

## **COUNCILLORS**

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

Mike Adams  
Sinead Anderson - **Apologies**  
Callum Bailey  
Steve Carr  
David Martin

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

## **SUBSTITUTE MEMBERS**

Councillor Foale for Councillor McGrath  
Councillor Lee for Councillor Anderson

## **OFFICERS**

Kerrie Adams - Senior Public Health Manager  
Martin Elliott - Senior Scrutiny Officer  
Jonathan Gribbin - Director of Public Health  
Noel McMenamin - Democratic Services Officer

## **ALSO IN ATTENDANCE**

David Ainsworth	-	Sherwood Forest Hospitals NHS Trust
Sarah Collis	-	Nottingham and Nottinghamshire Healthwatch
Sherrell Dudley	-	Nottinghamshire Healthcare NHS Foundation Trust
Lisa Durant	-	Nottingham and Nottinghamshire ICB
Jane Green	-	NHS England, East Midlands
Clare Hames	-	NHS England, East Midlands
Caroline Goulding	-	NHS England, East Midlands
Adam Morby	-	NHS England, East Midlands
Allan Reid	-	NHS England, East Midlands
Joseph Sullivan	-	Nottinghamshire Healthcare NHS Foundation Trust
James Thomas	-	Sherwood Forest Hospitals NHS Trust

## **1 MINUTES OF THE LAST MEETING HELD ON 21 FEBRUARY 2023**

The minutes of the last meeting held on 21 February 2023, having been circulated to all members, were taken as read and signed by the Chairman.

## **2 APOLOGIES FOR ABSENCE**

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

## **3 DECLARATIONS OF INTEREST**

Councillor Mrs Saddington declared a personal interest in agenda item six (Community Diagnostic Centre – Mansfield) in that a family member worked for Nottingham University Hospitals NHS Trust, which did not preclude her from speaking or voting.

Councillor Eddy declared a personal interest in agenda item (Community Diagnostic Centre – Mansfield) in that her husband was a Community Staff Nurse who had previously worked for Sherwood Forest Hospitals NHS Trust, which did not preclude her from speaking or voting.

Councillors Foale and Welsh advised that they would be attending the meeting of the Overview Committee on 31 March where the call-in of the Cabinet decision of Nottinghamshire Healthy Families Programme 2024 and beyond would be considered as they had been signatories of the call-in request.

Councillors Lee and Carr advised that they would be sitting as members of the Overview Committee on 31 March where the call-in of the Cabinet decision of Nottinghamshire Healthy Families Programme 2024 and beyond would be considered.

## **4 NHS DENTISTRY SERVICES**

Caroline Goulding, Head of Primary Care Commissioning, Adam Morby, Regional Chief Dentist, Jane Green, Programme Manager, Pharmacy, Optometry and Dental, Allan Reid, Consultant in Public Health and Claire Hames, Commissioning Manager from NHS England, East Midlands attended the meeting to present a report on access to NHS Dental Services in Nottinghamshire.

In introducing the report Caroline Goulding acknowledged that access to dental services in Nottinghamshire been an area of challenge and concern for the NHS since before the Covid-19 pandemic and that levels of access to dental services in Nottinghamshire, and across the East Midlands, was not where it should be.

Caroline Goulding advised that in Nottinghamshire NHS that dental service activity was currently at around 87% of the level that had been seen prior to the pandemic and that it was envisaged that by the end of the 2024 financial year that levels of activity would have returned to pre-pandemic levels. Caroline Goulding assured the committee that NHS East

Midlands was doing everything it possibly could to improve access to NHS dental services locally and that there was also significant work being carried nationally to try to address bigger contractual issues and their impact on access to dental services. Caroline Goulding assured the committee that whilst there were significant levels of activity being carried out to improve access to NHS dental services, it could take a further two or three years to fully deliver the improvements that were required to improve access to NHS dental services in Nottinghamshire

Caroline Goulding and the other representatives made a presentation to the meeting. A **summary** of the presentation is detailed below.

- The location and provision of NHS Dental Services in Nottinghamshire, including:
  - 109 NHS Dental Practices.
  - One Extended Out of Hours unplanned Urgent Care Site, based in Mansfield.
  - Five Community Dental Service sites providing community and specialised services.
  - Nine providers of Intermediate Minor Oral Surgery.
  
- The challenges being faced in delivering dental services, both nationally and within Nottinghamshire, that included:
  - Access to services – general and orthodontics.
  - Access to services for vulnerable groups, including Looked after Children / Children in Care.
  - Contract hand backs (there had been two in Nottinghamshire).
  - Discontent within the profession with the NHS Dental Contract.
  
- The initiatives that had been carried out locally to address the challenges around access to dental services, that included:
  - Weekend Sessions.
  - Dedicated Urgent Slots during surgery opening hours.
  - Extended hours, urgent dental care and out of hours services.
  - Oral Health improvement funding (including Oral Health Promotion training / toothbrushing packs)
  - Support Practices - Community Dental Services
  - a “Golden Hello” Scheme for dentists entering NHS dental services.
  
- Activities around contract reform.
  
- How the fluoridation of water supplies in Ashfield, Bassetlaw and Mansfield and bordering areas of Gedling and Newark and Sherwood were an effective and safe public health measure to reduce the frequency and severity of dental decay, and in narrowing oral health inequalities.

- Future planned activity around improving access to NHS Dental Services that included:
  - The changes to the how NHS dental services would be managed locally when the Nottinghamshire and Nottinghamshire Integrated Care Service took on delegated responsibility from NHS England for the Commissioning of Pharmacy, Dental and Optometry services from 1 April 2023.
  - How the NHS Communications Team had drafted a series of stakeholder briefings to update key partners and the public on the situation with respect to NHS dental services.

The full report from NHS England, East Midlands on access to dental services in Nottinghamshire was attached as an appendix to the Chairman's report.

The Chairman noted her concern about the ongoing difficulties of residents accessing dental appointments and the lack of NHS dental practices in some areas of Nottinghamshire.

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

- That the difficulties being experienced by residents in accessing NHS dental services would be having a negative impact on their oral health and placed them at a higher risk of experiencing other related health conditions. Members also noted their concerns around residents feeling that they had no alternative to carrying out self-treatment and the related health risks that this situation carried.
- That the current situation of insufficient NHS dental services was forcing residents to either access private care or to not access dental care at all.
- Members agreed that the current value of NHS dental contracts made NHS practice unappealing to many dentists.
- Members asked what activity was taking place to encourage and enable residents who did not access dental services to access the urgent care that they needed.
- Members noted their concern of residents not being able to access appointments and treatments at NHS practices where they had received treatment before.

In the response to the points raised, Caroline Goulding and Adam Morby advised:

- That the current situation around access to dental services and the current value of NHS dental contracts were areas of deep concern that placed residents at risk of poor oral health.
- That whilst there were enough dentists in practice nationally to provide the required level of access to services, the major issue of concern was that the current value of NHS dental contracts made NHS dentistry a less appealing option for dentists when compared to practicing privately.
- That many dental graduates were going straight into private practice once qualified. It was also noted that the procedures and processes that were required for dentists from overseas to become registered and practice in the UK took a considerable amount of time to complete.
- That the most significant issues being faced in delivering the desired level of NHS dental services to residents were workforce related.
- To increase the numbers of appointments that were available, dentists were assessing patients on their individual oral health needs regarding the frequency of their check-up appointments. It was noted that for healthy patients longer gaps between appointments were suitable and that this activity had enabled more patients to access dental appointments.
- That there had been significant activity carried out over the past year to ensure that residents who were in need of urgent dental care were able to access an appointment with an NHS dentist. It was noted that unfortunately that the location of such appointments may not always be in a resident's local area.
- That processes were in place to support and improve the performance of any dental practice that provided NHS dental services and who were not meeting the requirements of their NHS contract.
- That whilst there were situations where some practices had not enabled residents to access treatments at practices where they had had treatment before, that most NHS practices would always aim to care for patients who had received treatment from them in the past.

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

- That the situation regarding the inability of residents to access the required level of NHS dental services had been an issue of concern for some years and did not show any sign of improving soon. Members reaffirmed their concerns regarding the current NHS dental contracts and how they did not encourage dentists to provide NHS services.

- Members noted that consideration should be given to the possibility of the Chairman of the Health Scrutiny Committee writing to all Nottinghamshire MPs to express the concerns of the committee on the issue of access to NHS dental services and to request their support in reforming the current NHS dental contracts to help improve access to NHS Dental services.

The Chairman noted that the Nottingham and Nottinghamshire ICB would be taking on delegated responsibility from NHS England for the Commissioning of Dental services from 1 April 2023. The Chairman noted that as such that it would be beneficial for the Health Scrutiny Committee to look again at the issue of access to NHS dental services at a future meeting to fully examine the impact of this change on resident's access to NHS dental services.

Members of the committee noted with concern the issue of the high number of children at age five from across Nottinghamshire who were showing signs of dental decay. Members also noted with concern the difference in levels of decay across Nottinghamshire districts and how this highlighted ongoing problems around health inequality. The report stated that in Ashfield, Bassetlaw, Gedling and Mansfield, over 20% of children at age five showed signs of dental decay, whilst in Rushcliffe only 12.7% of children showed signs of decay. Members also sought assurance that there was a focus on improving the oral health of the most vulnerable children across Nottinghamshire, particularly Looked After Children.

Members of the committee asked for further information on what activity was taking place to increase access to dental services for children and what activity was being carried out to support children and their families to maintain good oral health. Allan Reid advised that whilst levels of deprivation across Nottinghamshire were linked to levels of oral health, there were many other variable factors that impacted on the oral health of children. Members were assured that the oral health of children was a key area of focus for the NHS and that a steering group on oral health focussed on this issue was in place.

Members were also advised of the community outreach and targeted activity that was taking place that was focussed on improving the oral health of children across Nottinghamshire. Caroline Goulding noted that the transfer of dentistry to the ICB would provide further opportunities for improving children's oral health due to the opportunities provided for the provision of dental services to be considered alongside the provision of other health services. Caroline Goulding assured the committee that supporting the health of vulnerable and Looked After Children was a priority for the NHS and the ICB.

The Vice-Chairman sought further information on the changes to the frequency of regular check-up appointments for patients. Caroline Goulding advised that studies had shown that the intervals between dental check-ups should be set at a frequency based on each patient's individual needs. Caroline Goulding noted that for patients with generally good oral health that a dental check-up every six months was not always necessary and that studies had shown that less frequent check-ups for healthy patients did not negatively impact on their oral health. It was also noted that reducing frequency of check-ups created extra capacity in the system

for patients who needed emergency care, or who had poorer oral health to access appointments.

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

- Whether there was an NHS app to support children brush their teeth effectively.
- What further action could be taken to ensure more dentists stayed within the NHS services after becoming qualified.

In the response to the points raised, Adam Morby advised:

- Whilst there was no NHS app to support children to brush their teeth effectively, that the major brands of toothpaste did provide such apps.
- That the situation around dentists going into private only practice straight after qualifying was an issue of great concern and that activity needed to take place to encourage more dentists to provide NHS services. It was noted that it cost around £600,000 to train a dentist and that once qualified there was no requirement for them to work providing NHS services.

Sarah Collis of Nottingham and Nottinghamshire Healthwatch advised that access to NHS dental services was a major issue of concern for Healthwatch both locally and nationally and noted that issues related to the current NHS dental contracts were making access to dental services very difficult for many residents. Sarah Collis noted that Nottingham and Nottinghamshire Healthwatch had published a report in June 2022 that had highlighted the significant problems that residents faced in accessing NHS dental care and how many residents had had to resort to self-treatment. Sarah Collis advised that the report had made a series of recommendations around dental access and that a meeting between Healthwatch and local MPs had been scheduled to discuss these concerns.

Sarah Collis noted that Healthwatch were hopeful that the changes created by Nottingham and Nottinghamshire ICB taking on delegated responsibility from NHS England for the Commissioning of Dental services would have a positive impact on access to NHS dental services.

The Chairman thanked Caroline Goulding, Adam Morby, Jane Green, Allan Reid, and Claire Hames for attending the meeting and answering member's questions.

#### **RESOLVED 2023/06**

- 1) That the report be noted.

- 2) That the Chairman of the Committee write to all Nottinghamshire MP's requesting their support in reforming the current NHS Dental contracts in order to help improve access to NHS Dental services.
- 3) That a further report on NHS Dentistry Services be brought to a future meeting of the Health Scrutiny Committee at a date to be agreed by the Chairman.

Councillor Carr left the meeting at 12:05pm and did not return.

## **5 HEALTH VISITOR SERVICE IN NOTTINGHAMSHIRE**

Jonathan Gribbin, Director of Public Health and Kerrie Adams, Senior Public Health Manager at Nottinghamshire County Council and Sherell Dudley, General Manager, Universal and Targeted Children's Services and Joseph Sullivan, Divisional General Manager - Children, Young People and Adult Specialist Services, at the Nottinghamshire Healthcare NHS Foundation Trust, attended the meeting to present a report on the delivery and performance of the health visitor service during the Covid-19 pandemic and the restoration of its services post-pandemic.

The report noted that the Government's Healthy Child Programme was the national evidence based universal programme for children aged 0 to 19 and was at the heart of the Nottinghamshire's Healthy Families Programme (HFP). The Nottinghamshire HFP was an early intervention and prevention public health service, supporting Nottinghamshire families to provide their children with the best start in life. The Nottinghamshire HFP offered every family with a child between the ages of 0 and 19 years a programme of health and development reviews as well as information and guidance to support child development, parenting, and healthy choices, to ensure that children and families achieved optimum health and wellbeing. The report stated that the service was universal in reach and personalised in response, and that support was offered to all families, which enabled those with additional needs to be identified, and that whilst most family's needs would be met by the universal offer, further targeted and evidence-based support was offered as early as possible to those families who required it.

The report provided a summary of the Nottinghamshire HFP service, the current HFP workforce and the latest evidence on the impact of the Covid pandemic on Nottinghamshire's babies and young children. The full report was attached as an appendix to the Chairman's report.

The Vice-Chairman noted that during the pandemic many of the required reviews of the HFP had been carried out over the phone and asked whether this approach had meant that some issues around children's development may have been missed. Kerrie Adams stated due to the impact of the pandemic and the guidance that had been issued on how reviews should be carried out to ensure the safety of staff, families, and children, that a blended offer of a longer telephone meeting, accompanied by a shorter face-to-face meeting had been used at that time. Kerrie



Adams assured members that a manual audit of the reviews that had been carried over the period when face-to-face visits had been limited to families who were either vulnerable or where safeguarding concerns had been raised had shown that all families had received at least one face-to-face visit. Kerrie Adams noted that whilst this audit offered a great deal of assurance that children's needs had not been missed when face-to-face visits were limited, it was not possible to say that no issues relating to any child's development had been missed. Kerrie Adams noted that to understand the impact of the Covid pandemic on the health and wellbeing of the population, the Nottinghamshire Health and Wellbeing Board had supported development of a Nottinghamshire Covid Impact Assessment to assess the impact of the Covid-19 pandemic that would be used to inform public health and partner strategies, plans and commissioning activity. As part of the CIA development, a dedicated assessment on the impact of Covid-19 in pregnancy and early years was currently being completed and that a summary report was due to be presented at the May 2023 meeting of the Health and Wellbeing Board.

The Chairman noted her concerns that the reviews for children born during the periods of pandemic related restrictions may not have picked up accurately the developmental needs of all children due to the reviews not being carried out entirely face-to-face. The Chairman also noted that as such the needs of these children may have not become apparent until they were attending school.

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

- That the role of Health Visitors and the Health Visiting Service provided a vital and valuable role in supporting families and ensuring the developmental progress of all children was monitored and supported.
- That the service delivered to families and children during the period of Covid-19 restrictions had not provided the level of support that had been needed to ensure that families were adequately supported, and the developmental needs of children were identified. Members expressed concern that during this time that follow up activity on issues highlighted during reviews had not been adequately followed up.
- That because of how the Health Visiting Service had operated during the period of Covid-19 restrictions, members were concerned that there were significant numbers of children starting school who were not "school ready".
- Members asked why during 2020/21 that the numbers of purely face-to-face birth reviews that had been carried out in comparison to blended face-to-face/telephone reviews varied so greatly between districts. The report stated that during 2020/21 74% of birth reviews in Rushcliffe had been carried out entirely face-to-face, whilst in Gedling 20% of birth reviews had been carried out in this manner.

- What activity was being carried out to currently to identify children who may have additional developmental needs that were not identified during the period of Covid-19 restrictions.
- What activity was being carried out to ensure that any children who missed out from the support that they required during the period of Covid-19 restrictions were now able to access the support they required to catch up with the development of their peers.

In response to the points raised, Kerrie Adams and Sherell Dudley advised:

- All children who had been born during the period of Covid-19 restrictions would now have had their 2 – 2.5-year review. This review would have been carried out face-to-face. These reviews were comprehensive in their nature and also included a detailed assessment of language development. Members were assured that any issues picked up during these reviews would be addressed by the provision of suitable support to ensure that as many children as possible were “school ready” when the time came for them to start school.
- That whilst services and support were provided to all families and children to support each child’s individual development, the development rate of all children varied, and that as such, and for a wide variety of reasons, it would always be the case that some children reached school age less “school ready” than others.
- That whilst the requirement for reviews of children’s development to be offered was mandated by legislation, it was not mandatory for families to take up the reviews when offered. Members were assured however that every effort was made to engage with families and that the number of families who refused reviews across Nottinghamshire was very low. It was also noted that the levels of engagement by families with the mandated reviews, when compared to levels of engagement seen by Nottinghamshire’s statistical neighbours was very favourable.
- That during the first period of Covid-19 restrictions the guidance that had been issued regarding when purely face-to-face reviews should and should not be carried out had not been followed and implemented as uniformly across Nottinghamshire as it should have been. It noted that this had occurred during the first period of restrictions due to several factors including problems with communicating with teams and the limitations of the technology that was available at that time (due to security and safety concerns Zoom had not been used to support the carrying out of reviews). It was noted and agreed that written questionnaires were a far from ideal method of supporting the review process.

- That in subsequent periods of Covid-19 restrictions the processes and communication methods that supported the delivery of safe and meaningful reviews had been reviewed, developed, and improved. It was noted that MS Teams and other secure digital platforms had been used as a secure way to enable staff to carry out reviews over video calls that had enabled each child's development to be thoroughly reviewed.
- Members were assured that the Covid Impact Assessment that was currently being carried out would be used to develop and strengthen the service's business continuity plans so that a better service could be provided if another situation like the pandemic arose.

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

- Whether there were plans in place to address the challenges of recruitment and retention in the Health Visiting Service to ensure that a safe and reliable service could be offered to all children and families across Nottinghamshire.
- Whether the opportunities that working with Further Education Colleges and other education providers were being fully utilised to encourage more people to join the service.
- Members sought assurance that the learning around service provision from the time of the pandemic would be used to develop and strengthen the level of service provision.
- Members expressed their concern around the approach to service delivery during the periods of pandemic related restrictions and noted that the level of service provided had not given the level of support to families that it should have done.

In response to the points raised, Joseph Sullivan and Sherell Dudley advised:

- That whilst there had been challenges around staffing across the Healthy Families Service, including in health visiting, there had been significant improvements made recently. It was noted that changes to provide more flexibility around where staff worked across the service had had a beneficial impact on the delivery of the health visiting service. Members were assured that addressing the challenges around recruitment and retention were a major focus for the service, and that the issues and activity in this area were regularly monitored and reviewed.
- It was confirmed that the Trust was working to fully utilise and develop further the opportunities for recruitment that working with education providers offered.

- As the people who worked across the service, delivering services to children and families were vital to providing a high level of service there was a focus on providing high levels of support to staff to ensure that they felt valued and supported.
- A focussed recruitment programme, increased mentoring support and a comprehensive programme of training were also in place to address the challenges of recruitment and retention.
- Members were assured that learning from past activity around service delivery was a central and important part of strengthening future service delivery, and as such played a vital role in ongoing service development.
- That the way in that services had been delivered during the pandemic had not been ideal or had been at the high level that staff across the service had wished to provide. It was noted that the instructions that had come from Government on limiting face-to-face contact to limit the spread of infection had placed major limitations on how services had had to be provided. Members were assured that during this time face-to-face visits had been provided for vulnerable families. It was noted that the methods of service provision of health visiting had now returned to how they were delivered prior to the pandemic.

The Chairman thanked Jonathan Gribbin, Kerrie Adams, Sherell Dudley and Joseph Sullivan for attending the meeting and answering member's questions.

#### **RESOLVED 2023/07**

- 1) That the report be noted.
- 2) That a summary of the issues and concerns of the Health Scrutiny Committee, as discussed during the meeting around the recommissioning Healthy Families Programme be considered by both the Adult Social Care and Public Health Select Committee and the Children and Families Select Committee
- 3) That a progress report on the performance of the recommissioned Healthy Families Programme be brought to a future meeting of the Health Scrutiny Committee at a date to be agreed by the Chairman.

#### **6 COMMUNITY DIAGNOSTIC CENTRE – MANSFIELD**

Lisa Durant, System Delivery Director - Planned Care, Cancer and Diagnostics at Nottingham and Nottinghamshire ICB and David Ainsworth, Director of Strategy

and Partnerships at Sherwood Forest Hospitals NHS Trust attended the meeting to present a report on a proposed new Community Diagnostic Centre in Mansfield.

The report stated that the proposed Community Diagnostic Centre (CDC) would be located adjacent to Mansfield Community Hospital and would provide an increase in diagnostic capacity across a range of key tests (including MRI, CT, Echocardiography, Ultrasound, Endoscopy, X-Ray and Electrocardiogram) as well as enabling the separation of outpatient tests from urgent diagnostics. It was noted that the new centre would provide additional capacity and that the provision of diagnostic tests at King's Mill Hospital would continue. David Ainsworth advised that over the past five years demand for diagnostic services in England has risen at a greater rate than increases in diagnostic capacity, with increased waiting times for key diagnostic tests being faced by patient MRI, CT, Echocardiography, Ultrasound and Endoscopy. David Ainsworth advised that whilst good progress was being made in reducing backlogs and waiting times, additional capacity was required to accelerate the reduction and future proof services to further predicted increases in demand.

David Ainsworth advised that the Nottingham and Nottinghamshire ICS had now received confirmation of the required funding from NHS England to build and equip the Mansfield CDC and that it was hoped that the new facility would be operational by Autumn 2024. It was also noted that the development of the Mansfield CDC would bring investment of around £20million to the area and create around 160 jobs across its clinical and administrative functions.

A full report on the proposed Mansfield Diagnostic Centre was attached as an appendix to the Chairman's report.

The Chairman welcomed the proposals and noted with approval how the Mansfield CDC enable local residents to access diagnostic facilities at a local and accessible location.

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

- That the proposed Mansfield CDC would be a great facility for residents that would be located in a central and accessible location. Members also welcomed the positive impact that the CDC would have on the local economy and noted with approval the use of green technology in the design of the proposed new buildings.
- That the increase in diagnostic capacity in Nottinghamshire was to be commended. Members noted that early diagnosis was an essential element of service provision that could then enable treatments for health conditions to be started at the earliest possible opportunity, and as such improve health outcomes for residents.

- Members asked whether there was currently any use of diagnostic services provided by independent providers, and as such whether the proposed CDC would provide the opportunity for these services to be used less, and for savings to be made by the Sherwood Forest Hospitals NHS Trust (SFHT).
- Members noted their concern about the current waiting lists for patients to access treatment and sought assurance that once diagnosed with a condition at the CDC that patients would be able to access treatment promptly.
- Members sought assurance that whilst the site of the CDC had excellent public transport links that there would be adequate parking available at the site for both patients and staff.

In response to the points raised, Lisa Durant and David Ainsworth advised:

- That waiting lists for treatment were actively managed and prioritised to ensure that patients were treated on the basis of their individual needs. Members were assured that these processes worked well, and that good progress was being made in reducing the waiting lists for treatment in line with national targets.
- The new CDC would enable early diagnosis of conditions that would then enable the most appropriate response to be put in place that could then be delivered through both primary and secondary care pathways.
- That the independent sector was used in the delivery of diagnostic services in a partnership approach with the NHS so to provide the best possible service to patients. Members were assured that whilst this did mean that money was spent outside of the NHS, that the costs related to the delivery of these services were set by a national tariff and did not cost any more than if they had been delivered directly by the NHS.
- That a parking assessment had been completed as part of the development plans for the CDC and that there would be adequate and secure parking for both patients and staff at the site.

The Chairman thanked Lisa Durant and David Ainsworth for attending the meeting and answering member's questions.

#### **RESOLVED 2023/08**

- 1) That the report be noted.
- 2) That the establishment of Community Diagnostic Centre in Mansfield be supported.

- 3) That consideration should be given in the development of the committee's Work Programme for 2023/24 on the inclusion of reports on areas of activity being carried out by the Sherwood Forest Hospitals NHS Trust.

## **7 WORK PROGRAMME**

The Committee considered its Work Programme for 2022/23.

### **RESOLVED 2023/09**

- 1) That the Work Programme be noted;
- 2) That consideration should be given in the development of the Committee's Work Programme for 2023/24, to include a report on progress with the Tomorrow's NUH initiative, particularly around the proposed relocation of NUH Maternity Service to the Queen's Medical Centre site from the City Hospital site;
- 3) That further discussion on the longer term Work Programme take place at the Committee's May 2023 meeting, with a view to approving a Work Programme for 2023/24 at the June 2023 meeting of the Health Scrutiny Committee.

The meeting closed at 1:35pm

**CHAIRMAN**