

## Health Scrutiny Committee

**Tuesday, 16 January 2024 at 10:00**

County Hall, West Bridgford, Nottingham, NG2 7QP

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### AGENDA

- |   |  |         |
|---|--|---------|
| 1 | Minutes of last meeting held on 12 December 2023                     | 3 - 12  |
| 2 | Apologies for Absence  |         |
| 3 | Declarations of Interests by Members and Officers:- (see note below) |         |
| 4 | Access to NHS Dental Services  | 13 - 26 |
| 5 | NHS 111 Service Performance in Nottinghamshire                       | 27 - 32 |
| 6 | Work Programme   | 33 - 40 |

### 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>

### **COUNCILLORS**

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

Mike Adams  
Sinead Anderson  
Callum Bailey  
Steve Carr  
David Martin

John 'Maggie' McGrath - **Apologies**  
Nigel Turner  
Michelle Welsh  
John Wilmott

### **SUBSTITUTE MEMBERS**

Councillor Kate Foale for Councillor John 'Maggie' McGrath

### **OTHER COUNCILLORS IN ATTENDANCE**

Councillor Keith Girling

### **OFFICERS**

Martin Elliott - Senior Scrutiny Officer  
Noel McMenamin - Democratic Services Officer

### **ALSO IN ATTENDANCE**

David Ainsworth	–	Sherwood Forest Hospitals NHS Trust
Alex Ball	–	Nottingham and Nottinghamshire ICB
Phil Britt	–	Nottingham University Hospitals NHS Trust
Lucy Dadge	–	Nottingham and Nottinghamshire ICB
Alun Harcombe	–	Nottingham University Hospitals NHS Trust
Victoria McGregor-Riley	–	Nottingham and Nottinghamshire ICB
Ben Owens	–	Sherwood Forest Hospitals NHS Trust
Mark Wightman	–	Nottingham and Nottinghamshire ICB

The Chairman, in his first meeting as the Chairman of the Health Scrutiny Committee expressed his thanks to Councillor Mrs. Sue Saddington for the work that she had carried out in her time as Chairman of the committee.

## **1 MINUTES OF THE LAST MEETING HELD ON 14 NOVEMBER 2023**

The minutes of the last meeting held on 14 November 2023, having been circulated to all members, were taken as read and signed by the Chairman.

## **2 APOLOGIES FOR ABSENCE**

Councillor John ‘Maggie’ McGrath (medical/illness)  
Sarah Collis – Nottingham and Nottinghamshire Healthwatch

## **3 DECLARATIONS OF INTEREST**

Councillor Eddy declared a personal interest in agenda item agenda item 4(Newark Urgent Treatment Centre - Opening Times) and in agenda item 5 (Tomorrow's NUH - Proposal to Consult), in that her husband was a Community Staff Nurse who had previously worked for Sherwood Forest Hospitals NHS Trust, that did not preclude her from speaking or voting.

Councillor Welsh declared a personal interest in agenda item 5 (Tomorrow's NUH - Proposal to Consult), in that she had had involvement with the Ockenden Review on Maternity Services at NUH, that did not preclude her from speaking or voting.

## **4 NEWARK URGENT TREATMENT CENTRE - OPENING TIMES**

Lucy Dadge – Director of Integration, Victoria McGregor-Riley – Commissioning Delivery Director and Alex Ball – Director of Communications and Engagement from the Nottingham and Nottinghamshire ICB and David Ainsworth – Director of Strategy and Partnerships and Ben Owens – Consultant in Emergency Medicine from the Sherwood Forest Hospitals NHS Trust attended the meeting inform the Committee of the outcomes of recent engagement exercise in respect of urgent treatment provision at Newark Hospital.

Newark Hospital's Urgent Treatment Centre (UTC) had been temporarily closed for overnight admissions in April 2020 to prioritise emergency service provision during the Covid 19 pandemic, and the temporary closure had been extended in 2021 and 2022. At its June 2023 meeting the Committee had been advised at its that the temporary closure was to be extended for a further 12 month period, to the end of June 2024. At this meeting, the Committee received assurance that this would be the final temporary extension of current arrangements, and that proposals for the future operation of the UTC would be presented to the Committee before the end of 2023.

In September 2023, the Committee was advised that a listening exercise would be conducted to gauge local public and stakeholder opinion on revised opening times. An independent review by the East Midlands Clinical Senate had also been conducted, along with Options Appraisal process having been carried out. Full details of all of these aspects of work were appended to the Chairman's report.

Alex Ball and Victoria McGregor-Riley made a presentation to the meeting on the that provided information on the findings of the Listening Exercise, the feedback

from the NHS England Midlands Clinical Senate, the Options Appraisal process, and next steps in the work being carried out regarding the opening times of the UTC. A **summary** of the presentation is detailed below.

- The listening exercise had been carried out between 4 September and 17 October using a range of methods that had been designed to reach and engage with as many people as possible. In total, 1,932 people had participated.
- The listening exercise had shown:
  - 70.5% of survey respondents strongly disagreed/disagreed that the current opening hours of the service are suitable.
  - The majority of people had said 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 of views regarding 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.
  - A minority suggested extending the opening hours beyond the current 13 hours.
- Information had been gathered on how Newark residents accessed out of hours health care and on their experiences of that care. It was noted that the overall feedback about the services provided, and the treatment received was positive. It was also noted that:
  - People of Newark found it difficult to access services outside of Newark due to challenges related to transportation and travel, and so preferred to access services locally.
  - It was difficult to navigate the health and care system and know how to access the right service at the right time.
  - Accessing GP services in Newark could be challenging, with a perception that this increased the pressure on other services.
- The work of the Clinical Senate noting that Clinical Senates helped organisations who were planning and buying healthcare services to make the best decisions for the people who use the services. Patient and public members of the senates worked alongside healthcare professionals to offer advice and guidance. The committee were advised that following its considerations the Clinical Senate panel had concluded that the UTC at Newark should permanently close overnight.
- The Options Appraisal process that had been carried out. The Options Appraisal Panel had included members representing clinical, public health, primary care, commissioning, operational, communications and engagement expertise. It had also included advocates representing patients, public and the voluntary and community sector. It was noted that the outcomes of the listening exercise, Clinical Senate review and the

Options Appraisal process had been considered within the ICB's existing decision-making processes on 7 December.

- NHS England would be holding a Stage 2 assurance discussion with the ICB within the next few weeks before the ICB Board made a decision on next steps later in the new year. This decision would take into consideration the outcome the listening exercise, the view of the Clinical Senate and the outcomes of the Options Appraisal.

The Chairman noted the staffing and safety related issues that had meant that the UTC had had to be closed overnight and asked whether the problems of having to close the UTC at short notice due to staff shortages would be replicated if the UTC returned to 24hour opening. Ben Owens advised that staff shortages were still an ongoing issue across health services, and whilst Sherwood Forest Hospitals (SFH) NHS Trust was in a better situation than many other NHS Trusts around staffing, staffing was still a challenge. Ben Owen's noted that due to the very low footfall at the UTC overnight, that a disproportionate amount of staff resource had been used in providing this service, and that this in turn had made staffing the UTC during the busier day time hours more challenging.

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

- That the ongoing investment in developing services at Newark Hospital was welcomed, however due to the growing population of Newark further investment would be needed in local health care services. Members noted that the overwhelming view of Newark residents had been that the UTC should be open 24hours to meet their urgent healthcare needs. Members agreed that it was essential that the views of Newark residents were fully considered in the decision making processes on the Newark UTC opening times.
- Members noted that many Newark residents felt that there should be a full Emergency Department at Newark Hospital.
- Members sought assurance that the final decision on the opening UTC would be based on healthcare and not financial considerations.
- Whether a significant number of Newark patients were accessing urgent care at Kings Mill Hospital (KMH) or at Grantham Hospital.
- Members welcomed the relatively good position that SFH NHS Trust was in regarding staffing and noted with approval the good relations that it had with its staff.
- What the waiting times were like for residents in receiving call backs and accessing other support after calling 111.
- Whether there was a risk that a patient's condition could worsen and become an emergency if they could not access the UTC and had to wait until the next day to access care.

In the response to the points raised, Ben Owens, Lucy Dadge, Alex Ball and David Ainsworth advised:

- The initial decision to close Newark UTC overnight had been due to patient safety, any future decisions on its opening times would be based on the ability to provide a safe and reliable service.
- The ICB and SFH NHS Trust were committed to listening to Newark residents. The views of residents would be considered alongside the view of the Clinical Senate, the Options Appraisal and on operational information when making a final decision on the opening times for Newark UTC. Lucy Dadge stated that the ICB was committed to listening to residents in order to understand their needs and views.
- There were low levels of Newark residents accessing urgent care out of area. It was noted that on average only one Newark resident a day accessed urgent care at Grantham, with similarly low numbers accessing urgent care at KMH.
- Ben Owens noted that the delivery of a full Emergency Department at Newark Hospital would require a complete redevelopment of Newark Hospital and that even if the population of Newark were to double, Newark would still not be of a size that would meet the criteria for the delivery of a full Emergency Department. Ben Owens noted the difference between urgent and emergency care. It was noted that the delivery of Emergency Departments needed to be done at scale with the backup of a full range of facilities that could deal with life threatening incidents on site such as resuscitation rooms. These facilities could not be provided at Newark Hospital.
- It was noted closing overnight enabled the Newark UTC to provide a better service to patients during the hours of peak demand as staffing levels could be focussed on these hours. David Ainsworth advised that it was desirable to give residents certainty on when they could access the UTC and that it was not desirable to have to close the UTC at night at short notice as this did not provide a good service to the residents of Newark.
- Ben Owens advised that in medical emergencies residents should always access emergency and not urgent care. It was acknowledged that more work was required to help residents understand the difference between urgent and emergency care as well as to raise awareness of the full range of urgent care services that were available for residents to access.
- Alex Ball advised that the outcomes of the listening exercise had shown that residents experience of accessing services through 111 was positive overall, with other engagement activity also showing good levels of patient satisfaction with the 111 service.

- Ben Owens noted that whilst it was possible that some patient's conditions may become more serious by not being able to access the UTC overnight, these were unlikely to become the type of cases that would need the support of Emergency Department care. Ben Owens advised that cases such as a patient not responding to antibiotics would not deteriorate at a speed so as to require access to care overnight. It was emphasised that in an emergency, that support must be sought by calling 999 to access emergency care.

Councillor Keith Girling addressed the meeting as a local councillor whose division included Newark Hospital. Councillor Girling noted:

- Having used the UTC as well as the 111 service he had found both services very efficient and responsive to his needs.
- When using the UTC after breaking his leg it had been reassuring to know that due to the current opening hours that the UTC would be open.
- For emergency situations that needed the support of an Emergency Department, patients in Newark were swiftly taken to KMH.
- Newark residents wanted certainty of when the UTC would open. Whilst it was understandable that residents when asked had stated that they would like a 24 hour UTC, that unfortunately due to staffing resources this would be very hard to deliver safely. To provide the best service to Newark residents it was important that the available staff were used to provide care at the UTC during the times when there was the highest demand for services.

The Chairman noted that as the proposals for the urgent treatment provision at Newark Hospital were developed further, that good communication with Newark residents was essential.

The Chairman thanked Lucy Dadge, Alex Ball, and David Ainsworth and Ben Owens for attending the meeting and answering members' questions.

#### **RESOLVED 2023/24**

- 1) That the findings of the listening exercise in relation to the opening times of Newark Urgent Treatment Centre, as detailed in the appendices to the Chairman's report, be noted.
- 2) That the feedback from the Clinical Senate, in relation to the opening times of Newark Urgent Treatment Centre, as detailed in the appendices to the Chairman's report, be noted.



- 3) That the Options Appraisal process that has been carried out in relation to the opening times of Newark Urgent Treatment Centre, as detailed in the appendices to the Chairman's report, be noted.
- 4) That a further report on the work being carried out by the ICB in respect of urgent treatment provision at Newark Hospital be considered at the January 2024 meeting of the Health Scrutiny Committee, subject to confirmation that a report and supporting documentation being ready for publication by early January 2024.

Councillor Wilmott left the meeting after the consideration of this item and did not return.

## **7 TOMORROW'S NUH - PROPOSAL TO CONSULT**

Alex Ball – Director of Communications and Engagement, Lucy Dadge – Director of Integration and Mark Wightman – Director of Strategy and Reconfiguration from the Nottingham and Nottinghamshire ICB, and Phil Britt - Tomorrow's NUH Programme Director and Alun Harcombe - Deputy Medical Director from Nottingham University Hospitals NHS Trust attended the meeting to provide a progress report on the Pre-Consultation Business Case, Consultation document and the plan for consultation on Tomorrow's NUH. It was noted that when the Committee had last considered a report on the Tomorrow's NUH Programme at its October 2023 meeting, it had been agreed that it would receive the Pre-Consultation Business Case, Consultation Document and Consultation Plan for consideration when they were available.

Mark Wightman and Alex Ball made a presentation to the meeting. A **summary** of the presentation is detailed below.

- The ICB had specific responsibilities relating to major service change, that were:
  - To develop a Pre-Consultation Business Case (PCBC) which makes the case for how the proposed service reconfiguration will meet the health and care needs of our population and bring additional benefits to the community.
  - To ensure that patients and the public are engaged and can meaningfully influence the developing proposals.
  - To lead a formal public consultation\* on the proposals when the PCBC has been through the NHSE assurance process.
- How the consultation plan described how a public consultation would be carried on a set of options for developing NUH facilities and services.
- The approach that would be taken in delivering the consultation that would make sure that consultation methods and approaches were tailored to specific audiences and their communication needs.

- A range of different methods would be used to engage with citizens and stakeholders to understand their views including:
  - Targeted engagement/focus groups with communities. Groups and communities who may be most affected by the proposals had been identified through extensive stakeholder mapping.
  - Specific interest sessions. Online and in-person sessions would focus on a topic or theme.
  - Public meetings. Online and in-person meetings would provide an overview of the proposals.
  - Survey. Online and hard-copy versions would be available, along with the opportunity to complete over the telephone.

The presentation also highlighted the responses to the questions that had been raised by members of the committee at the October 2023 meeting of the Health Scrutiny Committee. These responses were detailed in the appendix to the Chairman's report.

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

- Tomorrow's NUH was a significant project, the implementation of which had been delayed due to the Government prioritising spending on hospital projects where RAAC was a significant issue. Was the ICB and NUH confident that the funding needed from Government for the delivery of Tomorrow's NUH would be provided before it committed to carrying out a complex and costly consultation process?
- The plans to have a dedicated Women's and Children's health space in the plans for Tomorrow's NUH was particularly welcome. Members sought assurance that the plans that were being developed would be flexible enough to be able to respond to the outcomes of the Ockenden review on Maternity Services that was currently taking place.
- Members sought assurance that the plans for Tomorrow's NUH had been created with a focus on addressing health inequalities.
- Members expressed concern over some of the language that had been used in the draft documentation around the consultation with regard to Maternity Services.
- Members asked for further information on the potential impact on the Tomorrow's NUH plans around the plans by the University of Nottingham's plans to move its medical school out of its current site at QMC.

In the response to the points raised, Lucy Dudge, Phil Britt and Alex Ball advised:

- There was no "do nothing" option with regard to the redevelopment of the NUH sites. Both QMC and the City Hospital sites, due to the physical condition and age of the buildings required significant investment and

redevelopment to bring them up to modern standards, and as such there was no likelihood of the NHS not investing in their redevelopment.

- Lucy Dadge advised that it had been made clear to the ICB by the NHS that the funding required for the delivery of the Tomorrow's NUH programme was available and only a very significant and unforeseen incident elsewhere in the NHS would have the potential to delay the delivery of the programme. It was also noted that the redeveloped sites would deliver savings in the future as the new, modern buildings would be less costly to run and maintain.
- The work surrounding the development of the Tomorrow's NUH proposals was aligned to the ongoing Ockenden review. Lucy Dadge assured the committee that the recommendations that came from the Ockenden review would be fully taken account of and integrated into the Tomorrow's NUH proposals as they arose.
- Tackling and reducing health inequalities was a key priority for the ICB and Integrated Impact Assessments had been developed as part of the Tomorrow's NUH programme to support the delivery of this key priority.
- Lucy Dadge acknowledged the committee's concerns over some of the language that had been used in the documentation, noting that the use and choice of language was very important. Lucy Dadge stated that draft consultation documents would be reviewed to take into account the committee's comments on some of the language and wording that had been used.
- Nottingham University was still considering all options for its medical school and no final decision had been made on where it would be located when the current site closed. Alex Ball reaffirmed to the committee that the medical school was not closing, and options were being considered by the University on the potential to move the medical school new a new build site.

The Chairman thanked Alex Ball, Lucy Dadge, Mark Wightman, Phil Britt, and Alun Harcombe for attending the meeting and answering members' questions.

#### **RESOLVED 2023/25**

- 1) That the contents of the pre-consultation business case, consultation document and consultation plan, as appended to the Chairman's report, be noted.
- 2) That the responses to the recommendations previously made by members regarding engagement with the public, as appended to the Chairman's report, be noted.

- 3) That it be noted that the Health Scrutiny Committee supports the Integrated Care Board proceeding to public consultation on the Tomorrow's NUH proposals should the ICB Board agree to do so at its January 2024 meeting.

## **8 WORK PROGRAMME**

The Committee considered its Work Programme. During discussion, a number of additional issues were raised as possible future areas for consideration by the Committee. These included – mental health: wider in-bed provision for both adults and children and young people, suicide prevention, particularly for young men, lung disease (cancer, fibrosis etc) pathways to treatment and prevalence and health inequalities.

### **RESOLVED 2023/26**

- 1) That the Work Programme be noted.
- 2) That the additional items be listed for further consideration on how to address these through the health scrutiny function.

The meeting closed at 1:09pm

**CHAIRMAN**

**16 January 2024****Agenda Item: 4****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****ACCESS TO NHS DENTAL SERVICES****Purpose of the Report**

1. To consider an update from NHS England representatives in respect of NHS Dental Services in Nottinghamshire, particularly in respect of access to services and revised commissioning arrangements.

**Information**

2. The Committee most recently considered NHS Dental Services at its March 2023 meeting, when it received a comprehensive briefing on the challenges faced by the service, particularly in the wake of the Covid-19 pandemic. The Committee welcomed NHS England's candour in respect of the challenges facing the sector, and requested a progress update in early 2024.
3. At the March 2023 meeting, the Committee was also informed about planned changes to commissioning arrangements – these are now in place. Members will wish to understand the benefits of these revised arrangements and to seek assurance that the transition from NHS England has gone smoothly, without detriment to service delivery.
4. The briefing update at the appendix to this report includes updates on the national NHS Dental Contract, access and performance challenges in Nottinghamshire for both adults and children and young people, secondary dental provision, latest service recovery initiatives and information on a strategic review of dental access. The update also provides commentary on private dental health provision.
5. Rose Lynch, Senior Commissioning Manager at the Nottingham and Nottinghamshire Integrated Care Board will be in attendance to present the information and to respond to questions.
6. 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 Jonathan Wheeler**  
**Chairman of Health Scrutiny Committee**

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

### **Background Papers**

Embedded documents within the Appendix to this report – to be circulated to Committee members separately.

### **Electoral Division(s) and Member(s) Affected**

All

# Nottinghamshire County Health Overview and Scrutiny Committee

**16<sup>th</sup> January 2024**

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## **1 Background and information**

- 1.1 The Nottinghamshire County Health Overview Scrutiny Committee (HOSC) received a report for the meeting held on 28<sup>th</sup> March 2023. The report provided information on access to NHS Dental Services with a particular focus on provision and service recovery as a result of the COVID-19 pandemic. The report also included oral health improvement initiatives and activities, which is the statutory responsibility of the Local Authority – Nottinghamshire County Council.
- 1.2 The Nottinghamshire County HOSC requested a further briefing update to provide:
  - An update on current NHS dental access position
  - An update on NHS dental access initiatives
- 1.3 Further to the last update in March 2023, the commissioning of all NHS dental services was fully delegated to Nottingham and Nottinghamshire Integrated Care Board (ICB) on the 1<sup>st</sup> April 2023.
- 1.4 A governance structure has been agreed that enables the ICB to set the annual plan and strategic direction of the Dental function and make localised decisions where possible, whilst the current dental commissioning team (who are hosted by Nottingham and Nottinghamshire ICB on behalf of the 5 ICBs in the East Midlands) 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.
- 1.5 The Nottingham and Nottinghamshire ICB recognises the importance of understanding the need of the local population. To enable robust commissioning plans to be developed, Dental Public Health Consultants are developing the Oral Health Needs Assessment for Nottinghamshire. This will be completed by March 2024 and will inform future commissioning and procurement plans going forward. The Oral Health Needs Assessment will review the population demographics, population growth, general health, oral health needs, inequalities and make recommendations to the commissioner to support improving access to services to meet the local population need.
- 1.6 An Equality, Health Impact Inequality and Risk Assessment will be undertaken to consider the impact on the population including the protected characteristics, as part of commissioning and procurement plans.

- 1.7 NHS England have advised that planning guidance for 2024-25 will be published in the new calendar year to support ICBs develop their annual plan. It has been confirmed the published 2023-24 priorities and recovery plans on urgent and emergency care, primary care access, elective and cancer care will not fundamentally change for 2024-25. The planning priorities, process, timeline, and performance expectations will be published separately. Whilst waiting for the publication of the planning guidance, the ICB has commenced considerations to develop the proposed annual plan for 2024-25. Nottingham and Nottinghamshire ICB will provide an update to the Nottinghamshire County Health Overview Scrutiny Committee on the 2024-25 annual plan, commissioning intentions and mitigations on identified risks in the new financial year.

## **2 National NHS dental contract**

- 2.1 Nottingham and Nottinghamshire ICB 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) and Community Dental Services (CDS) as well as from Hospital Trusts. Private dental services are not within the scope of responsibility for Nottingham and Nottinghamshire ICB.
- 2.2 Although Nottingham and Nottinghamshire ICB is responsible for commissioning all NHS general dental services, there are limitations of the current national contract which impacts on the level of local flexibility which can be applied.
- 2.3 Challenges with access to NHS dental services are fully recognised, with dental access being a key priority for all Integrated Care Boards. The lack of new registrations to NHS dentists is a common challenge across all Regions, with the most critical issue being gaining access to NHS Dentistry, as people are reporting that no dentists are taking on patients.

Challenges include:

### Nationally and Nottingham and Nottinghamshire ICB:

- Challenges for NHS Dentistry existed prior to the pandemic.
  - Workforce/Recruitment of Dentists and wider clinical dental team.
  - Access issues.
  - Profession discontent with current contract.
- 2.4 NHS Dental Practices are independent contractors who are having to adjust their work balance to remain viable and thus moving towards more private provision (please see section 3.4 for further information on private dentistry).



- 2.5 Dental practices are responsible for patients who are undergoing dental treatment under their care. All completed courses of treatment within the same treatment band have a 12-month guarantee. This means that repairs and replacements can be replaced within the 12 months as long as it falls within the same band of treatment or lower. Should further treatment be required, this must take place within two months when the course of treatment was completed. After the two months, the practice has no on-going responsibility as the patient would not be deemed as currently undergoing dental treatment under their care.
- 2.6 It is common that people 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 General Medical Practices and patients are theoretically free to attend any dental practice that has capacity to accept them for a course of treatment.
- 2.7 Prior to the pandemic, patients would often make their ‘dental check-up appointments’ at their ‘usual or regular dental practice’. During the pandemic, contractual responsibilities changed, 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 has not been sufficient capacity to be able to offer routine dental check-up appointments to all those seeking access.

### 3 NHS Dental Services across Nottinghamshire

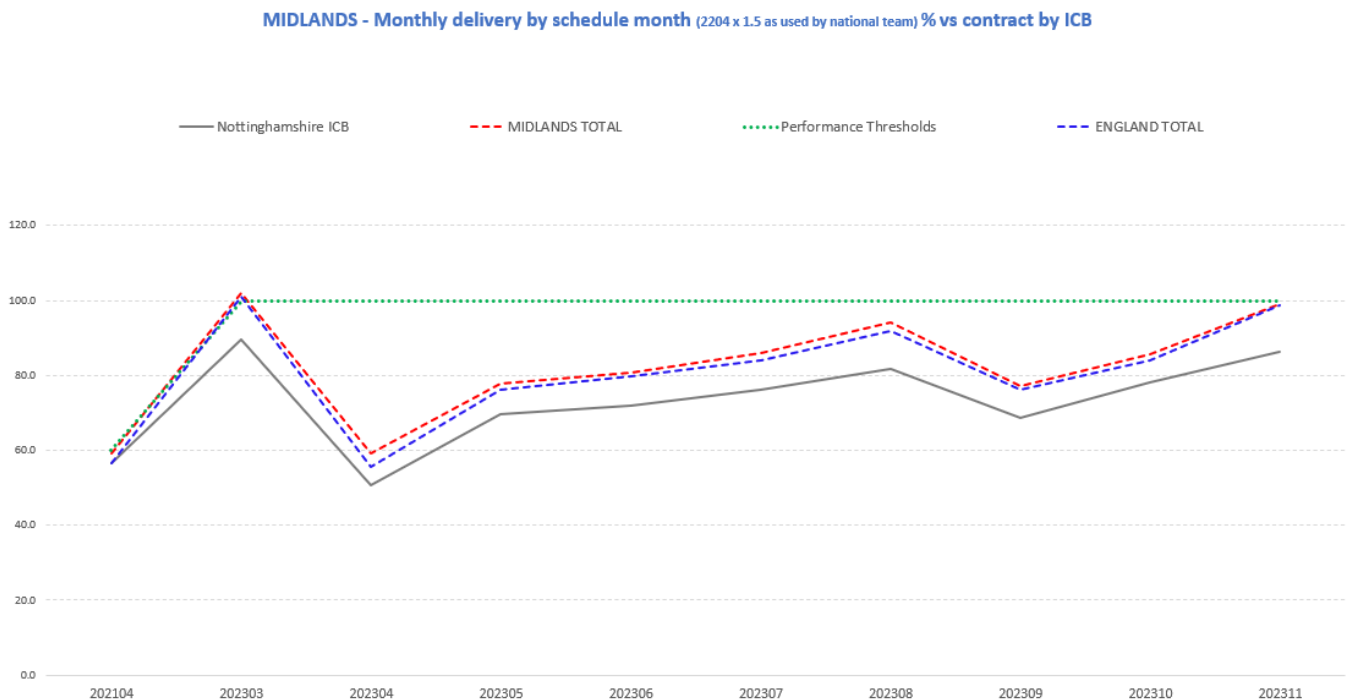
#### 3.1 NHS Dental Access - Overall

- 3.1.1 Restoration and recovery of NHS dental services since the COVID-19 pandemic has enabled dental practices to deliver increasing levels of dental activity, however the backlog of NHS dental care which has accumulated during the period where dental services have not operated at full capacity is widely recognised.
- 3.1.2 Figure 1 below shows a snapshot of the monthly contract delivery since the pandemic (April 2021) in comparison to the data shared at the previous Nottinghamshire County HOSC meeting in March 2023 with monthly activity up to November 2023). The graph indicates dental activity as follows:

Date	Nottingham and Nottinghamshire ICB (%)	Regional Position (%)	England Total Position (%)
April 2021	56.4	59.1	56.5
March 2023	89.7	102	101
November 2023	86.2	99.1	100

It is to note that there have been 2 contract terminations within Nottinghamshire County (Bassetlaw and Newark) since March 2023.

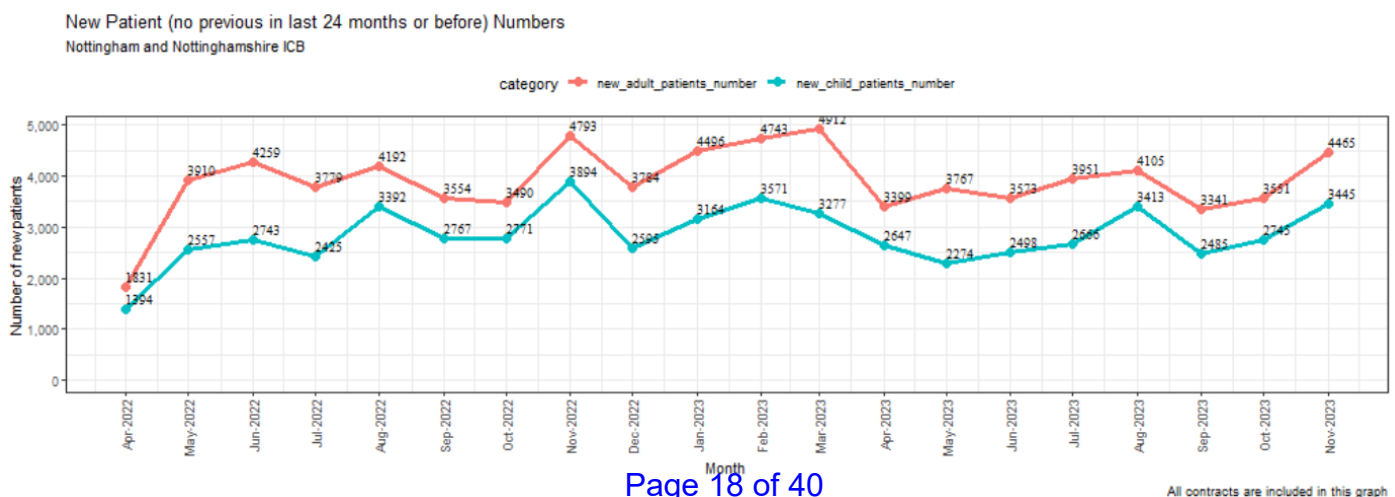
**Figure 1 – Delivery trend for Nottingham and Nottinghamshire ICB since the pandemic**



3.1.3 It is estimated across the Midlands that around 631,000 appointments have been lost in primary care dentistry since the start of the pandemic (this data is currently not available at a lower level). The effects have been similar in community and hospital care due to restricted capacity from staff absences or re-deployment to support COVID-19 activities.

3.1.4 Figure 2 below shows the count of new patients seen (not been seen previously in the last 24 months) between April 2022 to November 2023 for adults and children in Nottingham and Nottinghamshire ICB (data currently not available at a lower level).

**Figure 2 – Number of new patients seen (April 2022 – November 2023)**

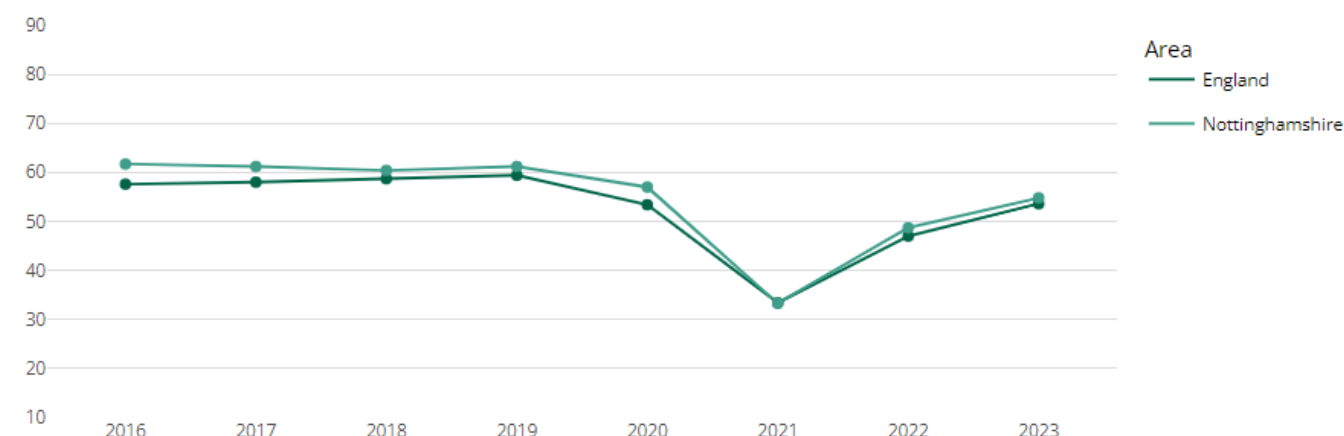


## 3.2 NHS Dental Access - Children and Young People

3.2.1 It became apparent early in the COVID-19 pandemic that NHS dental access for children and young people had been particularly badly affected. This was both due to dental practices focusing on urgent dental care and on parents being hesitant (or reluctant) to take children to medical and dental appointments – this pattern was consistent across other services too.

3.2.2 Figure 3 on the next page shows the percentage of children and young people seen by a dentist pre and post pandemic (2015-2023) in Nottinghamshire County. The table and chart show data as of June each year. It is to note that the data is published a quarter ahead of activity data to coincide with [NICE guidelines](#) on intervals between oral health reviews.

**Figure 3 - Percentage of children and young people seen by a dentist pre and post pandemic (2015-2023) in Nottinghamshire County**



Area name	2016	2017	2018	2019	2020	2021	2022	2023
Nottinghamshire	61.7%	61.2%	60.4%	61.2%	57.0%	33.3%	48.7%	54.8%
East Midlands	58.4%	58.4%	59.0%	60.1%	55.4%	33.8%	47.9%	54.0%
England	57.6%	58.0%	58.7%	59.4%	53.4%	33.4%	47.0%	53.6%

## 3.3 Secondary Care: Referral to Treat (RTT) and Referrals

3.3.1 The table below shows the latest position of Oral Surgery in September 2023 for Nottinghamshire County and the overall RTT position for the Nottingham and Nottinghamshire ICB. The updated September 2023 RTT position for Oral Surgery within Nottinghamshire County shows that the recovery in respect of the performance against the 18-week standards remains around an average of 45%. The number of 52-week waiters has increased from 61 to 67 patients. The proportion of the total waiting list that has been waiting 52 weeks is at 6%, compared to the regional average at 8%.

3.3.2 Over 104-week and over 78-week waits have remained at 0 in September 2023.

3.3.3 Over 65-week waits have remained the same since the previous month (August 2023). Over 65-weeks wait discussions are being built into the 2023/24 contracting round with assurance that the Trusts Pricing Activity Matrix has sufficient activity to support meeting the target to eliminate over 65 and over 78 week waits by 31 March 2024.

Oral Surgery RTT Data September 2023				Over 52 weeks	18+ week backlog	Total Waiting List	% of waiting list that is 52-week waiters	Over 104 weeks	Over 78 weeks	Over 65 weeks
Provider	Jul-23	Aug-23	Sep-23	Sep-23	Sep-23	Sep-23	Sep-23	Sep-23	Sep-23	Sep-23
Sherwood Forest Hospitals FT	55.2%	56.5%	58.0%	67	478	1,138	6%	0	0	22

### 3.4 Private Dentistry

3.4.1 Private dental services are not within the scope of responsibility for Nottingham and Nottinghamshire ICB, therefore, the ICB are unable to provide any information on activity uptake within the private dentistry sector.

3.4.2 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.

3.4.3 Some patients who have previously accessed dental care privately may now be seeking NHS dental care due to financial problems related to the current economic situation. This may place additional pressure on NHS services at a time when capacity is still constrained. Although these patients are eligible for NHS dental care, they may have difficulty in finding an NHS dental practice with capacity to take them on.

3.4.4 There have been anecdotal reports of some practices reluctance across Nottingham and Nottinghamshire in offering NHS appointments (particularly routine) and instead offering the option to be seen earlier as a private patient. Nottingham and Nottinghamshire ICB do not support any stances of pressuring patients into private dental care. Any such concerns can be raised via a complaint about any specific practice/s by contacting the ICB via email [nnicb-nn.patientexperience@nhs.net](mailto:nnicb-nn.patientexperience@nhs.net) or telephone 0115 8839570.

### 3.5 NHS Dental Services Recovery Initiatives

3.5.1 As shared in the previous Nottinghamshire County HOSC March 2023 report; a number of access initiatives (including patient facing) have been undertaken for 2022/23 to support access to NHS dental services within Nottingham and Nottinghamshire ICB (extract available under Appendix I).

3.5.2 Access initiatives continued into 2023/24 from 2022/23 at present are:

- IMOS Waiting List initiatives
  - to support lengthy waiting times that have been exacerbated due to the COVID-19 pandemic. This enables patients to be seen within 6 weeks of referral into the specialist service. As of November 2023,

there were 633 patients accepted onto the IMOS pathway by the Nottinghamshire system providers and 162 (26%) had been waiting over 6 weeks to access treatment. The Nottinghamshire system has the lowest IMOS waiting lists across the East Midlands. As this is a specialist service commissioned on a system area footprint, data for Nottinghamshire County residents is unfortunately not available.

- Support Practices – Community Dental Services
  - To relieve pressure on Community Dental Services by securing additional capacity in child friendly CDS Support Practices, thus freeing up the specially trained staff in the CDS so that they can focus on using the skills to deal with the most complex cases and increase access for children. There is one Provider in Nottinghamshire (Kirkby In Ashfield) providing 2 sessions per week.
- Vulnerable people and SMD groups
  - Delivery of dental treatment and care specifically to individuals who are vulnerable due to multiple deprivation and/or homeless via a mobile dental unit. The service commenced on 1<sup>st</sup> July 2023. During the period 13<sup>th</sup> September to 2<sup>nd</sup> November, 13 sessions have been delivered and 21 people were seen.

3.5.3 Commissioning objectives, priorities, and investment plan for the financial year 2023/24 was shared with all 5 East Midlands ICBs with governance approval granted in August 2023. The recommendations within the investment plan are for patient facing initiatives to improve dental access for all patients including vulnerable groups. Access initiatives include some of the investment schemes detailed within the previous paper plus some new investment schemes (extract available unable Appendix I).

3.5.4 To manage the current challenging financial position, Nottingham and Nottinghamshire ICB are committed to continuing with 2023/24 investment schemes that have already commenced to support with improving access to NHS dental services. In addition, any availability of underspend funding will be reviewed for commissioning of additional NHS dental activity.

### **3.6 Prevention – Water fluoridation**

3.6.1 Over a third (34.2%) of 5-years olds in Nottingham City have visual signs of tooth decay. In Nottinghamshire, while levels of tooth decay in children are better than the England average, almost a fifth of 5-year-olds experience decay.

3.6.2 In 2022, the average number of teeth affected by dental decay amongst 5-year-olds in Nottingham was 1.3 teeth. This is significantly higher than the England average 0.8 teeth. Similarly, over a third of 5-year-olds had visually obvious signs of dental decay (34.2%); significantly worse compared to the England average (23.7%). Overall levels of tooth decay in children in Nottinghamshire are better than the England average, however there are still significant inequalities in oral health outcomes across the county.

- 3.6.3 Water fluoridation schemes involve adding fluoride to community drinking water supplies in areas of low natural fluoride, increasing the level to that known to reduce tooth decay.
- 3.6.4 The findings of the 2014, 2018 and 2022 health monitoring reports are consistent with the view that water fluoridation is an effective and safe public health measure to reduce the prevalence and severity of dental caries and reduce dental health inequalities.
- 3.6.5 The Office for Health Improvement and Disparities compares data on the health of people living in areas of England with varying concentrations of fluoride in their drinking water supply, every 4 years. Along with global studies it confirms that water fluoridation is an effective, safe public health measure that is associated with lower levels of tooth decay amongst 5-year-olds; fewer teeth extractions due to decay; and a reduced tooth decay in adults. It supports previous findings that these benefits are greatest in the most deprived areas, thereby contributing to reducing dental health inequalities.
- 3.6.6 Secretary of State took the decision in January 2020 to centralise water fluoridation functions through the Health and Care Bill which received Royal Assent on 28th April 2022. This will be the first-time central Government has had responsibility for bringing forward new schemes.
- 3.6.7 The Act removes all Local Authority responsibilities for water fluoridation, maintains a duty to consult, and transfers funding responsibilities (for operational costs) to central Government (capital costs remain central Government responsibility). The first public consultation on fluoridation is expected in north east England in 2024.
- 3.6.8 In July 2023, Nottinghamshire County Council Full Council approved a resolution to work with other local councils, the Integrated Care Partnership and water companies to champion the oral health agenda including the expansion of water fluoridation to all parts of Nottinghamshire.

### **3.7 Commissioning and Procurement Plans**

#### **3.7.1 National Dental Contract Reform**

The [National dental contract reform](#) changes announced in July 2022 has provided an initial start to the shift in the emphasis of financial rewards and the re-orientation of clinical activity to those patient who need it most, whilst increasing access to NHS dental care.

- 3.7.2 Where changes from the National dental contract reform have made some impact, it is recognised that there is still more work to do. This includes [further change](#) to boost dental workforce and increased access to NHS dentistry which is currently on-going with the Government.



- 3.7.3 A [framework](#) was published on 9<sup>th</sup> October 2023 by NHS England on the opportunities for flexible commissioning in primary care dentistry which provides an outline to ICBs of the legal requirements of the national dental contractual framework whilst highlighting the key considerations associated with procuring additional and further services which were previously termed 'flexible commissioning'.
- 3.7.4 Nottingham and Nottinghamshire ICB are currently reviewing this framework, whilst awaiting further supplementary guidance from NHS England. The review of this framework will include working collaboratively with Dental Public Health Consultants and the East Midlands Primary Care Team to determine how best to commission additional NHS dental access within the framework guidance. This review is expected to complete by late Winter 2024.
- 3.7.5 A strategic review of dental access is underway for 2023/24 and the East Midlands Primary Care team have access to a new 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 issues identified. This review will additionally include collaborative working with our Consultants in Dental Public Health.
- 3.7.6 This review will also incorporate the findings from a Rapid Oral Health Needs assessment which is currently being developed in conjunction with the Dental Public Health consultant and Local Dental Network (LDN) chair to understand the impact post the pandemic.
- 3.7.7 The review recommendations are expected late March 2024 and will inform the general dental services procurement programme and commissioning requirements for Nottingham and Nottinghamshire ICB. The East Midlands Primary Care Team are working collaboratively with all ICBs within East Midlands to develop a procurement plan for early 2024/25 financial year to support the difficulties in accessing NHS dentistry.
- 3.7.8 Procurement of public sector services are due to change in 2024. The [Provider Selection Regime \(PSR\)](#) regulations will come into force on 1 January 2024. This means that NHS services will be decoupled from the existing Public Sector Procurement Regulations 2015 in favour of a more flexible and pragmatic approach.
- 3.7.9 The PSR is intended to remove unnecessary levels of competitive tendering, removing barriers to integrating care and promote the development of stable collaborations.

## 4 Supporting Information

- [Appendix 1](#)  
Extract from previous Nottinghamshire County HOSC report (March 2023): Access initiatives (including patient facing) undertaken for 2022/23 to support access to NHS dental services within Nottingham and Nottinghamshire ICB.

## 5 Contact Points

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Rose Lynch, Senior Commissioning Manager, Nottingham and Nottinghamshire ICB working on behalf of the 5 Integrated Care Boards in the East Midlands  
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Dr. Victoria McGregor-Riley, Commissioning Delivery Director  
Nottingham and Nottinghamshire ICB  
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## Appendix 1:

Extract from previous Nottinghamshire County HOSC report (March 2023): Access initiatives (including patient facing) undertaken for 2022/23 to support access to NHS dental services within Nottingham and Nottinghamshire ICB.

### 2022/23

- Weekend Sessions – General Dental Services

Across the Nottinghamshire system, 2 NHS general dental practices were contracted to provide 140 additional sessions at a cost of £70,000. Out of the 2 practices, 1 practice was 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 provided by dental practices on a goodwill gesture in order for NHS 111 to be able to signpost patients who do not have a regular dental practice requiring urgent dental care. Four NHS dental 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

£150,000 recurrent funding 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 has been 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

Additional funding to re-run the pilot for financial year 2022/23, where 3 practices within Nottinghamshire were approved to provide 6 sessions per week. Two of the three practices are within Nottinghamshire County providing 4 sessions per week.

- Golden Hello Scheme

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. One application for East Bassetlaw was received and approved.

- 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. The mobile dental unit commenced delivering services with effect from 1<sup>st</sup> July 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. Nottingham and Nottinghamshire ICB 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.

**16 January 2024****Agenda Item: 5****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****NHS 111 SERVICE PERFORMANCE IN NOTTINGHAMSHIRE****Purpose of the Report**

1. To consider a briefing paper from DHU Healthcare, the service provider for NHS 111 Services in Nottinghamshire. The briefing paper covers areas of performance including response times, abandonment rates, staffing and capacity and the impact of winter pressures on performance.

**Information**

2. The NHS 111 service is designed to help residents access urgent medical help and can be accessed online, via the NHS app or by calling 111. The service provides advice on how residents can look after themselves at home, arrange callbacks from medical staff, provide signposting advice on how to access urgent specialist help and if necessary advise on accessing 999/emergency services.
3. DHU Healthcare is the service provider for the NHS 111 service in Nottinghamshire, as well as elsewhere in the East Midlands and beyond. The organisation has been delivering the service in Nottinghamshire for over a decade. The service has not previously been the subject of scrutiny by the Nottinghamshire Health Scrutiny Committee – historically, service performance was considered by the former Joint City and County Health Scrutiny Committee.
4. DHU Healthcare representatives Dr Tarun Sharma, Clinical Director and Susan Williamson, Deputy Clinical Director, will be in attendance at the meeting to present the briefing and to respond to the Committee's questions and comments. It's intended that a representative from the Nottingham and Nottinghamshire Integrated Care Board will also be in attendance to provide the commissioning body's perspective.

**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 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



## **Briefing Paper for the Nottinghamshire Scrutiny Committee**

The objective of this paper is to respond to The Chairman and Committee for the Nottingham Health Scrutiny Committee's request for DHU NHS 111 services to provide a briefing around a series of performance area.

The Chairman and Committee wished to explore the Service's performance against more general performance indicators, the relevant themes for the DHU111 service are: -

- *mean call response times against targets*
- *abandonment rates*
- *service capacity (staffing and experience/skill sets)*
- *geographic variations in performance (how Nottinghamshire does in comparison with other counties/areas)*
- *Impact of winter pressures on the service etc.*

### **Background Information**

DHU 111 are at the heart of national NHS 111 services responding to over 2.5 million calls a year from centres in Derby, Chesterfield, Leicester and Oldbury. DHU111 is the nation's largest NHS111 service provider. Besides the Midlands, we have also been supporting London Ambulance Service with their 111 calls since 2021.

### **Mean Call response times and abandonment figures**

Our teams consistently achieve a high percentage of the service level agreement of answering a call to the service within 60 seconds.

The following table highlights Nottinghamshire's position in comparison to other regions in terms of NHS111 performance, currently 5<sup>th</sup> highest in the country.

The table highlights that nationally, DHU were the second best performing NHS111 service provider in the country (2<sup>nd</sup> only to Dorset who take a very small number of calls as compared to DHU). For Nottinghamshire, the average speed to answer a call was just 30 seconds compared to the national average of 126 seconds with some 111 service providers taking just shy of 5 minutes to answer a call.

The table also shows the abandonment figures for Nottinghamshire of 2.5%. National figures are at 7.2% with many providers having rates of more than 13%.

NHS 111 Provider Performance Comparison - November 2023						
Area	Provider	Calls Offered	Calls in 60 secs %	ASA (secs)	Abdn %	Rank
Dorset	DHC	27,477	92.6%	16	1.6%	1
West Midlands	DHU	138,972	87.0%	25	2.5%	2
Lincolnshire	DHU	19,486	86.0%	29	3.0%	3
Northamptonshire	DHU	21,808	85.7%	29	2.5%	4
Nottinghamshire	DHU	31,262	85.4%	30	2.7%	5
Derbyshire	DHU	38,396	85.2%	30	2.8%	6
Leicestershire and Rutland	DHU	34,728	84.9%	30	2.5%	7
Milton Keynes	DHU	7,770	84.3%	31	2.8%	8
Norfolk	IC24	28,026	81.8%	62	3.4%	9
Mid and South Essex	IC24	35,371	81.5%	64	3.3%	10
Service Advisor Modules	IC24	53,031	79.1%	58	2.6%	11
South East London	LAS/DHU/HUC	49,694	77.3%	49	5.8%	12
Isle of Wight	IoW	7,138	77.3%	68	12.4%	13
North East London	LAS/DHU/HUC	65,552	77.3%	50	5.3%	14
North West London	LAS/PPG/LCW	51,164	73.1%	74	5.3%	15
National Resilience	Vocare	73,072	70.5%	70	7.2%	16
Hampshire and Surrey Heath	SCAS	59,852	70.3%	89	4.2%	17
North Central London	LAS/LCW	26,211	69.5%	151	9.9%	18
Staffordshire	Vocare	32,553	69.5%	73	6.3%	19
North East	NEAS	87,153	68.5%	95	7.5%	20
Thames Valley	SCAS	69,316	68.1%	98	4.4%	21
Yorkshire and Humber	YAS	157,616	66.7%	216	10.7%	22
South West London	PPG/LAS	37,092	63.5%	194	4.4%	23
BaNES, Swindon & Wiltshire	PPG	31,802	62.9%	157	9.5%	24
Cornwall	HUC	18,429	62.9%	144	11.8%	25
Somerset	HUC	18,774	62.8%	154	10.7%	26
Gloucestershire	PPG	16,608	60.4%	190	6.9%	27
Devon	PPG	26,116	58.2%	196	6.6%	28
Bristol, North Somerset & South Gloucestershire	PPG	29,413	57.4%	131	11.9%	29
Surrey Heartlands	PPG	25,197	56.4%	199	6.1%	30
North East Essex & Suffolk	PPG	28,319	55.8%	209	6.7%	31
Hertfordshire	HUC	37,481	51.8%	189	13.1%	32
Cambridgeshire and Peterborough	HUC	33,107	50.9%	193	14.0%	33
Luton and Bedfordshire	HUC	26,572	50.2%	195	13.4%	34
North West	NWAS	182,174	49.9%	278	9.5%	35
West Essex	HUC	9,368	49.6%	197	13.3%	36
Kent, Medway & Sussex	SECAmb	91,493	41.4%	288	14.2%	37
England	National	1,727,593	68.9%	126	7.2%	

### Service Capacity (Staffing and Skill mix set):-

To support the delivery of the service across such a large geographical area DHU111 employs Service Advisors & Health Advisors (both are non-clinical) and Clinicians (Dental Nurses, Mental Health Nurses, Pharmacists and Paramedics with urgent and emergency care experience).

The Clinical Teams are further supported by specialist roles such as Triage Practitioners with expertise in remote Clinical Triage, Clinical Practitioners, and Advanced Clinical Practitioners.

All our Clinical Pathways and processes are overseen by our Clinical Director (Dr Tarun Sharma).

In addition to the above, we also have a Training team, Continuous Quality Improvement Team, Workforce Management and Human Resources & Recruitment Team.

The breakdown of our staffing numbers is as below:-

Role Type	111 EM	111 WM	Grand Total	% of Total
Clinical	247	192	439	25.60%
Non-Clinical	680	545	1225	71.27%
SMT	9	2	11	0.63%
Support	32	11	43	2.50%
Grand Total	968	750	1718	
% Split	56%	44%		

## **Winter pressures**

Planning for the forecasted increase in demand on the service began at the end of summer 2023, with a targeted campaign of recruitment and a structured programme of training for Health Advisors and Clinicians to ensure that our staffing levels could meet the demand winter invariably presents us with. The Workforce Management Teams work to forecast the expected calls and activity and aim to schedule adequate workforce to meet this demand. We work collaboratively with emergency and IUC partners across all our regions to support and aid mutual efficiencies where this will enhance the patient journey.

Other measures we have in place to ensure that we have a strong workforce in place when we need it the most is to ensure that we have a plethora of health and well-being activities to support staff during the winter, including an array of activities within the workplace during the festive season. We calculate Annual Leave entitlement fairly across the year so that staff are rested well and also have opportunities to spend time with their families at important times.

So far this winter we have been able to meet the demands on the service with meticulous planning, factoring in our inevitable sickness increase over the winter period. Over the recent bank holiday period (Christmas and New Year) we were able, on key dates, to meet the Service Level Agreement of calls answered within 60 seconds 99% of the time.

Overall, between 19<sup>th</sup> December and 1<sup>st</sup> January, the national average was around 66.5% Service Level while DHU provided an 85% Service Level.

Key dates:

Date	Calls Offered	SL%	Abdn %	ASA (secs)	National SL%
25 <sup>th</sup> December	9521	97.3%	0.4%	7	85.3%
26 <sup>th</sup> December	15427	99.8%	0.2%	3	69.7%
1 <sup>st</sup> January	14368	99.2%	0.4%	4	72.4%

We have an overall Care Quality Commission (CQC) rating of 'OUTSTANDING' (having been the first in the country to be awarded this rating), reporting that '*staff treated people with compassion, kindness, dignity and respect*'. In August 2021, after a data examination, the CQC determined that an inspection or rating review was not required at this stage.

We are proud to support Integrated Urgent Care Service across the Midlands and pride ourselves on having the knowledge and understanding of our local regions that enable

effective collaboration, always with the patient and their care journey at the heart of what we do.



**16 January 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 is attached at Appendix 1 for the Committee's consideration. From September 2023 the Committee will meet monthly. It is intended that no more than two substantive items will be scheduled for each meeting. 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. At its December 2023 meeting, the Committee identified several additional items for possible consideration by the Committee – these are captured in the Appendix. It was agreed to prioritise the scheduling of these items, alongside revisiting the list of current longstanding items on the work programme to take proposals to a future 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
<b>20 June 2023</b>				
Delivery of Diabetes Care in Nottingham and Nottinghamshire	Progress on delivery of diabetes services and update on demand trends	Scrutiny	Integrated Care Board	
Temporary Service Changes - Extension	To note the further extension of overnight closure at Newark Hospital	Scrutiny	Integrated Care Board	
<b>25 July 2023 - cancelled</b>				
Tomorrow's NUH Programme (TNUH)	Comprehensive consideration of the Programme, including next steps. Recommended to hold a single-item meeting			
<b>12 September 2023</b>				
Newark Urgent Treatment Centre		Scrutiny	Integrated Care Board/Sherwood Forest Hospitals Trust	
<b>17 October 2023</b>				
Nottingham University Hospitals Trust – Care Quality Commission Report		Scrutiny	NUHT/ Integrated Care Board	

Tomorrow's NUH – Proposal to Consult	Update on Programme and endorsement of decision to consult.	Scrutiny	Integrated Care Board	
<b>14 November 2023</b>				
East Midlands Ambulance Service	Performance and Winter Planning Arrangements			
<b>12 December 2023</b>				
Newark Urgent Treatment Centre –	Engagement Outcomes and Next Steps			
Tomorrow's NUH	Progress to Consultation			
<b>16 January 2024</b>				
Dentistry				
Performance of NHS 111 Service	performance			
<b>20 February 2024</b>				
Mental Health Services and Support in Schools (stc)				
<b>19 March 2024</b>				
<b>16 April 2024</b>				

<b>14 May 2024</b>				
<b>18 June 2024</b>				
<b>16 July 2023</b>				
<b>Issues raised at December 2023 Meeting</b>				
Mental Health – wider in-bed provision for both adults and children and young people (in addition to mental health support in schools)				
Suicide, particularly among young men				

Mental health in Bassetlaw – new Village setting/ tie in with visit to Bassetlaw hospital				
Lung disease (cancer, fibrosis etc ) – pathways to treatment, prevalence across Nottinghamshire				
'Health Inequalities' – (further definition required)				
<b>Longer term items to be revisited and potential alternative actions explored</b>				
Health and Wellbeing Provision in Hucknall – Cavell Centre		Scrutiny	Integrated Care Board	
Integrated Care Board – Policy Alignment across Nottinghamshire	To consider work being undertaken to ensure consistency of policy across the Nottingham and Nottinghamshire 'footprint'	Scrutiny		
Sherwood Forest Hospitals Trust				
Hospital Patient 'Flow'				
Discharge to Assess (From Hospital)				

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 ICB officers, Provider representatives.	
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	
Long Covid	Initial briefing on how commissioners and providers are responding to the challenges of Long Covid			
<b>Also:</b>				
Visit to Bassetlaw Hospital				

