Nottinghamshire County Council

Health Scrutiny Committee

Tuesday, 28 March 2023 at 10:30

County Hall, **West Bridgford, Nottingham, NG2 7QP**

AGENDA

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:-

Customer Services Centre 0300 500 80 80

(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

Nottinghamshire County Council

minutes

HEALTH SCRUTINY COMMITTEE
Tuesday 21 February 2023 at 10.30am

COUNCILLORS

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

Mike Adams
Sinead Anderson
Callum Bailey
Steve Carr **- Apologies**
David Martin **- Apologies**
John 'Maggie' McGrath **- Apologies**
Nigel Turner **- Apologies**
Michelle Welsh
John Wilmott **- Apologies**

SUBSTITUTE MEMBERS

Councillor Butler for Councillor Turner
Councillor Foale for Councillor McGrath
Councillor Meakin for Councillor Wilmott
Councillor Purdue-Horan for Councillor Martin

OFFICERS

Martin Elliott - Senior Scrutiny Officer
Keith Ford – Democratic Services Team Manager
Noel McMenamin - Democratic Services Officer

ALSO IN ATTENDANCE

Dr Thilan Bartholomeusz	-	General Practitioner
Sarah Collis	-	Nottingham and Nottinghamshire Healthwatch
Lynette Daws	-	Nottingham and Nottinghamshire ICB
Lucy Dadge	-	Nottingham and Nottinghamshire ICB
Esther Gaskill	-	Nottingham University Hospitals
Lisa Kelly	-	Nottingham University Hospitals
Joe Lunn	-	Nottingham University Hospitals
Anthony May	-	Nottingham University Hospitals
Paul Miller	-	Nottingham and Nottinghamshire ICB
Michelle Rhodes	-	Nottingham University Hospitals
Dr Stephen Shortt	-	General Practitioner
Sharon Wallis	-	Nottingham University Hospitals
Rosa Waddingham	-	Nottingham and Nottinghamshire ICB

1 MINUTES OF THE LAST MEETING HELD ON 10 JANUARY 2023

The minutes of the last meeting held on 10 January 2023, having been circulated to all members, were taken as read and signed by the Chairman.

2 APOLOGIES FOR ABSENCE

Councillor Carr (other reasons)
Councillor Martin (other Council business)
Councillor McGrath (other reasons)
Councillor Turner (medical/illness)
Councillor Wilmott (other Council business)

3 DECLARATIONS OF INTEREST

Councillor Mrs Saddington declared a personal interest in agenda item 4 (NUH Chief Executive – Introduction, Priorities and Challenges), agenda item 5 (NUH Chief Executive – Maternity Services – Current Performance and Ongoing Improvement Work) and agenda item 6 (NUH Chief Executive – Health and Care System Winter Planning 2022 – 23 Progress – NUH Perspective) in that a family member worked for Nottingham University Hospitals NHS Trust, which did not preclude her from speaking or voting.

Councillor Eddy declared a personal interest in agenda in agenda item 4 (NUH Chief Executive – Introduction, Priorities and Challenges), agenda item 5 (NUH Chief Executive – Maternity Services – Current Performance and Ongoing Improvement Work) and agenda item 6 (NUH Chief Executive – Health and Care System Winter Planning 2022 – 23 Progress – NUH Perspective), in that her husband was a Community Staff Nurse who had previously worked for Sherwood Forest Hospitals NHS Trust, which did not preclude her from speaking or voting.

Councillor Welsh declared a personal interest in agenda in agenda item 5 (NUH Chief Executive – Maternity Services – Current Performance and Ongoing Improvement Work), in that she was supporting Donna Ockenden with the review of maternity services at NUH that was taking place and that her own case was also being investigated as part of that review, which did not preclude her from speaking or voting.

4 NUH CHIEF EXECUTIVE - INTRODUCTION, PRIORITIES AND CHALLENGES

Anthony May, Chief Executive, Lisa Kelly, Chief Operating Officer, Michelle Rhodes, NUH Chief Nurse and Sharon Wallis, Director of Midwifery at Nottingham University Hospitals NHS Trust, attended the meeting to present a briefing on the Chief Executive's key priorities for the Nottingham University Hospitals (NUH) Trust and his vision for how they will be delivered.

Anthony May, in advance of presenting his report opened the meeting by making a sincere and profound apology on behalf of the NUH Trust for any suffering that had

happened to people who had used maternity services at NUH in the past. Anthony May advised that NUH was cooperating fully with Donna Ockenden who was conducting a review of past maternity provision at NUH and noted that a report on the current situation of maternity services would be presented and discussed later in the meeting

The Chairman's report noted that Anthony May had become NUH Chief Executive in September 2022 at a time when the organisation and the wider health and social care sector was facing a series of severe pressures and challenges.

Anthony May introduced his report "People First – Reflection on a 100-day journey and looking towards the next 1000 days" noting that the report collected his experiences since taking up post of Chief Executive on 1 September 2022 and sought to address the question of "what will it take for NUH to achieve its potential and to recover, after the most turbulent period in its history?". Anthony May noted that since taking up his post that he had met with over 2,500 colleagues at NUH, had actively engaged with the Nottingham and Nottinghamshire Integrated Care System (ICS) and had also met, and continued to meet with stakeholders from outside the health and social care sectors.

The report described the new Chief Executive's experiences since taking up his post and identified three overarching areas of focus in order to drive improvement across NUH. These were:

1. *"To accept that improving emergency care flow (and its consequent impact on all our waiting times), recruitment and retention, and leadership and culture are the top priorities for NUH."*

2. *"To develop and deliver a series of interlocking strategies designed to achieve our three top priorities."*

3. *"The adoption of a Trust-wide system to lead change and development in an inclusive and transparent way, and which encourages a bottom-up approach to ideas for innovation, efficiency, and effectiveness."*

The report contained a detailed narrative on these objectives and how the Chief Executive and NUH would work to achieve them. The full report was attached as an appendix to the Chairman's report.

The Chairman asked how NUH was planning to mitigate the impact on provision of elective procedures during any period of strike action by nurses in the coming weeks. Lisa Kelly advised that NUH had a comprehensive set of tried and tested plans that would be put into place in the event of any strike action and assured the Chairman that whilst any strike action would have some impact on elective procedures that cancelled procedures would be rescheduled promptly and that those patients in urgent need would still be treated. Michelle Rhodes noted that whilst NUH worked closely with the Royal College of Nursing (RCN) to manage the impact of any strike action that as the proposed strike action would be over a period of 48-hours that managing its impact would be more complex that had been the case of the previous 24-hour strikes.

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

- That the situation of elective procedures being cancelled was unfortunately happening at NUH at times when there was no strike action taking place. Members asked how this was negatively impacting on patients.

- When was it envisaged that the Chief Executive's plan would start to deliver an improvement in the waiting time for operations and in reducing the delays in discharge that patients were currently seeing?

- That the issues detailed in the report relating to the culture at NUH in relation to bullying and racism were a grave concern. Members asked how confident the Chief Executive was that everyone at NUH, including board members and senior officers were committed to the changes being put in place to address these issues.

In response to the points raised, Anthony May and Lisa Kelly advised:

- That the plan and its objectives had been designed to improve performance at NUH strategically and would deliver significant and lasting improvements over the medium to long term. It was however noted that the plan also included objectives to improve performance that would be delivered during 2023.

- That activity around delivering "NUH Home" would play a significant role in getting more patients discharged and back in their homes in a timely manner.

- That in 2023 it was totally unacceptable that anyone should come to work and face bullying, abuse, or racism. It was noted that work was currently being carried out to address these challenges. It was noted further that a new Director of Inclusion had also been appointed who would be driving forward the changes that were required on this issue. A new executive member had also been appointed who would be focussing on inclusion issues.

- Diversity was a vital and important part of NUH being able to deliver the best services to patients. Anthony May noted that it was essential that all staff felt safe and secure and work and that he was confident that the outcomes of the work that had already been carried out to address the challenges would start to be seen in the outcomes of the upcoming NUH staff survey.

- That whilst it was not possible to change what had happened in the past regarding racism and bullying, it was a key objective at NUH to address these concerns and move into the future positively.

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

- What improvements were being planned to enable information sharing across NUH to reduce the need for patients having to repeat longstanding information on their conditions when attending appointments.

- What activity was taking place to enable patients to amend or cancel appointments online, rather than having to call NUH on the telephone. Members noted that a change to more online appointment management would have positive benefits for both NUH and its patients.

- What communication activity was in place and being planned to ensure that residents accessed healthcare using the most appropriate pathway and did not attend Accident and Emergency services unnecessarily when another healthcare pathway could be more appropriate for their needs.

- How confident was the Chief Executive that the work with partners that was needed to deliver the required improvements at NUH, and as detailed in the report, be effective.

In response to the points raised, Anthony May, Lisa Kelly and Michelle Rhodes advised:

- That activity to reduce the need for patients to repeat information on their condition at each appointment was being carried out, these changes would ensure that appointments were able to be focussed on the current needs of patients.

- That there were plans to recruit a new Director of Communications. Plans were also being developed to improve signage and navigation at the hospital site, extend electronic record management and to improve the quality and timeliness of correspondence to patients.

- That communication across NUH was inconsistent and required improvement. The new NUH digital strategy, being delivered in collaboration with clinicians, would make significant improvements to how NUH communicated with patients. It was also noted that there were several pilot schemes in place around communication and improving the patient experience.

- That how since joining NUH the Chief Executive had met with many of NUH's delivery partners and how he had been impressed by their desire to work with each other and NUH to deliver the best possible outcomes for patients.

The Vice-Chairman welcomed the focus and detail that has been included in the report on activity to create a well-supported and motivated workforce. The Vice-Chairman noted her concern over the current number of staff vacancies across NUH and asked

when it was envisaged that the number of staff vacancies would start to reduce and reach a level where the number of vacancies would not be an issue of concern. Anthony May advised that this issue was a top priority for NUH and noted that he was leading a working group focused on activity around the recruitment and retention of staff. Anthony May advised that a key area of focus was to reduce the amount of time that it took for new starters to take up their post from being offered a position and noted that the reduction in this time would have a positive benefit for NUH and its patients. It was also noted that activity was taking place to expand and develop NUH's HR department, as the size of the department had not kept pace with the increased number of staff employed by NUH over recent years. Anthony May also noted the wide range of activity that was taking place around improving staff wellbeing at NUH including improvements around transport, catering and staff facilities.

Michelle Rhodes advised that initiatives that had been put in place across NUH that supported and delivered more flexible working for staff had been well received, and that in the longer term would also help NUH's ability to retain high quality staff. Michelle Rhodes assured members that analysis had shown that NUH had sufficient funds available to employ the number of clinical staff required to deliver services, and as such the activity that was taking place to enhance and develop recruitment practices would have a positive impact on reducing the number of current vacancies.

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

- Members again noted their concern about the unacceptable types of staff behaviour that had been seen across NUH for a number of years that had been highlighted in the report. Members asked how many clinical staff had been reported to the General Medical Council or the Nursing and Midwifery Council for their unacceptable activity.

- Whether the objectives contained in NUH's 2018 strategy for improvement had been included in the new "People First" strategy.

In response to the points raised, Anthony May, Sharon Wallis and Michelle Rhodes advised:

- That the responsibility for making reports to the General Medical Council lay with NUH's Medical Director. It was noted that information on the number of referrals made would be shared with members of the committee outside of the meeting.

- Sharon Wallis advised that she personally had made one referral to the Nursing and Midwifery Council.

- That activity was taking place to establish and align which parts of the 2018 strategy were working well and could be linked in and incorporated into the current "People First" strategy.

The Chairman thanked Anthony May, Lisa Kelly, Michelle Rhodes and Sharon Wallis for presenting the report and answering member's questions.

RESOLVED 2023/3

1) That the report of the Chief Executive of Nottingham University Hospitals NHS Trust "People First – Reflection on a 100-day journey and looking towards the next 1000 days", be noted.

2) That the Chief Executive of the Nottingham University Hospitals NHS Trust attends the September 2023 meeting of the Health Scrutiny Committee to present a progress report on "People First".

3) That the Chief Executive of the Nottingham University Hospitals NHS Trust attend future meetings of the Health Scrutiny Committee at a frequency to be agreed by the Chairman of the Committee.

5 NUH CHIEF EXECUTIVE - MATERNITY SERVICES - CURRENT PERFORMANCE AND ONGOING IMPROVEMENT WORK

Anthony May, Chief Executive, Lisa Kelly, Chief Operating Officer, Michelle Rhodes, Chief Nurse and Sharon Wallis, Director of Midwifery at Nottingham University Hospitals NHS Trust attended the meeting to present a report that on the latest information and the NUH Chief Executive's perspective on current performance and progress in respect of maternity services.

The report stated that in March 2022, the Care Quality Commission (CQC) had carried out an inspection of maternity services at Nottingham City Hospital and the Queen's Medical Centre. Following this inspection, the maternity services at NUH were rated as inadequate overall. Since then the NUH Trust had developed a comprehensive Maternity Improvement Programme (MIP) to address the findings identified in the CQC report. The report noted that the MIP was now well established to support the delivery of sustained and continuous improvement.

The Chairman's report noted at the meeting of 14 June 2022, it had been reported that NHS England and NHS Improvement had drawn an Independent Thematic Review of maternity services to a close and that a new national review, led by Donna Ockenden would be undertaken. As a result, members of the Committee had agreed that it was appropriate to step back and let the national Review get on with its vital work. At this meeting it was also agreed that the Committee would no longer consider the Care Quality Commission's report on its re-inspection of maternity services that had been published in May 2022, as the report would help inform the national Review, with the committee having the opportunity to consider the national Review, once published.

The report provided information on current performance and the ongoing improvement work around maternity services (including those improvements that had been implemented as a result of interim feedback and engagement arising

from the Ockenden Review). In introducing the report Anthony May reaffirmed NUH's commitment to the Ockenden Review and NUH's commitment to activity that would improve the provision of maternity services and would rebuild the trust of residents who were using the service. Anthony May noted the Maternity Improvement Plan that was in place to deliver a comprehensive programme of improvement and the actions the trust was taking in response to:

- the findings and recommendations from CQC inspections.
- the feedback from women and families using NUH services, as well as from staff working in maternity services
- local learning gathered from investigations and coronial inquests
- ongoing assessment of local needs
- the Savings Babies' Lives standards (a care bundle for reducing perinatal mortality) Better Births (a five year forward view for maternity care)
- the recommendations and learning from maternity reviews carried out elsewhere.

After presenting the report Michelle Rhodes noted how NUH was committed to making the necessary and sustainable improvements to maternity services and how NUH continued to engage fully and openly with Donna Ockenden and her team. Michelle Rhodes advised that on 2 February, NUH and NHS England colleagues had met with Donna Ockenden and her team to receive early feedback from the review. At this meeting NUH had received examples where communication with women and families, both written and spoken, should have been better. Michelle Rhodes advised that women and families could be assured that the feedback and learning that Donna Ockenden had shared at that meeting, and throughout the review would be used to make improvements to NUH maternity services immediately. Michelle Rhodes advised that NUH was not waiting for the review to conclude before making changes and that NUH staff had been working hard to make the necessary improvements to services as swiftly as possible.

The full report the current performance of maternity services and the required improvements was attached as an appendix to the Chairman's report.

The Chairman asked for further information around the investigations into serious incidents in maternity services that were taking place. Sharon Wallis noted that NUH monitored the total number of open serious incidents each week along with ICB partners. Sharon Wallis advised that NUH aimed to conclude the investigations into all serious incidents investigations on cases that occurred before 14 September 2022 by the end of March 2023. The Chairman welcomed the positive steps that were being taken by NUH around the investigation of serious incidents.

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

- Members welcomed the positive and proactive way that NUH was engaging with Donna Ockenden as she carried out her review of maternity services at NUH. Members also expressed their approval for how NUH

had been engaging with the families who had been impacted by the previous failings in providing maternity services.

- That the profound and sincere apology that Anthony May had made at the start of the meeting regarding previous failings of the maternity services at NUH was acknowledged and welcomed.

- That it was important for everyone when examining maternity services at NUH to remember the babies and families who had been and continued to be impacted by the previous failings at NUH's maternity service.

- Members asked when it was envisaged that NUH would be in a position where all serious maternity incidents were fully investigated within the required timescale of 60 days. Members also sought further information on the types of incidents that were being investigated as part of this process.

- How would NUH be taking accountability for the serious failings in maternity services that happened over a significant number of years and for the impact that that these failings continued to have on the families who had been involved.

In response to the points raised, Anthony May advised:

- That there was a strong sense of accountability being taken at all levels at NUH on the previous failings around the provision of maternity services by the Trust.

- That the leadership team at NUH was doing everything that it could to work with and support Donna Ockenden in the work related to her review. Anthony May advised that NUH would take all the required actions needed to implement the required changes to services that would be highlighted by the review. Anthony May reaffirmed NUH's commitment not to wait for the review to be completed before making the changes that were required, but that instead the required changes would be implemented throughout the review process as they were identified.

- That more detailed information on the serious incidents that had and were being investigated could be brought to a future meeting of the Health Scrutiny Committee.

Sarah Collis of Nottingham and Nottinghamshire Healthwatch welcomed the involvement of patients and families that had been carried out by NUH and asked for further information on how patients were being involved with the shaping of the improvement activity that was being carried out.

Sharon Wallis noted that it was essential that the voice of the patient was central to all the improvement activity that was being carried out at NUH. Sharon Wallis noted that patients were involved in co-production activity and provided information on how this was being carried out. Sharon Wallis also advised that whilst patients were actively

being engaged with that there was always more that could be done in this area and noted that plans were in place on how the processes around engaging with patients and listening to their views could be developed further. Rosa Waddingham, Chief Nurse at the Nottingham and Nottinghamshire ICB provided further information about how the work of the Local Maternity and Neonatal System (LMNS) was supporting the engagement of those who used services and how this work was being used to feed into the development of policies and strategies that would in turn develop and improve services.

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

- How the new Maternity Advice Line was progressing.

- What processes were in place to hold individuals to account for their role in the previous failings in the provision of maternity services.

- Members sought assurance that the level of maternity care available at weekends was at the same level as what available in the week.

In response to the points raised, Anthony May and Sharon Wallis advised:

- The Maternity Advice Line operated 24 hours, seven days a week and provided telephone advice by midwives for expectant and new mothers. The service dealt with around 1000 calls a week. It was noted that the service had received excellent levels of feedback from its users and that the information gathered from the calls was used to support maternity service planning.

- That there were good levels of staffing at weekends with senior staff and consultants being available to deal with all potential needs of those accessing maternity services. It was noted that planned caesareans did not take place at weekends.

- That whilst there were processes in place to deal with staff failings, Anthony May noted that the £800,000 fine that had been imposed on the NUH Trust for failings in the Trust's activity. Anthony May noted further that as these failings had had a negative impact on both patients and staff it was essential that the improvements that were being made were focussed on supporting both patients and staff.

The Chairman thanked Anthony May, Lisa Kelly, Michelle Rhodes, Sharon Wallis, and Rosa Waddingham for attending the meeting and answering member's questions.

RESOLVED 2023/4

1) That the report be noted.

2) That a written progress report on the investigations related to serious incidents in maternity services at NUH be received at future meeting of the Health Scrutiny Committee.

6 NUH CHIEF EXECUTIVE - HEALTH AND CARE SYSTEM WINTER PLANNING 2022-23 PROGRESS - NUH PERSPECTIVE

Anthony May, Chief Executive and Lisa Kelly, Chief Operating Officer at Nottingham University Hospitals NHS Trust, attended the meeting to present a progress report of winter planning arrangements for 2022-2023 from the NUH perspective. It was noted that at its September and November 2022 meetings that the Committee had considered and discussed in detail reports and presentations on the health and adult social care winter planning arrangements in place for 2022-2023.

Lisa Kelly presented the report that provided an overview and update on the Trust's winter planning, information on what had happened in terms of demand and on the response to this by Nottingham University Hospitals NHS Trust. The report provided information on:

- How NUH had prepared for Winter and the NUH Winter Plan that had been prepared.
- How the NUH Plan had been prepared to ensure that NUH capacity, processes and systems were resilient to meet the anticipated level of demand throughout winter and also maintained and optimised patient safety.
- How the Nottingham and Nottinghamshire Integrated Care System had also produced a system winter plan that provided an overview of how local organisations would be working together to meet anticipated urgent and emergency care needs over the winter.
- How there had been an uncertainty in advance of winter 2022/23 because of the continued impact of the pandemic and learnings from the Southern Hemisphere relating to influenza. As a result, an agile approach had been needed to respond to a potentially rapidly changing environment.
- The current situation on how NUH was managing winter pressures.
- How NUH had worked to mitigate the pressures across the winter period.
- How the next phase of NUH's continuous improvement journey was to move away from a 'winter plan' and to develop a longer-term urgent and

emergency care strategy (due for completion in April 2023) that took in to account all seasonal variations on demand for health services.

The report from NUH on winter pressures, the NUH Winter Plan and the Nottingham and Nottinghamshire ICS System Winter Plan were attached as appendices to the Chairman's report.

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

- How the funding of social care impacted on the ability of NUH to effectively discharge patients who were fit to return home in a timely manner.

- That the funding that had been made available to increase discharges from hospitals in January 2023 could have been used to support social care and enable a greater number of discharges to take place.

In response to the points raised, Anthony May and Lisa Kelly advised:

- That there were several different funding streams that had been made available to support additional discharges in early January 2023, and that some of this funding had been directed at social care services.

- That over the next two years additional funding would be provided to both health and social care services (via the Council) to a wide range of activity that enabled the timely discharge of patients who were medically fit to return home.

- That the Nottingham and Nottinghamshire ICB would be carrying out further work in advance of next winter regarding the allocation of funding and the coordination of activity that would support effective discharge from hospitals.

The Chairman thanked Anthony May, Chief Executive and Lisa Kelly, Chief Operating Officer at Nottingham University Hospitals NHS Trust for presenting the report and answering member's questions.

RESOLVED 2023/5

1) That the report be noted.

2) That a further progress report on winter planning from both an NUH and a Nottingham and Nottinghamshire ICS perspective be received at a future meeting of the Health Scrutiny Committee.

The meeting adjourned at 1:40pm for a scheduled break. The meeting resumed at 2:20pm. Councillor Meakin was not present for the second half of the meeting.

7 ACCESS TO GP SERVICES

Lucy Dadge, Director of Integration, Joe Lunn, Associate Director of Primary Care, Lynette Daws, Head of Primary Care, Esther Gaskill, Deputy Associate Director of Primary Care and Paul Miller, Head of Primary Care IT at the Nottingham and Nottinghamshire Integrated Care Board and GPs Dr Stephen Shortt and Dr Thilan Bartholomeusz attended the meeting to present a report on access to GP services across Nottinghamshire. It was noted that issues in respect of access to GP services had been a recurring issue raised by residents with elected representatives, and one that the Committee had previously considered at its meetings in September and November 2021 and again in January 2022.

In introducing the report Lucy Dadge noted the vital role that GP services provided in delivering health care across Nottinghamshire as the area of the health system where the majority of residents accessed health care services.

Joe Lunn provided a presentation to the meeting. A **summary** of the presentation is detailed below.

- That there were 131 GP practices across Nottingham and Nottinghamshire that varied from single handed GP practices to large practices with multiple branch sites. Each practice contract consisted of:

    - Core services (paid on weighted capitation) - 8:00am - 6:30pm, Monday to Friday
    - Quality and Outcomes Framework – voluntary
    - Enhanced Services – voluntary

- How the ICB had delegated commissioning authority for primary medical services (GP practices) on behalf of NHS England and that the Care Quality Commission (CQC) was the regulator for all GP practices and ensures the quality and safety of care delivered.

- That whilst the general practice contract did not specify the number or type of appointments that should be provided by each individual practice that under the national GP contract practices had to meet the reasonable needs of their registered population.

- Data regarding the difference in the number and types of appointments accessed at GP surgeries between November 2019 and November 2022.

- How the way that patients met with a health care professional continued to evolve and how it was a priority for NHS England to ensure that a range of types of appointments are available to patients. It was noted that practices were required to offer and promote' online consultations and video consultations to their patients. Information was shared regarding the number of appointments and types of appointments accessed during November 2021 and 2022.

- That between November 2021 and November 2022:

    - Slightly fewer patients were seen on the same day as requesting an appointment in November 2022 compared to November 2021
    - Fewer patients waited 2-14 days from booking to an appointment in November 2022 compared to November 2021
    - More patients waited longer than 15 days from booking to appointment.

- Information on telephone access for patients to GP surgeries noting that Practices were responsible for providing their own telephony systems.

- How each GP practice monitored patient feedback through several methods including the Friends and Family Test, Patient Participation Groups, Complaints, Concerns and Enquiries, and Social Media Platforms. It was noted that the ICB also monitored and sought assurance through triangulation of data about workforce, appointments, and patient feedback methods alongside other quality markers (including CQC inspections). Contact was also made with practices experiencing challenges to understand the support needed and to take action where required.

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

- Why GP practices withheld their telephone numbers when calling patients. Members noted the difficulties that this caused for patients when receiving calls from their practice.

- Members noted the length of time that it could take for GP practices to issue letters requested by patients and asked whether there were any opportunities for parts of this process to be automated.

- Whether all GP practices used priority criteria when allocating appointments for their patients.

- Members noted their concern about the significant work pressures being faced by GP's and asked whether increasing demand from patients was increasing the pressure being faced by GP's.

- That whilst telephone appointments were a useful way for many people to talk with their GP, they were not the preference of many patients. Members noted that ideally all patients would be seen face to face. Members asked what procedures were in place in surgeries to ensure that the provision of telephone appointments did not negatively impact patient safety and the service that patients received.

- Members sought assurance that GPs worked collaboratively with other health services to ensure that patients received the best possible service.

In response to the points raised, Joe Lunn, Esther Gaskill, Dr Stephen Shortt and Dr Thilan Bartholomeusz advised:

- That GP surgeries withheld their numbers when calling patients due to safeguarding and patient confidentiality issues. It was noted that patients were able to request that their practice did not withhold their number when calling them if required.

- That GP surgeries aimed to get letters requested by patients completed as promptly as possible, but that considerations around GDPR and patient confidentially meant that there were limited opportunities for automation.

- That there were no formal procedures across GP practices regarding priority allocation of appointments. It was noted however that practices would use their professional judgement to ensure that patients with the greatest priority, such as young children were able to access an appointment promptly. It was noted that practices normally held a list of their most vulnerable patients, and that each practice's knowledge of their patients' individual needs would ensure that patients received the most appropriate level of care.

- That whilst GP's and their surgeries were very busy and faced numerous challenges in delivering their services, GPs were doing a good job at providing healthcare services to their patients.

- That telephone appointments were the most convenient way of accessing GP services for many people and that as such many patients chose telephone appointments as a preference when booking an appointment. It was noted that whilst GP's enjoyed providing face to face appointments, all appointment options should be available to all patients to ensure that individual patient needs were able to be met.

- GP practices were committed to providing joined up care for patients. It was noted that processes would be in place across GP practices to ensure that this took place and that the needs of patients were dealt with in a joined up and holistic way.

Members asked about the potential impact of any industrial action on the provision of GP services and how the impact any action on patients would be minimised. Lucy Dadge noted the ICBs role in working with and supporting health care professionals. Lucy Dadge advised that plans were in place to ensure patient safety and access to services in the situation of any industrial action across GP practices.

Members noted the recent GP Satisfaction Survey that had shown that whilst patients were generally satisfied with their GP's service, had shown an overall decrease in patient satisfaction. Members asked what activity was taking place to increase patient satisfaction levels in GP services. Dr Bartholomeusz noted that GP practices were working together with community, mental health, social care, pharmacy, hospital, and voluntary services in their local areas in groups of practices known as Primary Care Networks to maximise service delivery. Dr

Bartholomeusz provided information on the work of the Primary Care Networks and how this work aimed to drive improvements in patient satisfaction by sharing best practice.

Sarah Collis of Healthwatch Nottingham and Nottinghamshire noted the survey that Healthwatch had carried around patient access to and satisfaction with their GP service and noted that the results of the survey had been circulated to members of the committee in advance of the meeting. Sarah Collis noted that to ensure that patients received the best possible GP service, that it was vital that the ICB coordinated and led activity to gain a detailed understanding of what worked well for both practices and patients. Sarah Collis advised that the survey had shown that much of the dissatisfaction with GP services arose from the wide variation of the services offered by different practices in such areas by telephone access and the ease of booking appointments.

Sarah Collis also asked for further information on:

- If the ICB would work with Healthwatch on the recommendations that had arisen from the Healthwatch Survey around GP services.

- How the ICB worked with GP practices to develop the delivery of primary care services.

- How the processes around getting doctors from abroad who had completed training to practice in the UK into positions could be improved. It was noted that once these doctors had completed their training the time in which they had to gain a position was very limited.

In response to the questions raised, Lucy Dadge and Joe Lunn advised:

- That Lucy Dadge would welcome a meeting with representatives of Healthwatch to discuss how the recommendations that had arisen from the survey could be moved forwards.

- That the ICB aimed to use the flexibility that it had to support GP practices to work in the most effective way around service provision based on their individual community's specific needs. It was also noted that practices would be supported to deliver services either individually or by using the support provided by a Primary Care Network. Dr Shortt also noted the significant work that was being carried out in this area of service development.

- That for retrained doctors to be able to take up a position within the health service they needed a sponsor, such as a GP practice. Joe Lunn advised that the number of sponsors had increased recently but that further work would be undertaken to look at ways how the number of sponsors could be increased further.

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

- Whether there was a problem in Nottinghamshire around the recruitment and retention of GPs and whether the workload pressure being faced by GP's was impacting on the number of GPs practising across Nottinghamshire.

In response to the questions raised, Lucy Dadge, Joe Lunn, Dr Bartholomeusz and Dr Shortt advised:

- That GP training courses at both NUH and the Sherwood Forest Hospitals Trusts were both full. There was ongoing activity to encourage doctors to consider training to become GPs in order to ensure that there were new GPs to replace those retiring or leaving general practice.

- In November 2022 there were 813.2 (whole time equivalent) GPs across Nottinghamshire, this compared to 736.8 a year earlier. It was noted that sustaining a sufficient workforce across General Practices continued to be challenging. It was also noted that a significant number of GPs had indicated that they planned to leave the profession over the next two years.

- That improvements made to the working conditions for GP's would help improve the retention of GPs in practices.

In the subsequent discussion that followed, Sarah Collis of Nottingham and Nottinghamshire Healthwatch raised the following points and questions:

- That the variations in how general practice services were delivered across Nottinghamshire meant that a fully equitable and accessible service was not available for residents.

- What activity was taking place to communicate with residents on how and when they should access GP and other health services in the most appropriate way for their health needs.

In response to the questions raised, Lucy Dadge, Joe Lunn, Dr Bartholomeusz and Dr Shortt advised:

- That due to factors such as their size, location and the demographics of local populations no two GP practices in Nottinghamshire were the same, and that due to these factors it was not possible for GP practices to provide a uniform service. GP surgeries did however work with each other in order to maximise service delivery and accessibility to appointments in their local areas to provide the best possible service to residents.

- That the ICB would be working to develop and implement a more proactive communication approach with residents to support them to access the most appropriate healthcare pathway for their needs.

Members requested that future reports to the committee on GP services should contain more specific data that would enable detailed scrutiny to take place on how GP services were performing. Lucy Dadge advised that the data could be provided at future meetings in a way that enabled detailed scrutiny but that also maintained practice and patient confidentiality.

The Chairman thanked Lucy Dadge, Joe Lunn, Lynette Daws, Head of Primary Care, Esther Gaskill, Paul Miller, Dr Stephen Shortt and Dr Thilan Bartholomeusz for attend the meeting and answering member's questions.

RESOLVED 2023/5

1) That the report be noted.

2) That a progress report on the ICB's Primary Care Strategy and related activity be brought to a future meeting of the Health Scrutiny Committee at a date to be agreed by the Chairman of the Committee.

3) That the recommendations arising from the Nottingham and Nottinghamshire Healthwatch survey on GP Services be shared with the Integrated Care Board for their consideration.

8 WORK PROGRAMME

The Committee considered its Work Programme for 2022/23.

RESOLVED 2023/6

1) That the Work Programme be noted.

2) That the Chief Executive of the Sherwood Forest Hospitals NHS Trust be invited to a future meeting of the Health Scrutiny Committee.

The meeting closed at 3:49pm

CHAIRMAN

Nottinghamshire County Council

Report to Health Scrutiny Committee

28 March 2023

Agenda Item: 4

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

NHS DENTAL SERVICES

Purpose of the Report

1. To consider a detailed briefing from NHS England representatives in respect of NHS Dental Services in Nottinghamshire, particularly in respect of access to services.

Information

2. The Committee identified NHS Dental Services as an item for consideration at its first meeting in 2022-2023. Committee members highlighted general access to NHS dental services for new patients, and particularly young children, as a key concern. It did not prove possible to consider the item at the Committee's January 2023 meeting, and so the item scheduled at the next available opportunity.

3. The attached comprehensive briefing document from NHS England covers strategic commissioning arrangements, an overview of general and specialist NHS dental services and charges in Nottinghamshire, the impact of and recovery from the pandemic, access, and service restoration initiatives. An assessment of Nottinghamshire's oral health profile is also provided.

4. The following representatives will be in attendance to present the information and to respond to questions: Caroline Goulding, Head of Primary Care Commissioning, East midlands; Adam Morby, Regional Chief Dentist, Jane Green, Programme Manager, Pharmacy, Optometry and Dental East Midlands; and Claire Hames, Commissioning Manager, East Midlands. To ensure best use of the Committee's time, the intention is to keep the discussion at service level. However, if members have concerns about individual dental practices please forward these to Democratic Services in advance of the meeting so that. these can be addressed separately.

RECOMMENDATIONS

That the Health Scrutiny Committee:

1) consider and comment on the information provided; and

2) determine whether any further information was required for the Committee's 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 County Health Overview and Scrutiny Committee

28th March 2023

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1. Background and Information

1.1 The Nottinghamshire County Health Overview and Scrutiny Committee (HOSC) has requested a report on access to NHS Dental Services, with particular focus on provision and recovery plans as services emerge from the COVID-19 pandemic, including a wider context of oral health prevention and the transition of NHS England (NHSE) Commissioning Dental services to NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) from 1 April 2023. This report also includes oral health improvement initiatives and activities, which is the statutory responsibility of Nottinghamshire County Council's Public Health team.

1.2 The Nottinghamshire County HOSC is asked to note that NHS England is currently responsible for the commissioning of all NHS dental services, but local responsibility will be delegated to NHS Nottingham and Nottinghamshire ICB on 1 April 2023.

1.3 This report has been developed by:

- NHSE Commissioning Team Senior Managers
- NHSE Consultant in Dental Public Health

1.4 Representatives from NHSE will be present at the Nottinghamshire County HOSC meeting.

2 National NHS Dental Contract

2.1 NHSE is responsible for commissioning all NHS dental services including those available on the high street (primary care dental services), specialist dental services in primary care e.g., Intermediate Minor Oral Surgery (IMOS), Orthodontics and Community Dental Services (CDS) as well as from Hospital Trusts. Private dental services are not within the scope of responsibility for NHSE.

2.2 Although NHSE is responsible for commissioning all NHS general dental services, there are certain limitations of the current national contract. However, flexible commissioning can be utilised where a percentage of the existing contract value is substituted (up to 10%) to target local needs or meet local commissioning challenges. This approach requires a balance to ensure dental access is maintained.

2.3 The NHS dental contract was introduced in 2006 and the majority of the current dental services are located in those geographical areas established at that time and were based on historical activity levels, however these can be amended with the agreement of both parties. Any new NHS dental service has to be specifically commissioned by the Commissioner within the available financial resources envelope and would be developed taking into account current service provision, changing population need and demand in the local area.

2.4 Unlike General Medical Practice (GMP), there is no system of patient registration with a dental practice and patients are free to choose to attend any dental practice, regardless of where they live. Although dental practices are aware of this, there is still some misconception amongst the public regarding patient registration with dental practices. Dental practices are responsible for patients who are undergoing dental treatment under their care and once complete (apart from repairs and replacements that are guaranteed for 12 months and can be replaced with the same treatment), the practice has no ongoing responsibility. However, people often associate themselves with a specific dental practice and are seen as “regular” patients of a dental practice. Many dental practices may refer to having a patient list or taking on new patients, however there is no registration in the same way as for GMP practices and patients are theoretically free to attend any dental practice that has capacity to accept them for a course of treatment.

2.5 Prior to the pandemic, patients would often make their ‘dental check-up appointments’ at their ‘usual’ or ‘regular dental practice’. During the pandemic, contractual requirements were amended, and practices were required to prioritise:

- urgent dental care
- vulnerable patients (including children)
- those at higher risk of oral health issues

For many practices, there was not sufficient capacity to be able to offer routine dental check-up appointments as well as prioritise the above patient groups.

Dental contract reform changes announced in July 2022 aim to maximise the impact of all NHS dental care currently delivered, by focusing on interactions which have the highest clinical value. Patients accessing NHS dental care should be advised of their personalised recall interval based upon an assessment of their oral health risk, for those with good oral health, expectation of recall intervals more usually to be 12 months, or even 24 months rather than a default 6 months or patient expectation of a 6 monthly check-up.

3 NHS dental services across Nottinghamshire County

3.1 NHS General Dental and Orthodontic Services

Nottinghamshire has 109 general dental practices which offer a range of routine dental services. 65% (n=71) of general dental practices are located within Nottinghamshire County. 2 of the general dental practices within Nottinghamshire County also provide orthodontic services, and 7 specialist orthodontic practices within Nottinghamshire County, 1 of these located within Bassetlaw.

3.2 Extended hours, urgent dental care and out of hours

3.2.1 There is an extended NHS urgent dental care service within Nottinghamshire County located in Mansfield which provides access to patients: Monday to Friday 08:30 – 21:15, Weekends 09:00 – 21:00, Bank Holidays 09:00 – 21:00.

3.2.2 At times of peak demand, patients may have to travel further for urgent dental treatment in Nottinghamshire depending on capacity across the system.

3.2.3 Out of hours dental services only provide urgent dental care. Urgent dental care is defined into three categories as shown in Table 1 along with best practice access timelines for patients to receive self-help or face to face care.

Table 1: Timelines in accordance with dental need

Triage Category	**Time Scale**
Routine Dental Problems: • Mild or moderate pain: that is, pain not associated with an urgent care condition and that responds to pain-relief measures • Minor dental trauma	Provide self-help advice and access to an appropriate service within 7 days, if required.

• Post-extraction bleeding that the patient is able to control using self-help measures • Loose or displaced crowns, bridges or veneers • Fractured or loose-fitting dentures and other appliances • Fractured posts • Fractured, lose or displaced fillings • Treatments normally associated with routine dental care • Bleeding gums	Advise patient to call back if their condition deteriorates
Urgent Dental Conditions: • Dental and soft-tissue infections without a systemic effect • Severe dental and facial pain: that is, pain that cannot be controlled by the patient following self-help advice • Fractured teeth or tooth with pulpal exposure	Provide self-help advice and treat patient within 24 hours. Advise patient to call back if their condition deteriorates
Dental Emergencies: • Trauma including facial/oral laceration and/or dentoalveolar injuries, for example avulsion of a permanent tooth • Oro-facial swelling that is significant and worsening • Post-extraction bleeding that the patient is not able to control with local measures • Dental conditions that have resulted in acute systemic illness or raised temperature as a result of dental infection • Severe trismus • Oro-dental conditions that are likely to exacerbate systemic medical conditions such as diabetes (that is lead to acute decompensation of medical conditions such as diabetes)	Provide contact with a clinician within 60 minutes and subsequent treatment within a timescale that is appropriate to the severity of the condition

3.2.4 If a person has a regular dental practice and requires urgent dental care:

- During surgery hours, they should contact their dental practice directly

- Out of hours, they should check their dental practice's answer machine for information on how to access urgent dental care. Most people are signposted to contact NHS 111 (interpreters are available). For deaf people, there is also the NHS 111 BSL Service (alternatively, they can also call 18001 111 using text relay). There is also an online option for contacting NHS 111 that will often be quicker and easier than phoning.

3.2.5 If a person does not have a regular dental practice and requires urgent dental care, they can contact:

- any NHS dental practice during surgery hours to seek an urgent dental appointment and this would be dependent on the capacity available at each dental practice on any given day. They can use the Find a Dentist facility on the NHS website
- NHS 111, either online or on the phone (interpreters are available). For deaf people, there is also the NHS 111 BSL Service (alternatively, they can also call 18001 111 using text relay)
- Healthwatch Nottingham / Healthwatch Nottinghamshire for signposting
- NHS England's Customer Contact Centre on 0300 311 2233

3.2.6 Patients with dental pain should not contact their GP or attend A&E as this could add further delays in gaining appropriate dental treatment as both GP and A&E services will be redirecting such patients to a dental service.

3.3 Community (Special Care) Dental Service

3.3.1 The Nottinghamshire Community (Special Care) Dental Service provides dental treatment to patients whose oral care needs cannot be met through NHS primary dental care due to their complex medical, physical, or behavioural needs. The service uses behavioural management techniques and follows sedation and general anaesthesia (GA) pathways. Dentists and/or health care professionals can refer into the service.

There is two dental provider treating children and adults from clinics across the Nottinghamshire system including Bassetlaw: there are 7 dental clinics, with 4 located in Nottinghamshire County and 1 in Bassetlaw. The service is commissioned across the Nottinghamshire system footprint and although there are 4 clinics located in Nottinghamshire County, patients do have the choice to attend the alternative clinics in the city. In addition, the provider is looking to deploy a mobile dental surgery which will further help to reach vulnerable groups and provide a treatment option where attendance in a clinic setting may be more challenging. The Nottinghamshire Community Dental Services contract commenced on 1 April 2020. The Bassetlaw Community

Dental Services contract transferred to the East Midlands in July 2022 due to regional boundary changes.

3.3.2 The GA pathway for children and special care adults is managed between CDS-CIC and Nottingham University Hospitals (NUH) which is commissioned on a system area footprint. Referral routes for GA pathway for children and special care adults within Bassetlaw remains the same for continuity with patients being directed into Yorkshire and Humber region.

3.3.3 CDS-CIC are also commissioned to provide NHS dental care and treatment for those who are unable to leave their own home or care home (triaged against special care domiciliary criteria). Some limited dental care can be provided in a person's own setting such as a basic check-up or simple extraction, but patients may still need to travel into a dental surgery (as this is the safest place) to receive more complex dental treatment. If such patients require a dental appointment, they or their relative/carer can contact their local dental practice to seek a referral or if they do not have a regular dental practice, they can contact CDS CIC online at Nottinghamshire Clinics

3.4 Domiciliary Care (for patients unable to leave their own home or care home)

3.4.1 For residents of Nottinghamshire County, there is also a dedicated General Dental Practitioner who is commissioned to provide dental care and treatment for care home residents and for those who live in their own home. If they need more specialist dental care, they will generally be referred on to the Community (Special Care) Dental Service after this initial contact.

3.5 Intermediate Minor Oral Surgery (IMOS) Service

3.5.1 The IMOS service is a specialist referral service in primary care providing complex dental extractions for residents in the Nottinghamshire system. This service is for patients over the age of 17 years who meet the clinical criteria. There are 9 IMOS providers across the Nottinghamshire system.

3.6 Maps of location of dental providers

3.6.1 A map of the location of NHS dental practices or clinics (including orthodontic and community sites) in Nottinghamshire County is in Appendix 1. In some cases, there are practices in close proximity and the numbers on the map reflect this as the scale does not permit them being displayed individually.

3.7 Hospital dental care

3.7.1 Secondary care dental services e.g. Orthodontics, Oral Surgery, Oral Medicine, Maxillofacial Surgery and Restorative services are commissioned from Nottingham University Hospitals (NUH) and Sherwood Forest Hospitals (SFH) to deliver complex dental (often multi-disciplinary) treatment to patients who meet the clinical criteria in line with the NHSE Dental Specialities Commissioning Guides. Activity and contract values are agreed annually with acute trusts.

4 Nottingham and Nottinghamshire Integrated Care Board (ICB)

4.1 Nottingham and Nottinghamshire ICB assumed delegated responsibility for Primary Medical Services from 1 July 2022 and for Dental (Primary, Secondary and Community), General Optometry and Pharmaceutical services (including Dispensing doctors) from 1 April 2023.

4.2 Boundary alignment of Bassetlaw to Nottingham and Nottinghamshire ICB from South Yorkshire and Humber region effective from July 22. The alignment will enable the development of strategic plans for prevention, population health and tackling inequalities, alignment of health and care services, acute provider patient flows and opportunities to develop strong place-based arrangements.

4.3 The Midlands Primary Care Operating Model has been co-designed to provide an approved framework for the delegation of the functions to each Integrated Care Board (ICB). The Operating model provides an overview of the functions and sets out the key design principles that support the transition in 2022/23.

4.4 The Operating Model sets out the principles, pathway, key governance, workforce, and financial information that has been co-designed with Nottingham and Nottinghamshire during the transition period for the safe and effective delegation of these functions. The transition process will:

- provide the detail that enables ICBs to undertake the workforce and contract due diligence as well as setting out the key financial principles for delegation of the commissioning budgets.
- manage the risk of moving from a regional budget to splitting across eleven ICB systems.
- be transparent and ordered through finance governance groups to complete the due diligence and safe transfer to ICBs from April 2023.

4.5 A Governance structure has been agreed that enables ICBs to set the annual plan and strategic direction of the Pharmacy, Optometry and Dental functions and make localised decisions where possible, whilst the current team are

enabled to deliver day to day contracting and commissioning functions. The process has been designed to ensure minimal disruption and smooth transition to support both services and patients.

5 NHS Dental Charges

5.1 Dentistry is one of the few NHS services where patients pay a contribution towards the cost of NHS care. The current charges are:

- **Emergency dental treatment – £23.80** This covers emergency dental care such as pain relief or a temporary filling.
- **Band 1 course of treatment – £23.80** This covers an examination, diagnosis (including X-rays), advice on how to prevent future problems, a scale and polish if clinically needed, and preventative care such as the application of fluoride varnish or fissure sealant if appropriate.
- **Band 2 course of treatment – £65.20** This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work or removal of teeth but not more complex items covered by Band 3.
- **Band 3 course of treatment – £282.80** This covers everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges and other laboratory work.

More information is available here. All NHS dental practices have access to posters and leaflets that should be displayed prominently in their premises.

5.2 Exemption from NHS charges is when patients do not have to pay these costs, for instance when receiving certain benefits. If this is the case, then proof of entitlement would need to be presented at the NHS dental practice. It is the patient's responsibility to check whether they are entitled to claim for free dental treatment or prescription. Financial support is also available for patients on a low income through the NHS Low Income Scheme.

6 Impact of the pandemic

6.1 The COVID-19 pandemic has had a considerable impact on dental

services and the availability of NHS dental care; the long-term impact on oral health is yet unknown but it is a cause for concern. All routine dental services in England were required to cease operating when the UK went into lockdown on 23 March 2020. A network of Urgent Dental Care centres (UDCs) was immediately established across the Midlands in early April 2020 to allow those requiring urgent dental treatment to be seen.

The UDCs remained in operation during the height of the pandemic and as referral numbers became very low volume, and in line with the Governments Living with COVID-19 strategy, dental referral system pathways for UDCs were closed from 24th August 2022. The UDCs remain on standby in case of any future uncontrolled issues that may affect delivery of NHS dental services for example if a future COVID surge or pandemic outbreak.

6.2 From 8 June 2020, dental practices re-opened however additional infection prevention and control measures were needed to be implemented as well as social distancing requirements for patients and staff. A particular constraint was the introduction of the so-called 'fallow time' – a period of time for which the surgery must be left empty following any aerosol-generating procedure (AGP). An AGP is one that involves the use of high-speed drills or instrument which would include dental fillings or root canal treatment. This has had a marked impact on the throughput of patients and the number of appointments that could be offered. For a large part of 2020, many practices were only able to provide about 20% of the usual number of face-to-face appointments and relied instead on providing remote triage of assessment, advice, and antibiotics (where indicated). The situation improved in early 2021, with reductions in fallow time requirements and since then practices have been required to deliver increasing levels of dental activity.

6.3 NHS dental practices are currently required to offer dental services to patients throughout their contracted normal surgery hours (some practices are offering extended opening hours to better utilise their staff and surgery capacity). They are also required to have reasonable staffing levels for NHS dental services to be in place. Increases in capacity have been gained in line with subsequent changes to national protocols for infection prevention and control such as reducing social distancing requirements and the introduction of risk assessments for patients who may have respiratory infections.

6.4 All NHS dental practices are required to maximise capacity and to prioritise urgent dental care for:

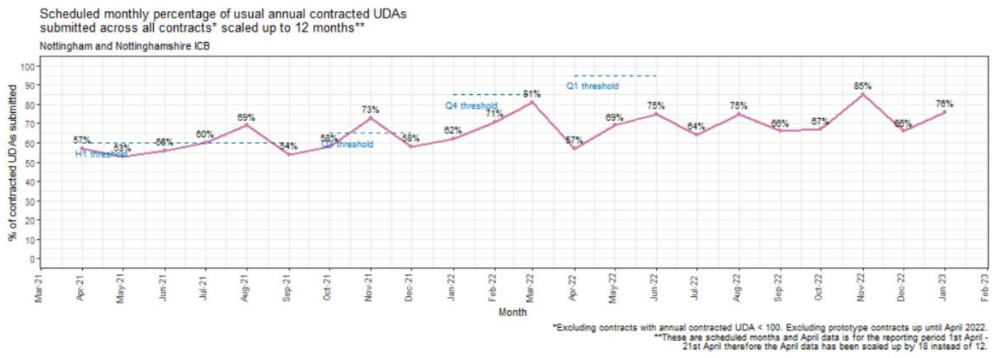
- their regular patients
- patients without a regular dental practice referred via NHS 111
- all vulnerable patients

6.5 Infection prevention and control measures have been regularly reviewed and the following minimum requirement for the recovery of dental activity has been adjusted nationally on NHS general dental contracts:

- Q3 2021/22: 65% of contracted activity
- Q4 2021/22: 75% of contracted activity
- Q1 2022/23: 95% of contracted activity
- Q2 2022/23: 100% of contracted activity

6.6 Figure 1 shows the level of NHS dental activity delivered across the Nottinghamshire system during the pandemic against the minimum threshold activity set by the national team and against the Midlands total. It can be seen that lower levels of activity have been delivered across the Nottinghamshire system as a whole when compared against the minimum thresholds set and the total Midlands activity. Unfortunately this data is only available at an ICS level, therefore data cannot be reported for Nottinghamshire County only.

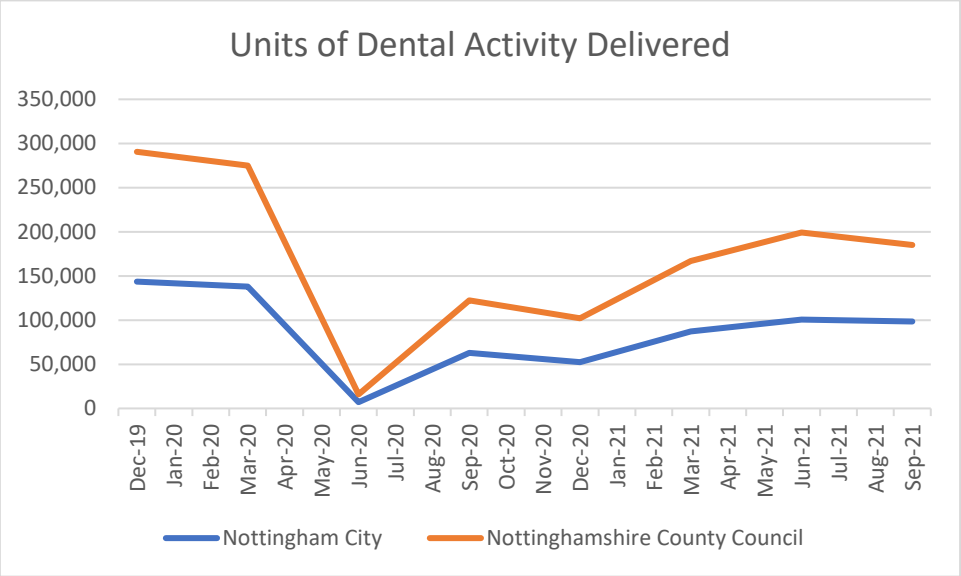
Figure 1: Nottinghamshire Primary Care Dental Activity vs Minimum Thresholds



- This graph shows the average monthly performance of the **124** GDS/PDS/PDS+ contracts scaled up by 12 months measured against the delivery thresholds (60% for Apr-Sep 21, 65% for Oct-Dec, 85% for Jan-Mar and 95% for Apr-Jun 22).

6.7 Figure 2 shows the Units of Dental Activity (UDAs) delivered by NHS dental practices located in Nottinghamshire County Council and Nottingham City Council during the pandemic (although NHS dental practices are not contractually associated to them). By 30 September 2021, NHS dental practices in Nottinghamshire County had recovered 63.7%. of pre-pandemic dental activity, compared to NHS dental practices in Nottingham City at 68.5%.

Figure 2: UDAs delivered by local authority during the pandemic



6.8 The national minimum requirement for all NHS dental contracts was set at 65% for Q3 and 85% for Q4 2021/22. Tables 2 and 3 show Nottinghamshire dental practices achievement in comparison to Midlands' performance.

Table 2: Proportion of UDA delivery in Q3 and Q4 of 2021/22 by NHS General Dental Practices across the Nottinghamshire system *(unfortunately this information is not available at a lower level and we are therefore unable to report data for Nottinghamshire County)*

	Period	Threshold	Nottinghamshire system performance
Nottinghamshire	Q3	65%	62.3%
Nottinghamshire	Q4	85%	73.1%
Midlands	Q3	65%	66.2%
Midlands	Q4	85%	76.9%

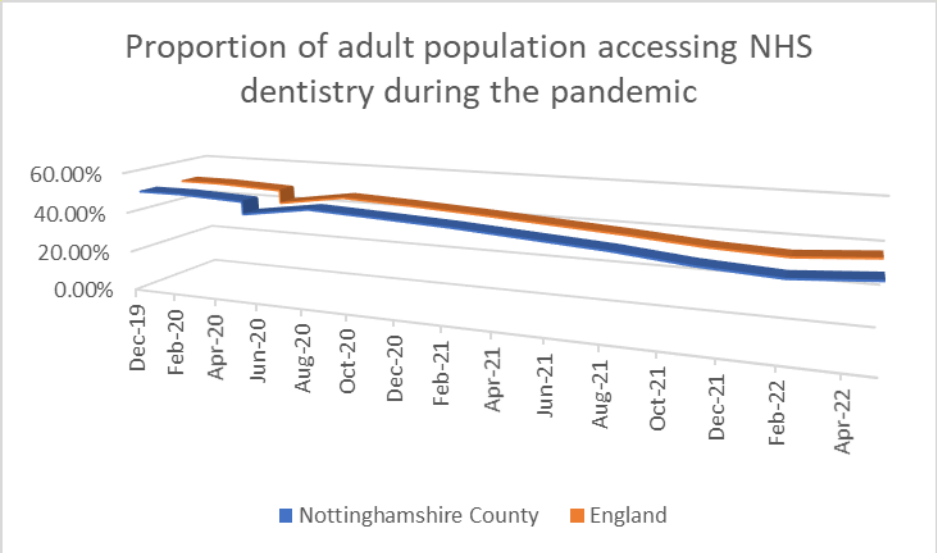
Table 3: No. of NHS dental contracts meeting / exceeding national minimum performance requirements during Q3 and Q4 of 2021/22 across the Nottinghamshire system *(unfortunately this information is not available at a lower level and we are therefore unable to report data for Nottinghamshire County)*

	Period	Outcome – number meeting or exceeding thresholds
Nottinghamshire	Q3	64 out of 117 (54.7%)
Nottinghamshire	Q4	44 out of 117 (37.6%)
Midlands	Q3	718 out of 1,181 (60.8%)
Midlands	Q4	452 out of 1,181 (38.3%)

7. NHS Dental Access

7.1 Figure 3 shows the percentage of adults accessing NHS general dental practices during the pandemic by local authority. It can be seen the proportion of adult residents in Nottinghamshire County accessing NHS dental services has been consistent with England averages, prior to and during the pandemic.

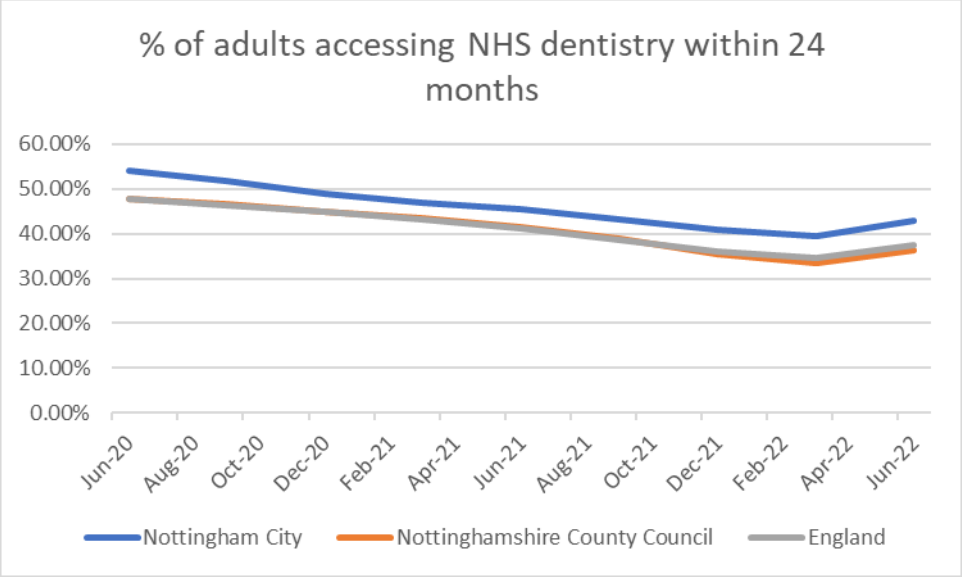
Figure 3: Proportion of adults accessing NHS dentistry during the pandemic



7.2 The National Institute of Health and Care Excellence (NICE) does not support routine 6-monthly dental check-ups universally for all patients. It recommends that dentists should take a risk-based approach to setting the frequency of dental check-ups and that the longest gap between dental check-up appointments for every adult (over 18 years) should be 24 months. Figure 4 demonstrates that the proportion of Nottingham City adults accessing NHS dentistry within 24 months (as per NICE recommendations) was higher than both the County (Nottinghamshire) and National (England) averages prior to and during the pandemic.

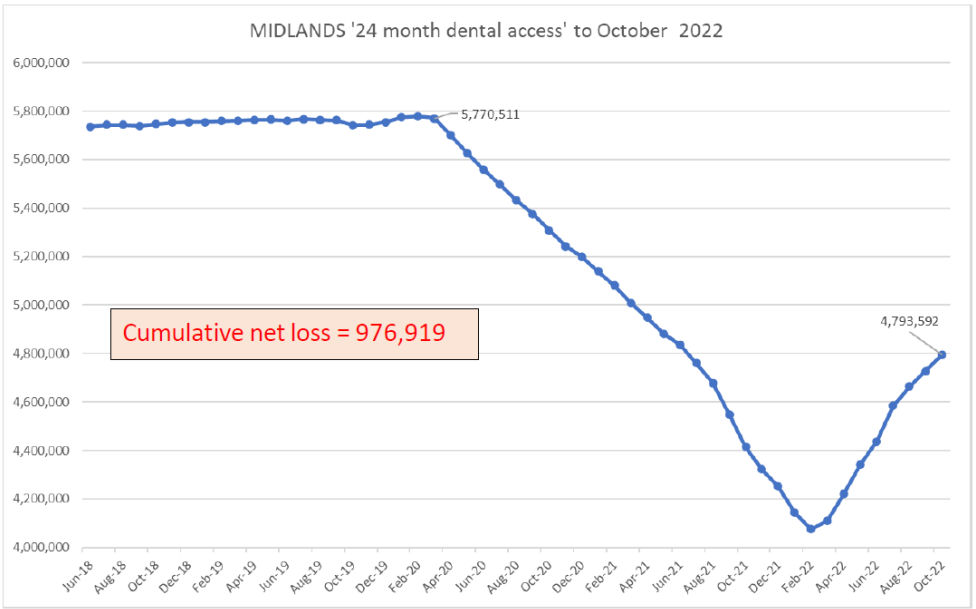
However, when making comparisons of proportionate loss between June 2020 and June 2022, Nottinghamshire County saw a loss of 11.6%, compared to Nottingham City at 11% and England at 10.5%.

Figure 4: Proportion of adults accessing NHS dentistry within 24 months



7.3 Figure 5 below demonstrates recovery access to NHS Dentistry since the covid-19 pandemic across Midlands.

Figure 5: 24-month unique patient count (NB: from July 2022, approx. 68,000 added by boundary changes (ICB))



7.4 It is estimated that across the Country there has now been the equivalent of a years' worth of appointments lost in primary care dentistry since the start of the pandemic. The effects have been similar in community and hospital dental care due to restricted capacity from staff absences or re-deployment to support Covid-19 activities.

7.5 A strategic review of dental access is planned for 2023/24 and NHSE anticipate having access shortly to a mapping tool which will help to identify local areas which may have specific issues in order to assist with a more targeted approach in tackling them.

7.6 NHSE are aware that information provided by local dentists on the NHS website may not always be up to date, as part of the Dental Contract reform changes announced in July 2022 dental practices are now required to update their details on a quarterly basis as a matter of routine and to make any ad-hoc and unexpected changes to opening times as and when these occur. The Nottinghamshire Local Dental Network Chair has also engaged with Find a dentist - NHS (www.nhs.uk) regarding improvements to dental practice profiles which will assist for all users of the platform.

7.7 NHSE also recognise the backlog of NHS dental care which has accumulated during the period where dental services have not operated at full capacity. Many NHS dental contractors are already delivering over 100%, and it is critical for those providers who are not to make progress as quickly as possible. Unfortunately, many practices are struggling to recruit staff (both dentists and nurses) and this is having an impact on capacity. Nevertheless, NHSE are expecting all NHS general dental practices to reach a minimum of 95% of contracted activity during Q1 of 2022/23 with full (100%) delivery of contracted dental activity from July 2022.

8 Private Dentistry

8.1 Private dental services are not within the scope of responsibility for NHSE. Therefore, NHSE are unable to provide any information on activity uptake within the private dentistry sector.

8.2 It should be noted that dental practitioners are independent contractors to the NHS and therefore many dental practices operate a mixed private/NHS model of care and although NHS contract payments have been maintained by NHSE during the pandemic, the private element of their business may have been adversely affected.

8.3 The Chief Dental Officer for England set up a time limited working group who undertook an investigation into the resilience of mixed economy practices. They concluded that whilst there would have been an interruption of income, the risk of a large number of dental practices facing insolvency over the next 12 to 18 months was low.

8.4 Some patients who have previously accessed dental care privately may now be seeking NHS dental care due to the current economic situation facing the country. Many of these patients will be eligible for NHS dental care, however due to the recovery of dental services they may have difficulty in finding an NHS dental practice with capacity to take them on.

8.5 There have been anecdotal reports of some practices' reluctance across the Midlands region in offering NHS appointments (particularly routine) and are offering the option to be seen earlier as a private patient instead. NHSE does not support any stances of pressurising patients into private dental care. NHSE will investigate any report of this nature but will need detailed information so that this can be raised with the practice for a response. Any such concerns can be raised via a complaint about any specific practice/s by contacting the NHS England Customer Contact Centre on 0300 311 22 33 or www.england.nhs.uk/contact-us/.

9. Dental contract hand-backs

9.1 Since the start of the pandemic, 2 NHS general dental contract from Nottinghamshire has been handed back to NHSE. The dental activity from the terminated contracts was not lost as NHSE undertook a review of dental access data within the surrounding area of the terminating dental contracts and recommissioned the activity by dispersal to surrounding local dental practices in the area.

9.2 As part of the dental activity dispersal process, the NHS dental practices that are handing back their NHS activity must agree a communication letter for their patients with NHSE. This letter notifies patients that the dental practice will no longer be providing NHS dental care and provides appropriate sign posting on how to continue gaining access to NHS dental care from elsewhere. This provides assurance to NHSE that there is no inappropriate/forced signup to private dental services and enables informed patient choice.

10. Restoration of NHS Dental Services

10.1 NHSE is working with the local dental profession to restore NHS dental services and to deal with the inevitable backlog of patients that has built up since the COVID-19 pandemic. In line with national guidance issued, all NHS dental practices in England are currently working towards providing routine dental care in the same way as they were prior to the pandemic, with the expectation of full (100%) delivery of contracted dental activity from July 2022.

10.2 Reduced access to NHS dental care over the course of the pandemic will have resulted in compromised outcomes for some patients. Due to the duration of the lockdown and the length of time during which routine face to face activity ceased, a number of patients who ordinarily would have had a clinical intervention may have struggled to gain access to NHS dental care. Some who were part way through dental treatment will undoubtedly have suffered and may have lost teeth they would not have otherwise - temporary fillings placed pre-lockdown, for example, and only intended as temporary measures, may have come out causing deterioration in outcome.

10.3 Aside from the effects of reduced dental access, it is possible that the pandemic will have other long-term impacts on oral and general health due to changes in nutritional intake – for example, increased consumption of foods with a longer shelf life (often higher in salt or sugar) coupled with possible increased intake of high-calorie snacks, takeaway foods and alcohol. Increases in sugar and alcohol intake could have a detrimental effect on an individual's oral health. Those impacted to the greatest extent by this are likely

to be vulnerable population groups and those living in the more deprived areas, thus further exacerbating existing health inequalities.

10.4 In addition, there are groups of patients particularly those experiencing Severe Multiple Disadvantage who are less likely to engage with routine dental services and likely to experience worse oral health. NHSE are working with the Nottingham and Nottinghamshire Oral Health Steering Group to address this inequality, with work on undertaking an options appraisal currently underway.

10.5 NHSE is also aware that other vulnerable groups are also finding it harder than usual to access services. We are continuing to review pathways and treatment arrangements for these patients to ensure that they can continue to access urgent dental care, should they need to. Primarily, this has been facilitated through NHS 111. The special care dental provider has also been ensuring access for vulnerable patients through their network of local clinics and dental access centres.

10.6 The Nottingham and Nottinghamshire Oral Health Steering Group is also looking at new ways of collaborative working with primary care networks to strengthen support to care homes in improving the oral health of their residents and also access to NHS dental services as a priority agenda.

11. NHS Dental Services recovery initiatives

11.1 A large additional financial investment has been made to facilitate initiatives designed to increase access across primary, community and hospital dental care, as follows:

2021/2022

- Weekend Sessions – General Dental Services
  Across the Nottinghamshire system, 8 NHS general dental practices have been contracted to provide 64 additional sessions at a cost of £25,600. Out of the 8 practices, 4 practices are within Nottinghamshire County providing 36 additional weekend sessions.
- Weekday Sessions – General Dental Services
  Across the Nottinghamshire system, 5 NHS general dental practices have been contracted to provided 100 additional sessions at a cost of £40,000. All 5 practices were located within Nottinghamshire County.

- Dedicated Urgent Care slots during surgery opening hours – General Dental Services
  Additional NHS dental capacity has been contracted in order for NHS 111 to be able to signpost patients who do not have a regular dental practice requiring urgent dental care. Five practices across the Nottinghamshire system are taking part and providing extra appointments. Two practices are within Nottinghamshire County offering 25 additional urgent care appointments per week.

- Oral health improvement funding for local authorities
  - £150,000 recurrent for 2 years (21/22 and 22/23) to support oral health improvement initiatives and activities
  - £40,000 non-recurrent to support purchase and distribution of toothbrushing packs to food banks and other venues
  - £5,000 non-recurrent to support Oral Health Promotion training resources to improve delivery of services

  The above funding has been jointly allocated between Nottinghamshire County and Nottingham City Councils. Agreement on the spending of the funding is being discussed and agreed at the Nottingham and Nottinghamshire Oral Health Steering Group to ensure alignment with oral health needs of the area.

- Support Practices - Community Dental Service:
  NHSE have commissioned a number of dental practices across the Midlands to work collaboratively with local dental providers delivering special care dental services. This pilot is intended to provide additional capacity to assist in routine review and support the management of special care dental patients who are in the system. Unfortunately, there was no uptake from NHS dental providers in Nottinghamshire system, however NHSE have secured additional funding to re-run the pilot for financial year 2022/23 and hope to encourage uptake from NHS dental providers within the Nottinghamshire system and Nottinghamshire County. NHSE has been trying to understand the reasons for the lack of interest and at present the main reason appears to be the lack of practice capacity.

- Waiting list initiative - Community Dental Service:
  Non-recurrent investment of £56,562 was secured for the Nottinghamshire system Community (Special Care) Dentistry provider in reducing the waiting list in 2021/22. The waiting list initiative has been running additional sessions for new referrals, first and follow up appointments for patients with open courses of treatment. Furthermore, additional dental

hand pieces (dental drills) were also purchased to support improving efficiency of dental clinics resulting in reduced fallow time between patients. Prior commitment of £38,899 has been secured for 2022/23 to support the on-going reduction of waiting lists and NHSE is currently in discussion with the provider on the allocation and delivery of additional clinical sessions during this year.

- Waiting list initiative - Intermediate Minor Oral Surgery (IMOS)
  Non recurrent investment in 2021/22 was introduced to support IMOS providers in reducing waiting times for patients to be seen within 6 weeks of referral into the specialist service. In June 2021, there were 1,293 patients accepted onto the IMOS pathway and 584 have been waiting over 6 weeks to be treated. This has been reduced by nearly 317 patients from when the waiting list initiative was launched.

- Waiting list initiative – Orthodontic Case Starts
  Non recurrent investment in 2021/22 was introduced to support lengthy waiting times for orthodontic treatment that have been exacerbated due to the COVID-19 pandemic. 30 additional case starts for this scheme were approved for Nottinghamshire.

- Waiting list initiative – Hospital Dental Care
  Trusts are currently monitored on referral to treatment (RTT) times within 18, 52, 78 and 104 weeks, due to the impact of the pandemic. All Trusts are required to clear any 104 week waits by July 2022 and 78 week waits by March 2023. As at July 2022, there were zero patients waiting over 104 week waits and 16 patients waiting over 78 week waits for Oral and Maxillofacial Surgery at NUH and SFH. Please see Appendix 3 for Midlands Oral Surgery RTT trends but as this service is commissioned on a system area footprint, data for Nottinghamshire County residents is unfortunately not available. Referrals into secondary care have started to recover (Appendix 4), however, these remain lower than previous levels due to the reduction in routine appointments in primary care. There has been a non-recurrent investment of £59,207 has been secured to support secondary care dental waiting list initiatives between the two hospital trusts. Prior commitment of £190,434 has also been secured for 2022/23 to continue to support the waiting list initiatives.

2022/23

- Weekend Sessions – General Dental Services
  Across the Nottinghamshire system, 2 NHS general dental practices have been contracted to provide 140 additional sessions at a cost of £70,000.

Out of the 2 practices, 1 practice is within Nottinghamshire County providing 40 additional weekend sessions.

- Dedicated Urgent Care slots during surgery opening hours – General Dental Services
  Additional NHS dental capacity has been contracted in order for NHS 111 to be able to signpost patients who do not have a regular dental practice requiring urgent dental care. Four practices across the Nottinghamshire system are taking part providing an extra 39 appointments. Two practices are within Nottinghamshire County offering 25 additional urgent care appointments per week.

- Oral health improvement funding for local authorities
  As mentioned above, this funding is recurrent for 2 years.
    - £150,000 recurrent for 2 years (21/22 and 22/23) to support oral health improvement initiatives and activities

  The above funding has been jointly allocated between Nottingham City and Nottinghamshire County Councils. Agreement on the spending of the funding is being discussed and agreed at the Nottingham and Nottinghamshire Oral Health Steering Group to ensure alignment with oral health needs of the area.

- Support Practices - Community Dental Service
  NHSE have secured additional funding to re-run the pilot for financial year 2022/23, where 3 practices within Nottinghamshire have been approved providing 6 sessions per week. Two of the three practices are within Nottinghamshire County providing 4 sessions per week.

- Golden Hello Scheme
  NHSE have secured additional funding to assist local NHS dental providers in the recruitment and longer-term retention of dentists in targeted areas where the recruitment of additional dentists is most challenging. The overarching aim of the scheme is to increase the number of dentists in targeted areas and ultimately increase local NHS dental access for patients. Under the terms of the scheme, a lump sum Golden Hello payment of up to £15,000 will be available for each eligible new full-time NHS dentist recruited within the target area from non-targeted areas. The targeted area within the Nottinghamshire system is East Bassetlaw. NHSE have received 1 application for East Bassetlaw, the application is currently pending approval.

- Waiting list initiative - Intermediate Minor Oral Surgery (IMOS)

Non recurrent investment in 2022/23 was extended to support IMOS providers in reducing waiting times for patients to be seen within 18 weeks of referral into the specialist service. The Nottinghamshire system has one of the lowest IMOS waiting lists for patients waiting over 18 weeks to be treated across the East Midlands due to this no funds were assigned for 2022/23 as funding was targeted at system areas with the longest waits. As this is a specialist service commissioned on a system area footprint, data for Nottinghamshire County residents is unfortunately not available.

- Waiting list initiative – Orthodontic Case Starts
  Non recurrent investment in 2022/23 was extended to support lengthy waiting times for orthodontic treatment that have been exacerbated due to the COVID-19 pandemic. 3 providers in Nottinghamshire were approved for this scheme to provide 60 additional case starts. Out of the 60 case starts approved, 30 are in Nottinghamshire County.

- Vulnerable People and SMD Groups
  Recurrent investment of £200,000 per annum has been secured to commission an East Midlands pilot scheme for delivery of dental treatment and care specifically to individuals who are vulnerable due to multiple deprivation and/or homeless. The pilot will include mobile dental unit in Nottinghamshire, 12 visits per annum and additional 28 clinical sessions per annum in a primary care setting. Final documentation for this scheme is currently in progress with the aim for the pilot to commence April 2023.

- Flexible Commissioning
  Flexible Commissioning aims to refocus a section of existing commissioned activity to increase capacity to deliver specific programmes or incentivise activity. Flexible Commissioning initiatives were developed by Yorkshire and Humber Commissioning Team and took effect from November 2019. 5 general dental practices in Bassetlaw were approved for the scheme. Upon transferring to Nottingham and Nottinghamshire region due to boundary changes, practices were approved for a 1-year extension for the scheme until March 24 in line with Yorkshire & Humber Commissioning Team. NHSE East Midlands are currently scoping options for Flexible Commissioning via task and finish group for consideration to widen the scheme across the whole Nottingham and Nottinghamshire system.

12 Oral Health and Inequalities

12.1 Whilst NHSE is responsible for commissioning NHS dental services, local authorities have a dental public health function as per Statutory Instrument

2012 No. 3094 *The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012:*

"(1) Each local authority shall have the following functions in relation to dental public health in England.

(2) A local authority shall provide, or shall make arrangements to secure the provision of, the following within its area –

(a) to the extent that the authority considers appropriate for improving the health of the people in its area, oral health promotion programmes;

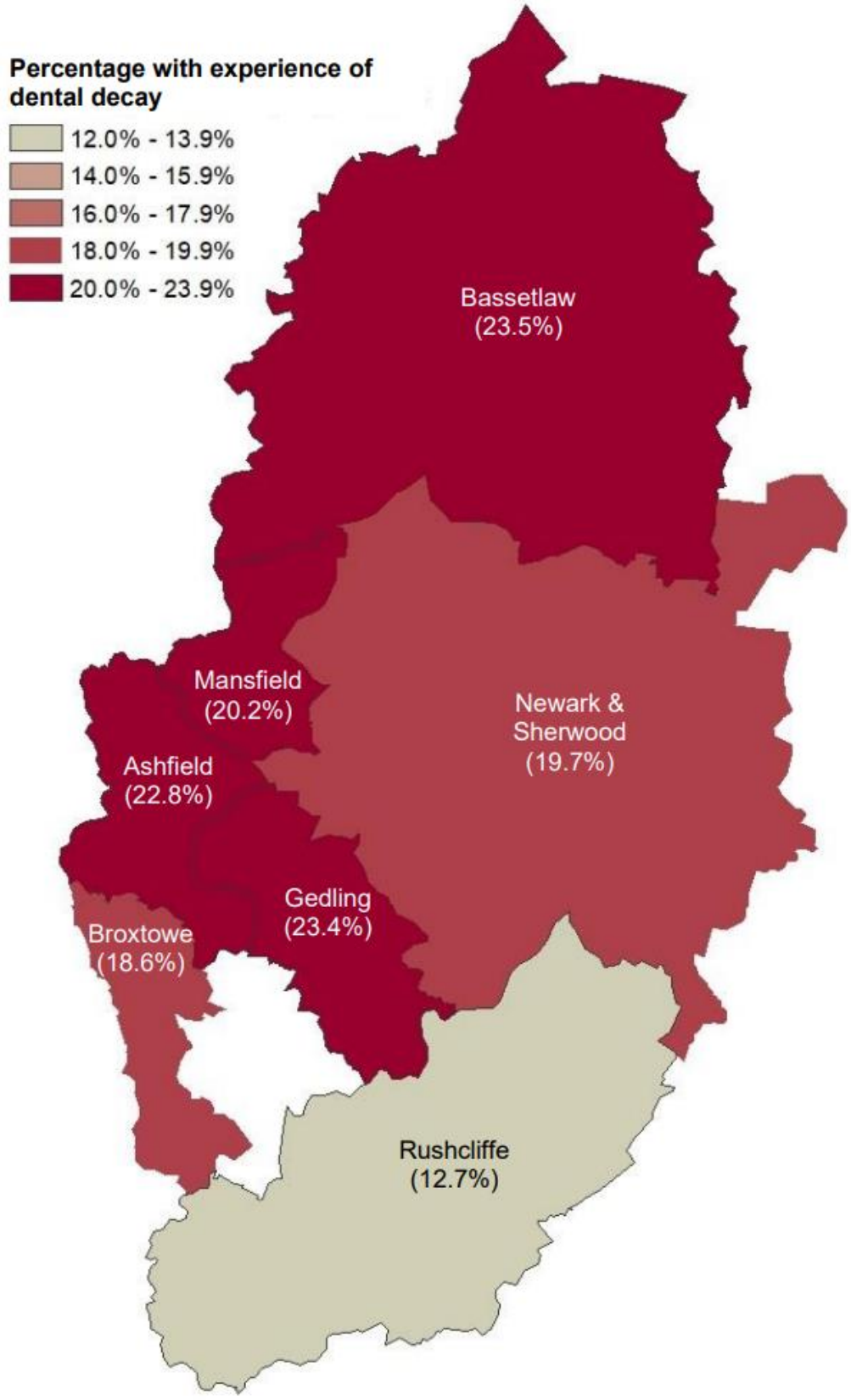
(b) oral health surveys to facilitate –
(i) the assessment and monitoring of oral health needs,
(ii) the planning and evaluation of oral health promotion programmes,
(iii) the planning and evaluation of the arrangements for provision of dental services as part of the health service, and
(iv) where there are water fluoridation programmes affecting the authority's area, the monitoring and reporting of the effect of water fluoridation programmes.

(3) The local authority shall participate in any oral health survey conducted or commissioned by the Secretary of State under paragraph 13(1) of Schedule 1 to the 2006 Act (powers in relation to research etc.)(49) so far as that survey is conducted within the authority's area."

12.2 In addition, Local Authorities and ICBs have equal and joint duties to prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs) through the health and wellbeing board. Oral health is one of the health needs that may be assessed. The responsibility falls on the health and wellbeing board as whole and so success will depend upon all members working together throughout the process. The Nottinghamshire County and Nottingham City oral health needs assessments are available here and here. These were both published in 2020. It will be expected that future oral health needs assessments will be undertaken jointly.

12.3 Oral diseases continue to be a leading public health problem with significant inequalities. Those living in more deprived areas and vulnerable individuals are more at risk, both of and from, oral diseases. Whilst there has been an overall improvement in oral health in recent decades, further work is needed to improve oral health in our most deprived and vulnerable communities to reduce inequalities. Around 20% of children in Nottinghamshire experience preventable tooth decay by the age of 5 years. Although this is less children than the regional and national figures (East Midlands around 25% of 5 year olds will have experienced tooth decay, nationally 23.4% of 5 year olds), this will mean children experiencing pain, disruption to families, and may result in

time off school and preventable costly treatments, including General Anaesthetic in hospitals for tooth extractions. The latest results of the biennial oral health survey of 5 years undertaken in 2021/22 is due to be published in the next month. This will provide an indication of the possible effects of the covid pandemic and the shift towards home schooling on child oral health and tooth decay experience. Figure 4 below shows the results of the 2019/20 oral health survey of 5-year-olds in Nottinghamshire showing the differences in tooth decay experience across the county.



The districts with the highest proportion of 5 years old with tooth decay are Bassetlaw and Gedling with 23.5% of children. Rushcliffe has the

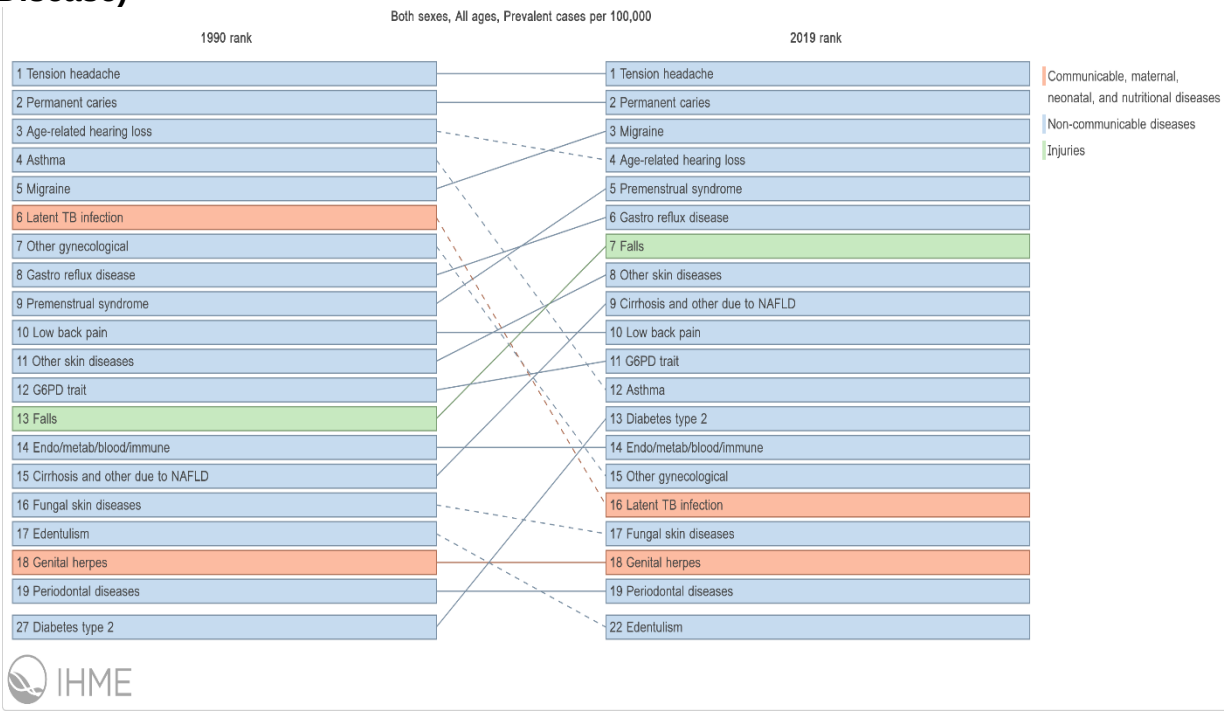
lowest proportion of 12;7%, highlighting the inequalities in oral health experience across the county.

12.4 Figure 5 shows that oral health remains in the top 20 rankings of the most common health problems affecting the overall health and wellbeing of people living in Nottinghamshire from 1990 to 2019:

- staying at rank 2 – dental decay (caries)
- staying at rank 19 – periodontal (gum) disease)
- down 5 ranks from 17 to 22 – edentulism (no teeth)

In most cases these problems are preventable.

Figure 5: Ranking of prevalent cases per 100,000 affecting overall health and wellbeing of people living in Nottinghamshire (Global Burden of Disease)



12.5 In 2017/18, the National Dental Epidemiology Programme undertook an oral health survey of adults attending general dental practices in England. It provided data to inform joint strategic needs assessments and oral health needs assessments to plan and commission oral health improvement interventions and services for adults. Adults attending general dental practices for any reason, aged 16 years and over, were recruited to take part in the survey. The survey consisted of a questionnaire on the impact of oral problems on individuals, use of dental services and barriers to receipt of care and a brief clinical examination conducted by trained local epidemiology teams under standardised conditions. Across Nottinghamshire, some 70 people took part in the survey which found that 20 of adults examined had

tooth decay affecting on average 1.4 teeth, 50% had gum disease and just under 5% had urgent dental care needs.

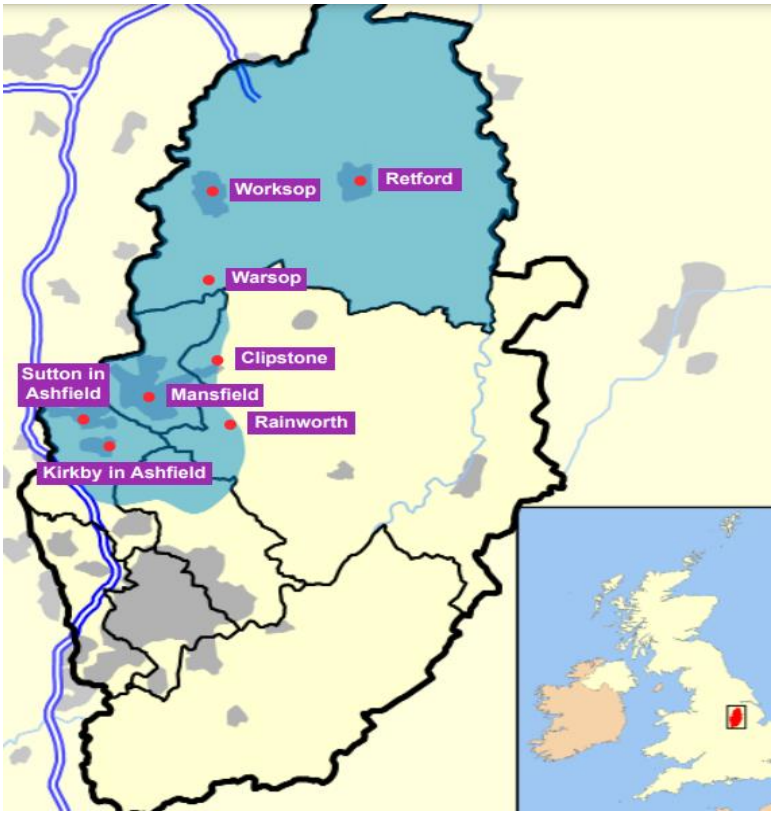
12.6 Vulnerable groups are those people whose economic, social, environmental circumstances place them at high risk of poor oral health or make it difficult for them to access dental services. This includes people who are old and frail, have physical or mental disabilities as well as the homeless. These groups may require special treatment or treatment in a special setting to accommodate their needs. The 2015/16 Oral Health Survey of Older People presented the results of a questionnaire and standardised dental examination of older people (aged 65 years and older) with mild dependency who live in "extra care" housing establishments. This was the first and only oral health survey of this population group and the method was implemented as a pilot. At the time of this survey of those taking part in Nottinghamshire, 34% of participants had not seen a dentist within the last two years, 9% reporting being able to find an NHS dentist and 19% reporting difficulty getting to and from the dentist. 8.5% of those surveyed reported that their oral health often adversely impacts their quality of life, 13% reported being in pain with their mouths, and 7.5% requiring domiciliary treatment. 3% reported being unable to afford NHS dental charges.

12.7 Overall, national surveys have demonstrated that:

- The oral health of adults has improved significantly over the last 40 years with more of the population retaining their natural teeth throughout life.
- Poorer oral health disproportionately affects older people and those living in more deprived areas.
- Men from materially deprived backgrounds are more likely to experience higher levels of tooth decay and gum diseases but least likely to visit a dentist.
- Adults with learning disabilities are more likely to have poorer oral health than the general population.
- Adults with learning disabilities living in the community are more likely to have poorer oral health than their counterparts living in care.
- Homeless people are more likely to have greater need for oral healthcare than the general population.

12.8 Water fluoridation is an effective and safe public health measure to reduce the frequency and severity of dental decay, and narrow oral health inequalities. Fluoridated water is currently supplied to ten percent of the population in England, and this includes some parts of Nottinghamshire (Figure 6).

Figure 6: Water fluoridation in the Nottinghamshire system



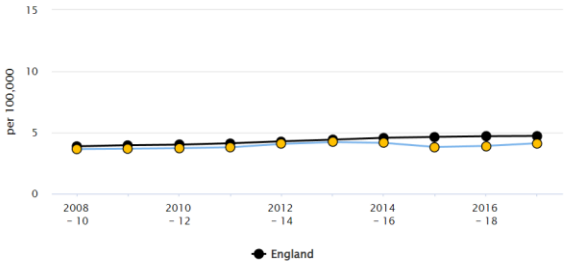
12.9 The responsibility for water fluoridation has recently changed from being the responsibility of Local authorities to resting with the Secretary of State as a result of the Health and Care Act 2022. This will include responsibility for public consultation on proposed new schemes, which may in future be developed at larger footprints than Local Authorities. As confirmed by the UK Chief Medical Officers, water fluoridation is a safe and evidence based approach to reduce dental decay at population level, with the greatest potential benefit in the most deprived communities.

Recent analysis by the Office for Health Improvement and Disparities identified that the risk of dental decay in children living in deprived areas was 25% less in areas with fluoridation, and up to 56% of child hospital admissions to have decayed teeth removed could be avoided in more deprived areas through water fluoridation schemes.

12.10 Oral cancer rates are increasing across England and is closely associated with tobacco and alcohol use with the risk of developing it rises with increasing age. As with other cancers, survival rates increase the earlier it is diagnosed and treated. Dental examinations are frequently the first point of an oral cancer diagnosis for onward referral to treatment, Nottinghamshire has a comparable incidence of oral cancer (new annual registrations of oral cancers) to the national figure at around 14 cases per 100,000 population.

The death rate from oral cancer across Nottinghamshire is slightly lower to national trends, with a mortality rate of 4.1 per 100,000 (Figure 7)

Figure 7: Oral cancer mortality rates



Recent trend: Could not be calculated

Period		Nottinghamshire Count	Value	95% Lower CI	95% Upper CI	East Midlands	England
2008 - 10		81	3.6	2.9	4.5	3.5	3.9
2009 - 11		83	3.7	2.9	4.6	3.6	4.0
2010 - 12		85	3.7	3.0	4.6	3.8	4.0
2011 - 13		89	3.8	3.0	4.7	4.1	4.1
2012 - 14		97	4.1	3.3	5.0	4.1	4.3
2013 - 15		103	4.2	3.4	5.1	4.2	4.4
2014 - 16		103	4.1	3.4	5.0	4.3	4.6
2015 - 17		96	3.8	3.1	4.7	4.5	4.6
2016 - 18		99	3.9	3.2	4.8	4.6	4.7
2017 - 19		107	4.1	3.4	5.0	4.6	4.7

Source: Calculated by OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Registrations Extract and ONS Mid Year Population Estimates

Oral cancer disproportionately affects males and its incidence and mortality increase with deprivation and age. The reasons for these increases are poorly understood but may be partially explained by trends in risk factors linked to social determinants.

Known risk factors for oral cancer linked to social determinants include smoking, other ways of using tobacco such as chewing, drinking alcohol and infection with the human papilloma virus (HPV). Where oral cancer is suspected on the basis of clinical examination or symptoms, the diagnosis is confirmed by biopsy.

The data and trends in this report identifies the geographic areas and population groups (especially men living in areas of high deprivation, most at risk to facilitate the planning of health improvement initiatives for prevention and clinical services for early diagnosis and treatment.

12.11 The Local Dental Network publicised Mouth Cancer Awareness month in November 2021 and distributed a set of key messages to dental practices to help them raise awareness, identify patients with symptoms, and ensure they are aware of how to refer patients quickly to the appropriate services. This was a proactive local follow up to a dental bulletin issued by the Chief Dental Officer in May 2021 https://bit.ly/3vK70Ez.

13. Collaborative working

13.1 NHSE works collaboratively with Public Health colleagues in Nottinghamshire County Council around prevention initiatives linked to oral health improvement and in amplifying key oral health messages. Further information has been provided by the Council's public health team on the local oral health improvement initiatives across Nottinghamshire County in Appendix 5.

13.2 There have been regular meetings with the profession via the Local Dental Committee. NHSE are grateful for the co-operation received from the dental profession across the Nottinghamshire system in mobilising local Urgent Dental Care Centres and co-producing solutions to help manage the restrictions in NHS dental services during the pandemic which included joint working between the local Community (Special Care) Dental Service and General Dental Practices.

13.3 NHSE has appointed a Nottinghamshire Local Dental Network (LDN) Chair who is currently involved in working with the Local Dental Committee to address challenges that practices are facing to improve access for patients experiencing Severe Multiple Disadvantage. Furthermore, the LDN is working to improve the links between the Special Care Dental Service and local dental practices in order to improve access for children.

13.4 The NHSE commissioning team have also been working with colleagues in the Communications team to draft a series of stakeholder briefings to update key partners and the public on the situation with respect to NHS dental services. These have been distributed to local authorities, Directors of Public Health and CCGs. Examples of tweets that have been shared on Twitter are given in Appendix 6.

13.5 NHSE have also engaged with Healthwatch Nottingham, and Nottinghamshire and they have shared intelligence on local concerns or on difficulties people may be having accessing NHS dental services. Following feedback from Healthwatch regarding the confusion for patients on the '*accepting new patients on referral'* category of each dental practice profile, a decision has been made to remove this as part of updates planned for September/October 2022.

14 Supporting Information

- Appendix 1 - Location of dental practices or clinics
- Appendix 2 - Activity Trends in Primary Care
- Appendix 3 – Midlands Oral Surgery Referral to Treatment (18 week and 52-week Waiters)

- Appendix 4 – Midlands Secondary Care Dental Referral Trends
- Appendix 5 – Nottinghamshire County (Public Health led) Oral Health Promotion Activity Briefing
- Appendix 6 - Examples of tweets shared by the NHS England Communication Team

16 Contact Points

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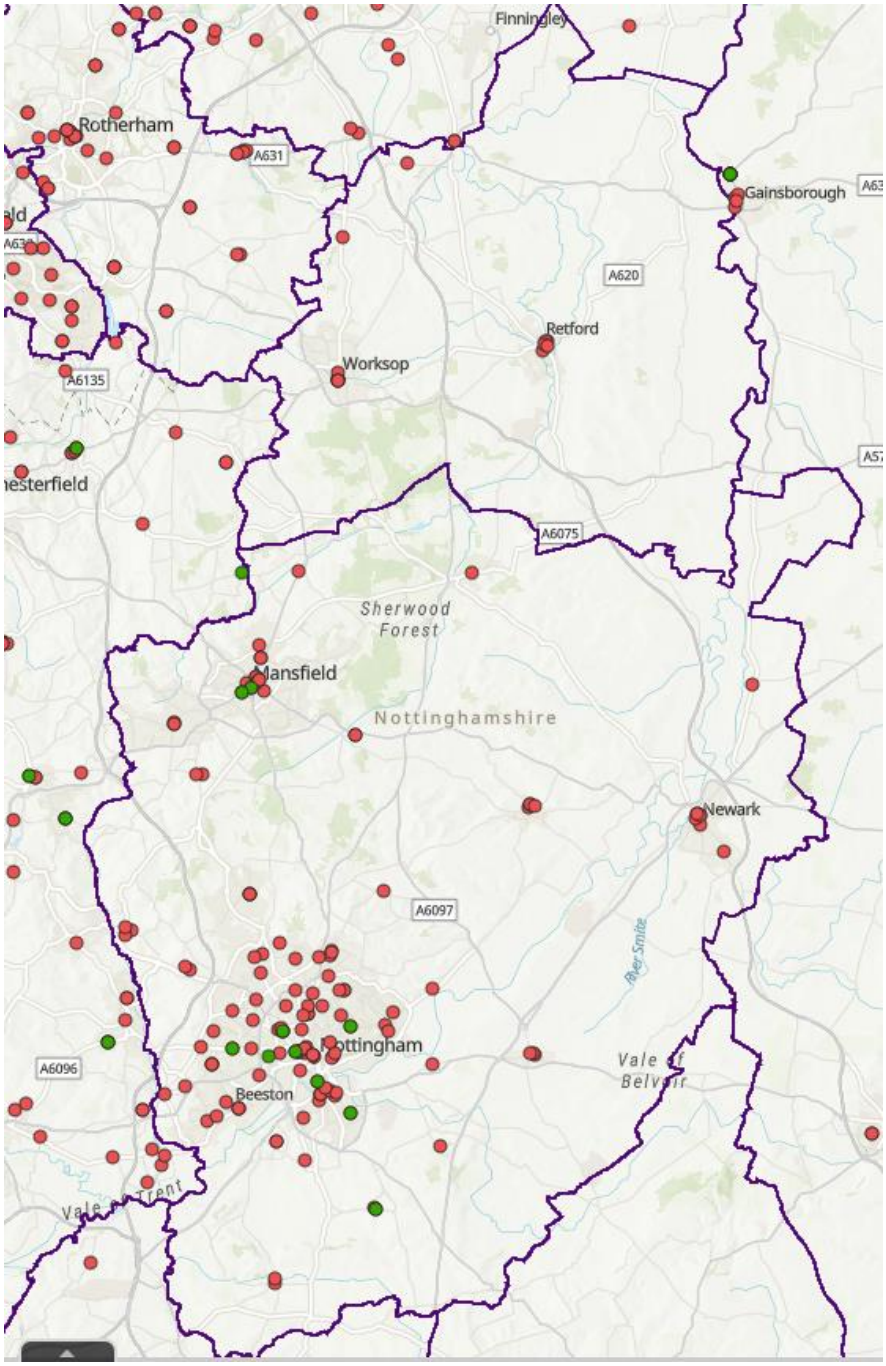
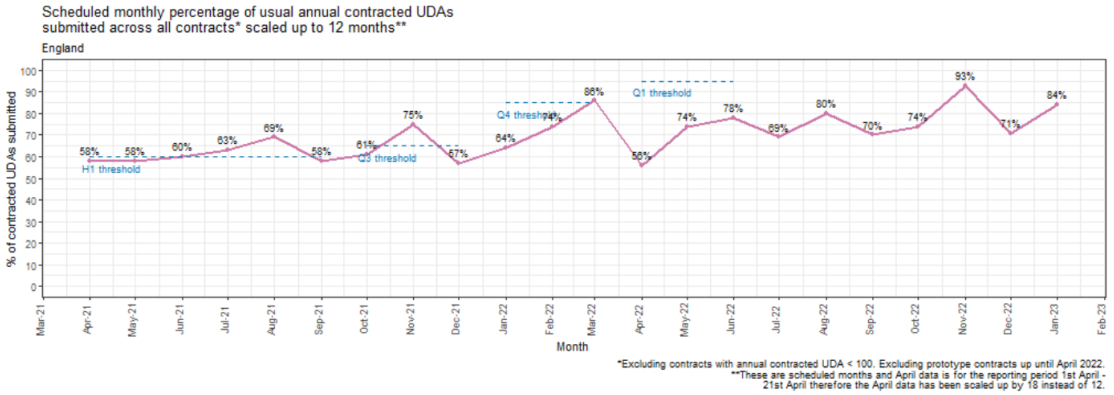
Appendix 1: Location of dental practices or clinics including orthodontic and community sites

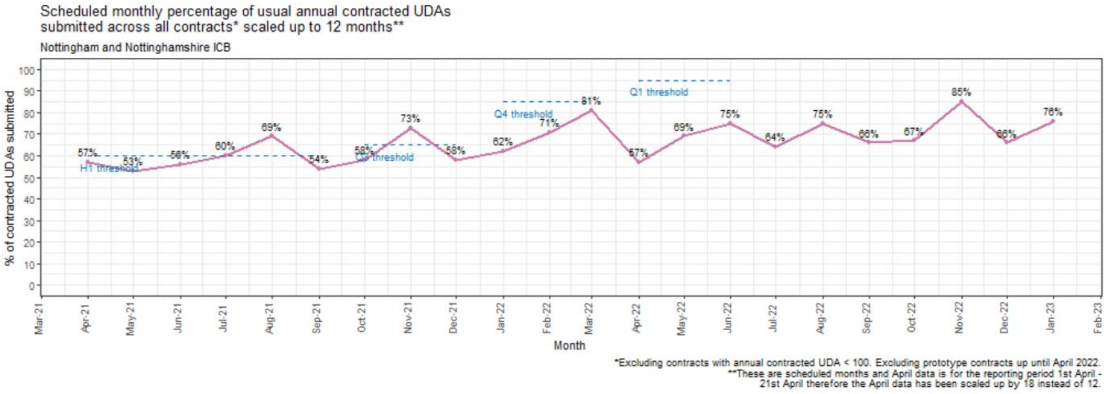
Map 1: Location of NHS dental practices and clinics (including orthodontics and community sites in Nottinghamshire including Bassetlaw



Appendix 2: Activity Trends in Primary Care for Units of Dental Activity (UDA) – England, Nottinghamshire ICB



- This graph shows the average monthly performance of the **6841** GDS/PDS/PDS+ contracts scaled up by 12 months measured against the delivery thresholds (60% for Apr-Sep 21, 65% for Oct-Dec, 85% for Jan-Mar, 95% for Apr-Jun 22 and 100% going forward).

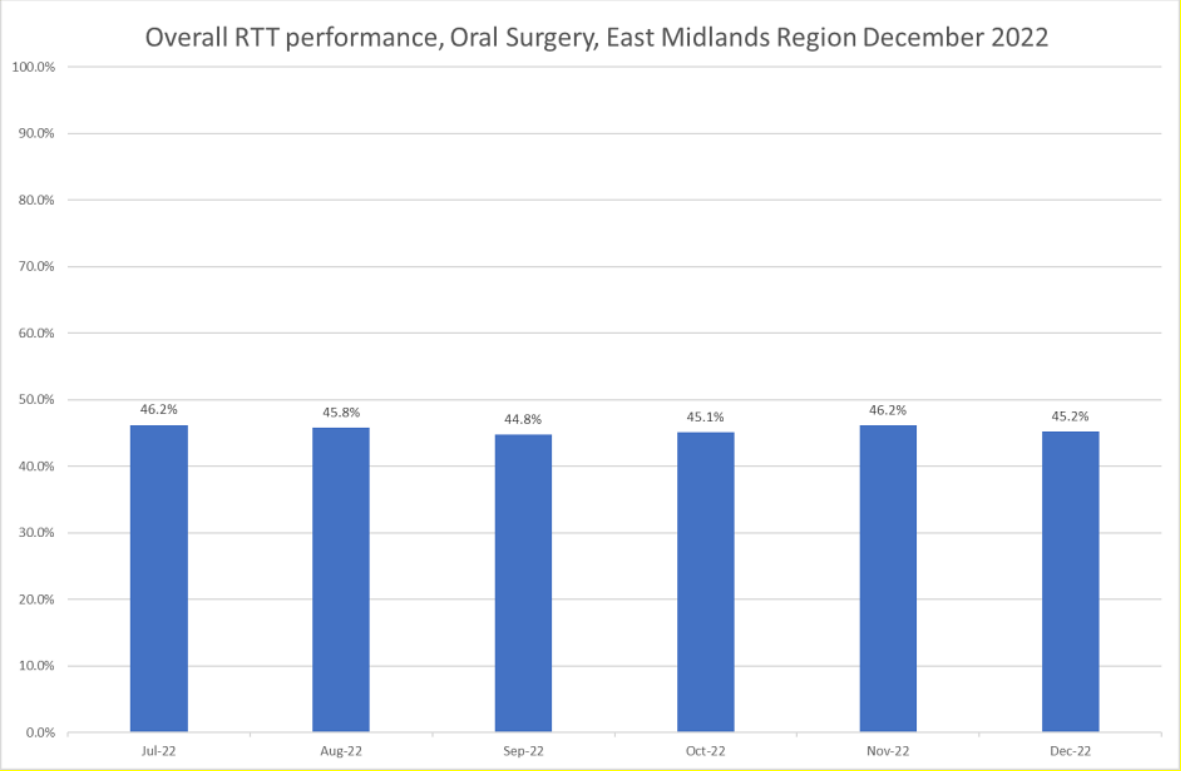


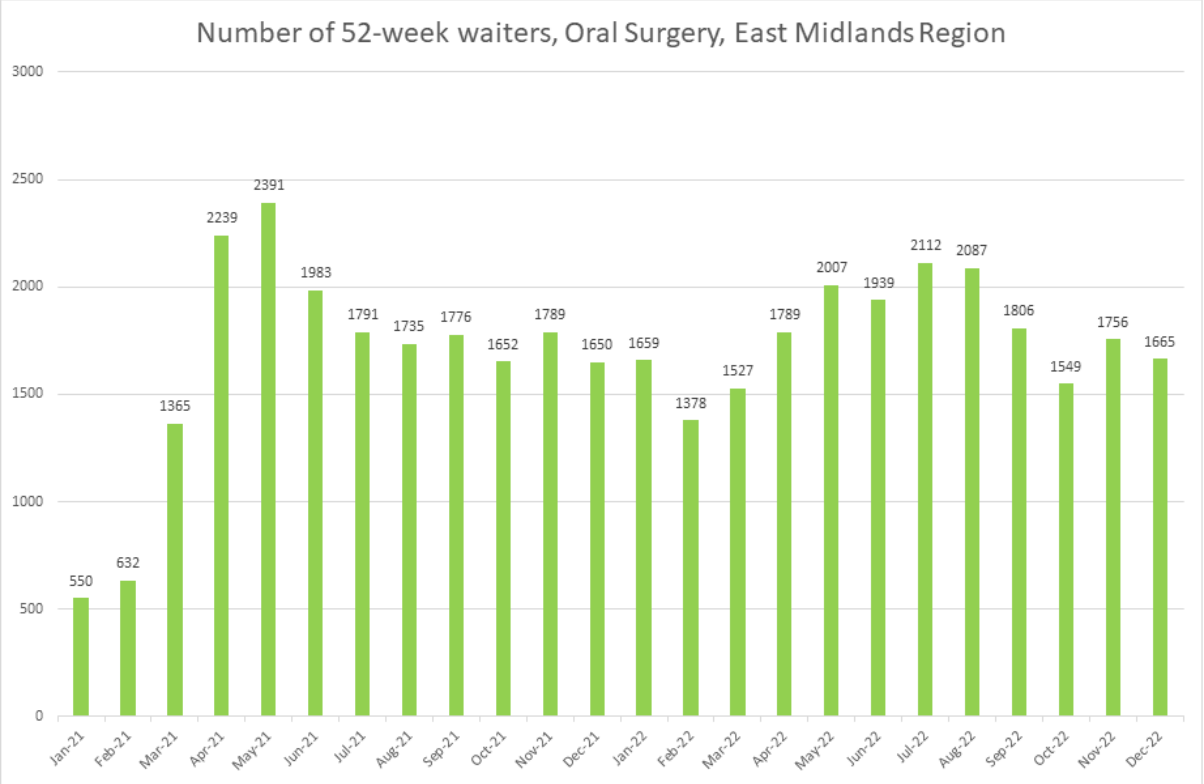
- This graph shows the average monthly performance of the **124** GDS/PDS/PDS+ contracts scaled up by 12 months measured against the delivery thresholds (60% for Apr-Sep 21, 65% for Oct-Dec, 85% for Jan-Mar and 95% for Apr-Jun 22).

Appendix 3: East Midlands Oral Surgery Referral to Treatment (people waiting 18 week 52, 78 and 104 weeks)

Note – The updated December 2022 RTT position for Oral Surgery shows that (in respect of the East Midlands) the recovery in respect of the performance against the 18-week standard remains plateaued between 45% and 50%. The number of 52-week waiters has increased with the overall proportion remaining static. The number of patients waiting over 104-week waits has reduced from 3 in November 2022 to 2 in December 2022; validated data states 170 patients were waiting over 78 weeks in December 2022.

Data cannot be split to report for Nottinghamshire County.




Number of 52-week waiters, Oral Surgery, East Midlands Region
3000
2500
2000
1500
1000
500
0
550
632
1365
2239
2391
1983
1791
1735
1776
1652
1789
1650
1659
1378
1527
1789
2007
1939
2112
2087
1806
1549
1756
1665
Jan-21
Feb-21
Mar-21
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78 Weeks East
1000
900
800
700
600
500
400
300
200
100
0
884
646
457
377
257
201
177
152
150
157
162
142
147
146
170
Oct-22
Nov-21
Dec-21
Jan-22
Feb-22
Mar-22
Apr-22
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Jun-22
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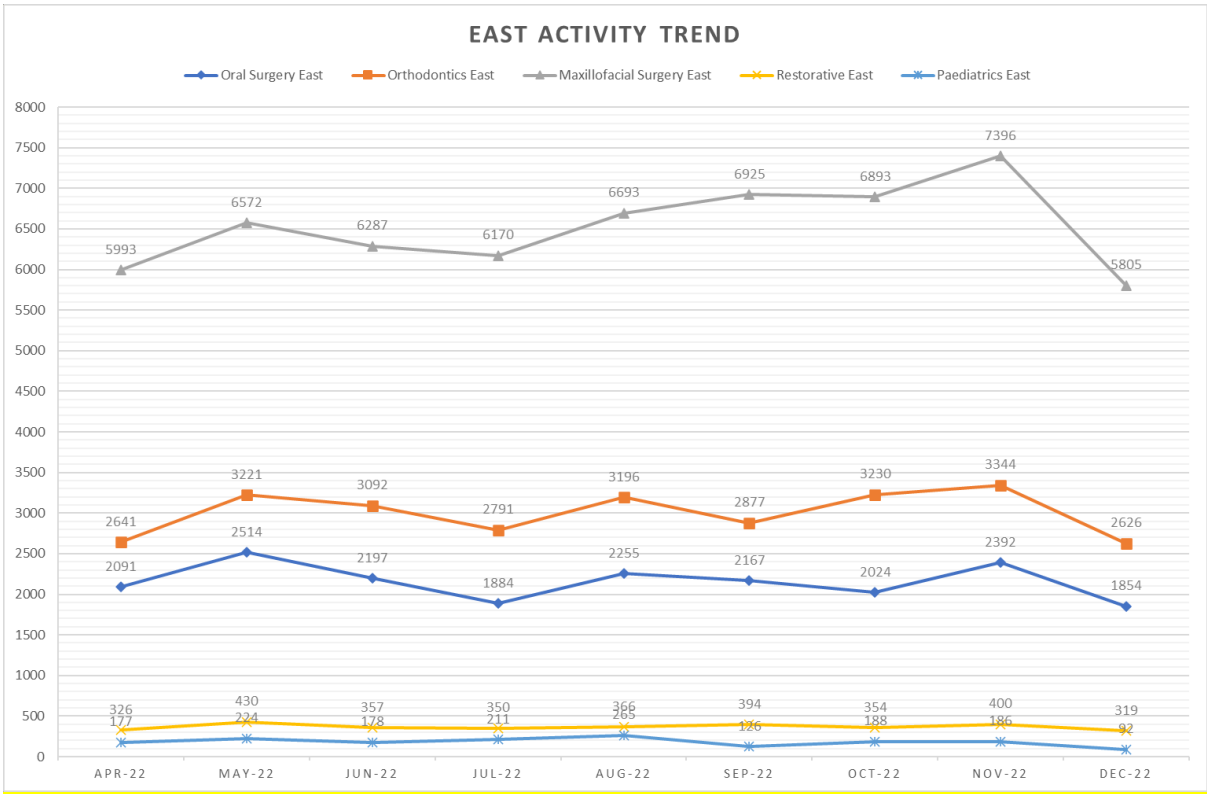
Dec-22

Appendix 4: Midlands Secondary Care Dental Referral Trend and Recovery Trend



Appendix 5: Nottinghamshire County (Public Health led) Oral Health Promotion Briefing

1. **Oral health strategic approach**
   Aim: To improve oral health and reduce inequalities in oral health in Nottinghamshire County
   Taken forward across 3 'pillars
   - ***Evidence based***. This includes needs assessment, dental epidemiology and understanding evidence of effectiveness
   - ***Prevention and reducing inequalities*** Plan for services and actions to reduce inequalities and improve oral health, particularly in children and vulnerable adult populations
   - ***In partnership*** work to build shared understanding across system partners and advocate for action on improving oral health

2. **Nottingham and Nottinghamshire Oral Health Steering Group**
   Public Health coordinate and chair this multi-agency group which brings together commissioners, providers and Healthwatch. The group has recently

received reports on dental access, on oral health for children in care, on antibiotic resistance and oral health promotion.

3. **Oral health surveys and needs assessment**
   The results of the 2021/22 dental survey of 5 year old children will be published in Spring this year (2023) and will allow comparison with other areas and against previous trends. The 2022/23 survey will look specifically on year 6 school pupils at 11-years old. Oral health needs assessments were published in 2020 and are available on Nottingham Insight here. These describe inequalities in oral health and trends over time. They describe oral health needs in children and in vulnerable adults. They will be refreshed after the children's epidemiology survey data is published.

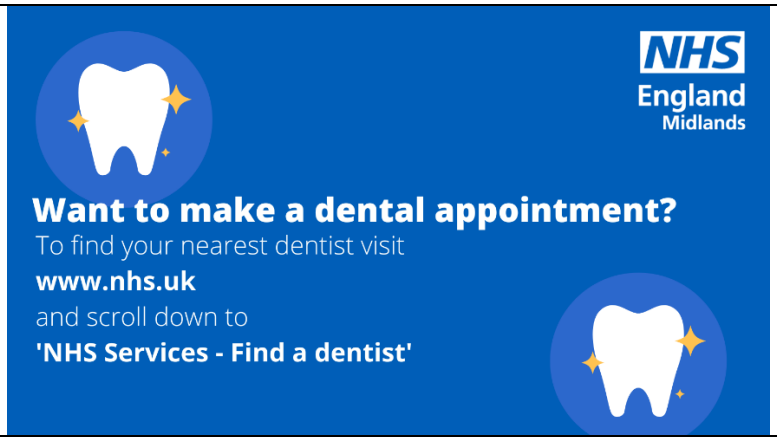
4. **Oral health promotion service**
   Nottinghamshire commissions a long-established oral health promotion service delivered by Nottinghamshire Healthcare Trust.

5. **Examples of recent partnership work**
   - With funding provided by NHS England, and in partnership with Nottinghamshire County Council, oral health products and information were distributed to food banks, food clubs and other community services across the City and County. In total 25,512 toothbrushes, 18,864 tubes of toothpaste and 3800 leaflets were received by 51 food banks and 5016 toothbrushes, 3696 tubes of toothpaste and 1200 leaflets were delivered to 22 food clubs across Nottingham and Nottinghamshire.

Materials circulated with tooth brushing packs to foodbanks:

- As part of the work to support people in severe and multiple disadvantage a survey of dental health needs was undertaken by community dentistry and in partnership with local support services. This illustrated high levels of unmet need. For example, over half had dental pain at the time of the examination, almost all needed dental treatment, and almost a third had done 'DIY dentistry'. The information has been used to advocate for an adapted service to support this group further in meeting oral health needs which is being planned at present.

Appendix 6: Examples of tweets shared by the NHS England Communication Team

		To make a routine dental appointment, you can use our website to find those dentists nearest to you. https://www.nhs.uk/service-search/find-a-dentist
		A dentist needs to examine your mouth and decide the cause of the pain. Painkillers will help manage pain caused by tooth decay and this may be best treated with a filling. Antibiotics are only needed when you have infection, swelling and a temperature.
		Our priority is to make sure people who have dental problems and other groups of people who need extra care such as children, are seen quickly and often. This means your check up might be up to every two years if you have a healthy mouth.

		If you have toothache try taking some pain relief tablets to see if it helps. If the pain persists then go to www.nhs.uk/conditions/toothache for advice on what to do next
		If you have a tooth abscess that is causing you pain and stopping you from eating, go to www.nhs.uk/conditions/dental-abscess for advice on what to do next
		Losing a filling or chipping a tooth can be painful. If so, take some pain relief and if this continues, go to https://111.nhs.uk/ for advice on what to do next. If it is not painful, make a routine appointment with a dentist https://www.nhs.uk/nhs-services/dentists/

Nottinghamshire County Council

Report to Health Scrutiny Committee

28 March 2023

Agenda Item: 5

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

HEALTH VISITOR SERVICE IN NOTTINGHAMSHIRE

Purpose of the Report

1. To provide assurance about the delivery and performance of the health visitor service during the pandemic and the restoration of services post-pandemic, and to understand the impact of the pandemic on babies' and young children's development.

Information

2. The Committee previously considered the Health Visitor Service as part of wider consideration of the Healthy Families Programme at its April 2021 meeting. This was under the Council's previous governance arrangements. The Service was tentatively scheduled for consideration at the Committee's January 2023 meeting, but this was delayed pending the resolution of appropriate scrutiny routes for the Service and the wider Healthy Families Programme. It is now intended that the Committee's consideration will inform the Healthy Families Programme recommissioning process.

3. The attached briefing document provides information in respect of the delivery of statutory assessments for 0-3 year olds, equity of access to health visiting services across Nottinghamshire, the collaboration between midwifery and health visiting services, as well as how the impacts of social isolation in babies and young children during the pandemic are being addressed.

4. Kerrie Adams, Senior Public Health Manager at Nottinghamshire County Council, and Nottinghamshire Healthcare NHS Foundation Trust representatives Sheryl Dudley and Joseph Sullivan will be in attendance to present the information and to respond to questions.

RECOMMENDATIONS

That the Health Scrutiny Committee:

1) consider the information provided and make recommendations to the Adult Social Care and Public Health and Children and Families' Select Committees on the recommissioning of the Healthy Families Programme; and

2) determine whether to receive an update on the performance of the recommissioned service, to provide assurance that the Committee's comments have been addressed.

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 Health Scrutiny Committee
Nottinghamshire Healthy Families Programme | Briefing | March 2023

1. Overview

"The foundations for virtually every aspect of human development – physical, intellectual, and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and wellbeing - from obesity, heart disease and mental health, to educational achievement and economic status"

Michael Marmot, 2010, Fair society, healthy lives

The ambition to give every child the best start in life is a key local and system priority, because we know that a good start shapes lifelong health, wellbeing and prosperity. The responsibility to deliver this ambition is spread across a number of organisations across the Integrated Care System. Two Nottinghamshire joint strategic needs assessments completed in 2019: *1001 Days (from conception to age 2)* and *Early Years and School Readiness* highlight how pregnancy and the early years represent a phase of increased vulnerability, yet also offer a short window of significant opportunity to improve outcomes. Nottinghamshire's Best Start Strategy (2021-2025) sets out key steps towards a vision for every child in Nottinghamshire to have a good start in life. This ambition to give every child in Nottinghamshire to have a good start in life is also a priority in the Nottinghamshire Health and Wellbeing Strategy (2022-2026) and supports the delivery of several ambitions in the Council's Nottinghamshire Plan (2021-2031) and Nottingham and Nottinghamshire's draft Integrated Care Strategy (2023-2027).

The Governments Healthy Child Programme is the national evidence based universal programme for children aged 0 to 19 and is at the heart of the Nottinghamshire's Healthy Families Programme (HFP). The Nottinghamshire HFP is an early intervention and prevention public health service, supporting Nottinghamshire families to provide their children with the best start in life. The Nottinghamshire HFP offers every family with a child between the ages of 0 and 19 years a programme of health and development reviews as well as information and guidance to support child development, parenting, and healthy choices, to ensure that children and families achieve optimum health and wellbeing.

The service is universal in reach and personalised in response: support is offered to all families, which enables those with additional needs to be identified. Most family's needs will be met by the universal offer, with targeted and evidence-based support offered to those who need it, as early as possible.

It is recognised in the national literature and evidence that the pandemic and its associated restrictions have had a significant impact on the early experiences and development of new babies and young children. The lockdown measures introduced to reduce the spread of Covid-19 resulted in a rapid change in circumstances for many new parents and their children across Nottinghamshire.

This paper aims to update the Health Scrutiny Committee on a summary of the Nottinghamshire HFP service, the current HFP workforce and the latest evidence of the impact of the Covid pandemic on Nottinghamshire's babies and young children.

2. Summary of the Nottinghamshire Healthy Families Programme

Statutory responsibilities and commissioning arrangements

Ensuring that children in Nottinghamshire have a good start in life is a complex ambition delivered through a range of organisations across the Integrated Care System (ICS). Appendix Item one summarises the roles and responsibilities of the various organisations for children aged 0-5years. This paper will concentrate on the specific role of the Nottinghamshire HFP in supporting this ambition.

Local Authorities have a statutory responsibility, under the Health and Social Care Act of 2012, to ensure that the Healthy Child Programme and National Child Measurement Programme are provided to the local population of children, young people and families. More specifically, five universal health visitor reviews, from late pregnancy to age 2 to 2.5-years, are mandated for delivery.

The commissioning responsibility for health visiting services transferred to the Council in October 2015 when a procurement process was undertaken to recommission health visiting, public health school nursing, the Family Nurse Partnership, and the National Child Measurement Programme as an integrated service for children and families aged 0 to 19.

The contract for the service known locally as the Healthy Families Programme (HFP) started on 1st April 2017 and is delivered by Nottinghamshire Healthcare NHS Foundation Trust (NHFT). The contract was awarded for an initial three-year period with the option to extend for a further four years. The four-year extension has now been enacted, with the current contract due to end in 2024.

Supporting children aged 0 to 5

This HFP contract brings together care provided by health visitors, school nurses, the Family Nurse Partnership Programme (for first time teenage mums) and the National Childhood Measurement Programme into an integrated service known locally as the Nottinghamshire HFP.

In the early years, the Nottinghamshire HFP delivers:

- Antenatal contact, in pregnancy
- New baby review: health, wellbeing, and development, delivered in the home
- 6 to 8-week review: health, wellbeing, and development, delivered in a community venue or the home, dependent on assessed need
- 1-year health and development review: comprehensive assessment of a child's health, social, emotional, behavioural and language development, delivered in a community venue for universal families, and in the home for targeted and safeguarding families
- 2 to 2.5-year health and development review: comprehensive assessment of a child's health, social, emotional, behavioural and language development, integrated with early years settings wherever required, delivered in a community venue for universal families, and in the home for targeted and safeguarding families
- The Family Nurse Partnership, an evidenced-based intensive home visiting programme for vulnerable first-time teenage parents, throughout pregnancy and until their child is aged 2,
- Support for children's early development:
    - Improving emotional and social wellbeing through strong parent-child attachment, positive parenting and supportive family relationships

  - Promoting early speech and language development
  - Detecting and acting early to address development delay or health concerns
  - Enhancing health and wellbeing
  - Promoting creative and imaginative play
  - Detecting and acting early to reduce the adverse impact of psychosocial issues such as parenting capacity, disruptive family relationships, domestic violence, mental health issues and substance misuse
- A focus on maternal mental health, including programmes of support
- Extra support and contacts for families with identified needs, including a targeted review at age 3 to support school entry
- Safeguarding: assessment of risk to children, comprehensive assessment of health need prior to each safeguarding conference, attendance at safeguarding conferences, and support for the development and implementation of safeguarding plans
- Annual health assessment of Looked After Children (LAC), focused on public health and wellbeing, and contribution to LAC reviews.

The following sections describe these key elements of the Nottinghamshire HFP service and its important interactions with other ICS services across the child's life course to ensure they achieve optimum health and wellbeing.

Mandated Reviews

Nursing and Midwifery Council (NMC) registered specialist public health practitioners (health visitors) lead care for families aged 0 to 5. The Governments Healthy Child Programme 0-19 includes a mandate for the delivery of 5 universal health visitor reviews. Regulations underpinning the mandate identify that the review should be carried out by a health visitor or, with delegated responsibility, a suitably qualified health professional (with guidance from, and supervised by, the health visitor).[1]

In pregnancy

Whilst maternity services (obstetricians and midwives at the three acute Hospital Trusts in Nottinghamshire) lead care in pregnancy and the immediate postnatal period, Healthy Family teams offer an antenatal review to all women. This is a holistic assessment of the expectant parent's needs, assessing mental health and welling, supporting the transition to parenthood and promoting health. Where women have complex health or social factors affecting their pregnancy, or potential safeguarding needs, information about care is shared between maternity services and HFT's during pregnancy. For further detail relating to the interface between maternity services and the HFP, see Appendix One, Item two.

Best practice is that midwifery liaison meetings between HFT's and maternity services take place to share information about women's support needs and care with a focus on safeguarding and complex social needs, and this is supported by electric information sharing. This can be challenging at times due to the different information storage systems used historically by each Trust, and workforce capacity issues across maternity and the HFP workforce. Regular practice liaison meetings between HFT's and GP's extend information sharing about the needs of vulnerable families to primary care services, thus enabling primary care to work together with HFT's and midwives to support parents and safeguard children.

[1] Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) (Amendment) Regulations 2015

First time mothers and those with targeted or safeguarding needs will be offered a face-to-face antenatal review by a specialist public health practitioner (health visitor). Second- or third-time parents without additional support needs would be offered a telephone review with a healthy child assistant in the first instance, however all women are able to see a specialist public health practitioner (health visitor) if they wish to, or if concerns are identified. This approach has increased uptake of the antenatal review over the past few years.

HFT's work to build resilience and put in place early support strategies to enhance women's emotional health and wellbeing as part of the universal offer of support. Mild to moderate post-natal depression has a significant impact on a mother, her baby and her wider family, with the potential to affect attachment, child development and longer-term outcomes such as school-readiness. HFT's assess and support maternal mental health beginning in pregnancy, and where additional needs are identified appropriate support is arranged.

Birth and 6-to-8 week reviews

After the baby is born, maternity services lead care for the first few days, which may be up to 30 days if clinically indicated. The service delivered by maternity services in the immediate post-natal period, commissioned by the ICB, is outside of the NCC commissioned HFP.

Maternity services are responsible for ensuring that:

- a new-born infant physical examination takes place within 72 hours of birth that screens eyes, heart, hips and testes[2].
- blood spot screens are taken in the first few days of birth[3]
- a new-born hearing screen also takes place within 3 months of birth, delivered by the hospital trusts.[4]

Breastfeeding support is delivered by both maternity services and HFT's from birth, and these services work together to ensure women can access the care they need to establish and maintain breastfeeding.

After birth, the Healthy Families Programme responsibilities commence when the specialist public health practitioners (health visitors) deliver a new-born review in the home at 10-to-14 days assessing and monitoring baby's growth and health, including advice and support on baby's development, the promotion of sensitive parenting, adjusting to life as a new parent, screening, vaccination, feeding and safe sleep, amongst other areas. At 6-to-8 weeks the review is usually delivered in a community venue by the specialist public health practitioner (health visitor). Neither the birth visit nor the 6-to-8 development review are delegated to another health professional, and are always completed by the health visitor.

At around 6-to-8 weeks women and babies are also seen by their GP for a physical examination of baby and assessment of women's physical and emotional needs. Care and support for new babies is therefore a shared approach delivered across maternity services, health visiting services (Nottinghamshire HFP) and primary care.

1 and 2-to-2.5 years

HFT's undertake a comprehensive assessment of a child's health, social, emotional, behavioural and language development at one year of age, and again at 2-to-2.5 years of age

[2] Newborn and infant physical examination: clinical guidance - GOV.UK (www.gov.uk)
[3] Newborn blood spot test - NHS (www.nhs.uk)
[4] Newborn hearing screening - NHS (www.nhs.uk)

using the evidence-based ages and stages questionnaire (ASQ 3) to assess communication, gross motor skills, fine motor skills, problem solving and personal-social skills, and the ages and stages: social-emotional (ASQ:SE) to assess social and emotional development. These questionnaires are a developmental screening tool completed by parents and reviewed in conjunction with professionals to highlight strengths and concerns in relation to a child's development. They are evidence-based and assessed as valid, reliable and accurate due largely to their parent-centric approach and ease-of-use.[5]

Where a child is not meeting developmental milestones, an appropriate intervention will be delivered, for example for speech, language and communication needs, social and emotional development, or motor skills. HFTs refer for targeted or specialist care wherever further support is needed for example children's centre services, parenting support or assessment by hospital paediatric teams.

One-year reviews may be delivered by an assistant public health practitioner or specialist public health practitioner (health visitor) depending on assessed need. It is a commissioning aspiration that all one-year reviews will be delivered by the specialist public health practitioner (health visitor), which includes them conducting a maternal mental health assessment. Currently this is achieved at 70% of the one-year reviews.

At 2-to-2.5 years universal reviews are delivered by assistant public health practitioners or healthy child assistants, who are specialists in early childhood development. Vulnerable and safeguarding families are considered to be targeted families and receive care from the specialist public health practitioners (health visitors).

The development review at 2-to-2.5 is delivered in partnership with early years settings who also assess a child's development via the early year's foundation stage framework. This is known as the integrated review. Information about assessment is shared between HFT's, early years settings and parents, and where either party identifies concerns, discussion takes place about a child's developmental needs and practitioners work in partnership to ensure appropriate interventions are put in place and the child's progress reviewed.

Whilst there are processes in place to ensure all families access their child development reviews, the HFP work hard to prioritise and reach vulnerable families in need of additional support.

District level service offer

The service specification for the HFP identifies a core offer for children, young people and their parents/carers across the county as a whole. The core offer is universal in reach and targeted in response to identified need. The demographics of the county, and the differing population needs across the districts means that the service does not always look identical to families. For example, the Family Nurse Partnership programme, offered to first time teenage mothers and their babies has a greater presence in districts with a higher teenage pregnancy rate. Similarly, some roles within HFT's are adapted to meet the needs of the locality, such as the presence of a specialist practitioner who has a focus on the Gypsy Roma Traveller community in Newark.

[5] ASQ-3 - Ages and Stages

3. Healthy Families workforce: capacity and skill

The Nottinghamshire HFP is delivered by 20 local Healthy Family Teams (HFT's) that provide children, young people and families with care from before birth to their late teens. HFT's work in geographical areas relating to local communities and incorporate families of schools.

Workforce modelling took place to align the capacity and skill of each team to the needs of the local population. This modelling is based on a combination of factors including the Governments Income Deprivation Affecting Children Index (IDACI), strategic needs assessment, safeguarding demand, as well as local intelligence based on NHFT's experience of delivering services. Underpinning the workforce model is the principle that all children, young people and families will receive the support they need, when they need it, regardless of where they live in Nottinghamshire.

Skill mix and establishment

Each multidisciplinary HFT has a combination of Nursing and Midwifery Council (NMC) qualified specialist public health practitioners (health visitors and school nurses), assistant public health practitioners, healthy child assistants and other support workers, with a wide range of knowledge and skill. HFT's are further strengthened by professional service leads and practice teachers who have specific leadership, supervision, and training remits. Members of the HFT work together to assess public health needs and provide appropriate support to the children, young people and families in their local area.

In the Family Nurse Partnership Programme, specially trained family nurses work intensively with young parents throughout pregnancy up to a child's second birthday.

In addition to the members of the HFT detailed above, there are various county-wide roles within the HFP. These include:

- Specialist and assistant public health practitioners manning the Healthy Families advice line and the confidential text messaging services for children, young people, parents and carers
- Paediatric liaison specialist practitioners, who work closely with each Hospital Trust and the Mother and Baby Unit (the specialist inpatient unit for some women with severe mental health problems during pregnancy or after the birth of their baby)
- A clinical continence team
- A Special Educational Needs and Disabilities Co-ordinator
- The service's senior management and those working in roles such as data, performance, contract management and specialist safeguarding, amongst others.

Colleagues across the Nottinghamshire HFP use their specialist knowledge, skills and strengths-based approaches to provide evidence-based interventions (as identified in Section 3), deliver motivational interviewing, assess child development, promote health, wellbeing and development, support health protection, (for example by reviewing and promoting vaccination and immunisation) and safeguard children.

Detail of the current establishment can be found in Appendix One, Item three, Table 1.

Capacity pressures

There are national shortages of health visitors and school nurses, in common with the situation for many other health, social care, and early years professionals. Whilst the workforce of the Nottinghamshire HFP has largely been protected from this issue to date, challenges in

recruiting health visitors when colleagues leave is now becoming an area of concern for Nottinghamshire as well. Health visitors are moving into other roles, largely due to promotions and career progression. Monthly turnover across the Nottinghamshire HFP is relatively stable at between 0.29% and 1.79% for the 12 months to December 2022, with a 6% vacancy rate. These capacity pressures are particularly affecting the districts of Bassetlaw, Ashfield, Gedling and Broxtowe but with pro-active management of sickness and recruitment, this is now easing, particularly in Bassetlaw and Gedling.

Commissioners have worked closely with NHFT to agree a service continuity and recovery plan that sets out how HFT's will best meet the needs of the population where teams are experiencing recruitment challenges. This includes deploying the HFT workforce across other teams and districts and the safe delegation of relevant activities to the skill mix team. Within the service continuity plan the delivery of mandated reviews and the support for targeted and safeguarding families are prioritised.

On some occasions workforce capacity challenges can have an impact on the service offer available to universal families, such as slightly longer waiting times for level one interventions, for example: 'listening visits' undertaken by the service when low level mental health concerns have been identified. This is mitigated by the ability to flex the workforce in a way that enables support to be drawn from areas with more workforce capacity, without having a detrimental effect on the area providing the support. At such times, the service offer for vulnerable and safeguarding families again, remains a priority.

4. Understanding the impact of the Covid-19 pandemic

The lockdown measures introduced to reduce the spread of Covid-19 resulted in a rapid change in circumstances for many new parents and their children. It is recognised in national literature and evidence that the pandemic and its associated restrictions have had a significant impact on the early experiences and development of new babies and young children. This sections details the operational response, current performance and further analysis that has been completed to understand the impact of the pandemic on Nottinghamshire babies and young children.

Care delivered throughout the pandemic

Throughout the Covid-19 pandemic HFT's continued to deliver all universal and targeted elements of the service using a blended approach of face-to-face contacts, telephone and digital platforms to support all children, young people and their families.

In March 2020 NHS England and Improvement issued guidance[6] for all community health services regarding the prioritisation of services during the Covid-19 pandemic. Health visiting services, commissioned by Local Authorities, were required to cease all services except for:

- Visits and support for vulnerable families
- Safeguarding work
- New birth visits
- Follow up of high-risk mothers, babies and families (targeted support)
- Antenatal visits (however virtual delivery was recommended)
- Phone and text advice– digital signposting
- Blood spot screening

[6] COVID-19 prioritisation within community health services with annex_19 March 2020 (2).pdf

The guidance stated that digital technology should be used to provide advice and support by default, wherever possible.

The Nottinghamshire HFP adapted their model of delivery in response to the Covid-19 restrictions and embraced new and innovative ways of working. At all stages of the pandemic HFT's worked hard to ensure that the most vulnerable families received face to face support and that new parents were visited at home. At this time the new birth visit consisted of a blended approach with 45 minutes delivered by telephone, supported by a short home visit in order for baby's growth and weight to be checked (in line with Covid restrictions).

For universal families (those without significant additional needs), the 6-8 week, 1 year, and 2-2.5 year reviews were delivered by telephone, in line with the national guidance to reduce the transmission of Covid-19 in the community. Wherever there was a clinical need for a mother / baby / child to be seen face-to- face, they were seen either in the home or a community clinic. For detail relating to the service offer and changes to this across the pandemic period, see Figure 1 in Appendix One, Item four.

Throughout the pandemic, the most vulnerable, safeguarding families were prioritised, and continued to receive their care face-to-face in the home. Families are assessed as universal, targeted, or safeguarding via a comprehensive health assessment including the use of previous medical records such as GP records and hospital notes, and detail of previous of current contact with other agencies and services. A recent snapshot of the Nottinghamshire HFP caseload, by complexity, can be found in Table 2 of Appendix One, Item three.

During this time, families were encouraged by members of the Healthy Family Team and via NHFT social media posts to contact the Nottinghamshire HFP telephone advice line for information, advice and support about their family's health, wellbeing and development. Across 2020-21 there were 15,820 calls handled by the HFP telephone advice line. Children, young people, parents and carers could also access advice from their HFT through their text messaging services: Parentline, for parents and carers of 0-19's and ChatHealth, for young people ages 11-19. These alternative methods for seeking support have remained in place post-pandemic.

A total of 34 clinical and non-clinical staff who had experience of immunisation were re-deployed at key points between November 2021 and February 2022 to support delivery of the Covid vaccination programme for children and young people to ensure that children and young people eligible for the vaccination were able to access it as quickly as possible. Aside from this, the Nottinghamshire HFP workforce was not re-deployed to support other services across the Covid-19 pandemic, in contrast to many other services.

Commissioners worked closely with NHFT to restore and establish business as usual, i.e. face to face delivery, across 2021. Some HFP activity is routinely delivered in community settings for families who are assessed as having universal need. Restoring face to face support in these settings was adversely affected by the availability of community venues across much of 2021.

Current performance

It is acknowledged that the COID-19 pandemic affected all our families, communities and services including the Nottinghamshire HFP. During April 2020 to March 2021 mandated reviews and support for targeted and safeguarding families were prioritised to services were delivered to those at greatest need. Performance regarding the delivery of the mandated reviews (excluding the ante-natal contact) is reported nationally, and Nottinghamshire can

therefore be compared to both the national average and to children's services statistical neighbours[7], see Table 1 below. This data captures reviews delivered within the timescales outlined.

Table 1: Health and development reviews compared 2021-22

2021-22	Nottinghamshire	England	Statistical (similar) neighbours
Proportion of new birth reviews completed within 14 days	**95.3%**	82.6%	85.0%
Proportion of infant receiving a 6-8 week review, within 8 weeks	**89.8%**	81.5%	86.9%
Proportion of children receiving a 12 month review	**92.6%**	81.9%	89.2%
Proportion of children who received a 2-2.5 year review	**85.3%**	74.0%	80.3%

Source: Fingertips, Public Health Outcomes Framework

Table 1 shows that in 2021-22, the overall proportion of reviews delivered in Nottinghamshire exceeded both the national average and the average of Nottinghamshire's children's services in statistically similar neighbours. In addition, local data suggests that the trend in the proportion of reviews delivered in Nottinghamshire is increasing and getting better. Please see graphs 1 to 4 in Appendix One, Item five for detail; these summarise the Nottinghamshire trend over five years compared to national and children's services statistical neighbours.

Face to face contact for those born in lockdown

A question has arisen about the number of children born during lockdown who may never have had a face-to-face contact to date, with a member of the Healthy Families workforce since they were born.

Further detail regarding the reviews delivered to babies born in lockdown can be found in Tables 3 to 11 of Appendix One, Item four. This data provides a breakdown of the number and proportion of reviews delivered, and the way in which they were delivered, across districts. The data also illustrates how the service offer moved back towards 'business as usual' i.e., all families being offered face to face support, from late 2020-21 onwards and provides a summary of the current picture up to 31st December 2022.

Audit of births May 2020

To further assess the impact of the pandemic on babies born in the pandemic a representative sample of case notes were audited by NHFT in February 2023. The manual audit was focused on babies and families born at the height of the first lockdown, using 1st to 31st of May 2020 as the month for examination. This date range was chosen because it represents a time where the country was in full lockdown with maximum restrictions in place and a period when the Nottinghamshire HFP had implemented an adapted service offer in line with national requirements. All babies born in May 2020 will now be older than 2.5 years and so an audit of their on-going care can be completed.

Results of this audit identified that during the month of May 2020, 648 babies were born across Nottinghamshire, and 554 (85.5%) of those babies were seen face-to-face in the home. The

[7] Local authority interactive tool (LAIT) - GOV.UK (www.gov.uk)

service offer at that time was to complete the majority of the birth review over the telephone, keeping the face-to-face (f2f) element to a minimum in order to prevent Covid-19 transmission as per the national guidance.

The case notes of the 94 (14.5%) babies who were identified as not receiving a face-to-face visit following the birth were examined. Of these:

- 48 (7.4%) families received the birth f2f contact outside of the 10-14 day timescales due to continued care being delivered by the midwife and/or they declined the f2f element when initially offered at 10-14 days
- 39 (6%) families declined a f2f contact at the birth review due to concerns relating to Covid-19 transmission, or because they were still receiving f2f care from the midwife and wished to minimise external contact for their baby. All received the 6-8 week telephone contact, and subsequent telephone and f2f blended offer at the 1 year review
- Families of 3 (0.5%) babies did not engage with the service until the 6-8 week review was due, at which point the service completed the 6-8 week review by telephone with a f2f visit to monitor growth and weight.
- 4 (0.6%) babies did not receive a f2f or telephone contact because they were inpatients on the neonatal unit and not discharged until they were beyond 6-8 weeks of age. They were seen following discharge.

The audit results demonstrated that by the age of 2-2.5, of the 94 children identified as not receiving the initial face-to-face visit after birth, 90 (95.7%) have received a face-to-face review, 3 (3.2%) transferred out of area before this review was due, and 1 (1.1%) family declined any face-to-face contact with the service (a full record review of this case identified that there were no safeguarding concerns or additional vulnerabilities). A further breakdown of the 90 children highlights that 82 had been seen face-to-face at or before their 1-year review, and the remaining 8 were all seen face-to-face by 2-2.5 years.

Covid Impact Assessment 2023

To understand the impact of the Covid pandemic on the health and wellbeing of the population the Nottinghamshire Health and Wellbeing Board has supported development of a Nottinghamshire Covid Impact Assessment (CIA). The aim of the CIA is to assess the impact of the covid-19 pandemic to inform public health and partner strategies, plans and commissioning. The methodology for the CIA involved analysis of local, regional, and national data and a literature review of current academic research from early 2020 to October 2022. A phased approach to this work has been undertaken with eight areas:

a) Direct impact of covid -19
b) Domestic abuse
c) Mental health and wellbeing
d) Behavioural risk factors
e) Life Expectancy and Healthy Life Expectancy
f) Pregnancy and childbirth (including Early Years)
g) Social determinants of health
h) Healthy and Sustainable Places (including air quality and food insecurity)

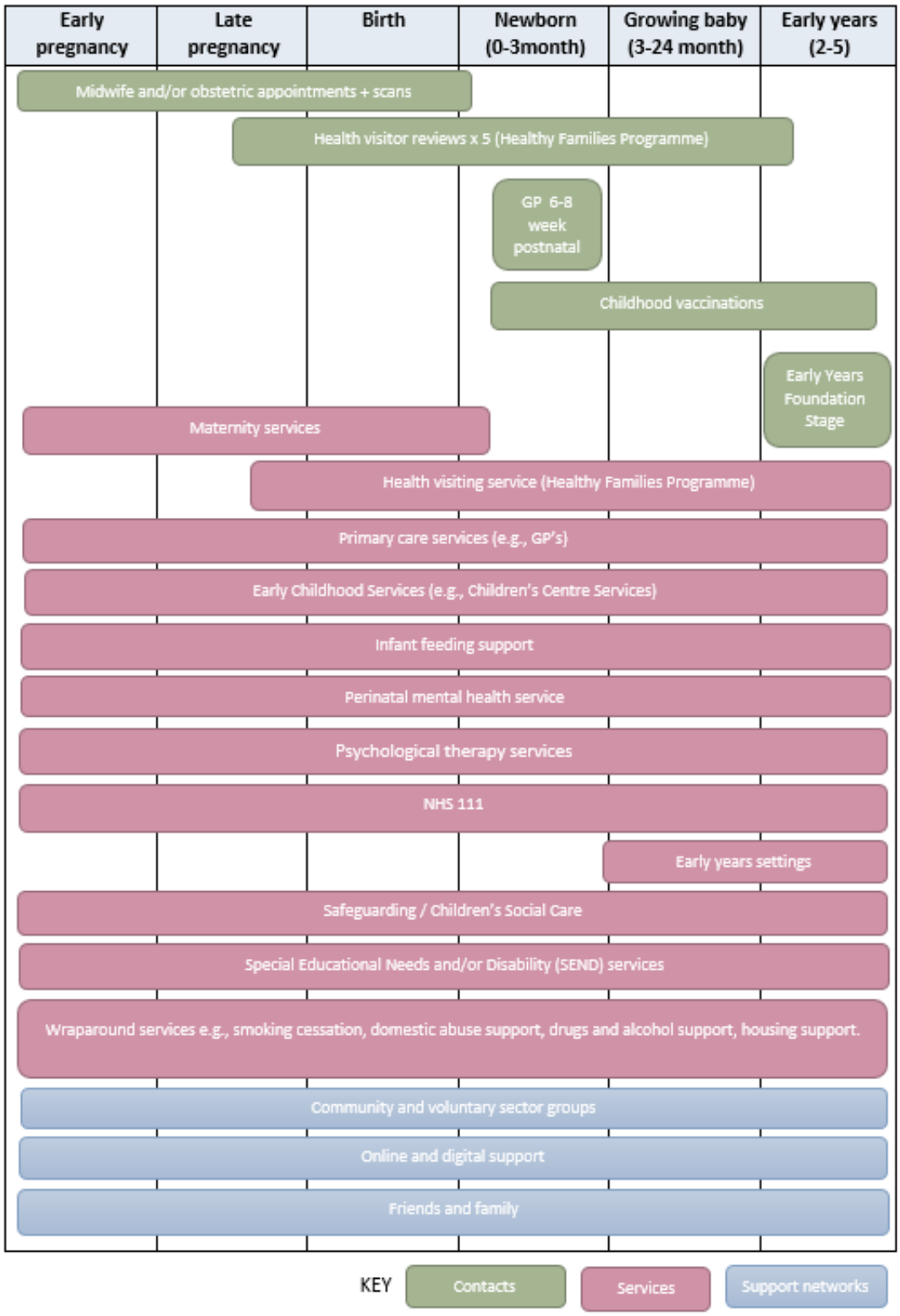
As part of the CIA, a dedicated assessment on the impact of Covid in pregnancy and the early years in currently being completed. To date this assessment identifies an adverse impact on children's speech, language, and communication needs, as well as social and emotional development. A summary report will be presented to the Health and Wellbeing Board (HWBB) in May 2023. Once complete, HWBB partners will support implementation of the key findings

and recommendations through delivery of the Best Start Strategy and future commissioning of pregnancy and early years services across the system.

Appendix One: Data and supporting information, Nottinghamshire Healthy Families Programme

Please find data and supporting information to be read alongside the Nottinghamshire Healthy Families Programme report to Health Scrutiny Committee, March 2023.

Item One: Best Start 0-5 Early years system map



Item Two: Interface between maternity services and Healthy Families

Before birth

- Healthy Family Teams offer an antenatal contact to all women. This is a holistic assessment of the expectant mother and father's needs, assessing mental health and wellbeing, supporting the transition to parenthood and promoting health. Information shared by midwives shapes these visits and helps to prioritise them where required.

- Healthy Family Teams receive regular notifications of pregnancy, pregnancy loss and births from maternity services.

- Where women have potential safeguarding needs or complex social factors information about care is shared between maternity services and Healthy Family Teams throughout the pregnancy.

- Midwifery liaison meetings between Healthy Family teams and maternity services take place to share information about women's support needs and care with a focus on safeguarding and complex social needs. Note: these did not always routinely take place around NUH however are being re-established recently (not yet fully restored, but well on the way). To share detail about women's support needs and care, liaison meetings are the gold standard and electronic information sharing a fail-safe. These electronic information sharing arrangements look slightly different around each maternity Trust.

- In recent years joint working has been better in Mid and North Notts than in the South. There have been a series of changes to maternity IT systems at NUH that have changed the way information is recorded and shared with health visitors. A new IT system was introduced from November 2022 across both NUH and SFH, called BadgerNet. Information sharing should further improve as a result of this system.

- Healthy Family teams work closely with specialist midwives for mental health, drugs and alcohol, teenagers and other complex social factors.

- Primary care safeguarding meetings with GP's extend information sharing about the needs of vulnerable families to primary care services who will then work together with Healthy Family Teams and midwives to support parents and safeguard children.

After birth

- Role of maternity services: A new-born infant physical examination (NIPE) is carried out by the maternity service after birth, usually in hospital but sometimes in the community. Initial care and checks post birth are carried out by the maternity service: visit at home and then follow up in clinic.

- The care for the majority of women is then handed over to health visiting ahead of the new birth review (10 days), by circa 7 days. This is accompanied by relevant information sharing. Maternity services would not keep any patients on their caseload beyond 28 days of delivery. Please note care may also be transferred to other services (e.g. neonatal / paediatric services) at the Trust's where there are relevant medical needs.

- The 'red book' – a child health information record is given out at birth by maternity services and follows the family with information added by health visitors and GP's (e.g. vaccination and immunisation)

- There are shared pathways in place across maternity and health visiting services where required – for example for neonatal jaundice.

- Healthy Family teams support breastfeeding from birth onwards and work closely with midwifery teams on this, who also provide breastfeeding support which varies across each Trust.

- Care and support provided by specialist midwives (e.g. substance use, mental health etc) would usually continue up to 28 days with joint work taking place. Other services, such as substance misuse services and adult mental health services are likely to be involved in supporting these families, as well the Healthy Family Teams.

- Primary care also have a role, seeing all babies for a 6-8 week GP-led review.

Information sharing to support safeguarding is the priority for all involved. There are further opportunities to strengthen the relationship between midwives, Healthy Family Teams, and others to better support the Best Start in life agenda - earlier identification and support.

Item Three: Workforce

Table 1: Healthy Families Programme workforce, as at December 2022

		Whole Time Equivalent (WTE) NHS Bands						
		7	6	5	4	3	2	Grand Total
Healthy Family Team	Ashfield		19.67	5.40	8.53	4.00	1.96	**39.56**
	Bassetlaw		10.64	6.43	6.60	4.00	1.60	**29.27**
	Broxtowe		12.41	3.10	6.15	1.60	2.00	**25.26**
	Gedling	1.60	13.20	4.40	5.77	2.20	1.33	**28.50**
	Mansfield		17.07	4.60	5.67	3.80	2.21	**33.35**
	Newark and Sherwood	0.60	15.60	2.40	6.60	2.20	1.19	**28.59**
	Rushcliffe	0.91	11.50	3.55	5.83	2.71	1.44	**25.94**
Countywide roles	Professional Service Leads	8.80						**8.80**
	Family Nurse Partnership	13.22			0.93			**14.15**
	Continence Team	0.29	2.00			1.80		**4.09**
	Advice Line	0.60		3.50	3.60		1.00	**8.70**
	Paediatric Liaison		2.00				0.53	**2.53**
	Infant Feeding	2.00						**2.00**
	SEND Coordinator	0.50						**0.50**
	Grand Total	**28.52**	**104.09**	**33.38**	**49.68**	**22.31**	**13.26**	**251.24**

Source: Nottinghamshire Healthcare NHS Foundation Trust

Please note, this table focuses on front-line clinical service delivery and therefore excludes the service's senior management and those working in other roles such as data, performance, contract management, specialist safeguarding, amongst others. This table reflects the current staff in post, and therefore excludes current vacancies.

Table 2: **Levels of care (caseload complexity) and caseload numbers in the Nottinghamshire HFP** (snapshot in time: October 2022*)

Levels of care	Caseload data
Universal: every parent and child or young person has access to a HFT. Each family receive a programme of health and development reviews and information and support to provide the best start in life. This includes promoting good health and identifying problems early.	168,801
Universal plus: provides a swift response to families when specific help and support is required. This might be identified through a health check or through the provision of easily accessible HFT services. This could include a time limited evidence-based intervention for a specific issue, managing long-term health issues and additional health needs, reassurance about a health worry, advice about public health concerns such as diet or smoking, or low-level support for emotional and mental health wellbeing.	3,736
Universal partnership plus: ongoing support is provided to families as part of a range of local services working together to deal with more complex problems over a longer period-of-time. This might include partnership working with children's social care, voluntary sector organisations, and specialist NHS services such as child and adolescent mental health services (CAMHs).	1,610 (HFT actively working with) 6,061 (HFT partner in care – no current active HFT intervention)
Safeguarding: safeguarding children and young people is a core role for HFTs who identify and support vulnerable families at increased risk in line with Nottinghamshire Safeguarding Children Partnership's procedures. HFT's work in partnership with key stakeholders to help promote the welfare and safety of children and young people, and they contribute to multi-agency decision-making, assessments, planning and interventions relating to children in need, children at risk of harm and Looked After Children, including carrying out assessment of health need.	3,109
Total	**183,317**

***caseload data extracted from IT system (SystmOne) on 11.10.22. Please note data reflects a snapshot in time i.e. 'active' families relate specifically to those active on 11.10.22.*

Item Four: Care delivered across the Covid-19 pandemic

National lockdown periods: Lockdown dates affecting face to face contacts

- 23rd March 2020 first national lockdown commences
- 16th April 2020 lockdown extended
- 1st June 2020 phase 1 of re-opening (schools), 15th June (non-essential shops), 23rd June (2m social distancing rule)
- 14th October 2020 Three-Tier restrictions introduced
- 5th November 2020 a second lockdown comes into force which ends 2nd December.
- 6th January 2021 third lockdown commences

- 29th March 2021 restrictions lifted

Figure 1 below illustrates how the core offer to families of 0-2's from the Nottinghamshire HFP changed across the course of the pandemic as restrictions and guidance eased.

Figure 1: Healthy Families service offer across Covid-19 pandemic

<table>
<tr><th>Apr-Jun 2020</th><th>Jul-Sep 2020</th><th>Oct-Dec 2020</th><th>Jan-Mar 2021</th><th>April-Jun 2021</th><th>Jul-Sep 2021</th><th>Oct-Dec 2021</th><th>Jan-Mar 2022</th></tr>
<tr><td colspan="3">Antenatal reviews via telephone.</td><td>Targeted antenatal face to face.

Universal by telephone.</td><td colspan="4">Targeted and primip antenatal face to face.

Universal multip by telephone.</td></tr>
<tr><td colspan="4">Birth visits blended: 45min review by telephone, 15 min face to face.</td><td colspan="4">Birth visits face to face in the home.</td></tr>
<tr><td colspan="3">6–8-week reviews by telephone unless clinical need for face to face.</td><td>6–8-week reviews blended: majority by telephone, short face to face.</td><td colspan="4">6–8-week reviews face to face in the home or community clinic.</td></tr>
<tr><td colspan="3">1- and 2-2.5-year reviews by telephone and/or video consultation</td><td colspan="2">1- and 2-2.5-year reviews blended: by telephone, with face-to-face contact in community clinic (invited)</td><td colspan="3">1- and 2-2.5-year reviews face to face in community clinic.</td></tr>
<tr><td colspan="8">Safeguarding families are a priority</td></tr>
<tr><td colspan="8">PPE, infection prevention measures, and Covid-19 check by telephone prior to visits</td></tr>
<tr><td colspan="3">Working from home</td><td colspan="2">Some office/base working re-introduced with rota</td><td colspan="3">Flexible working introduced</td></tr>
</table>

Tables 3 to 11: Delivery of reviews, by method of delivery

2020-21

Please find below details of new birth and 6-8 week reviews for the period 1st April 2020 to 31st March 2021, in the first year of the pandemic when restrictions were greatest.

Please note blended / telephone refers to a review that was undertaken primarily on the telephone (45 mins), with a short face-to-face contact to review weight, growth and any clinical concerns (15 mins).

Table 3: Birth reviews completed Face to Face/Telephone/Not Seen 2020-2021

Births 2020-2021	Face to Face		Blended / Telephone		Not Seen (cancelled or declined by parent)		Not Seen (no response by parent)	
Ashfield	723	58.40%	487	39.34%	19	1.53%	9	0.73%
Bassetlaw	531	51.35%	491	47.49%	2	0.19%	10	0.97%
Broxtowe	340	37.12%	573	62.55%	3	0.33%	0	0.00%
Gedling	208	20.53%	791	78.08%	9	0.89%	5	0.49%
Mansfield	574	56.11%	433	42.33%	5	0.49%	11	1.08%
Newark & Sherwood	742	63.15%	427	36.34%	5	0.43%	1	0.09%
Rushcliffe	734	74.29%	228	23.08%	25	2.53%	1	0.10%
County	**3852**	**52.15%**	**3430**	**46.43%**	**68**	**0.92%**	**37**	**0.50%**

Table 4: 6-8 week reviews completed Face to Face/Telephone/Not Seen 2020-2021

6 Weeks 2020-2021	Face to Face		Blended / Telephone		Not Seen (cancelled or declined by parent)		Not Seen (no response by parent)	
Ashfield	807	64.25%	422	33.60%	10	0.80%	17	1.35%
Bassetlaw	559	53.39%	463	44.22%	8	0.76%	17	1.62%
Broxtowe	186	19.68%	726	76.83%	13	1.38%	20	2.12%
Gedling	298	28.30%	738	70.09%	10	0.95%	7	0.66%
Mansfield	482	44.92%	556	51.82%	10	0.93%	25	2.33%
Newark & Sherwood	732	60.90%	449	37.35%	4	0.33%	17	1.41%
Rushcliffe	657	64.54%	338	33.20%	6	0.59%	17	1.67%
County	**3721**	**49.00%**	**3692**	**48.62%**	**61**	**0.80%**	**120**	**1.58%**

2021-22

Please find below details of new birth, 6-8 week and 1-year reviews for the period 1st April 2021 to 31st March 2022, in the second year of the pandemic as restrictions eased and services were 'restoring' towards business-as-usual models of delivery.

Please note blended / telephone refers to a review that was undertaken primarily on the telephone (45 mins), with a short face-to-face contact to review weight, growth and any clinical concerns (15 mins).

Table 5: New birth reviews completed Face to Face/Telephone/Not Seen 2021-2022

Births 2021-2022	Face to Face		Blended / Telephone		Not Seen (cancelled or declined by parent)		Not Seen (no response by parent)	
Ashfield	1236	93.21%	88	6.64%	2	0.15%	0	0.00%
Bassetlaw	943	90.50%	92	8.83%	3	0.29%	4	0.38%
Broxtowe	829	86.17%	129	13.41%	1	0.10%	3	0.31%
Gedling	872	86.85%	129	12.85%	1	0.10%	2	0.20%
Mansfield	1005	95.90%	39	3.72%	2	0.19%	2	0.19%
Newark & Sherwood	1074	90.86%	107	9.05%	1	0.08%	0	0.00%
Rushcliffe	988	97.15%	26	2.56%	2	0.20%	1	0.10%
County	**6947**	**91.64%**	**610**	**8.05%**	**12**	**0.16%**	**12**	**0.16%**

Table 6: 6-8 week reviews completed Face to Face/Telephone/Not Seen 2021-2022

6 Weeks 2021-2022	Face to Face		Blended / Telephone		Not Seen (cancelled or declined by parent)		Not Seen (no response by parent)	
Ashfield	1295	89.19%	129	8.88%	10	0.69%	18	1.24%
Bassetlaw	1057	89.27%	76	6.42%	18	1.52%	33	2.79%
Broxtowe	854	81.18%	166	15.78%	12	1.14%	20	1.90%
Gedling	1001	89.38%	102	9.11%	6	0.54%	11	0.98%
Mansfield	1027	86.67%	125	10.55%	18	1.52%	15	1.27%
Newark & Sherwood	1173	88.86%	110	8.33%	16	1.21%	21	1.59%
Rushcliffe	1082	93.44%	63	5.44%	4	0.35%	9	0.78%
County	**7489**	**88.41%**	**771**	**9.10%**	**84**	**0.99%**	**127**	**1.50%**

Table 7: 8-12 month reviews completed Face to Face/Telephone/Not Seen 2021-2022

12mths 2021-2022	Face to Face		Blended / Telephone		Not Seen (cancelled or declined by parent)		Not Seen (no response by parent)	
Ashfield	700	56.04%	427	34.19%	57	4.56%	65	5.20%
Bassetlaw	671	61.39%	276	25.25%	45	4.12%	101	9.24%
Broxtowe	556	59.59%	301	32.26%	38	4.07%	38	4.07%
Gedling	754	71.88%	223	21.26%	44	4.19%	28	2.67%
Mansfield	449	42.28%	422	39.74%	81	7.63%	110	10.36%
Newark & Sherwood	858	67.67%	309	24.37%	37	2.92%	64	5.05%
Rushcliffe	603	58.83%	370	36.10%	25	2.44%	27	2.63%
County	**4591**	**59.79%**	**2328**	**30.32%**	**327**	**4.26%**	**433**	**5.64%**

2022-23 *(part-year)*

Please find below details of new birth, 6-8 week, 1 year and 2-2.5 year reviews for the period 1st April 2022 to 31st December 2022.

Table 8: New birth reviews completed Face to Face/Telephone/Not Seen 2022-2023

Births 2022-2023 (Q1, 2, 3 only)	Face to Face		Blended / Telephone		Not Seen (cancelled or declined by parent)		Not Seen (no response by parent)	
Ashfield	935	97.09%	25	2.60%	2	0.21%	1	0.10%
Bassetlaw	773	98.47%	3	0.38%	3	0.38%	6	0.76%
Broxtowe	638	97.70%	10	1.53%	2	0.31%	3	0.46%
Gedling	705	98.05%	11	1.53%	1	0.14%	2	0.28%
Mansfield	774	98.47%	8	1.02%	0	0.00%	4	0.51%
Newark & Sherwood	795	98.15%	12	1.48%	1	0.12%	2	0.25%
Rushcliffe	694	98.30%	9	1.27%	1	0.14%	2	0.28%
County	**5314**	**98.01%**	**78**	**1.44%**	**10**	**0.18%**	**20**	**0.37%**

Table 9: 6–8-week reviews completed Face to Face/Telephone/Not Seen 2022-2023

6 Weeks 2022-2023 (Q1, 2, 3 only)	Face to Face		Blended / Telephone		Not Seen (cancelled or declined by parent)		Not Seen (no response by parent)	
Ashfield	964	96.40%	12	1.20%	9	0.90%	15	1.50%
Bassetlaw	737	93.65%	4	0.51%	18	2.29%	28	3.56%
Broxtowe	644	95.13%	6	0.89%	11	1.62%	16	2.36%
Gedling	687	96.62%	13	1.83%	3	0.42%	8	1.13%
Mansfield	736	95.58%	13	1.69%	6	0.78%	15	1.95%
Newark & Sherwood	778	94.76%	19	2.31%	6	0.73%	18	2.19%
Rushcliffe	712	98.61%	7	0.97%	2	0.28%	1	0.14%
County	**5258**	**95.81%**	**74**	**1.35%**	**55**	**1.00%**	**101**	**1.84%**

Table 10: 8–12-month reviews completed Face to Face/Telephone/Not Seen 2022-2023

12mths 2022-2023 (Q1, 2, 3 only)	Face to Face		Blended / Telephone		Not Seen (cancelled or declined by parent)		Not Seen (no response by parent)	
Ashfield	964	91.72%	25	2.38%	25	2.38%	37	3.52%
Bassetlaw	742	81.00%	6	0.66%	46	5.02%	122	13.32%
Broxtowe	719	91.36%	11	1.40%	20	2.54%	37	4.70%
Gedling	723	90.04%	11	1.37%	35	4.36%	34	4.23%
Mansfield	713	80.47%	67	7.56%	31	3.50%	75	8.47%
Newark & Sherwood	821	86.24%	39	4.10%	37	3.89%	55	5.78%
Rushcliffe	766	91.30%	9	1.07%	25	2.98%	39	4.65%
County	**5448**	**87.39%**	**168**	**2.69%**	**219**	**3.51%**	**399**	**6.40%**

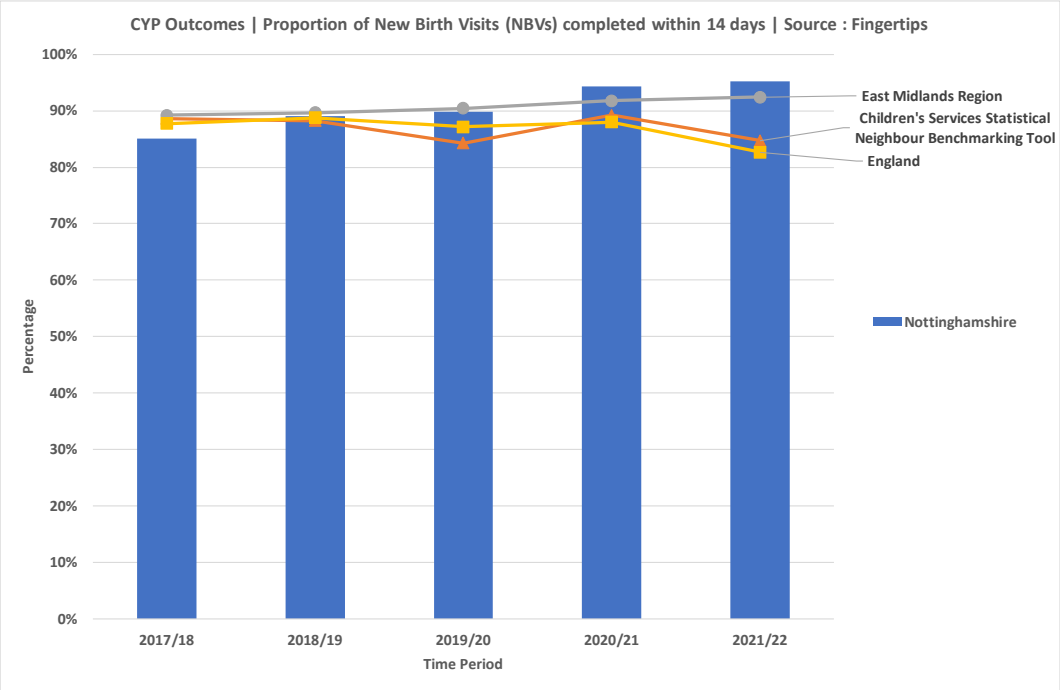
Table 11: 2-2.5-year reviews completed Face to Face/Telephone/Not Seen 2022-2023

2yr 2022-2023 (Q1, 2, 3 only)	Face to Face		Blended / Telephone		Not Seen (cancelled or declined by parent)		Not Seen (no response by parent)	
Ashfield	728	74.74%	140	14.37%	25	2.57%	81	8.32%
Bassetlaw	599	69.65%	61	7.09%	27	3.14%	173	20.12%
Broxtowe	598	80.27%	84	11.28%	29	3.89%	34	4.56%
Gedling	655	83.44%	16	2.04%	94	11.97%	20	2.55%
Mansfield	583	71.80%	99	12.19%	40	4.93%	90	11.08%
Newark & Sherwood	709	72.79%	153	15.71%	66	6.78%	46	4.72%
Rushcliffe	713	86.85%	25	3.05%	65	7.92%	18	2.19%
County	**4585**	**76.79%**	**578**	**9.68%**	**346**	**5.79%**	**462**	**7.74%**

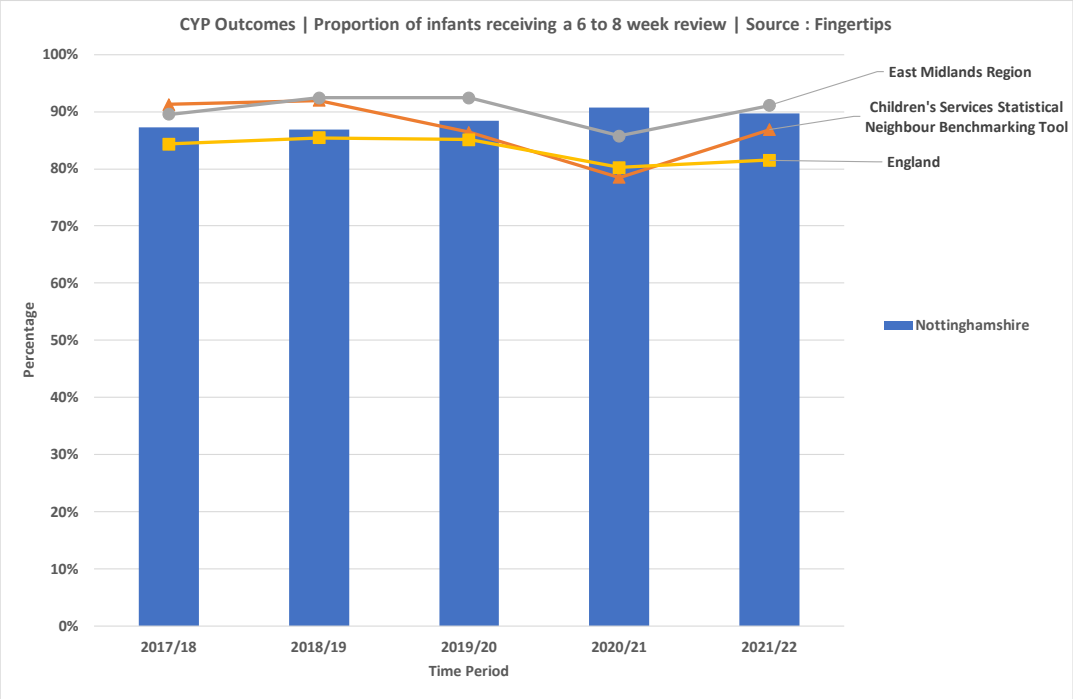
Item Five: Current Performance

Graphs one to four, below, show the performance of the Nottinghamshire HFP compared to the east midlands region, benchmarked neighbours for children's services, and the national average.

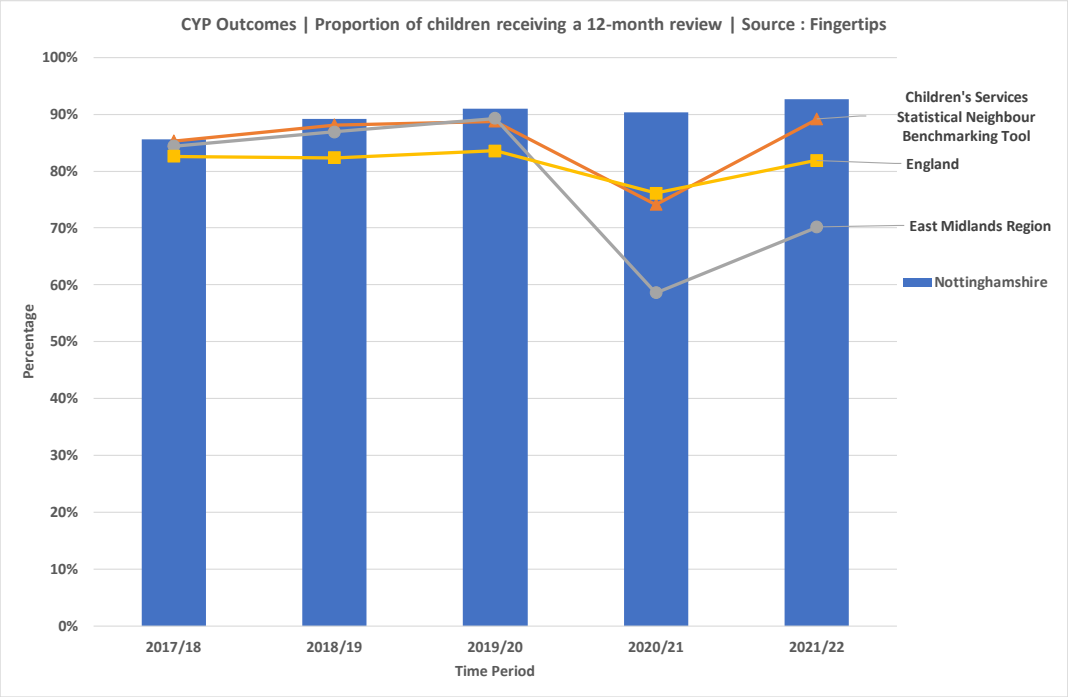
Graph 1: Proportion of new birth reviews in Nottinghamshire, completed within 14 days



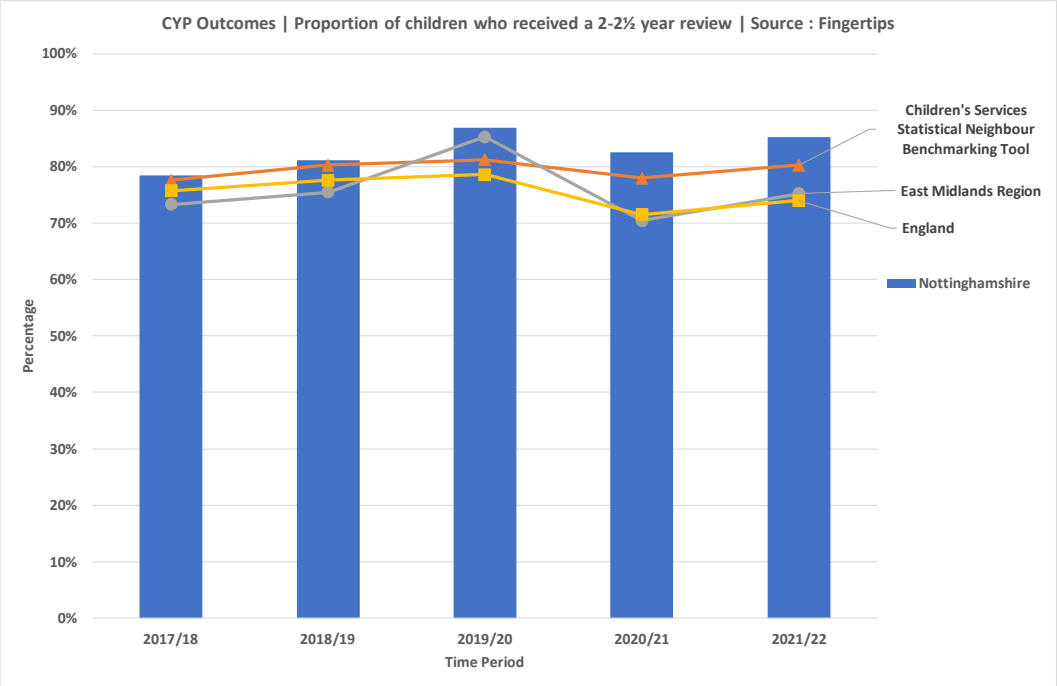
Graph 2: Proportion of Nottinghamshire infants receiving a 6-to-8-week review, by 8 weeks



Graph 3: Proportion of Nottinghamshire children receiving a 12-month review



Graph 4: Proportion of Nottinghamshire children receiving a 2-to-2.5 year review



Prepared March 2023

Nottinghamshire County Council

Report to Health Scrutiny Committee

28 March 2023

Agenda Item: 6

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

COMMUNITY DIAGNOSTIC CENTRE - MANSFIELD

Purpose of the Report

1. To consider a briefing from Nottingham and Nottinghamshire ICB representatives seeking support in respect of a proposed Community Diagnostic Centre in Mansfield, providing a boost to diagnostic capacity in Nottinghamshire.

Information

2. Demand for diagnostic services in England has outstripped capacity over the past 5 years, while the impact of Covid on diagnostic backlogs is still being worked through. To address this issue, Nottingham and Nottinghamshire ICB has secured capital funding to deliver a Community Diagnostic Centre in Mansfield, with a view to its being fully operational by the final quarter of 2024.

3. The report explains the key role of diagnostic capacity in addressing a raft of NHS priorities, the expected impact for Nottinghamshire residents and NHS staff of a new Community Diagnostic Centre. The report also provides the evidence of need considered for locating the Centre in Mansfield and not elsewhere.

4. Nottingham and Nottinghamshire ICB representatives will be in attendance to present the information and to respond to questions. The ICB seeking formal support from the Committee for proceeding with the planned Community Diagnostic Centre in Mansfield..

RECOMMENDATIONS

That the Health Scrutiny Committee:

1) consider and comment on the information provided; and

2) confirm its support for the establishment of a Community Diagnostic Centre in Mansfield.

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

NHS
Nottingham and Nottinghamshire

Proposed Mansfield Community Diagnostic Centre
Briefing for Nottinghamshire Health Scrutiny Committee
March 2023

1. Introduction

This purpose of this document is to inform the Nottinghamshire Health Scrutiny Committee of the proposed construction of a new Community Diagnostic Centre (CDC) adjacent to Mansfield Community Hospital (MCH). This will increase diagnostic capacity across a range of key tests (including MRI, CT, Echocardiography, Ultrasound, Endoscopy, X-Ray and Electrocardiogram) and it will support separation of outpatient tests from urgent diagnostics in line with national guidance. The proposed new facility will mean that more tests can done at the new location, there is no proposal to cease diagnostic tests from King's Mill Hospital.

Over the past five years, demand for diagnostic services in England has risen at a greater rate than increases in diagnostic capacity. This is reflected locally and has been exacerbated by Covid with increased waiting times for key tests such as MRI, CT, Echocardiography, Ultrasound and Endoscopy. Whilst good progress is being made in reducing backlogs and waiting times, additional capacity is required to accelerate the reduction and future proof services to further predicted increases in demand.

Nottingham and Nottinghamshire Integrated Care System (ICS) have received confirmation of funding from NHS England (NHSE) of the requested capital to build and equip the Mansfield CDC. The formal Planning Application was submitted in January with the facility planned to be operational by Quarter 3 2024/25.

Whilst patients across Nottinghamshire will be able to access this facility, a further large CDC is also being considered for development in Nottingham City subject to funding and system wide agreement prior to business case development. The phasing of this work has taken into consideration other large scale capital programmes across Nottingham and Nottinghamshire and availability of appropriate site options which in turn has an impact on capital costs.

To take full advantage of this opportunity NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) is seeking support from the Health Scrutiny Committee to proceed with the plans and mobilise the Mansfield CDC to be open by Quarter 3 2024/25.

2. National context

Diagnostics form part of over 85% of all clinical pathways. Every year, the NHS spends over £6 billion on over 100 diagnostic services and carries out an estimated 1.5 billion diagnostic tests.

Diagnostics are recognised as a priority in the NHS Long Term Plan. Getting diagnostic provision right is a key enabler of several of the plan's commitments, including those on

cancer, heart disease, respiratory disease and musculoskeletal (MSK) conditions, along with outpatient transformation. Increasing diagnostic capacity can be expected to improve population health outcomes for a range of conditions by providing quicker access to diagnostics and therefore earlier diagnosis and the correct treatment pathway.

Diagnostic investigations are required both for urgent and emergency care (emergency departments and inpatient wards) and for elective services (including requests from primary care and outpatient clinics) and demand for urgent tests can impact on the capacity available for other routine diagnostics.

Elective diagnostic services are subject to the national operational standard that patients should wait no more than a maximum of six weeks for any diagnostic tests. Performance of 95% against this standard must be achieved by March 2025. Historically, demand has continued to grow year on year. An independent review of NHS diagnostic services[1] identified significant growth in activity across almost all aspects of diagnostics over the past five years. This increased demand has been exacerbated by the pandemic and as a result many patients are now waiting longer than six weeks for a diagnostic test.

The independent review set out the case for increasing diagnostic capacity in England and for a new model of diagnostic service provision. A key recommendation was for the rapid development and rollout of CDCs. These are separate, dedicated locations for carrying out elective diagnostic tests away from acute hospital sites. The diagnostic capacity through CDCs is predominantly over and above more urgent tests undertaken at the acute hospital. This will be defined in new diagnostic pathways before the CDC becomes operational.

3. The local case for change

Detailed demand and capacity analysis has been carried out across the Mid Nottinghamshire and South Nottinghamshire/Nottingham City localities. Findings were in line with the independent review of NHS diagnostics services in that demand will soon outstrip capacity in imaging, endoscopy, physiological measurement and pathology.

An options appraisal was carried out and it was agreed by the NN ICS that the optimum configuration is a CDC in the Mansfield & Ashfield area and one in Nottingham City, aligning with the county's main areas of population density and concentration of deprived communities, appendix 1. Due to the national and local imperative to increase diagnostic provision in a CDC and local site availability it has been decided with system partners to take a phased approach with the initial focus on a CDC on the MCH site to be completed in Quarter 3 24/25.

The location of the proposed CDC on the MCH site, and latest building elevation details are included in appendix 2.

The ICS will explore all possible opportunities to secure additional capital investment to build a Nottingham City CDC working with local stakeholders and NHS England. Bassetlaw patient flows are predominantly to Doncaster & Bassetlaw Hospitals and Sheffield Hospital Trusts, the diagnostic needs of the population will be met by CDC plans aligned with these Trusts and the South Yorkshire ICS.

CDC planning is completely aligned to the emerging plans for “Tomorrow’s NUH”, the development of the system elective hub at Nottingham City Hospital and increased elective capacity at Newark Hospital.

4. Impact on Patients

The critical success factors for the Mansfield CDC are in line with the National CDC primary aims:

a. To improve population health outcomes by reaching earlier, faster and more accurate diagnoses of health conditions.
b. To increase diagnostic capacity by investing in new facilities, equipment and training new and existing staff, contributing to recovery from COVID-19 and reducing pressure on acute sites.
c. To improve productivity and efficiency of diagnostic activity by streaming provision of acute and elective diagnostic services where it makes sense to do so; redesigning clinical pathways to reduce unnecessary steps, tests or duplication.
d. To contribute to reducing health inequalities driven by unwarranted variation in referral, access, uptake, experience and outcomes of diagnostic provision.
e. To deliver a better and more personalised diagnostic experience for patients by providing a single point of access to a range of safe, quality diagnostic services in the community.
f. To support integration of care across primary, community and secondary care and the wider diagnostics transformation programme.

The CDC will deliver diagnostic services in a state of the art facility close to the town centre, open 12 hours a day, 7 days a week.

An Equality Impact Assessment (EQIA) did not find any negative impacts resulting from the proposal. The additional diagnostic capacity provided by the CDC will benefit the entire Mansfield and Ashfield population. The one stop clinic approach will particularly benefit those with limited access to transport.

A patient travel analysis was carried out to quantify the effect on travel times between the current position of patients attending Kings Mill Hospital for diagnostic tests and the future state of a choice between Kings Mill Hospital and the Mansfield CDC. As the 2 sites are only just over a mile apart the effects are small, but the analysis showed that the development would be most advantageous to patients over 65 years old, those in the most deprived 20%

of the population and members of BAME communities. This reflects the demographics of the population living near the MCH site.

5. **Impact on Sherwood Forest Hospital staff**

CDCs will provide new capacity to the NHS and as such a significant new workforce will need to be recruited and trained to run the CDC. It is calculated that approximately 160 new staff across a range of clinical and administrative areas will be required to run the Mansfield CDC.

Robust workforce plans and staff development opportunities to support recruitment is therefore essential. The CDC will provide appropriate staff training and continuous development opportunities building on existing links with local higher education organisations. Where possible there will be a strong commitment to apprenticeships. There will be the opportunity for staff based in CDCs to rotate with Kings Mill Hospital and vice versa to broaden experience.

The ICS is exploring partnership agreements with Nottingham University Hospitals and the independent sector to staff CDCs. This could include, for example, workforce sharing agreements, secondments, digital staff passporting or joint staff banks.

6. **Impact on the environment – delivering on the green agenda**

The building process will use ultra-low carbon concrete, buy from local suppliers where possible, use low voltage LED lights, contain solar panels on the roof and have pressure sensitive electric generators in reception areas so that patients generate energy as they come through the doors.

7. **Conclusions and recommendations**

The proposal is fully aligned to the national direction of travel to increase the capacity of secondary care elective diagnostics. Our patients will benefit from access to earlier, faster and more accurate diagnoses of health conditions.

The Mansfield CDC will bring investment of circa £20 million and create about 160 new jobs across clinical and administrative functions.

It is recommended that the Health Scrutiny Committee:

- Approve the proposed plans described above.
- Note the positive impact on patient's access to a broad range of diagnostic tests.

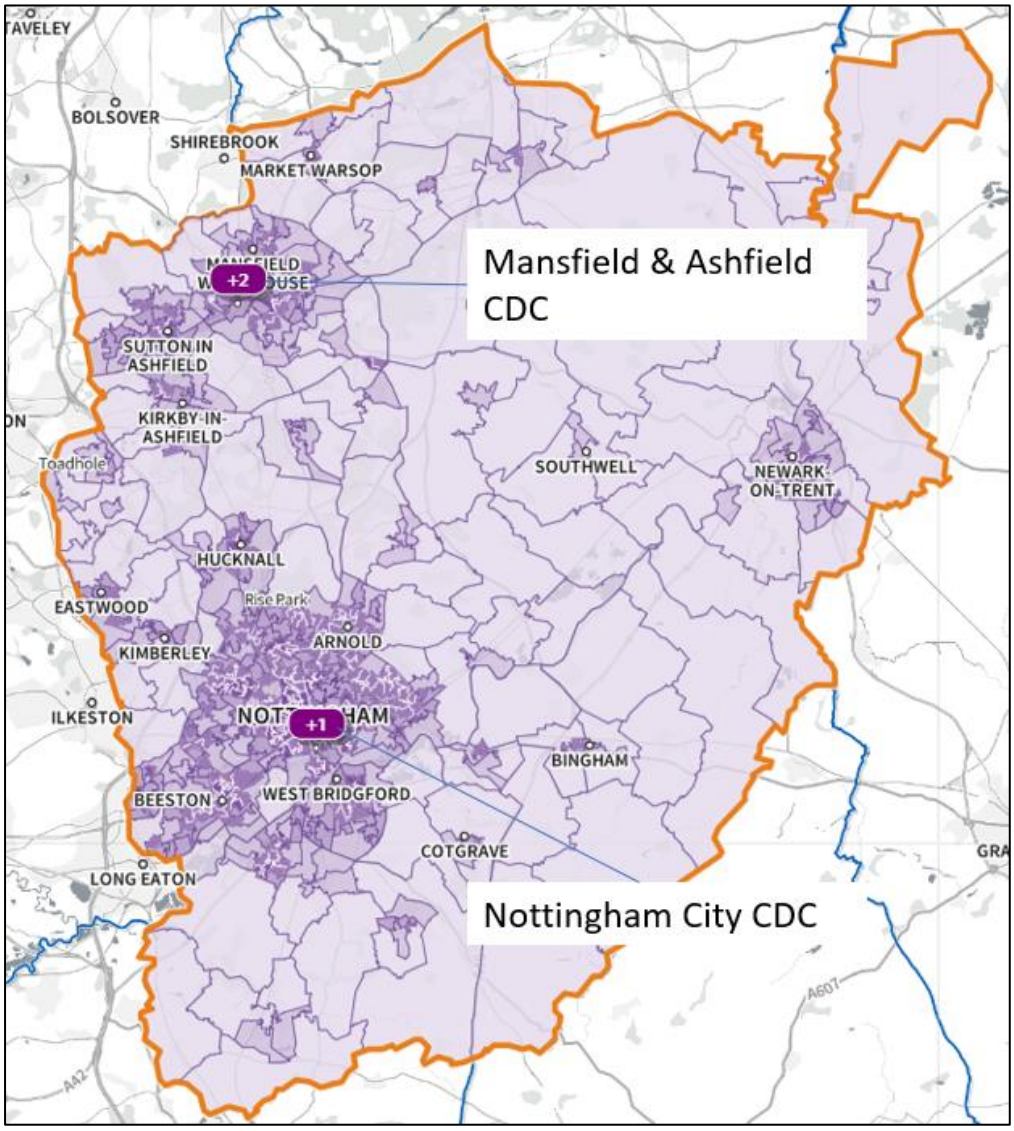
Lucy Dadge
Director of Integration,
Nottingham & Nottinghamshire Integrated Care Board

March 2023

References; Diagnostics Recovery and Renewal. November 2020. NHS England » Diagnostics: Recovery and Renewal – Report of the Independent Review of Diagnostic Services for NHS England

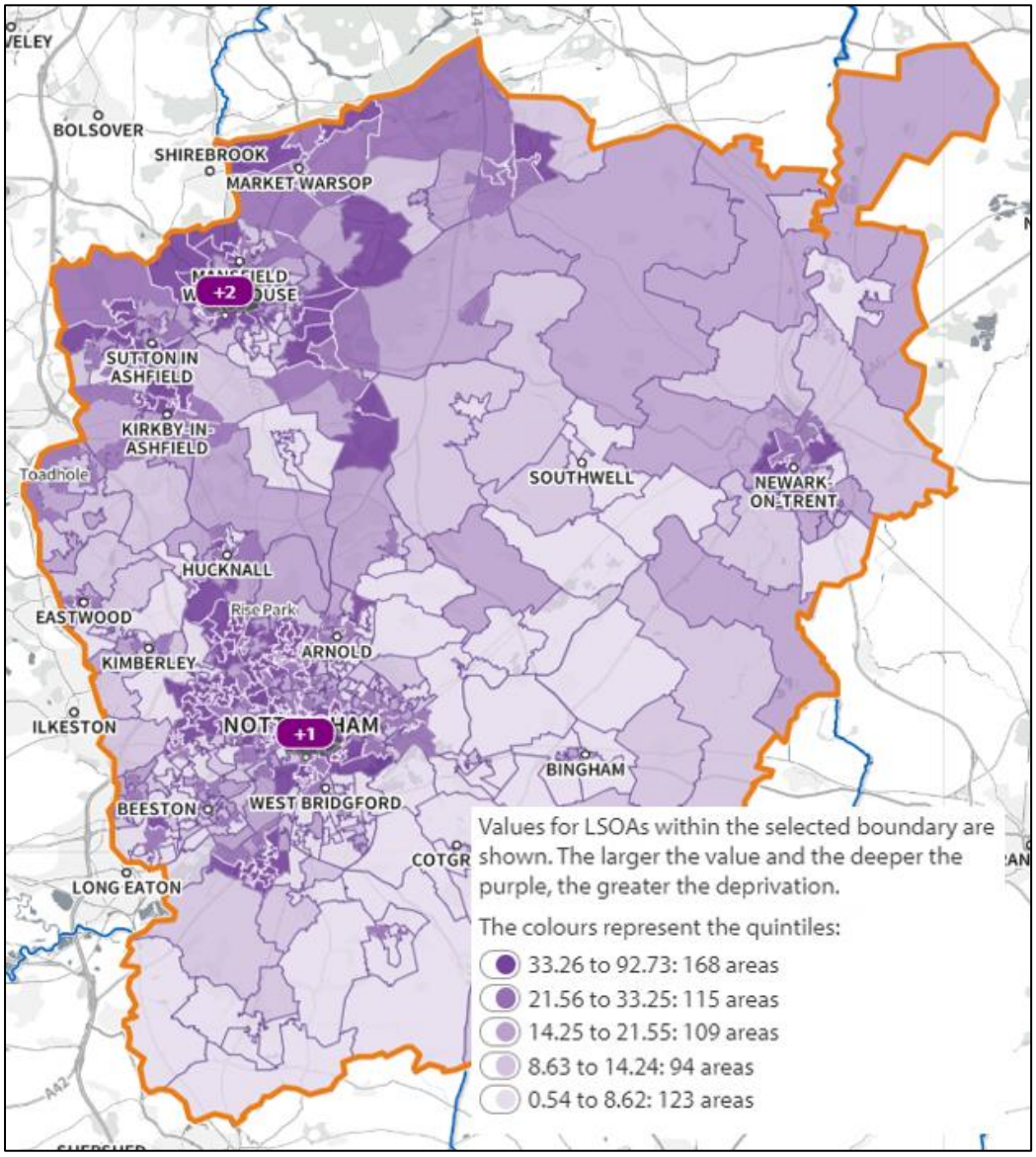
Appendix 1 – Rationale for CDC sites

Population density



The County's population is concentrated in Nottingham City & Greater Nottingham and Mansfield & Ashfield.

Index of multiple deprivation



Deprivation is also concentrated in Nottingham City & Greater Nottingham and Mansfield & Ashfield.

Appendix 2 – Mansfield CDC plans

Current site layout. Proposed CDC location is area 3.

Existing Mansfield Community Hospital

Proposed site boundary

Vehicle access

Existing carpark spaces

Mansfield CDC front elevation #1

Mansfield CDC front elevation #2

Nottinghamshire County Council

Report to Health Scrutiny Committee

28 March 2023

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 work programme is attached at Appendix 1 for the Committee's consideration. 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.

5. Please note that actions arising from the Committee's February 2023 meeting have not yet been formally scheduled in the Work Programme – work is ongoing to schedule these items.

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				
Health and Care System Critical Incident and Winter Plan	Update from September 2022 meeting on winter pressure challenges	Scrutiny	ICB/NUH	
Update on Expansion of Neonatal Capacity at NUH	Update on Expansion Programme	Scrutiny	ICB	
Update on Acute Stroke Service	Update on relocation of services to QMC	Scrutiny	ICB	
10 January 2023				
Newark Hospital – Increased Capacity	Briefing on expansion of operating theatre facilities at Newark Hospital.	Scrutiny	TBC	
21 February 2023				
NUH Chief Executive – Priorities and Challenges	Briefing from NUH Chief Executive on key areas of focus to deliver improvement	Scrutiny		
Maternity Services Progress	Briefing from NUH Chief Executive on Maternity services	Scrutiny		

Health and Care System Winter Planning 2022-23 – NUH Perspective	Briefing from NUH Chief Executive on delivery of winter planning from the NUH perspective	Scrutiny			
Access to GP Services	Refresh of information considered to date, and update on post-pandemic access	Scrutiny	ICB/GP representatives		
28 March 2023					
Dentistry Services	Briefing on service provision and barriers to access, including registration of infants and young children	Scrutiny	NHS England		
Health Visiting	Service delivery of health visiting for 0-3 year olds. Focus on cohort affected by lack of face-to-face contact during pandemic	Scrutiny	NCC and Nottinghamshire Healthcare Trust		
Community Diagnostic Centres	Briefing on the roll-out of Community Diagnostic Centres in Nottinghamshire				
9 May 2023					
Diabetes Services Update	Further information on diabetes services	Scrutiny	Senior officers of Nottingham/Nottinghamshire CCG/successor organisation (ICB)		
Colorectal and Hepatobiliary Services to City Hospital - Update	Update on relocation of elective services from QMC	Briefing (from July 2022 meeting)	ICB/NUH		

20 June 2023				
25 July 2023				
Integrated Care Partnership - Update	Update from July 2022 meeting on implications for services and residents	Briefing	TBC	
East Midlands Ambulance Service Performance	The latest information on key performance indicators from EMAS.	Scrutiny	Richard Henderson, Chief Executive, Greg Cox, Operations Manager (Nottinghamshire)	
To be scheduled and potential alternative actions				
Actions arising from February 2023 Committee Meeting	These include: Winter Planning Review; Sherwood Forest Hospitals; Maternity Serious Incidents; NUH Improvement Plan Update			
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			
Long Covid	Initial briefing on how commissioners and providers are responding to the challenges of Long Covid			
Also:				
Visit to Bassetlaw Hospital late 2022				

Visit to QMC Emergency Department	Chair scheduled to visit on 20 March			