottlenecks in flow from one point of care to the next, and delays in people accessing their next stage of care. This has impacted acutely unwell patients in ambulance services, emergency departments (ED) and hospital flow particularly for discharge.

There have also been delays in community and social care services, with people spending longer than needed in care homes or community services. To provide care most effectively for our population, every part of the pathway needs to be optimised, preventing hospital attendances and admissions, managing hospital assessment, diagnostic, treatment, and discharge processes optimally ensuring that people who require further support are able to move into services as promptly as possible.

To assist with planning for Winter 2022, Nottingham and Nottinghamshire Integrated Care System (ICS) has sought advice and guidance from the Nottingham Expert Advisory Panel¹ convened by Nottingham Trent University, and considered the individual and combined impact on, and risks to health and care services in the context of:

- Likely and potential health issues arising from the impact of individuals and services who have been managing the pandemic for the past two years.
- Likely economic developments which are likely to impact on patterns of need and health resilience, for example, cost of living and continued financial recovery from the pandemic.

3 Nottingham Expert Advisory Panel insights

The following section sets out the key discussion points and insights that arose from discussion with the Nottingham Expert Advisory Panel.

3.1 Prospects for Covid-19 and other respiratory illness

It is likely that there will be significant levels of respiratory infection because of flu, Covid and pneumonia over the winter period. The evidence from the southern hemisphere winter is that we should anticipate an early and high-impact flu season that falls away rapidly.

¹ A multi-disciplinary group of experts working across health, social care, economics and public policy.

The next phase of the Covid-19 vaccination programme has been confirmed, with a bi-valent vaccine being offered to everyone aged 50 and over as well as those who are at highest risk from serious illness such as pregnant women and people with long-term health conditions as well as frontline health and social care workers. Flu vaccines will also be available to everyone aged over 50 from September, ensuring protection against two dangerous diseases as we head towards the autumn and winter.

3.2 Pressures on services

Waiting lists for elective operations and screening and diagnostic tests are at high levels across England, exacerbated by the pandemic and subsequent Infection Prevention and Control (IPC) measures which limit capacity. Considerable work is underway in line with the NHS England's Elective Recovery plan to address elective waiting times backlogs and to plan for anticipated winter emergency demand

Demand challenges are especially prevalent for mental health services, especially Children and Adolescent Mental Health Services (CAMHS) and Improving Access to Psychological Therapies (IAPT). There is evidence of bottlenecks in access to IAPT which forms a "frontline" for mental health support and a possible need for different models to tackle lack of completion or engagement.

Community services, often provided by voluntary and third sector organisations, play an important role in community resilience and tackling loneliness, which are in turn predictors of poor mental and physical health. Many of these organisations have struggled through the pandemic and their workforce is vulnerable to a further wave and to retention and business continuity issues, which have been placed under further pressure by inflation.

Workforce vulnerability from financial and psychological strain will compound pre-existing challenges with recruitment and retention. Disruptive industrial action is also possible across a wide range of public services.

The same things that will impact on the general public will impact on workforce, many of whom are in groups and communities most likely to be affected by health and economic factors. Retention will be a challenge for staff who have been through two years of pandemic. This will also affect recruitment, as will a high vacancy rate in the wider economy.

3.3 Behaviour and trust

The pandemic has affected the way people relate to their communities, to services and to work. For some people continuing concerns about safety are persisting even after lockdown restrictions have ended, causing people to disengage from work and formal and informal support networks.

This will also influence access to services. While the end of lockdown has released latent and emergent demand, there is evidence that some older people and those who have been sheltering are reluctant to engage because of a fear of Covid-19 and/or a reluctance to put pressure on stretched services.

There are particular issues for some ethnic communities where the experience of the pandemic has exacerbated mistrust in healthcare systems. One way this is manifested is in vaccine hesitancy. These factors have the potential to widen health and other inequalities.

More generally, issues of trust may affect willingness to follow guidance or engage with pharmaceutical or non-pharmaceutical interventions.

3.4 Wider determinants of health

Nottingham City is particularly vulnerable to a worsening economic situation because it was already vulnerable due to the pre-existing high proportion of people on low incomes, working in the informal economy and with lower educational levels. Across the County the situation is more varied, with some suburban and rural areas doing relatively well during the pandemic as patterns of travel and spend shifted, but areas such as Mansfield and Ashfield are similarly at risk.

There are humanitarian concerns regarding the rising cost of living and food, fuel and energy affordability for a substantial proportion of our population (dilemmas of eating or heating). This may result in short and long-term health impacts such as:

- increased respiratory infections.
- excess deaths.
- lower attendance for healthcare appointments if there are associated travel costs.
- poorer nutrition and increased vulnerability to illnesses and disease.
- poorer mental health.
- reduced access to co-payment services such as prescriptions, dentists, opticians and sexual health.

4 System response

ICSs were developed to integrate care and to marshal our collective resources for maximum population benefit. This means that boundaries between organisations and sectors should blur in the overall interests of local citizens. We have established the core partnerships and collaboratives across our system, and are now considering how we work together to support people with the rising costs of living, alongside provision of NHS care and the management of service pressures. We will also work with multi-agency partners to align our public sector approach to the rising cost of living.

The system has worked up UEC transformational schemes and is continuing to develop winter mitigation plans to deliver enough capacity to meet likely demand scenarios in our acute hospitals and community health and care services.

4.1 Operational planning and resilience management

The Nottingham and Nottinghamshire ICS Surge and Escalation Plan will be operational throughout winter to oversee and manage UEC pressures.

Capacity and demand planning is an integral part of the surge and escalation plan to ensure that mitigation plans to meet predicted levels of acute demand (short-term assessment, treatment and support to patients) and community health and care needs are in place.

The Integrated Care Board UEC team maintain real time oversight of operational pressures at provider and system level, monitor escalations and galvanise provider response including requests for mutual aid.

The operational pressures escalation levels (OPEL) reporting and escalation tools will continue to ensure appropriate provider and system level response. This includes a more diligent focus on OPEL Three actions by all providers to avoid escalation to OPEL Four levels.

Daily reporting and oversight, through system calls and escalation management (including out of hours) will continue throughout the winter period. In the event of emergency demand exceeding system resource, Emergency Preparedness Resilience and Response (EPRR) arrangements will be enacted.

Nottingham and Nottinghamshire ICS Urgent and Emergency Care Delivery Board will continue to provide oversight of winter planning and resilience.

4.2 Services supporting admission avoidance

The Urgent and Emergency Care Board oversees transformation plans to reduce both attendance at the ED and admission into hospital. The impact of these schemes on demand and capacity has been quantified and contributes to our overall mitigations for winter. Schemes include:

- Non-conveyance. The ambulance non-conveyance work programme continues to support and progress schemes that maximise the ambulance crew's ability to support and treat patients in their home, avoiding hospital admission.
- Urgent community response. These teams provide urgent care to people in their home, which helps to avoid hospital admission. Through these team, older people and adults with complex health needs who urgently need care, can get access to a range of health and social care professionals within two hours. Our Urgent Community Response is well established, receiving 800 referrals a month, of which 350 meet the clinical requirements to be responded to within two hours. We are achieving 95% of this target against a national target of 70%. There are still some workforce challenges, and the ICS is running a rolling recruitment programme, and supporting staff to broaden and upgrade their skills to be able to contribute more.
- Virtual Wards offer supports patients, who would otherwise be on hospital, to get the acute care, remote monitoring and treatment they need in their own home, calling on professional clinical support where needed. This will reduce the need for admission to hospital for specific cohorts of patients, include those living with frailty and respiratory conditions.
- Enhanced care home support, which delivers healthcare through the support of a multidisciplinary team including primary care, specialists, community-based care services and care home staff. As a system, we have a significant programme of work around Enhanced Health in Care Homes this includes the recent national bid to support the increase of hydration in care homes, rolling out multi-disciplinary team (MDT) training for care home staff and falls management

All transformation schemes across the ICS are currently being reviewed and challenged to identify where the actions can go further and faster.

4.3 Maintaining acute flow

The ICS Navigation group is leading two key pieces of work to support acute and specifically ED flow. This includes consideration of co-located urgent treatment centres (UTC) and a single point of assessment (SPA) to ensure our public reach the right place for their health needs the first time. Proposals are being pulled together collaboratively by system partners and our citizens will be engaged appropriately as clinical thinking develops. We will need to align and integrate current services to provide a streamlined service offer within available resources

Virtual wards will also support acute flow and capacity, our plans are now being enacted. Step down virtual wards from our acute trusts will reduce the length of stay for specific patient cohorts and provide additional capacity for acute care over winter and beyond. This requires new collaborative arrangements between providers and is a key element of our capacity expansion over the winter and beyond.

Ambulance pre handover (defined as the time for the handover of a patient to the care of ED staff once an ambulance has arrived) improvement trajectories have been agreed ICS wide for the elimination of over two-hour pre handovers, a reduction in over 60-minute pre handovers and improvement on the average pre handover time.

4.4 Discharge schemes

The ICS remains committed to delivering an effective model of discharge to assess (D2A). Investment of £8.6m has been approved, following submission of a collaborative business case by system partners. This will help to tackle the backlog of citizens waiting for home care services and support flow through the hospitals.

This investment will allow for an equitable pathway 1 (services in individuals' usual place of residence) offer across the ICS. This will improve outcomes for our population, facilitate reduction in the current medically safe for transfer (MSFT) numbers and a reduction in utilisation of interim bed capacity time.

All system partners are actively engaged in the 100-day D2A challenge which is supporting us to fast-track priorities across the discharge pathway, including mobilising three transfer of care hubs.

Whilst changes detailed above are embedded, the system will retain interim bed capacity that has been utilised since winter 21/22 at a rate to maintain discharge flow.

Ongoing work with both Local Authorities to develop the home care market to support reduction of backlogs in patients waiting for longer term home care service continues.

4.5 Demand and capacity

As part of 2022/23 winter preparations the ICS Demand and Capacity Group has established a programme of work to develop demand scenarios and mitigation plans. Two scenarios have been modelled:

- Nominal state – this is based on a continuation of current run rate/pressures.
- Challenging Winter – based on an extremely challenging winter considering flu trends in the Southern Hemisphere, Covid-19 infection trends, current run rates, variances against plan.

In parallel, a systematic process across Health and Care is in progress to capture potential mitigations. These will be prioritised for implementation following review of potential impact, value for money and deliverability in time for winter.

Each prioritised mitigation is being worked up into a more detailed plan confirming milestones, risk adjusted impact, key performance indicators (KPIs) and costings. The first draft has been completed and will be used as a tracking tool.

The mitigations aim to meet acute hospital capacity requirements identified in the challenging winter scenario to improve flow and reduce reliance on interim beds.

4.6 Communications

The ICS will be implementing a winter communications strategy to support the public to minimise pressures on urgent and emergency services including the 'Help Us Help You' campaign. Learning from the recent critical incident will be embedded. The system communications activity will also be aligned across the Midlands region, maximising the public sector response across our wider area and recognising that citizens live and work across our region rather than just within Nottinghamshire.

4.7 Building our community resilience

Our Local Authorities, particularly through their elected members, are champions for their populations and communities and we greatly benefit as a system from clearly hearing from elected members in the development of our activity plans. Furthermore, the role of elected members at

Place level is of critical importance in representing the voices of people and communities and acting as a conduit for information to flow from the system to constituents, enabling a two-way dialogue.

Specific actions to support Winter planning could include:

- Working alongside community, faith and voluntary groups to identify vulnerable groups and provide support / signposting to appropriate advice.
- Asking our communities and volunteers to support older family and friends with their care needs particularly at the point of discharge from hospital.
- Sharing information regarding health prevention activities, such as vaccine uptake and access to healthcare.
- Supporting access to food banks, travel schemes and heating support through partnerships with voluntary and community services.
- Enabling access to healthcare, potential through transport schemes.
- Maximising uptake of support schemes/benefits/financial advice across the area.
- Contributing to the mapping of our public service offer across Nottingham and Nottinghamshire, so that actions are aligned and we can signpost appropriately.

5 Recommendations to Nottinghamshire County Council Health Scrutiny Committee

As we approach winter, ICS staff and citizens across Nottingham and Nottinghamshire are facing a likely considerably challenged period that require collective action.

It is recommended that the Health Scrutiny Committee:

- Note the contents of this briefing.
- Commit to the proposed actions set out above.
- Discuss what further collective actions could be taken to mobilise community assets.

20 September 2022**Agenda Item: 5****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****EAST MIDLANDS AMBULANCE SERVICE PERFORMANCE****Purpose of the Report**

1. To introduce a briefing on the performance of the East Midlands Ambulance Service.

Information

2. The Health Scrutiny Committee receives annual briefings on the work of the East Midlands Ambulance Service (EMAS), particularly in relation to performance issues.
3. Representatives of the East Midlands Ambulance Service, Greg Cox, Divisional Director for Nottinghamshire will attend the Health Scrutiny Committee meeting to present information and answer questions as necessary. He will be accompanied by Heads of Operations Annette McKenzie and Bill Kelly.
4. The various categories of call and associated response time targets are detailed below:
 - Category one is for calls about people with life-threatening injuries and illnesses. These will be responded to in an average time of seven minutes.
 - Category two is for emergency calls. These will be responded to in an average time of 18 minutes.
 - Category three is for urgent calls. In some instances you may be treated by ambulance staff in your own home. These types of calls will be responded to at least nine out of 10 times within 120 minutes.
 - Category four is for less urgent calls. In some instances you may be given advice over the telephone or referred to another service such as a GP or pharmacist.
5. A presentation from EMAS on performance is attached as an appendix to this report.
6. Members will wish to indicate when they would like EMAS representatives to return for further scrutiny of their services.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Consider and comment on the information provided.
- 2) Schedule further consideration.

Councillor Sue Saddington
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Noel McMenamin – 0115 993 2670

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Nottinghamshire Division

HOSC Update 2022

NHS
East Midlands
Ambulance Service
NHS Trust



Greg Cox – Divisional Director

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Respond | Develop | Collaborate

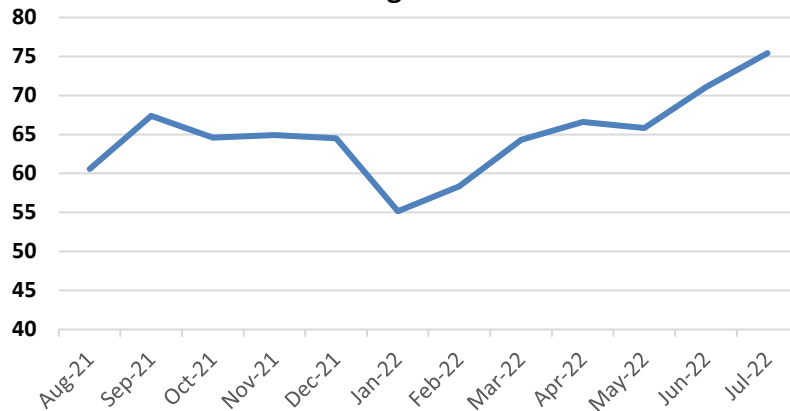
Activity and Performance:

Category 1 calls

(Immediately life threatening)



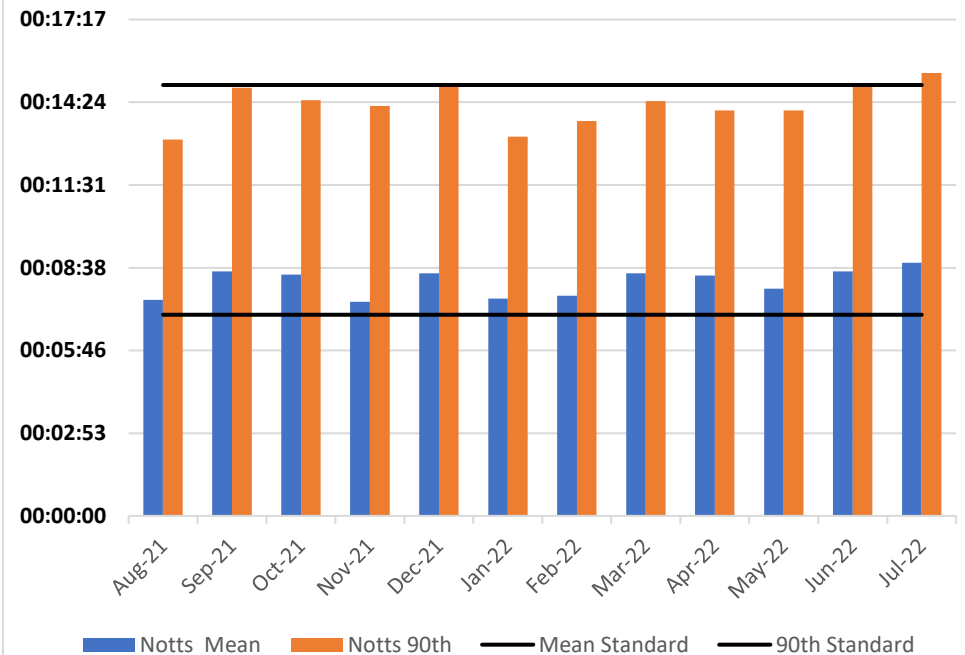
Daily average of Category 1 Incidents for Nottinghamshire



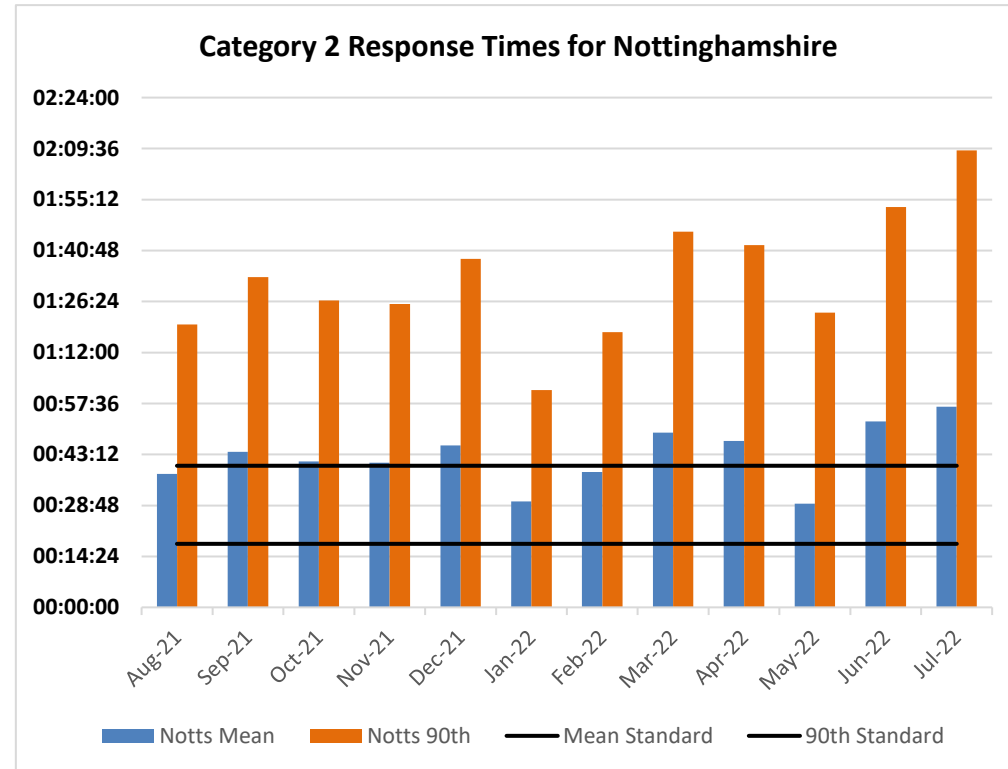
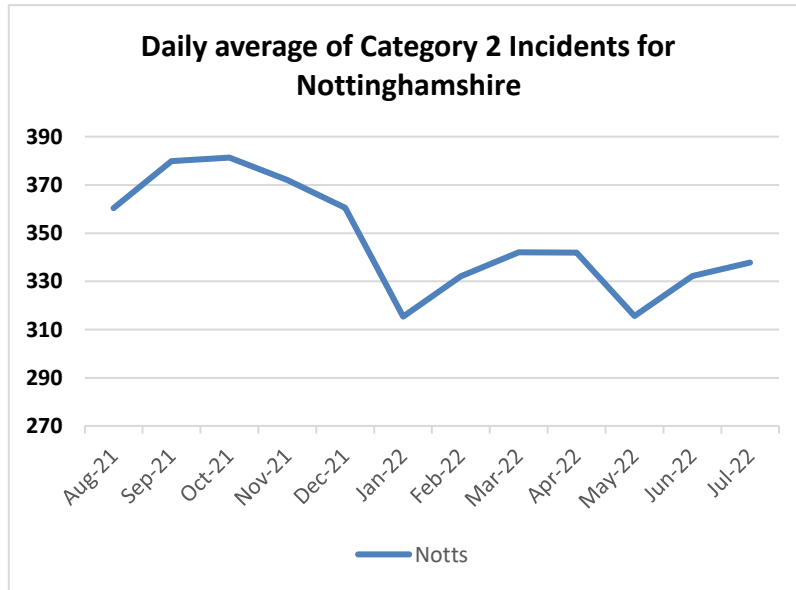
Target mean response time: 7 mins

Target 90th centile response time: 15 mins

Category 1 response times for Nottinghamshire



Activity and Performance: Category 2 calls



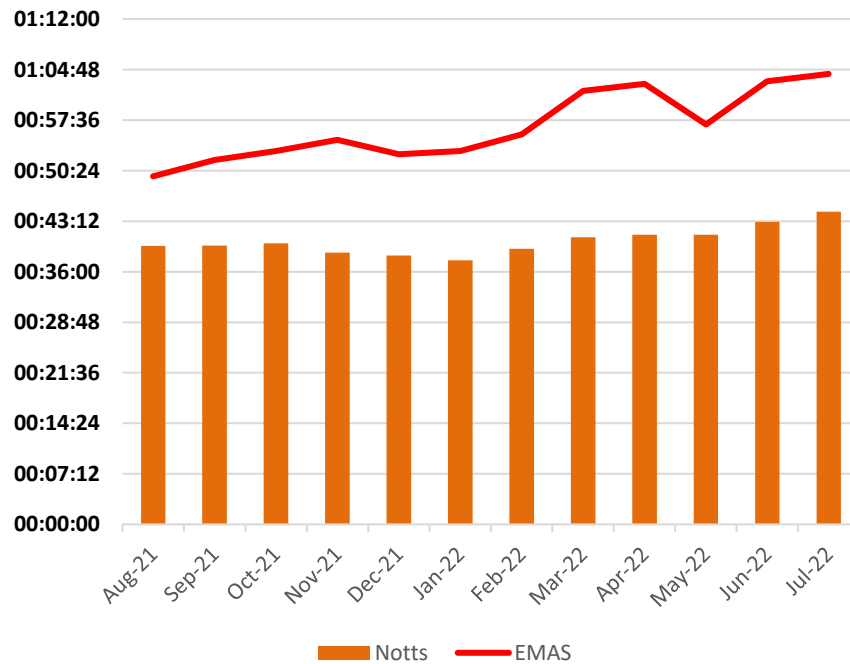
Target mean response time: 18 mins

Target 90th centile response time: 40 mins

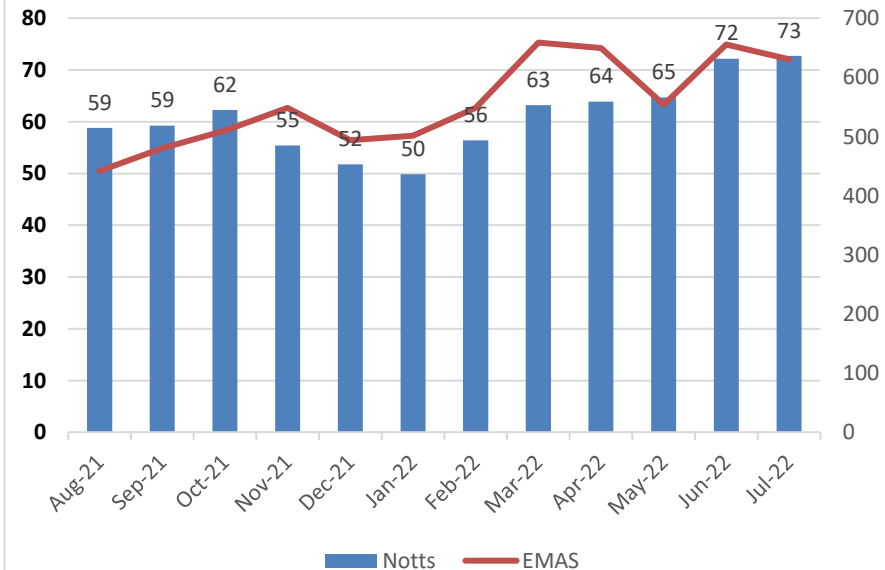
Activity and Performance: Turnaround times



Overall Average Hospital Turnaround Times



Average Daily Lost Hours due to > 30 Min hospital turnaround time (pre and post handover)



Winter Preparations



Our priorities in preparing for winter

- Maximise resourcing
- Demand management
- Working with system partners
- Staff welfare



Quality and Safety



Our priority in Nottingham is to deliver a caring, responsive, well led, effective and safe service to the community of Nottinghamshire by providing:

- Annual statutory and mandatory training for all clinical staff.
- Robust risk and safety incident reporting for issues arising regarding potential patient harm events, staff health and safety and equipment issues etc.
- Adult and Children's safeguarding processes where staff can raise immediate emergency or care concerns.
- Alternative care pathway ambassadors.
- Clinical and infection prevention control audits for staff, premises and vehicles.
- Incident review group to identify root causes, contributory factors and prevention of recurrence from incidents reported and enquiries to division.



Supporting our staff



- Responding to staff opinion survey with listening events
- Procurement of a new Occupational health provider incorporating wellbeing, physiotherapy and specialist advice
- New management structure in place to identify one to one consistent support and ensure leadership visibility.
- Station voice, providing a monthly arena for staff to raise
- Introduction of a mental health development lead, to provide vital mental health learning to our staff.
- Commitment to supporting flexible working arrangements and opportunities.
- Supporting apprentices and trainees through dedicated mentors.
- Through education and CPD workshops
- Signposting to supportive therapies
- Relocation of Newark ambulance station.



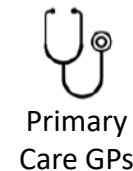
Reducing Conveyances: Right place, first time



3 priority areas of focus:

1. Transfer more calls from our call centres to the community providers
2. Develop pathways as alternatives to ED and ensure our crews have the skills and knowledge to safely leave patients at home.
3. Ensure if we are taking a patient to hospital they go to the right department for their care needs first time.

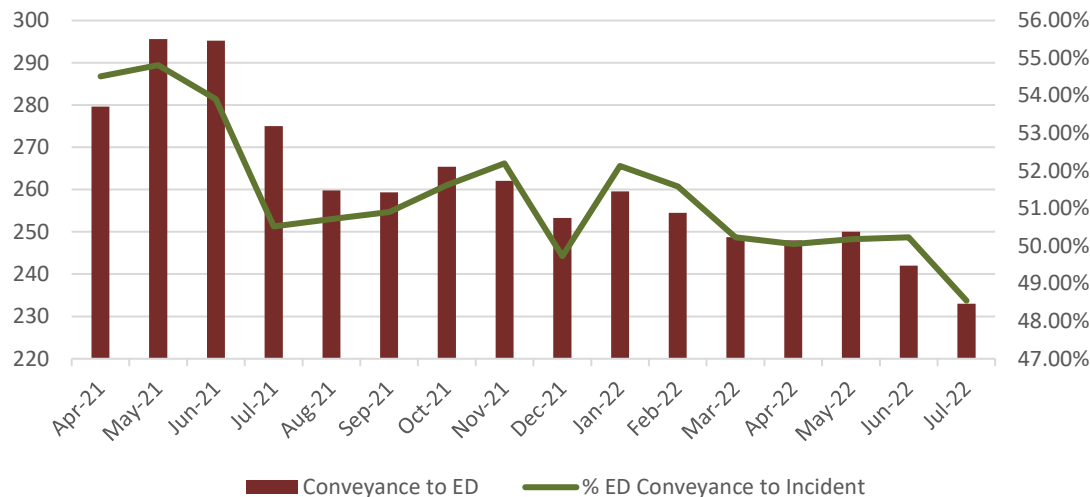
Collaborating with system partners across Nottinghamshire is key to the delivery of the programme.



Reducing Conveyances: Progress to date



Ambulance Conveyance to Emergency Departments
Nottinghamshire - October 2019 to July 2022



Reduction of 60 patients/day

The programme has received excellent feedback

Crews are regularly heard discussing pathways with colleagues, actively using alternative pathways and seeking further opportunities to improve the care for their patients.

"The collaborative approach that EMAS have taken has led to a number of mutually beneficial developments through working together better"



Mark Simmonds,
Divisional director for medicine,
Nottingham University Hospitals

20 September 2022**Agenda Item: 6****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****DEMENTIA STRATEGY UPDATE – NOTTINGHAM UNIVERSITY HOSPITAL****Purpose of the Report**

1. To provide an updated briefing on the delivery of the Dementia Strategy at Nottingham University Hospital (NUH).

Information

2. The Committee received an initial briefing on the NUH Dementia Strategy at its January 2021 meeting. The Strategy described NUH's priorities for developing Dementia services during 2019 – 2022 and detailed their commitment to work with patients, carers, the local community and staff to review, develop and monitor dementia care across a range of priority workstreams including end of life care and training.
3. This update captures progress against the Strategy's Year 2 milestones, the delivery of which has been affected by the Covid 19 Pandemic. The Committee will also receive an update on dementia artwork at NUH.
4. Dr Ali Aamer, Consultant, Health Care of Older People at NUH will attend the Health Scrutiny Committee to brief Members and answer questions. Dr Aamer will be accompanied by Megan Dawes of the Nursing and Midwifery Team and Sue Chisholm from the Clinical Support Divisional Team.
5. A briefing from NUH is attached as an appendix to this report.
6. Members are requested to consider and comment on the information provided and schedule further consideration, if necessary.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Consider and comment on the information provided.
- 2) Schedules further consideration, if necessary.

Councillor Sue Saddington
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Noel McMenamin – 0115 993 2670

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Dementia Strategy Update Report For Health Scrutiny Committee Meeting September 2022

Purpose of this report

This report provides a brief overview and update of the Dementia Strategy work at Nottingham University Hospitals NHS Trust.

Introduction

In November 2018, the Quality Assurance Committee approved the 2019/22 Delivering Excellence in Dementia Care Strategy. This strategy supports our vision to be outstanding in health outcomes and patient and staff experience and aims to respond to the national Dementia Strategy 'Living Well with Dementia' (2009) to:

- Raise awareness and understanding
- Early diagnosis and support
- Living well with Dementia.

The strategy describes our priorities for developing Dementia services during 2019 – 2022 and describes our commitment to work with our patients, carers and local community and our staff to review, develop and monitor our Dementia care in the following priority work streams:

- Coming into hospital
- Ongoing care in hospital
- Leaving hospital
- End of life care
- People, training and culture.

A Dementia Steering Group, chaired by the Trust's Lead for Dementia supported by five work-stream leads and representatives from Divisions and Departments meets monthly to guide, monitor and implement the strategy. Patient /carer involvement is via variety of sources and groups including Alzheimer's Society, Dementia Action Alliance, internal and external patient and carer groups.

Current Situation

We are currently in the process of implementing Year 2 of our Dementia Strategy. Diverting staff and resources to respond to COVID-19 has resulted in the suspension of some of our work on the Dementia Strategy. However, significant progress has still been made in many areas in particular:

- Development of staff skills through creation and delivery of a range of new training and successful achievement of 85% compliance mandatory Tier 1 training target;
- Integration of dementia friendly principles in to our estates projects and work e.g. colours of paint, design layout, signage, purchase of clocks, location and signage of toilets;
- Implementation of the electronic assessment for screening of Dementia and Delirium;
- Began a pilot for direct referral by staff to the Memory Clinic to help address waiting times. The pilot has recently been extended and is now to include City localities as well. An evaluation is taking place to see its impact but we are hopeful that it will be approved. An electronic referral pathway is also ready to be implemented and awaiting a training package to be finalised;
- Further developed advanced care planning work through staff training;

- Development of activity and monitoring reports for review and action at monthly Dementia Steering Group Meetings. New sections are being added to the dashboard as we develop and look towards the compliance with NICE dementia standards;
- In partnership with Nottingham Hospitals Charity we have introduced an Arts Co-ordinator post to develop an arts provision focussing on dementia care and staff well-being. The Arts Co-ordinator is responsible for the development, implementation and evaluation of an arts provision and associated initiatives to improve the health care environment and experience primarily for patients who have dementia, their carers and staff through the use of all forms of visual and participatory arts within our sites;
- Purchase of ten Reminiscence Interactive Therapy Activities (RITA) technology devices aimed at augmenting the care delivered to older people and those living with Dementia, as a means of supporting them, reducing their agitation, isolation, depression and delirium, enhance quality of life and wellbeing and promote engagement with staff, patients and carers. This initiative has received excellent feedback from patients and staff;
- Partnerships working with Nottingham and Nottinghamshire Alzheimer's Society who have supported us to further develop as a dementia friendly organisation by providing on line Dementia Friends Awareness Sessions for our staff and volunteers.

Examples of areas we have not made as much progress during Q1/Q2/Q3 are research and system wide changes around information sharing:

- Key area of focus has been around supporting patients with dementia and their carers throughout the pandemic. This has included the review and implementation of much national and local guidance. In particular around the need to ensure patients/ families are given appropriate information and support to visit/ stay in touch and staff in all areas have access to the necessary knowledge and expertise in how to deliver care to these patients and their carers. Examples of how this has been delivered has been through the development of a range of keeping in touch mechanisms and the recent creation of new posts in the Rapid Response Liaison Psychiatry Team to spend time with patients on the wards who may be suffering with Delirium/Dementia to formulate care plans and support ward staff on management;
- We have reviewed our year 2 and 3 strategy milestones and work plan in light of COVID-19 and at the moment, we continue to work towards the actions below. Incorporating these actions in to our recovery and restoration plans as appropriate will support achievement of our Dementia Strategy Milestones:
 - Review and monitor use of pain assessment use
 - Increase arts/ music provision
 - Reduction of ward moves for patients
 - Further development of dementia friendly environments and processes in particular in the Emergency Department and Outpatients
 - Promoting carer involvement and support
 - Information sharing between primary and secondary care
 - Increase staff training
 - Staff and volunteer training
 - Identification of patients with dementia attending outpatient or day case units and making provisions to make it as safe as possible.
- We remain active members of the Nottingham and Nottinghamshire Integrated Care System Dementia Steering Group;
- There is a need to continually review and adapt as appropriate our Dementia Strategy work in response to COVID-19, local community and system wide requirements.

Conclusion

Although progress has been limited due to the effects of COVID -19 there has been some good progress towards achievement of the Dementia Strategy year 2 milestones.

Staff training has increased and awareness has been raised internally about the need to increase and improve our care and facilities to best meet the needs of patients with Dementia and their carers. Strong links have been made within the local community and we have remained an active partner in the Nottingham and Nottinghamshire Integrated Care System. There is a need to continually review and adapt our Dementia Strategy work as appropriate in response to COVID-19, local community and system wide requirements.

Recommendation

The Overview and Scrutiny Committee are invited to receive, note and comment on our Dementia Strategy work undertaken and planned across the Trust in support of delivering patient centred Dementia care.

<https://www.nuh.nhs.uk/nuh-dementia-strategy>

Dr Aamer Ali FRCP

Consultant Physician in Geriatric Medicine, NUH in-patient falls and dementia lead, Joint R&I lead for Medicine Division, South Nottinghamshire ICP Clinical Lead, Regional Advisor to Royal College of Physicians, London.

20 September 2022**Agenda Item: 7****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****WORK PROGRAMME****Purpose of the Report**

1. To consider the Health Scrutiny Committee's work programme.

Information

2. The Health Scrutiny Committee is responsible for scrutinising substantial variations and developments of service made by NHS organisations, and reviewing other issues impacting on services provided by trusts which are accessed by County residents.
3. The Council's adoption of the Leader and Cabinet/Executive system means that there is now an Overview and Scrutiny function, with Select Committees covering areas including Children and Young People and Adult Social Care and Public Health. While the statutory health scrutiny function sits outside the new Overview and Scrutiny structure, it is appropriate to keep this Committee's work programme under review in conjunction with those of the new Select Committees. This is to ensure that we work in partnership with the wider scrutiny function, that work is not duplicated, and that we don't dedicate Committee time unduly to receiving updates on topics.
4. The latest version of the work programme is appended to this report. The work programme will continue to develop, responding to emerging health service changes and issues (such as substantial variations and developments of service), and these will be included as they arise.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Considers and agrees the content of the work programme.

Councillor Sue Saddington
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Noel McMenamin – 0115 993 2670

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2022/23

Subject Title	Brief Summary of agenda item	Scrutiny/Briefing /Update	External Contact/Organisation	Follow-up/Next Steps
14 June 2022				
Review of Maternity Services at NUH – Update and Implications		Scrutiny	None	
Tomorrow's NUH		Scrutiny	Mark Wightman and Alex Ball Nottingham and Nottinghamshire CCG	
Temporary Service Changes - Extension		Scrutiny	Mark Wightman and Alex Ball Nottingham and Nottinghamshire CCG	
26 July 2022				
Integrated Care System and Implications of Health and Care Act	Further update on the Health and Care Act and its implications for services and residents	Briefing	Dr Amanda Sullivan, ICB	
Proposed Transfer of Elective Services at Nottingham University Hospitals	Endorsement of proposals to move colorectal and hepatobiliary services from QMC to City Hospital	Scrutiny	Lucy Dadge and Alex Ball, Nottingham and Nottinghamshire ICB Ayan Banerjea, Colorectal Surgeon	
20 September 2022				
East Midlands Ambulance Service Performance	The latest information on key performance indicators from EMAS.	Scrutiny	Richard Henderson, Chief Executive, Greg Cox, Operations Manager (Nottinghamshire)	

Integrated Care System Preparation for Winter 2022/23	Lessons learned from experiences of last winter and preparations for the forthcoming winter	Scrutiny/briefing	tbc	
Update on Dementia Services	Further briefing/update of the Dementia Strategy		Proposed Action: Request briefing and liaise ASC/PH Select Committee on next steps	
15 November 2022				
Dentistry Services	Briefing on service provision and barriers to access, including registration of infants and young children	Scrutiny	TBC	
Tentative – Healthy Families Programme Update – School Nurses and Families Team	Update on service provision	Scrutiny	TBC	
Health Visiting	Briefing on current service and return to face-to-face provision and home visits	Scrutiny	TBC	
10 January 2023				
Primary Care Strategy	Initial Briefing on the Primary Care Strategy	Briefing/scrutiny	TBC	
Access to GP Services	Refresh of information considered to date, and update on post-pandemic access	Scrutiny	TBC	
Diabetes Services Update	Further information on diabetes services	Scrutiny	Senior officers of Nottingham/Nottinghamshire CCG/successor organisation (ICB)	

21 February 2023				
Colorectal and Hepatobiliary Services to City Hospital - Update	Update on relocation of elective services from QMC	Briefing (from July 2022 meeting)	Lucy Dadge and Dr Banerjea	
28 March 2023				
9 May 2023				
20 June 2023				
25 July 2023				
Integrated Care Partnership - Update	Update from July 2022 meeting on implications for services and residents	Briefing	TBC	
To be scheduled and potential alternative actions				
Integrated Care Strategy Review/ICB Forward Plan	To be discussed with Chair/V-Chair Adult Social Care and PH Select Committee to consider how the committees		TBC	

	can work together to look at this item			
Discharge to Assess (From Hospital)	To be discussed with Chair/V-Chair Adult Social Care and PH Select Committee to consider how the committees can work together to look at this item			
Mental Health Services and Support	Last considered Feb 2022 - To be discussed with Chair/V-Chair Adult Social Care and PH Select Committee to consider how the committees can work together to look at this item			
Tomorrow's NUH	Proposal to have all-member briefing sessions as required, rather than as regular agenda item	Scrutiny	For consideration	
Newark Hospital – Future Strategy	Update on future provision	Scrutiny	Mark Wightman and Alex Ball Nottingham and Nottinghamshire ICB	
Early Diagnosis Pathways	To consider access/timeliness of early diagnosis for cancer, CPOD etc, and to explore where disparities lie	Scrutiny		
Non-emergency Transport Services (TBC)	An update on key performance.	Scrutiny	Senior CCG/ICB officers.	
NHS Property Services	Update on NHS property issues in Nottinghamshire	Scrutiny	TBC	
Frail Elderly at Home and Isolation	TBC –	Scrutiny	Proposed Action: Initial Focus on GP use of Frailty Index.	

			Possible link in with Overview of Public Health Outcomes	
Performance of NHS 111 Service	Briefing on performance			
Also:				
Visit to Bassetlaw Hospital late 2022				
Visit to QMC Emergency Department				

