

Health Scrutiny Committee

Tuesday, 16 April 2024 at 10:00

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

- | | | |
|---|--|---------|
| 1 | Minutes of last meeting held on 19 March 2024 | 3 - 10 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below) | |
| 4 | Newark Urgent Treatment Centre - Implementation of Revised Opening Hours | 11 - 16 |
| 5 | School Readiness Panel - Verbal Update | |
| 6 | Work Programme | 17 - 22 |

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 Katherine Harclerode (Tel. 0115 854 6047) or a colleague in Democratic Services prior to the meeting.

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

COUNCILLORS

Jonathan Wheeler (Chairman)
Bethan Eddy (Vice-Chairman)

Mike Adams
Sinead Anderson
Callum Bailey
Steve Carr - apologies
David Martin

John 'Maggie' McGrath
Nigel Turner
Michelle Welsh
John Wilmott

SUBSTITUTE MEMBERS

None

OTHER COUNCILLORS IN ATTENDANCE

None

OFFICERS

Martin Elliott – Senior Scrutiny Officer
Noel McMenamin – Democratic Services Officer
Katherine Harclerode – Democratic Services Officer
Vivienne Robbins – Interim Director of Public Health
Jane Roberts – NCC Public Health and Commissioning Consultant

ALSO IN ATTENDANCE

Simon Castle – NHS Nottingham and Nottinghamshire ICB
Katie Lee – NHS Nottingham and Nottinghamshire ICB

1 MINUTES OF THE LAST MEETING HELD ON 20 February 2024

The minutes of the last meeting held on 20 February 2024, having been circulated to all members, were taken as read and signed by the Chairman.

2 APOLOGIES FOR ABSENCE

Apologies for absence for medical reasons were received from Cllr Carr.

3 DECLARATIONS OF INTEREST

In the interests of transparency, Councillor McGrath asked it to be recorded in relation to agenda item 4 (Lung Health in Nottinghamshire) that his daughter was studying nursing.

In the interests of transparency, Councillor Eddy declared a personal interest relating to agenda item 4 (Lung Health in Nottinghamshire) that her husband was previously a Community Staff Nurse in Nottinghamshire.

In the interests of transparency, Councillor Welsh asked it to be recorded in relation to agenda item 4 (Lung Health in Nottinghamshire) that a close personal relative was currently undergoing treatment for a serious lung health condition.

4 LUNG HEALTH IN NOTTINGHAMSHIRE

Consideration was given to a presentation by Simon Castle and Katie Lee on behalf of NHS Nottingham and Nottinghamshire ICB. They were joined by Jane Roberts, Public Health Consultant, NCC. The presentation outlined the current context regarding population lung health in Nottinghamshire and the impact of the mobile delivery model for targeted lung health checks. Following on from discussions at the December 2023 meeting, Members requested this item to be presented for scrutiny with a view to discussing the approach of the ICB to improving lung health within Nottinghamshire.

The presentation elaborated on the following points:

- An epidemiology of lung cancer in Nottinghamshire showed lung cancer presentations were correlated with deprivation.
- The importance of diagnosing lung cancers early motivated the efforts of the ICB to shift diagnosis earlier, within Stages 1 or 2.
- To illustrate improvements in detection and treatment of lung cancers, survival rates were described.
- Most cancers in Nottinghamshire CC were identified at Stages 3 and 4.
- Targeted lung health checks had been shown to be an effective intervention.
- A phased rollout of the programme began with Phase 1 in April 2021, and Phase 2 in December 2022 with further phases planned in Nottinghamshire.
- The pathway model and associated timescales were provided, from proactive communications about appointment invitations, to conclusion with either a local smoking cessation service or an outcome letter to the patient within four weeks of a scan.
- This service was self-contained and was delivered from community locations via two designated lorries. This improved uptake by adding convenience and removing the need to go to hospital for the scans.
- The smoking cessation service was offered to all current smokers.

- The approach to communications and engagement involved links with community and voluntary care sector and GPs/pharmacies. The website was also a source of information for residents.
- The service delivery was partnership-based, with site owners enabling the service to be delivered from locations that were convenient for people to access. Visibility at community events was also maintained.
- Social media campaigns were targeted and had been shown to be wide reaching within the populations targeted.
- Impacts of COVID-19 pandemic on early diagnosis rates were also shown, with emphasis on the shift in early diagnosis rates.
- Incidental findings of the scans process had been significant. This was believed to have a positive effect on health inequalities.
- Next steps for local expansion were informed by the national screening programme, with the aim of access for the whole population by April 2027. Geographical prioritisation was based on lung cancer mortality rates and smoking rates.

The Chairman thanked the presenters for the information that had been provided and highlighted the importance of early detection.

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

- Details were sought regarding how well Nottinghamshire's uptake of the programme compared to similar screening programmes elsewhere in the country.
- Clarification was requested regarding the offer for the community given the history of mining industry and associated lung health conditions, even among those who were not smokers.
- More details around phase 3 were requested.
- The emphasis on prioritising future phases based on levels of deprivation was welcomed in line with the commitment to address health inequalities.
- More specifics were requested around waiting times for further assessment following a targeted lung health check.
- Given the support needs of people with other lung conditions, additional assurances were requested that age and smoking were the most appropriate criteria.
- Specific details were requested around timescales for the inclusion of Hucknall in the programme.

- In view of the importance of early detection for lung cancers, further explanation was requested around how come targeted lung health checks were not rolled out many years ago.
- More details were requested around the provision of a lung cancer screening programme for Bassetlaw residents.
- The Chairman noted that liaison would be undertaken with NHS South Yorkshire colleagues to identify available lung health resources within Bassetlaw, with the acknowledgement that the South Yorkshire service was currently evaluating its findings. Data would be requested in respect of Bassetlaw's lung health programming with a view to ensuring equity of access for Bassetlaw residents.
- Members noted that Nottinghamshire had run this programme ahead of the National programme, and that posters and signage had been seen in locations associated with Phase 1.
- Members sought further assurances that messaging was also being delivered to the public in formats that would reach young people.
- Interest was expressed in knowing more about the anticipated timescales for rollout of the programme to West Nottingham areas.
- Information was requested regarding how the programme linked with large employers to promote engagement and uptake.
- Further details regarding the boundaries of localities covered within the phased rollout were requested, and more information was offered following the meeting.
- More information was sought regarding how the Programme communicated the positive economic impacts of smoking cessation on individual as well as local and national finances.
- Noting that smoking restricts social mobility by limiting the economic potential of individuals, Members felt there was potential for mentoring to provide compelling positive case studies of personal success as a result of smoking cessation.

In the response to the points raised, Simon Castle, Katie Lee, Jane Roberts, and Vivienne Robbins advised:

- Relative to the rest of the country, uptake rates for Nottinghamshire's programme were the highest in the country. The service had received acknowledgement for the effectiveness of the targeted engagement and the community engagement approach. An alternative delivery model which is run through a hospital was in used in some places with far less uptake. It had been shown that people in Nottinghamshire can access the service

easily at their supermarket. This learning had been implemented in other services such as breast screening.

- The service had achieved 75 percent uptake among the targeted population, which was based on risk factors around age and smoking history. It was noted that work history could change a person's risk score, and the risk factors had been identified through significant trials in Europe and America. Additional engagement work was undertaken with GP practices that were located where targets were low. The service also considered age, sex and ethnicity demographics to ensure effective and equitable reach of the programme.
- The Interim Director of Public Health noted that E-cigarettes/vaping had been shown to be an excellent quit aid for smoking. Evidence was clear to support people to move from tobacco and cigarettes. It was acknowledged that long-term impacts of E-cigarettes were not yet known, and non-smokers were not being encouraged to start vaping. The position statements of the Health and Wellbeing Board had included reference to e-cigarettes as a route out of smoking, rather than a route into smoking.
- Clarification was provided regarding the phasing nationally versus locally. Populations were invited by GP practice, with patient records consulted.
- Specific risk factors for lung cancer were prioritised; however, other individuals were being fast tracked through to spirometry or echo tests for heart based on their individual risk factors. It was considered important not to flood the programme with low-risk patients to ensure those with high risk for cancer received the screenings. These criteria were chosen based on the evidence of higher risk for lung cancer.
- The Interim Director of Public Health noted the programme was a positive example of work that was tackling health inequalities. Strict criteria were in place around screening programmes, which help reduce instances of false positives and false negatives. This is done through working on the evidence base. Ensuring the people being seen first are those who are more likely to have lung cancer, rather than putting people through a process that the evidence base shows may not be needed.
- It was acknowledged that the needs among communities can be different, and the work of the ICB was responsive to this. Public Health was supportive of continued learning and growth from what was felt to be a strong start.
- In respect of waiting times, the aim was 31 days from diagnosis to treatment. Some targets had been challenging due to backlogs from the COVID-19 pandemic and industrial action. The latest numbers were 81 percent on track. The trust worked diligently with the knowledge that any additional month delay could have a real impact, especially for patients who were close to stage shift. Therefore, additional treatment capacity had been added, which included theatre capacity for surgery. The Service worked to match capacity with demand, and this was being achieved.

- The Chairman noted that a further briefing would be requested regarding the work that is being done around other lung conditions, especially those which can present within the former mining community. Consideration would be given to the best way to move forward.
- A programme like the targeted lung health checks could not be rolled out in previous years, because evidence to show the impact was not available and formerly it was not possible to deliver a low-dose CT scan. The technology was now available and accessible. The evidence was also available now to show the impact, so prioritisation has been given to expand the service.
- The preventative approach for tobacco sought to prevent two-thirds of smokers from dying from smoking. The best way to prevent these deaths was to prevent people from starting. The next best way was to help them quit as early as possible.
- For most people who have the risk factors, it was important to keep them from reaching stages 3 and 4. The aim was for people not to reach these stages at all due to early detection and treatment. This programme sought to change the mindset of individuals who have seen their friends at stage 4 and decide they do not want to know. Actually, if it is known about early, individuals can avoid stage 4 altogether.
- The importance of accessibility was emphasised, because treatment was not the key to mortality; rather, it was the late presentation. It was because of late diagnosis of lung cancer that the outcomes were poor. The diagnostics existed, and the outcomes were good.
- The differences in survival rates had shown that key risk factors were due to deprivation.
- A lung cancer screening programme for Bassetlaw was part of the South Yorkshire mobile screening programme offer. The Nottinghamshire service maintained close contact with colleagues who coordinated the South Yorkshire programme.
- It was noted that NHS posters had a place within the broad spectrum of communications and engagement media which included videos, website, WhatsApp and Facebook groups. These employed a storytelling approach and the Programme worked with specific people to include their case studies. A dedicated communications and engagement professional worked full time on this. QR codes on posters led to an animation which was felt to be more engaging.
- Linking with large employers was something the Service could do to spread the message to encourage people to accept their invitation.

- It was confirmed that Hucknall would be included in the coverage of the programme next year within the roll out of Phase 4.
- The timescales for rollout in West Nottinghamshire were not known definitively yet but would likely be part of the work for 2025/26 which would invite the whole population, especially anyone who has ever smoked. The whole population is invited in case the GP data does not include all current and former smokers.
- The Director of Public Health noted there was an addiction element which made it very difficult for some people to stop smoking. There were therefore discussions around the motivation to stop smoking which was unique to each individual. This allowed support to be tailored to them when they accessed the service. This was also informed by emerging data.
- It was acknowledged that the costs of tobacco contributed to the negative impacts of the cost-of-living crisis and deprivation. The total cost of smoking was much greater than the cost to individuals, as further costs in terms of environmental health, health and social care, were significant. Work with trading standards was currently ongoing to crack down on illegal tobacco sales and illegal vapes and those who sell to young people.

RESOLVED 2024/04

- 1) That the presentation be noted.
- 2) That information regarding the uptake of targeted lung health checks in Bassetlaw be requested from NHS South Yorkshire and cascaded to Members.

5 WORK PROGRAMME

Consideration was given to a report and outline programme of scrutiny work, and developments in respect of scheduling of items for the work programme were noted.

- The Chairman thanked those who participated in the ICB briefing regarding the work that had been done thus far regarding provision of community healthcare services in Newark.
- Consideration of an agenda item at the April meeting would allow further public scrutiny of the progress of the implementation and the rationale for this decision.
- A briefing would be requested regarding wait times for elective surgery.
- As part of the plans for the June meeting, the Chairman noted the work that had been done at NUH as part of the commitment to keep working on performance, which was felt to be a positive step.

- In respect of promotion of health and wellbeing at the Hucknall Centre, this item continued to be on hold until the revised parameters were received from the NHS. If an update was available, this would be shared.

RESOLVED 2024/05

- 1) That the Work Programme be noted.
- 2) That consideration be given to how best to receive additional information regarding the issues raised by members.

The Chair thanked Members for attending and closed the meeting at 12.18 pm.

CHAIRMAN

16 April 2024**Agenda Item:4****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****NEWARK URGENT TREATMENT CENTRE – IMPLEMENTATION OF REVISED
OPENING HOURS****Purpose of the Report**

1. To inform the Committee that revised opening times for the Newark Urgent Treatment Centre have now been approved, and to request the Committee's support in communicating these changes to Nottinghamshire residents.

Information

2. Newark Hospital's Urgent Treatment Centre was temporarily closed for overnight admissions in April 2020 to prioritise emergency service provision during the Covid 19 pandemic, and the temporary closure was extended in 2021 and 2022.
3. The Committee received assurance at its June 2023 meeting that the temporary 12 month extension to these arrangements would not be further extended. The Integrated Care Board (ICB) and Sherwood Forest Hospitals NHS Foundation Trust embarked on a process in the autumn of 2023 with a view to arriving at a sustainable solution to the issue. This involved conducting a Listening Exercise with residents, a Clinical Senate Review and Options Appraisal. A comprehensive update was provided at the Committee's December 2023 meeting – this information provided at that time is accessible via the following link:

[Health Scrutiny Agenda Papers December 2023](#) .

4. The ICB now confirms that its Board has made the decision to extend current opening hours, opening at 8am and closing at 10.30pm, with final admission at 9.30pm. It is intended that these revised opening times will be operational from the Summer of 2024.
5. The Committee will wish to consider and comment on the briefing, particularly in respect of communicating the revised hours to wider public, and considering when it wants to receive updates on implementation.

RECOMMENDATION

That the Health Scrutiny Committee:

- (1) Notes the attached briefing;
- (2) Considers how best the Committee can support communicating the permanent hours of the Urgent Treatment Centre and information about alternative local urgent and emergency services available ;and
- (3) Considers how and when it wishes to receive further updates on the implementation of revised opening times.

Councillor Jonathan Wheeler
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

Newark Hospital's Urgent Treatment Centre Opening Hours

Briefing for Nottinghamshire Health Scrutiny Committee

April 2024

1 Introduction

Since March 2020, the Urgent Treatment Centre (UTC) within Newark Hospital has been operating between 9am to 10pm (last patient admitted at 9.30pm). These hours have been in place on a temporary basis since March 2020, when the impact of the Covid-19 pandemic made issues with safely and sustainably staffing the UTC worse than they had previously been.

It is acknowledged that the continued temporary arrangements do not provide the certainty that Newark residents expect. At the meeting which took place on 20 June 2023, the Nottinghamshire Health Scrutiny Committee reiterated the importance of arriving at a sustainable solution at the earliest opportunity.

NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) and Sherwood Forest Hospitals NHS Foundation Trust (SFH) have overseen a comprehensive programme of work develop a sustainable solution for the opening hours of the UTC at Newark Hospital.

The purpose of this paper is to outline the process to date, confirm the ICB's decision on the future opening hours of the UTC and describe the next steps.

2 Urgent care provision in Newark

Urgent care involves any non-life-threatening illness or injury needing urgent attention. These are usually dealt with by phone or online consultation to NHS 111, pharmacy advice, out-of-hours or 'same day' GP appointments, or care at an Urgent Treatment Centre (UTC).

It is important to reiterate that *urgent care* is distinct and different to *emergency care*.

Emergency care involves life-threatening illnesses or accidents which require immediate treatment from the ambulance service (via 999) and must be co-located with appropriate life-sustaining support infrastructure e.g. high dependency and critical care and specialist diagnostics. In Nottinghamshire our Emergency Care (Accident & Emergency or A & E) Departments are based at Kings Mill Hospital and Queen's Medical Centre.

The Newark UTC is and will continue to be a key element of urgent and emergency care available to local people – alongside NHS 111, community pharmacies, out of hours and 'same day' GP appointments, 999 and A&E. It delivers everything that the national NHS specification for UTCs¹ requires.

3 The process

This section describes the outcomes of the Listening Exercise, Clinical Senate review, and Options Appraisal process which were considered by the ICB Board in their decision making process. The first two elements have already been reported to the Health Scrutiny Committee on 12 December 2023.

¹ [NHS England » Urgent treatment centres – principles and standards](#)

3.1 Listening exercise

The ICB undertook an extensive listening exercise to help shape thinking on the future UTC opening hours. The overarching aim of the listening exercise was to gather the perspectives of both citizens and stakeholders in relation to urgent care services currently provided and accessed in Newark and surrounding areas. This can be broken down into the following objectives:

- To understand whether the current opening hours of the Newark UTC were appropriate to meet local need, or if there could be a different way to spread the opening hours over the day.
- To check that the other ways to access urgent care overnight are working as expected.

The listening exercise began on 4th September 2023 and concluded on 17th October 2023. A range of different methods were used to listen to citizens and stakeholders, to understand their views. This included:

- Briefings with elected members
- Community group visits
- Six public events (four face to face and two virtual)
- Survey (online/paper)
- Social media

In total, 1,932 individuals participated.

Key findings of the listening exercise were:

- 70.5% of survey respondents disagreed that the current opening hours of the service are suitable. A similar view was heard in public meetings and when visiting community groups.
- The majority of people we heard from through our various methods told us that they would like Newark UTC to be open 24 hours and/or an Accident and Emergency Department.
- If the UTC was to remain open 13 hours a day, there was no consensus to whether the opening hours should stay as they are, open earlier in the morning and close later in the evening, or open later in the morning and close later in the evening.
- Some people suggested extending the opening hours beyond the current 13 hours.

3.2 Feedback from the East Midlands Clinical Senate

An independent review by the East Midlands Clinical Senate took place on 18th October 2023. Clinical Senates are a source of independent and objective clinical advice and guidance to local health and care systems, to assist them to make the best decisions about healthcare for the populations they represent. The review was based on an evidence pack of relevant data along with a panel discussion with representatives from both the ICB and SFH. The preliminary findings of the listening exercise were also shared as part of the panel discussion. Panel members supplemented their evidence gathering on the day with a site visit to the UTC and met with UTC staff.

The panel recommended that the UTC at Newark Hospital should not operate 24 hours per day, and that Nottingham and Nottinghamshire ICB and SFH should decide what times they must be available based on activity levels and available staffing to ensure good use of resources. This should include consideration of an appropriate amount of time for staff at the end of their shift after the UTC has closed.

3.3 Options appraisal

In line with NHS England guidance², an independently convened and run Options Appraisal process was undertaken on 29 and 30 November, and 21 December. As part of the Options Appraisal, a structured approach to identifying and filtering a broad range of options was completed. The Options Appraisal process initially assesses a comprehensive range of possible configurations for delivering the agreed model of care against a set of evaluation criteria before ultimately identifying a preferred option or options.

The Options Appraisal Panel included members representing clinical, public health, primary care, commissioning, operational, communications and engagement expertise. It also included advocates representing patients, public and the voluntary and community sector

These independently facilitated workshops ensure process rigor and avoidance of bias. The format of each workshop was shaped by the guiding principles from the HM Treasury Green Book³.

4 Future opening hours of Newark UTC

On 14 March 2024, the ICB Board considered this evidence and made a decision to extend the opening hours at Newark Hospital's UTC. The UTC will open between 8am – 10.30pm (last patient admitted 9.30pm) seven days a week. The UTC will be open for 14.5 hours, exceeding the 12-hour minimum national standard for UTCs set by NHS England and the current temporary arrangements.

Staff working at the Urgent Treatment Centre have been actively engaged as part of the conversations about the service. They have welcomed the clarity and certainty that the decision on the Centre's permanent opening hours has brought.

5 Next steps

It is anticipated that the new hours will be mobilised from Summer 2024.

The findings from the listening exercise indicate that there is some confusion with citizens in Newark around understanding how and when to access services for emergency care and also urgent care needs. In line with the implementation of the improved hours, a communications campaign will be launched to inform citizens about the permanent opening hours of Newark UTC and about local urgent and emergency care services, with details about which should be accessed based on health need. This will include the following online and offline methods:

- Door to door leaflet drop
- Bus stop advertising
- Print and digital adverts (Newark Advertiser)
- Digital screens in GP practices
- ICB and SFH websites
- Facebook advertising
- Via partners and stakeholders

As per the recommendations from the Clinical Senate, further work will be undertaken in 2024/25 to ensure the name 'Urgent Treatment Centre' is fully adopted across the Newark Hospital site, road signs on the approach to the hospital, as well as on relevant websites, the directory of services and all other communications (both for internal and external stakeholders) about the service.

² NHS England. 2018. <https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf>

³ [The Green Book \(2022\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/60361/green-book-2022.pdf)

The ICB will continue to assess the impact of the extended operating hours, monitoring usage and reviewing patient feedback to ensure a responsive service to local people.

16 April 2024**Agenda Item: 6****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 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 as available at the time of agenda publication 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, and these will be included as they arise. Any updates to the work programme following publication will be reported at the meeting.

RECOMMENDATION

That the Health Scrutiny Committee:

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

Councillor Jonathan Wheeler
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 WORK PROGRAMME 2023/24

Subject Title	Brief Summary of agenda item	Scrutiny/Briefing /Update	External Contact/Organisation	Follow-up/Next Steps
16 April 2024				
Newark Hospital Urgent Treatment Centre	To note the agreed revised opening times for the Hospital and support communicating the changes to residents	Scrutiny	Integrated Care Board Sherwood Forest Hospitals Trust	
14 May 2024				
Nottinghamshire Healthcare Trust – outcomes arising from recent CQC inspections	To inform the Committee about a range of issues affecting the Trust.		Nottinghamshire Healthcare Trust	
Covid Recovery Plan Update - Waiting Times for Elective Surgery in Nottinghamshire (STC)	To understand current waiting times experienced by residents for a range of elective surgery procedures	Scrutiny	Integrated Care Board	
18 June 2024				
NUH briefing – Update on Maternity Service provision.				
NHS 111 Service – Additional performance data as requested at January 2024 meeting	To follow up consideration of the NHS 111 Service performance	Scrutiny	DHU Healthcare	

16 July 2023				
Non-Cancer Lung Health - pathways and long term condition management (STC)	To follow up on Committee request at March 2024 meeting	Scrutiny	Integrated Care Board	
To be scheduled and potential alternative actions				
Health and Wellbeing Provision in Hucknall – Cavell Centre	Pause in development of Cavell Centres at national level in June/July 2023	Scrutiny	Holding position agreed at January 2024 meeting to consider when revised proposals from ICB/NHS England emerged	
Integrated Care Board – Policy Alignment across Nottinghamshire	To consider work being undertaken to ensure consistency of policy across the Nottingham and Nottinghamshire ‘footprint’	Scrutiny	Further discussion required with ICB	
Sherwood Forest Hospitals Trust		Scrutiny	Further discussion with SFHT to have focussed scrutiny report on areas where challenges are greatest	
Mental Health in Bassetlaw and update on A&E Village development	To update the Committee on the development and delivery of mental health services in Bassetlaw	Scrutiny	To be scheduled once A&E Village development is completed	
Suicide – particularly among young men		Scrutiny and Briefing	Adults Select Committee to consider wider Suicide Prevention Strategy in June	

			2024. Propose taking off Health Scrutiny work programme but consider under possible future consideration of Mental Health Crisis Services.	
Enhanced Clinical Role for Pharmacies – Impact on Pharmacies and GP Services	To consider how the delivery of services by pharmacies which were formerly the preserve of GP practices has impacted both sectors	Scrutiny	Integrated Care Board	
Health Inequalities		Scrutiny	Requires further definition and focus in order to conduct meaningful scrutiny	
Integrated Care Board – Policy Alignment across Nottinghamshire (Autumn 2024)	To consider work being undertaken to ensure consistency of policy across the Nottingham and Nottinghamshire ‘footprint’	Scrutiny	Further discussion required with ICB	

