Nottinghamshire County Council

Health Scrutiny Committee

Tuesday, 11 November 2025 at 10:00

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

AGENDA

Notes

(1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.

(2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

(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 James Lavender (Tel. 0115 854 6408) or a colleague in Democratic Services prior to the meeting.

(4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

(5) This agenda and its associated reports are available to view online via an online calendar - http://www.nottinghamshire.gov.uk/dms/Meetings.aspx

Nottinghamshire County Council

minutes

Meeting:	Health Scrutiny Committee
Date:	Tuesday 23 September 2025 (commencing at 10:00am)

Membership:

County Councillors

Mike Robertson (Chairman)
Simon Wright (Vice Chairman)

Christopher Adegoke
Janette Barlow
Alan Bite (**Apologies**)
Terry Cox (**Apologies**)
Kev Dale
Russell Dodd
Helen Faccio
Roger Upton
Jonathan Wheeler (**Apologies**)

Other Councillors in attendance

None

Partner representatives in attendance:

Jane O'Neil	-	Clinical Lead – Crisis Service, Nottinghamshire Healthcare NHS Foundation Trust
Jan Sensier	-	Executive Director Partnerships and Strategy, Nottinghamshire Healthcare NHS Foundation Trust
Joseph Sullivan	-	Deputy Director – Mental Health Group, Nottinghamshire Healthcare NHS Foundation Trust
Gemma Whysall	-	Deputy Chief Delivery Officer, NHS Nottingham and Nottinghamshire Integrated Care Board

Officers in attendance:

Martin Elliott	-	Senior Scrutiny Officer
Katherine Harclerode	-	Democratic Services Officer
James Lavender	-	Democratic Services Officer

Substitute Members:

Councillor Keith Girling for Councillor Jonathan Wheeler
Councillor Joseph Rich for Councillor Alan Bite

1 MINUTES OF THE LAST MEETING HELD ON 1 JULY 2025

The minutes of the last meeting held on 1 July 2025, having been circulated to all Members, were taken as read and were confirmed and signed by the Chairman.

2 APOLOGIES FOR ABSENCE

Councillor Alan Bite	-	other reasons
Councillor Terry Cox	-	other reasons
Councillor Jonathan Wheeler	-	other reasons

3 DECLARATIONS OF INTEREST

There were no declarations of interest from Members and Officers.

4 NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST – TRANSFORMATION OF CRISIS AND COMMUNITY MENTAL HEALTH SERVICES

Consideration was given to a report presented on behalf of the Nottinghamshire Healthcare NHS Foundation Trust (NHFT) by Jan Sensier, Executive Director - Partnerships and Strategy, Joseph Sullivan, Deputy Director – Mental Health Group and Jane O'Neil, Clinical Lead – Crisis Service. The report highlighted the improvement actions undertaken in the crisis and mental health services in Nottinghamshire, as well as the challenges in making improvements in these services. The following points were highlighted:

- The Section 48 review which was launched in February 2024 by the then-Secretary of State for Health and Social Care into the NHFT had identified a lack of consistency across the crisis and community mental health teams in terms of process and care pathways. The resulting transformation work undertaken by the NHFT had seen significant progress made in improving the quality of care in the crisis and community mental health services, however the representatives of the NHFT recognised that significant improvement was still required.

- The representatives of the NHFT placed heavy emphasis on providing coherent and consistent practices and standards across crisis and community mental health teams, particularly around monitoring and understanding patient need. An example of such an improvement action was the use of the Safer Now Tool, which was an interactive dashboard that monitored patient risk and need whether they were awaiting care or already in receipt of care.

- Patients were in receipt of information, advice and guidance from the NHFT and its partners to help support them whilst they were waiting for direct care from NHFT services.

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

- Members highlighted the processes of scrutiny and governance that were involved in the Trust's improvement journey and asked for more information regarding the Trust's internal scrutiny and governance processes.

- Further details were requested regarding the two recommendations for improvements to the NHFT Crisis Service.

- A preference was expressed that future NHFT reports could be written in a more accessible way for a general readership, and that specifically the reports should contain clear detail and an explanation of acronyms.

- Further information was sought in respect of the staffing arrangements for the Crisis Service.

- Clarification was requested around the longest current waiting times for care at the NHFT and how this compared with the national average.

- Further details were requested regarding the number of calls and waiting times for calls into the Crisis Access Line (CAL) and the impact of these on the performance of the Crisis Service. Members also requested data on the number of abandoned calls into the Crisis Service.

- Clarification was requested around any unique challenges to provide mental health care in specific geographical areas of Nottinghamshire.

- Additional details were sought regarding the staff training required and the procedure when staff receive a telephone call from someone requiring help.

- Members enquired about how patients' and users' feedback was used to influence NHFT services.

- Members requested further information on how the NHFT partnered with community groups, faith groups and volunteer organisations to shape their services.

- The importance of a holistic approach to personalised care was noted..

In relation to the points raised by the Committee, the representatives of the NHFT provided the following responses:

- Overview and scrutiny of the 14 key projects and 5 work programmes of the NHFT's Integrated Improvement Plan (IIP) was provided internally by the IIP Portfolio Board and Improvement Oversight Committee and by external partners such as NHS England and the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) through the Improvement and Assurance Oversight Group.
- The accountability structure involved the ICB and the County Council locally and the CQC and NHS England nationally.

- The NHFT was currently under special measures due to the findings of the Section 48 Review. These special measures resulted in additional oversight and scrutiny processes than a hospital trust would normally be subject to.

- The two recommendations on improving the NHFT Crisis Service from the Section 48 Review were allowing access to services for patients as soon as possible and improving responsiveness to people's needs.

- The NHFT would aim to make their reports clear in order to make the organisation more accountable to the public and its partner organisations.

- There were 4 posts left to fill in the NHTF Crisis Service. 5 new staff were starting in November and 9 starting in January. Further recruitment would take place in Quarter 4 of 2025/26. This stepped approach allowed the Trust to ensure that the right people were in post and were trained.

- National data showed that the NHFT was meeting NHS England's national key performance indicator (KPI) of target waiting times, which was around 50%. The NHFT were aware that they were experiencing a higher than the national average abandoned call rate, which was at 30% compared with the national target of 2%.

- The volume of calls into the CAL was three times the capacity of the staff team responsible for taking these calls. The national target for waiting time for a call to be answered was 2 minutes.

- Depending on the level of risk, the target time for being triaged to the appropriate service was 4 hours for high-risk patients and 24 hours for low risk patients. Currently, the NHFT had 90% of high-risk patients being seen in 4 hours and 80% of low-risk patients being seen in 24 hours; however, those results changed on a weekly basis.

- It was hoped that by changing the call pathways to simplify access to the service for GPs and healthcare practitioners and by recruiting more staff to operate the CAL, the number of calls into the service would be spread out, and it would bring down the number of abandoned calls.

- 8 of the 11 community mental health teams were based in Nottinghamshire, with the other 3 teams being based in Nottingham. There had been variations in performance across these teams due to factors such as higher levels of sickness and struggles to recruit psychologists. The current work being undertaken with the community mental health teams aimed to create a more consistent level of service across the county and city.

- There was no specific area of Nottinghamshire which had a higher level of need than others. The patient data gathered by the NHFT could be broken down by district/borough in order to help the Trust identify areas of need. The NHFT needed support from partner organisations, such as local

authorities and community groups, to develop effective local partnership working.

- The NHFT partnered with external organisations such as the veteran's charity Help for Heroes to provide mental health care and support to specific groups of people, but it did not outsource its services.

- The Community Mental Health service worked with Partners in Mind, which was a group of people with lived experiences of mental health illnesses, who highlighted the issues, concerns and barriers within the mental health care system. The Patient Carer and Family Reference Group were involved in shaping mental health care pathways. The Youth Impact Board also worked with the NHFT to shape mental health care for children and young people. Patients and carers also influence the development of the Crisis Service through working groups.

- In areas of Nottinghamshire where there was high demand for the NHFT's services, there was a correlation between areas of deprivation and poor mental health/trauma. Much of the long-term impact of the Trust's work in these areas would depend on how their plans would fit into the emerging NHS Ten-Year Plan. Local Mental Health Teams in areas such as Ashfield were building connections with local partners to develop an effective and efficient mental health care and support system.

- The NHFT's Executive Director - Partnerships and Strategy chaired the Third Sector Commissioning Group which brought together community and voluntary service organisations from across the county and city to better understand how the voluntary sector can work with the Trust. The Place-Based Partnerships also worked with the charity and volunteering sector.

- The NottAlone website can be used by grassroots organisations for signposting to mental health services. It was recognised that people found improvement to their mental health through their involvement with community groups and sports clubs. Working with the community and voluntary sector would contribute to the NHFT's move towards a holistic approach to personalised care.

- Patient waiting times varied based on the team, the pathway and the patient need. Currently, the waiting time for therapy was over 18 weeks; however, the NHFT aimed to bring this waiting time down to under 18 weeks. There was some variance in waiting times of 7 to 9 weeks and 18 to 24 weeks. The NHFT could provide specific waiting times for each pathway of care across all services.

The Chairman thanked the NHFT representatives for attending the meeting and answering members' questions.

RESOLVED 2025/013:

1) That the content of the briefing be noted.

2) That the feedback of members regarding the pathway redesign for crisis and community mental health services in Nottinghamshire be noted.

5 NOTTINGHAM AND NOTTINGHAMSHIRE INTEGRATED CARE BOARD – HEALTH AND CARE SYSTEM WINTER PLANNING

Consideration was given to a report presented on behalf of the Nottingham and Nottinghamshire Integrated Care Board (ICB) by Gemma Whysall, Deputy Chief Delivery Officer. The report described the expected increased winter pressures for 2025/26. The following points were highlighted:

- Each NHS ICB across the country had its own internal winter plan for how local services would cope with the challenges of the season such as increased number of patients, the winter weather and IT outages. The plan was developed with partners from across the health and social care sector in Nottinghamshire. The plan took into consideration the actions of previous winter plans and looked to adapt what actions worked well in previous years. The ICB also anticipated what would happen during this winter by examining health trends during Australia's winter.

- It was currently predicted that the peak curve for winter admissions would be lower than the previous three years, although September was a busy month.

- The ICB had placed a focus on increasing vaccination rates in the community. Communication with the public was key in encouraging healthy behaviours over the winter period.

- There were 62 metrics for the Winter Plan, for example, ambulance response times, discharging patients from hospital back into the community and re-admissions. The data on winter admissions was reviewed on a daily basis and corrective action would take place immediately if any of those metrics were significantly off target.

- The ICB's Winter Plan had already been submitted to NHS England.

- Work had gone into preparing care home staff for winter.

- Some key actions resulting from the Winter Plan included opening additional bed capacity in acute and mental health hospitals, a specialist geriatric advice line, making sure patients were being discharged with the right packages of care and supporting the primary care sector to be more resilient over winter.

- Risks identified to the healthcare system within the Winter Plan included the health of staff, the levels of vaccination against winter viruses amongst staff, monitoring staff sickness levels and the impact of winter on finances.

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

- Members asked about whether there would be any cuts or reductions in service during the winter of 2025/26.

- Members commented on how the ICB was still having to encourage the primary care sector to be involving with winter planning, although members highlighted the positive promotion of vaccinations for Flu, Covid-19 and Respiratory Syncytial Virus (RSV) within the primary care sector.

- Members requested further information on the current overall vaccine uptake for Nottinghamshire and what the actions the healthcare system was undertaking to address vaccine hesitancy.

- Members highlighted that in previous winters there were a number of patients who were well enough to go home but were still in a hospital bed.

- Members asked if the Winter Plan had considered contingencies against industrial action.

- Members asked if the elective recovery targets would slip during the winter months.

- Members asked if plans were in place to allow for the safe and efficient transport of patients during winter and enquired about the feasibility of an on-call transport service.

- Members queried whether there were any geographical areas which will be more adversely affected by winter than others.

- Members noted that healthcare staff would need to be supported over the busy winter months.

- Members asked if there were any plans to maximise the use of convalescence homes.

- Members enquired about the potential impact of the clustering of ICBs upon local winter planning.

- Members asked if the Winter Plan considered disruption to the medicines supply chain.

In relation to the points raised by the Committee, the representatives of the ICB provided the following responses:

- There were no plans to cut or reduce services this winter. Whilst there had been no funding granted by NHS England this year to cope with winter pressures, the ICB would be maximising existing resources to meet the challenges of winter.

The eligibility of age groups for each vaccine was set nationally by the Joint Committee on Vaccination and Immunisation (JCVI). The Committee prioritised people aged 70-79 and pregnant women eligible for the RSV vaccine. There would be an update at the Urgent and Emergency Care Board around the vaccination rate for Nottinghamshire.

- Emails and text messages were directed by the Council's Public Health department to groups of people to encourage vaccination. For example, schools and parents were contacted to get school-age children vaccinated. A roving vaccination service went to care homes to get the residents vaccinated. Concern around the vaccination rates amongst children had been raised with the Health and Wellbeing Board.

- The ICB had a principle of homes first for patients, which involved sending patients home as soon as possible and be supported at home with wraparound support from health and social care providers. If patients did need a bed, there were beds available across the Nottinghamshire healthcare system. The number of patient discharges were tracked on a daily basis.

- Contingency plans were in place in case of staff industrial action such as the use of consultants to take on the responsibilities of junior doctors in emergency departments if junior doctors went on strike.

- The health care system maintained elective capacity over the winter of 2024/25 and would continue to do so this winter.

- The ICB commissioned a transport provider to take outpatients to hospital and take discharged patients home.

- Rural areas would be more adversely affect by winter in terms of transport and people receiving care packages. Data provided by health care providers and the Met Office helped the ICB to identify rural areas which were at risk of heavy snowfall and travel disruption and allowed them to plan ahead.

- Each organisation within the Nottinghamshire health and care system had a plan to support staff wellbeing through busy periods.

- Not all patients were eligible for transport and it was expensive to hire, however the Winter Plan aimed to maximise the transport opportunities for those patients who needed it within existing budgets.

- The Winter Plan would be circulated to all members of the Committee.

- It remained unclear how winter planning would work under the proposed East Midlands ICB cluster, which would include Derbyshire, Lincolnshire and Nottinghamshire ICBs.

- The ICB's Medicines Management Team did have plans in case of disruptions to the delivery of medicines.

The Chairman left the meeting at 11:40am and the Vice-Chairman took up the Chairmanship for the rest of the meeting.

The Vice-Chairman summarised the debate and thanked the representatives of the NHS Nottingham and Nottinghamshire ICB for attending the meeting and answering members' questions.

RESOLVED 2025/014:

1) That the content of the briefing be noted.

2) That feedback to discussions on the review of the Winter Plan 2024 and plans for Winter 2025 be made.

6 WORK PROGRAMME

Consideration was given to an outline programme of scrutiny work for the municipal year 2025/26. Details were shared regarding a Health Scrutiny Committee Site Visit to the National Rehabilitation Centre.

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

- Members requested that primary care representatives be invited to future considerations of the Winter Plan.

- Regarding the NHFT, Members requested further baseline data on the overall percentages of performance data.

- Members requested an item examining endometriosis.

- Members identified access to dentistry as an item for consideration.

In relation to the points raised by the Committee, officers provided the following responses:

- Endometriosis would be covered at the meeting on 11 November 2025.

- Access to dentistry could be examined, however further work was needed on which areas of dentistry could be scrutinised to ensure value could be added.

- There was uncertainty about the future of functions of Healthwatch after its abolition. Once further details had been announced, this could be examined by the Committee.

RESOLVED 2025/015:

1) That the work programme and scrutiny criteria be noted.

2) That authority be delegated to the Health Scrutiny lead officer to update the work programme as appropriate, in consultation with the Chairman, Vice-Chairman and representatives of the relevant partner organisations, with any changes reported to the next meeting.

The meeting closed at 12:04pm.

CHAIRMAN

Nottinghamshire County Council

Report to Health Scrutiny Committee

11 November 2025

Agenda Item: 4

NOTTINGHAM AND NOTTINGHAMSHIRE INTEGRATED CARE BOARD

COMMUNITY GYNAECOLOGY PROVISION IN NOTTINGHAM AND NOTTINGHAMSHIRE

Purpose of the Report

1. To consider a briefing paper from the Nottingham and Nottinghamshire Integrated Care Board which was requested to provide an account of the present position in respect of provision of community gynaecology services in Nottinghamshire. The item was requested based on information from Healthwatch that a significant number of enquiries had been received from members of the public regarding access to the service.

Information

2. The provider of the community gynaecology service had recently handed back the contract for provision of this service to the Integrated Care Board; therefore, a new provider would need to be found so that the service could be recommissioned. This item was requested to provide information regarding how the service is being provided in the interim period and how patient access and experience of the service will be improved. The item also seeks to ascertain that any risks to female members of the Nottinghamshire community are mitigated during the service transition.

RECOMMENDATION

Nottinghamshire Health Scrutiny Committee is asked to:

1) Note the contents of this briefing.

2) Contribute to a discussion of community gynaecology provision in Nottingham and Nottinghamshire.

Councillor Mike Robertson
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Katherine Harclerode – 0115 854 6047

Background Papers

None

Electoral Division(s) and Member(s) Affected

All

Community Gynaecology provision in Nottingham and Nottinghamshire
Briefing for Nottinghamshire Health Scrutiny Committee
November 2025

1. Introduction

NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) have previously briefed the Nottinghamshire Health Scrutiny Committee on the changes to community gynaecology service in Nottingham City and South Nottinghamshire via written stakeholder updates.

The purpose of this briefing is to provide the Nottinghamshire Health Scrutiny Committee with an update on:

a. The current arrangements for new and existing patients in Nottingham City and South Nottinghamshire for gynaecology services.
b. The plans to develop a sustainable system wide offer for future community gynaecology services.

2. Background

The Community Gynaecology Service in Nottingham City and South Nottinghamshire, which covers Broxtowe, Gedling, Rushcliffe and Hucknall (Ashfield) ended on 3 August 2025 after the provider of the service, Primary Integrated Community Services (PICS) served notice on the contract. This was not a decision taken by the ICB.

Prior to serving notice on their contract, PICS was the sole provider of community gynaecology services in Nottingham and South Nottinghamshire commissioned by the ICB. In the Mid-Nottinghamshire area, the closest equivalent service provider is Gynaecology Core Plus (Gynae Core Plus) which provides Cervical Polyp Removal and a Pessary Fitting service - this service is unaffected, and Bassetlaw had no community Gynaecology provision.

Table 1: Community gynaecology provision in Nottingham and Nottinghamshire

Community Gynaecology provision	Nottingham City and South Nottinghamshire	Mid Nottinghamshire	Bassetlaw
Prior to PICS serving notice	PICS were commissioned to provide a number of services including treatments for menstrual disorders, fibroids, cervical polyps, pelvic pain, vulval disorders and menopause problems.	Gynaecology Core Plus (Gynae Core Plus) provides Cervical Polyp Removal and a Pessary Fitting service delivered by 29 GP practices for the Mid Nottinghamshire population	No community Gynaecology provision. Patients access services via the Acute trust or independent provider.
Post PICS service ending	Gynae Core Plus model expanded to provide a system wide offer for cervical polyp removal and Pessary Fitting service by GP practices across Nottingham City, South Nottinghamshire, Mid Nottinghamshire and Bassetlaw. Future model in development to be in place from April 2026.		

PICS provided the ICB with a list of the affected patients on 26 August 2025. There were just under 3000 patients on the waiting list for a first outpatient appointment handed over from

PICS when they ended their delivery of this work. Since the PICS service ending the ICB have contacted 1666 patients (up to 28th October 2025) and of these:

- 1446 who require an appointment have chosen their provider and the referrals have been sent via the electronic referral system (eRS) to the provider;
- 189 patients have confirmed they no longer require the referral.

Patients are being contacted, with the longest waiting patients taking priority and will be referred to an alternative appropriate Gynaecology service.

The ICB have worked quickly on alternative arrangements for new and existing patients in Nottingham City and South Nottinghamshire for gynaecology services.

A review into community gynaecology services across Nottingham and Nottinghamshire has commenced, so we can create equal and fair access to services for all our communities in line with the broader strategy to support women's health.

3. Current offer

Following the cessation of the community gynaecology service by PICS in August 2025, the ICB implemented a rapid and multi-faceted response to ensure continuity of care and equitable access for patients across the system. This includes the urgent expansion of the Gynaecology Core Plus model—previously established in Mid-Nottinghamshire—to Nottingham City, South Nottinghamshire, and Bassetlaw, enabling delivery of cervical polyp removal and pessary fitting services through an additional 29 GP practices. The ICB also commissioned the Modality Partnership to clinically review over 1,000 patients awaiting follow-up care, while the Referral Support Service (RSS) was mobilised to contact all patients on the PICS waiting list and offer alternative provider options. Alongside this, the ICB is developing a sustainable, system-wide model for community gynaecology, supported by stakeholder engagement and training and support for GP practices, to ensure long-term resilience and improved access to women's health services.

Immediate Response and Interim Arrangements

- **Rapid Options Appraisal & Urgent Service Provision:** The ICB conducted a swift review and implemented an interim solution by expanding the existing Gynaecology Core Plus model across Nottingham City, South Nottinghamshire, and Bassetlaw. This provides a pessary fit and replacement service and cervical polyp removal service. It is currently delivered in 29 out of 40 GP practices in Mid Nottinghamshire. Patients can be referred to another practice in Mid-Nottinghamshire who offer the service which ensures all practice areas in Mid-Nottinghamshire are covered.
  An expression of interest was circulated to all GP Practices across Nottingham and Nottinghamshire to provide a Gynae Core Plus service in line with the Mid-Notts service. A further 29 GP practices have signed up as follows:

  - 25 practices across Nottingham City and South Notts,
  - 4 practices in Bassetlaw who previously did not have a service.

  Contracts are currently being put in place. It should be noted that this was a voluntary ask of GP practices for which GPs will be paid, the ICB is keen to ensure that unplanned workload is not transferred to GPs. Patients will be referred to their closest Gynae Core Plus GP Practice if the service is not delivered in their registered practice. Only complex cases will require an onward referral into secondary care. The

ICB is also working with secondary care to identify suitable patients who can be transferred back to primary care for ongoing pessary management in the community.

- **Training and Support:** A training programme is being developed for GP practices newly contracted to deliver pessary services. The ICB is also engaging with practices throughout October and November that have not yet signed up to explore training and support needs and establish referral pathways.

Patient Management and Referral Pathways

- **Referral Support Service (RSS):** The RSS provide a single point of access and manage referrals into secondary care. The ICB tasked the RSS team with contacting all patients on the PICS waiting list for a first appointment, prioritising the longest waiters to offer a choice of providers to access treatment and care. The ICB aim to have contacted all patients on the waiting list by 30th November 2026.

- **Clinical Review by Modality Partnership:** The ICB commissioned Modality to clinically review approximately 1,012 follow-up patients from the PICS caseload. This includes reviewing notes and conducting telephone consultations where required e.g. to communicate test results and determine appropriate next steps—discharge, primary care management, or referral to secondary care. Modality will develop a management plan for those patients who continue to need to be seen. The timescale for completion of all clinical reviews is 8 weeks and work began week commencing 27th October 2025. For those patients assessed as needing to be referred to secondary care Modality will send the records to the Nottingham RSS who will contact the patients to offer choice of provider and book an appropriate appointment.

- **Patient Choice:** New patients not suitable for Gynae Core Plus are offered a choice of secondary or independent sector providers at the point of referral.

Contract management

- The ICB regularly meet with all of our providers as part of our contract management governance. We proactively review all Key Performance Indicator (KPIs) to assess performance against contract specifications.

- We have a process in place where a provider terminates a contract with the ICB.

Quality Assurance and Communication

- **Quality Monitoring:** Providers are asked to report any concerns related to delays in care due to the service transition to the ICB. As of 30th October, we have had one concern raised which is being investigated. We will also continue to be monitor and concerns will be escalated as necessary.

- **FAQs and Public Information:** The ICB has published and regularly updates FAQs for patients and staff on its website to ensure transparency and support: Patient information: Community Gynaecology Service in Nottingham City & South Notts - NHS Nottingham and Nottinghamshire ICB

4. Future Planning and System-Wide Model Development

- **Engagement and Co-Design:** The ICB is working with citizens, professionals and other key stakeholders to co-design a new, equitable, system-wide community

gynaecology model, which meets the needs of the entire population within our existing resources. This will include a review of existing data, insights and research to build an evidence base to inform the future service model. This engagement is currently underway and will be completed by 30 January 2026.

- **Joint Commissioning Initiatives:** Work is underway with Nottinghamshire County Public Health team to jointly commission coil services for the fitting of Coils within Primary Care for non-sexual health treatments avoiding a referral to an acute provider.

- **Shared Care Protocols -** In partnership with the medicines management team and acute providers the ICB will undertake a review of the opportunity for shared care protocols to be developed for uterine fibroids and endometriosis pathways to support the appropriate primary care management of women with fibroids and endometriosis and avoid inappropriate referral into acute services.

- **Referral Guidelines and Education:** Gynaecology referral guidelines and an accompanying FAQs document are being finalised to support GP education and patient self-management.

- **Patient Choice -** Through the patient choice accreditation process we will prioritise applications for challenged specialities, which includes gynaecology to support our approach to maximise our elective capacity and offer more patient choice.

- **Strategic Commissioning:** The ICB is exploring opportunities to develop pathways based on evidence and best practice in collaboration with Derbyshire and Lincolnshire ICBs in line with NHS long-term plans and the Women's Health Strategy.

5. Summary of ICB actions in response to PICS serving notice

Gynaecology changes	Action	Timeline
Patients on PICS waiting list for a first Outpatient Appointment	Referral Support Service team are contacting all patients on the PICS waiting list for a first appointment, prioritising the longest waiters to offer a choice of providers	30th November 2025
Clinical review of patients who were receiving follow up appointments at PICS	The timescale for Modality completion of all clinical reviews is 8 weeks.	31st December 2025
Patients who require ongoing follow up care post Modality clinical review	RSS will be contacting all patients requiring onward follow up care following the clinical review to provide	30th January 2026

The ICB appreciates that PICS's decision to conclude this contract may have created uncertainty for patients and partners. We have worked swiftly and collaboratively to ensure services continue smoothly and minimises any impact on patient care. Through ensuring continuity of care for patients and laying the groundwork for a more resilient and equitable community gynaecology service across Nottinghamshire.

Recommendations to Nottinghamshire Health Scrutiny Committee

The Nottinghamshire Health Scrutiny Committee is asked to note the contents of this briefing.

Nottinghamshire County Council

Report to Health Scrutiny Committee

11 November 2025

Agenda Item: 5

NOTTINGHAM AND NOTTINGHAMSHIRE INTEGRATED CARE BOARD

SUPPORT FOR ENDOMETRIOSIS IN NOTTINGHAM AND NOTTINGHAMSHIRE

Purpose of the Report

1. To consider a briefing paper from the Nottingham and Nottinghamshire Integrated Care Board which was requested to provide an account of the diagnosis and treatment pathways for endometriosis that are available to women in Nottinghamshire.

Information

2. Endometriosis is a chronic condition where tissue similar to the lining of the uterus grows outside of the uterus. This tissue growth can affect other pelvic organs causing severe inflammation and leading to symptoms including severe pain and heavy bleeding. Despite endometriosis being a condition that affects approximately 10 percent of women between puberty and menopause, the cause is not known, and it can take many years to receive a diagnosis. The long journey to receive a diagnosis and treatment can have a profound impact on a woman's day-to-day life and mental health.

3. Members requested this briefing as part of the agenda on female reproductive health because women in Nottinghamshire had identified endometriosis in a recent survey by Nottinghamshire County Council as an area requiring more focus. Scrutiny of this item seeks assurances that the pathways in place for support, diagnosis and treatment are effective.

RECOMMENDATION

Nottinghamshire Health Scrutiny Committee is asked to:

1) Note the contents of this briefing.

2) Contribute to a discussion of pathways to support, diagnosis, and treatment for women in Nottingham and Nottinghamshire.

Councillor Mike Robertson
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Katherine Harclerode – 0115 854 6047

Background Papers

None

Electoral Division(s) and Member(s) Affected

All

Endometriosis Diagnosis and Treatment in Nottingham and Nottinghamshire
Briefing for Nottinghamshire Health Scrutiny Committee
November 2025

1. Introduction

The purpose of this briefing is to provide Nottinghamshire Health Scrutiny Committee with an overview of the support for endometriosis and the pathway from diagnosis to treatment for patients living in Nottinghamshire.

2. Background

Endometriosis is a long-term condition where tissue similar to the lining of the womb, known as endometrium, grows outside the uterus. In most cases, the extra endometrium grows on organs in the pelvic area such as the ovaries, fallopian tubes, and the lining of the pelvis. However, in rare cases, it can affect organs like the bladder, bowel, or even areas outside the pelvis. All endometrium is affected by the menstrual cycle, where in the womb they would build up before breaking down and leaving the body during the Menstrual period.

Endometriosis occurs when cells similar to the ones in the lining of the womb (uterus) are found elsewhere in the body. These cells can grow and change in response to hormones in the menstrual cycle, this can cause inflammation, pain and scar tissue. Endometriosis is most commonly found on the lining of the pelvis (peritoneum) and may occur in the ovaries and involve other pelvic organs, like the bowel or bladder. Less commonly, endometriosis can also be found outside the pelvis, such as in the chest.

Individuals with endometriosis often suffer from severe period pain, heavy or irregular bleeding, lower back and stomach pain, pain during or after sex, and discomfort when passing urine or stools. Some people experience fatigue, bloating, pain in the lower back and legs. or difficulty conceiving a child

Endometriosis affects 1 in 10 women and those assigned female at birth from puberty to menopause, although the impact may be felt for life. In the UK, that is more than 1.5 million from all races and ethnicities living with the condition. Nottingham Women's Centre estimates that around 30,000 people in Nottingham live with endometriosis[1], based on the national prevalence.

According to the Office for National Statistics[2], between March 2011 and December 2021, 4,285 women in Nottinghamshire were diagnosed with endometriosis by the NHS. It is not currently feasible to access more detailed data from individual GP records to explore the gap between this number and the 30,000 above.

3. Navigating the Pathway for Suspected Endometriosis in Nottinghamshire

When a patient presents with symptoms suggestive of endometriosis (such as severe cyclical pelvic pain, menstrual-related bowel or bladder issues, or infertility) the journey typically begins in primary care. The GP conducts a thorough history, rules out any red-flag symptoms, and initiates first-line management using analgesia or hormonal therapy. If symptoms persist or escalate, the patient is referred to a local general gynaecology service through the NHS electronic-Referral Service, usually at Nottingham University Hospitals NHS Trust (NUH) or Sherwood Forest Hospitals NHS Foundation Trust (SFH).

[1] Latest NWC campaigns.... - Nottingham Women's Centre
[2] Characteristics of women with an endometriosis diagnosis in England - Office for National Statistics

Diagnosis and management of suspected or confirmed endometriosis is provided through local general gynaecology and fertility services. Clinicians routinely request imaging, most commonly a pelvic ultrasound: an MRI scan will be organised if deep disease is suspected. If the condition appears superficial and confined to the pelvis, treatment will be provided locally, either through medical management or straightforward laparoscopic surgery. Multidisciplinary chronic pain services are available in both community and hospital settings, though access is limited due to demand exceeding capacity and not specific to pelvic pain or endometriosis.

However, if investigations and symptoms suggest deep infiltrating endometriosis (DIE) involving organs such as the bowel, bladder, ureters, or rectovaginal septum, the patient is referred to a British Society for Gynaecological Endoscopy (BSGE)-accredited Endometriosis Centre. For Nottinghamshire, this typically means the Royal Derby Hospital, although referrals may also be made to centres in Leicester, Sheffield, Birmingham, or Peterborough, depending on patient preference and capacity.

This pathway ensures that patients with suspected endometriosis receive timely, specialist-led care tailored to the complexity of their condition.

These specialist centres operate as regional tertiary services, commissioned under NHS England's specialised gynaecology pathways. Referrals are made via the NHS e-Referral Service (e-RS) under the category: "Endometriosis – suspected deep or complex (BSGE accredited centre)".

The referral package includes:

- Imaging reports (trans-vaginal ultrasound (TVUS)/MRI)
- Operation notes (if applicable)
- A summary of symptoms and their impact on the patient's quality of life

Care at the BSGE centre is provided through a Multidisciplinary Team (MDT) approach. The MDT meetings should include a core membership of all gynaecologists listed within the centre, an endometriosis clinical nurse specialist. a colorectal surgeon and a radiologist. Other members join meetings to discuss specific cases as required. A support network is required which includes urologists, fertility specialists and pain management specialists who can provide active support to the service when needed.

Over recent years there has been an increasing focus on the need for earlier recognition and diagnosis of endometriosis among both health care professionals and the public. This has been supported by the publication of updated NICE Guidelines on Endometriosis in 2024[3].

GPs have access to a clinical information and referral guideline platform (known as "F12") which is integrated into the clinical systems. This contains links to national guidance on pelvic pain, local ultrasound guidance and pre-referral management guidelines for primary care clinicians. These are designed to support clinicians with early recognition and timely referrals. The ICB are finalising local pre referral guidelines for Gynaecology to complement national guidance and provide links to local services and information.

[3] Overview | Endometriosis: diagnosis and management | Guidance | NICE

Nationally and locally, gynaecology waiting lists are large and many pathways exceed 18 weeks. Trusts publish specialty-level waiting time information on MyPlannedCare[4], which provides averaged waiting figures for each specialty, but this cannot be broken down into endometriosis pathway waits specifically. The publicly available average waiting time for a first outpatient appointment and treatment in the Nottingham and Nottinghamshire ICB local NHS Trusts for gynaecology services are shown in the table below.

Provider	Average waiting time for first outpatient appointment	Average waiting time for treatment
NUH	14 weeks	17 weeks
SFH	11 weeks	17 weeks
DBH	18 weeks	14 weeks

The British Society for Gynaecological Endoscopy (BSGE) holds data on the numbers of annual surgical cases for severe rectovaginal endometriosis requiring pararectal-space dissection, at accredited endometriosis centres, but it does not publish waiting list metrics for each centre. The table below summarises the annual surgical activity at six BSGE accredited centres most relevant to Nottinghamshire referrals: Derby, Leicester, Peterborough, Birmingham, Sheffield, and Rotherham[5].

BSGE Endometriosis Centre Activity: Midlands and Adjacent Regions (2018–2024)

BSGE Centre	2018	2019	2020	2021	2022	2023	2024	Total
Derby	13	15	5	12	19	24	47	135
Leicester	–	–	13	8	24	25	15	85
Peterborough	18	24	12	16	–	–	–	70
Birmingham	19	18	9	17	16	20	–	99
Sheffield	30	27	19	23	26	28	32	185
Rotherham	10	14	8	12	18	21	24	107

4. Women's Perspectives on the Endometriosis Pathway in Nottinghamshire

Recent engagement activities and reports in Nottinghamshire have provided valuable insight into how women perceive the current endometriosis diagnosis pathway and its effectiveness.

In May 2023, the Nottingham Women's Centre hosted an online awareness event titled "All About Endometriosis" where women shared their lived experiences and provided feedback on the diagnosis and treatment pathway.

Several key themes emerged from these discussions. Access to care was a prominent concern, with participants reporting difficulties in reaching specialist centres, particularly during episodes of acute pain. Long waiting times for procedures such as laparoscopy were frequently cited, with some women experiencing delays of up to eight or nine months. In some cases, referrals to gynaecology services were declined despite years of persistent symptoms, contributing to frustration and a sense of being dismissed.

The diagnosis pathway itself was described as lengthy and inconsistent. Many women reported delays in receiving a formal diagnosis, often spanning several years. Symptoms such as back pain, urinary issues, and abdominal pressure were not initially recognised as indicative of endometriosis, leading to misdiagnosis or inadequate treatment. As a result, self-advocacy became a necessary strategy, with women encouraged to raise the possibility

[4] My Planned Care NHS
[5] Data for BSGE Accredited Endometriosis centres | BSGE

of endometriosis directly with their GPs and to document their concerns through written correspondence.

Treatment experiences varied widely. Hormonal therapies, including the mini-pill and Mirena coil, were commonly prescribed, but responses ranged from effective symptom relief to reports of ineffectiveness and adverse side effects. Surgical interventions such as laparoscopy and hysterectomy were also discussed, with outcomes differing from patient to patient.

Collectively, these insights reveal a pathway that, while clinically structured, often falls short of meeting the needs and expectations of women experiencing endometriosis. The feedback highlights the importance of timely diagnosis, compassionate care, and inclusive service design.

Between October and December 2024, Nottinghamshire County Council ran a Women's Health Survey[6] to gather views from women across the county. The survey explored topics such as health and wellbeing, access to health information and services, and the impact of caring responsibilities and employment. Notably, the survey acknowledged that women's health conditions, including menopause and endometriosis, remain under-recognised and under-diagnosed within the broader health system. This recognition signals a growing awareness of the need to address gaps in service provision and information access for women experiencing these conditions.

The Director of Public Health Annual Report (2024-25)[7] further reinforced these findings. Drawing on feedback from approximately 1,000 local women, the report highlighted persistent health inequities and barriers to care. It underscored the importance of prevention, reducing stigma, and improving access to services. A key recommendation was the adoption of coproduction approaches, whereby women are actively involved in the design and delivery of services that affect their health and wellbeing. This emphasis on inclusive service development reflects a broader commitment to equity and responsiveness in healthcare planning.

5. Recommendations to Nottinghamshire Health Scrutiny Committee

The Nottinghamshire Health Scrutiny Committee is asked to note the contents of this briefing.

[6] womenshealthsurveydataanalysis.pdf
[7] Director of Public Health and Communities Annual Report | Nottinghamshire County Council

Nottinghamshire County Council

Report to Health Scrutiny Committee

11 November 2025

Agenda Item: 6

NOTTINGHAM AND NOTTINGHAMSHIRE INTEGRATED CARE BOARD

SOCIAL PRESCRIBING IN NOTTINGHAMSHIRE

Purpose of the Report

1. To consider a briefing paper from the Nottingham and Nottinghamshire Integrated Care Board which was requested to provide an account of the delivery model, uptake and impact of the social prescribing offer for patients in Nottinghamshire. Social prescribing is a holistic approach to personalised health care that emphasises community-based activities which improve wellbeing and quality of life. Social prescribing can connect patients with community groups and activities that support their personal health and wellbeing needs in ways that work alongside or outside of formal medical or social services.

Information

2. This item was requested to provide additional insight into the current practice around social prescribing in Nottinghamshire, with a view to enhancing the reach and impact of holistic and preventative approaches to personalised health care. Promoting social prescribing is line with the principles of the new NHS 10 Year Plan. The plan proposes a shift in the settings where care is delivered from hospitals into the community wherever possible. The Plan also outlines the need to shift from treatment of acute needs to prevention of disease and preservation of health. To support these crucial shifts in the approach to health care in Nottinghamshire, this report has been submitted for members' consideration.

RECOMMENDATION

Nottinghamshire Health Scrutiny Committee is asked to:

1) Note the contents of this briefing.

2) Contribute to a discussion of the uptake and impact of the social prescribing offer in Nottinghamshire.

Councillor Mike Robertson
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Katherine Harclerode – 0115 854 6047

Background Papers

None

Electoral Division(s) and Member(s) Affected

All

NHS
Nottingham and Nottinghamshire
Integrated Care Board

Social Prescribing across Nottingham and Nottinghamshire
Briefing for Nottinghamshire Health Scrutiny Committee
November 2025

1 Introduction

The purpose of this briefing is to provide the Nottinghamshire Health Scrutiny Committee with an update on social prescribing, specifically:

a. The strategic context and link to personalised care.
b. The activity that has been delivered to date.
c. The emerging plans to embed social prescribing into Integrated Neighbourhood Teams.

For the purpose of this paper it should be recognised that NHS funded Social Prescribing Link Worker roles and social prescribing activity are not the same. This paper focuses specifically on social prescribing within the NHS England Universal Personalised Care framework and the Primary Care Network (PCN) model, where SPLWs are funded through the Additional Roles Reimbursement Scheme (ARRS). These link workers are part of the PCN workforce, providing holistic, non-clinical support to address individuals' social, emotional, and practical needs by connecting them with community resources.

The paper does not cover non-NHS-funded social prescribing activity type roles, that include community connection and signposting activities. Such activities, delivered by voluntary or specialist commissioned services, these may still involve referrals from health, social care, or community organisations, but will not be covered in this paper.

2 Strategic Context

As part of the NHS Long Term Plan (2019), there was an expectation to roll out a Personalised Care Model[1] across England, reaching 2.5 million people by 2023/24 and then aiming to double that again within a decade.

Personalised care is centred on what matters to individuals, recognising their unique strengths, needs, and preferences. It ensures that people living with long-term conditions have equal choice and control over their mental and physical health. This approach is one of the five key practical changes introduced by the NHS to transform care delivery. The Universal Personalised Care Model is being embedded as a business as usual approach across the transformational programmes, supporting the shift towards a more holistic personalised care services.

Personalised Care across the Nottingham and Nottinghamshire Integrated Care System (ICS) aimed to maximise independence, good health, and wellbeing across the lifespan, shifting the focus from 'what is wrong with you' to 'what matters to you'.

The Personalised Care Model has six components:

- Shared decision making

[1] NHS England » Comprehensive model of personalised care

- Personalised care and support planning
- Enabling choice, including legal rights to choice
- Social prescribing and community-based support
- Supported self-management
- Personal health budgets and integrated personal budgets

Nottingham and Nottinghamshire Integrated Care Board (ICB) hosted the Programme Team for the Universal Personalisation Programme to lead the System-wide delivery of the nationally set targets for delivery all six components.

Although national funding (from the NHSE Universal Personalised Care Programme) for social prescribing ended in March 2023, delivery has continued to allow Nottingham and Nottinghamshire ICB to embed social prescribing and its related components across the System footprint, to maximise learning, strengthen integration, and ensure sustainability of this holistic model of care.

By the end of the nationally funded programme, Nottingham and Nottinghamshire ICB successfully met all targets outlined in its Memorandum of Understanding. Social Prescribing Link Workers (SPLW) were fully embedded within local services, contributing to a more integrated approach to personalised care. Delivery had matured within the Primary Care Network (PCN) workforce, supporting sustainability and alignment with neighbourhood-level health priorities.

SPLWs are part of the Primary Care Network (PCN) personalised care workforce, working alongside Health and Wellbeing Coaches and Care Coordinators to deliver holistic, person-centred support.

PCNs are collaborative groups of general practices that work in partnership with local health and social care providers to deliver integrated services tailored to the needs of their local populations. Under the PCN Directed Enhanced Service (DES) specification (the nationally agreed primary care contract) PCNs are required to ensure patients have access to social prescribing (Appendix 1). However, it is the responsibility of each PCN to use population health data to determine the most appropriate roles and services to meet the specific needs of their communities.

Social prescribing services may be delivered either through direct employment of SPLWs or via sub-contracted arrangements with external providers. The development and delivery of localised social prescribing plans are shaped by several strategic priorities, including:

- Population Health Management (PHM) data, which informs targeted interventions based on local health needs.
- The PCN Maturity Matrix, a self-assessment tool used by practices to evaluate their progress towards becoming a fully integrated network.
- Place-based priorities, which reflect broader system-level goals and community needs.

Together, these elements ensure that social prescribing is not only available but also responsive, sustainable, and embedded within the wider personalised care agenda.

3 Defining and provision of Social Prescribing

Social prescribing is a cornerstone of Universal Personalised Care, offering a holistic approach that connects individuals to community-based activities, groups, and services. It

addresses the practical, social, economic, and emotional factors that influence health and wellbeing, moving beyond clinical interventions to support the whole person.

At its core, social prescribing involves referrals from local agencies, such as charities, health services, and social care, to a Social Prescribing Link Worker (SPLW). These professionals take a personalised approach, giving people time and space to explore what matters to them, rather than focusing solely on what's the matter with them. Together, they coproduce a personalised care and support plan tailored to individual needs.

Across 23 PCNs in 2024-25 there were over 16,400 referrals into social prescribing. There are 82 full time equivalent staff employed via General Practice, General Practice Federations or the voluntary sector on behalf of PCNs

Example Social Prescribing Pathway

1. **Identify a patient who needs non-medical support.** The GP or another practice staff member (nurse, pharmacist, receptionist) recognises that a patient's problem is partly social or emotional, not purely medical. A patient presents repeatedly with low mood, isolation, or mild anxiety, but medication isn't the right answer.
2. **Make a referral to the SPLW.** The GP sends an internal referral to the Link Worker. E.g. "Refer to SPLW for support with loneliness and housing concerns."
3. **SPLW contacts the patient directly.** The SPLW spends time understanding the person's needs, goals, and barriers. They might meet the patient in the surgery, at home, or in the community.
4. **Develop a personal plan.** Together, they create a plan focusing on what matters to the person, not just their symptoms. E.g., "Join local walking group," "Apply for housing support," "Attend carers' support sessions."
5. **Connect to local services / community assets.** The SPLW helps the person connect with relevant groups, charities, or public services. Food banks, debt advice, physical activity sessions, peer support, volunteering opportunities.
6. **Feedback to the GP.** SPLWs document outcomes and progress in the GP record, so the clinical team stays informed. "Patient attending weekly art therapy group — mood improved."

SPLWs are embedded within multi-disciplinary teams and work closely with the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector. They identify and connect people to suitable community groups and services, ensuring safe and appropriate referrals. Social prescribers visit new community groups to assess accessibility, noise levels, and suitability for patients e.g. with sensory sensitivities or anxiety.

SPLW work very closely with their local community assets through joint working and collaboration with communities. This includes voluntary sector organisations, local area coordinators and community development workers. SPLW provide the link between general practice and local community activity through contacts and networking. SPLW use online platforms such as 'help yourself Notts' or 'The Big Green Book' to understand local offers within their local areas.

People with Severe Multiple Disadvantage are less likely to engage initially, but through partnership with trusted VCSE organisations, culturally competent link workers, and flexible, person-centred approaches, social prescribing can become a key part of improving health equity and inclusion.

Where gaps exist, SPLWs help individuals establish new groups and activities, fostering inclusive and sustainable community networks. In Mid Nottinghamshire the Best Years Hub

by Your CVS has developed for people over 65 who are experiencing social isolation, offering social activities, health advice, and support is supported by SPLWs.

SPLWs manage their own caseloads, and offer support around the wider determinants of health, such as housing, employment, and financial wellbeing. In Rosewood PCN SPLW are central to the Connect 2 Work pilot to enhance job prospects and better health outcomes. This enables them to respond to the specific needs of the local population.

Through social prescribing, patients may feel more connected to community resources, reduced social isolation and noticeable improvements in both physical and emotional wellbeing.

Social prescribing is accessible through both primary and secondary care, as well as community-based organisations. It supports a wide range of individuals, including:

- People with one or more long-term conditions
- Those experiencing mental health challenges
- Individuals who are lonely or socially isolated
- People facing complex social needs that impact their wellbeing

GPs and PCNs are responsible for implementing tailored communication strategies. These teams use population health data to proactively identify patients who may benefit from as social prescribing. This proactive approach includes direct referrals to SPLWs and discussions in multi-disciplinary team meetings involving clinical, social, and non-medical colleagues to determine the most appropriate support for each patient. There is high demand, with waiting lists being a common occurrence.

Waiting lists for social prescribing exist due to high demand and the capacity of SPLWs. Each PCN manages its own waiting list, and approaches vary. In some cases, SPLWs continue to support individuals while they await access to other community or mental health services, which can contribute to waiting times. Some PCNs have developed group models to help manage demand. The specifics of waiting list management and length are determined locally by each PCN.

This reflects both the effectiveness of targeted communication and the perceived value of the offer among patients. PCNs have developed alternative ways of delivery including Social Prescriber led group models which bring people with similar needs together to connect with local support and help manage waiting times.

4 Green Social Prescribing: Case Study

Green Social Prescribing (GSP) is an innovative, non-clinical approach that enhances physical and mental health by connecting individuals with nature-based activities. As a key component of the broader Universal Personalised Care model, it empowers people to take control of their wellbeing through tailored, community-based support.

This approach is particularly effective in addressing mental health challenges, social isolation, and health inequalities. It complements traditional healthcare by focusing on the wider determinants of health and encouraging meaningful engagement with the natural environment.

GSP involves referring individuals to activities in natural settings, such as:

- Community gardening and conservation projects
- Local walking groups and green gyms
- Outdoor arts and cultural activities
- Nature-based mindfulness and relaxation sessions

- Blue prescribing activities like open water swimming or canoeing

These interventions are facilitated by SPLWs or other trusted professionals. They engage individuals in “what matters to you” conversations, coproducing personalised care and support plans that reflect each person’s needs and preferences.

From 2021 to 2025, the Green Social Prescribing Programme – GreenSpace was led by Nottingham Voluntary Community Service (NCVS), becoming the strategic lead for system learning across the Nottingham and Nottinghamshire ICS. Nottingham was one of seven national “Test and Learn” sites, running a two-year pilot from April 2021 to March 2023.

Key outcomes from participant reviews showed:

- 66% were able to think more clearly
- 64% felt more optimistic
- 55% felt more relaxed
- 36% felt more useful
- 36% were better able to deal with problems

The percentages cited are drawn from participant feedback collected during the Green Social Prescribing pilot programme (2021–2023), led by Nottingham CVS as part of a national 'Test and Learn' initiative. These figures reflect qualitative outcomes from participant reviews. Unfortunately, the raw numerical data (i.e., total number of respondents) is not held by the ICB and is not accessible to us currently

The programme has evolved to include:

- Eight targeted cohorts, including people with serious mental illness, dementia, neurodiversity, and young people with mild mental health issues.
- Strengthened partnerships and improved data-sharing to measure impact and ensure safe referrals.
- Tools like the Big Green Book and Mini Green Book, which serve as directories of nature-based activities and support resources.
- National recognition through contributions to the Green Social Prescribing Toolkit, developed by the National Academy for Social Prescribing.

Since the conclusion of national funding for Green Social Prescribing in April 2025, efforts have continued to embed the programme’s learning into local initiatives. Across Nottinghamshire, numerous green spaces are maintained by volunteers from VCSE organisations and are still part of SPLW community referral pathways. These groups remain actively engaged in seeking both national and local funding to sustain and expand their green space initiatives, for example, Feel Good Gardens[2] and Cotgrave Community Garden[3]. These established community gardens across Nottinghamshire continue to provide natural environments that people can access, to benefit their physical, emotional and social wellbeing.

5 Emerging Integrated Neighbourhood Teams (INTs) across Nottingham and Nottinghamshire

The Lord Darzi[4] review set the direction of travel towards a neighbourhood health service and Neighbourhood Health Guidelines[5] were issued in January 2025. The 10 Year Health

[2] Home | feelgoodgardens.org
[3] Get involved - Cotgrave Community Garden
[4] Independent investigation of the NHS in England - GOV.UK
[5] NHS England » Neighbourhood health guidelines 2025/26

Plan for England[6] subsequently set further direction and implementation requirements for its delivery.

The Health Plan has put neighbourhood health and wellbeing front and centre of its proposals to reform the National Health Service (NHS). This is with the aim of delivering a model of care that is preventative and better supports those most in need. The ambition is to put an end to 'hospital by default' through establishing a neighbourhood health service, with the intention of providing more personalised and coordinated care within local communities, reintegrating healthcare into the social fabric of places and leading to better and more cost-effective patient outcomes.

Integrated Care Systems have been asked to initially focus on supporting people of all ages with complex health and social care needs who require support from multiple services and organisations.

Nottingham and Nottinghamshire is working with health and social care professionals to bring together the implementation of Integrated Neighbourhood Teams (INTs) in a phased roll out across the system working together to provide joined-up, community-based care for defined populations, typically around 30-50,000 people. These teams aim to improve population health, reduce health inequalities, and ensure people can access the right care closer to home by bringing together services from primary care, social care, mental health, community care, and voluntary sectors. INTs are designed to improve efficiency, share knowledge, and provide a holistic approach to care by better understanding local needs and coordinating support for individuals, families, and communities.

Our focus is to:

- **Improve health outcomes:** Focus on preventing ill health and supporting individuals to live healthier lives within their community.
- **Reduce health inequalities**: Address the social determinants of health and provide targeted support for communities with greater need.
- **Enhance access to care:** Make it easier for people to access a range of services, including primary and community care, in a convenient local setting.
- **Promote joined-up working:** Break down traditional barriers between health and social care services, fostering better collaboration and knowledge sharing.
- **Deliver person-centred care:** Involve patients and communities in decisions about their health and involve them in the design of services.

In 2025/26 across Nottingham and Nottinghamshire the focus is on supporting citizens identified with Frailty and/or Long-Term Conditions, to support improvement management of health and care, reducing acute demand, and providing support close to home.

Implementing INTs offers numerous benefits to both individuals and communities. For residents, it means receiving the right care at the right time, closer to home, without the need to navigate multiple services. This approach reduces the burden on acute healthcare services by promoting preventive care and early intervention. For professionals, working within an INT enhances collaboration, reduces administrative tasks, and provides access to a broader network of support, ultimately leading to more efficient and effective service delivery.

INTs bring together a diverse range of professionals and organisations from different sectors, including:

[6] 10 Year Health Plan for England: fit for the future - GOV.UK

- **Primary Care Networks (PCNs):** GPs, Nurses, PCN additional staff including SPLWs, Occupational Therapy, Health and Wellbeing Workers Pharmacists etc.
- **Community Health Services:** District nurses, allied health professionals.
- **Social Care:** Adult Social care teams.
- **Mental Health Services:** Community Mental Health teams.
- **Voluntary and Community Sector:** Local charities and community organisations.
- **Wider Primary Care Services:** Community Pharmacy Community Optometry and General Dental Services
- **Other Local Authority Services:** Including Housing, Public health and potentially other services like the Fire service.

Non-medical interventions are crucial for the success of INTs with a view to addressing the social determinants of health, such as housing, loneliness, and lack of physical activity, improving overall quality of life and preventing further illness. These non-clinical approaches, often through social prescribing and community resources, reduce demand on acute services, lower costs, and offer more personalised, holistic care by focusing on individuals' broader social and emotional wellbeing.

With this in mind the development of INTs has involved the voluntary and community sector and wider partners to ensure that the non-medical approaches are captured and supported as the INTs are developed across the system. This short film showcases the work of the Small Steps to Feeling Great partnership in Warsop. It features contributions from colleagues at the local community organisation Vibrant Warsop and PCN additional colleagues from the local PCN. Together, they reflect on what it means to work differently and share the positive impact this approach is having on residents in Warsop. This example highlights how integrated working with community partners can deliver meaningful improvements in wellbeing and engagement, reinforcing the value of embedding non-medical models within INT development.

6 Social Prescribing – What's Working Well / Key Challenges

What's Working Well

- **Established Practice at PCN Level:** Social prescribing is well embedded and maturing at the Primary Care Network (PCN) level, with roles tailored to local health inequalities and social needs.
- **Workforce:** There are 96 Social Prescribing Link Workers (SPLWs) employed via the ARRS scheme, plus additional ICB-funded mental health link workers. (*84 April 2025*)
- **Proactive Approaches:** SPLWs use population health data to identify cohorts most impacted by health inequalities and proactively target interventions (e.g., respiratory conditions, dementia, winter checks).
- **Personalised Care:** SPLWs build shared plans with patients and connect them to community support, with average caseloads of 30–40 people at any one time.
- **Community Investment:** Some localities (e.g., Bassetlaw CVS, GreenSpace) have adopted sustainable investment models for the VCSE sector, supporting grants and contract-based commissioning

Challenges

- **Data Gaps and Inconsistency:** There is a lack of consistency in outcomes monitoring and impact data. Data interoperability between digital and data systems is limited.
- **Digital Platform Fragmentation:** Multiple digital platforms are in use, but they are not interoperable. No single system-wide approach exists, making data sharing and analysis difficult.
- **Burden on SPLWs:** Logging data is time-consuming, and SPLWs often lack space and access to digital systems in surgeries. Some still use local spreadsheets.
- **Limited Use of Outcomes Data:** Outcomes data is not consistently used to drive service growth; decisions are often based on case studies and patient feedback rather than robust data.

7 Recommendations

Nottinghamshire Health Scrutiny Committee is asked to:

- Note the contents of this briefing.

Appendix 1: Primary Care Network Directed Enhanced Service (PCN DES)

The Primary Care Network Directed Enhanced Service (PCN DES**)** is a key component of the NHS Long Term Plan, designed to encourage collaboration between general practices to deliver services at scale. Under the PCN DES, groups of GP practices—known as Primary Care Networks—work together with community, mental health, social care, pharmacy, hospital, and voluntary services to provide more integrated and proactive care for local populations, typically covering 30,000–50,000 patients. There are 24 PCNs across the Nottingham and Nottinghamshire system (15 in the County).

The PCN DES is commissioned nationally by NHS England as an enhanced service under the GP contract, but it is locally delivered through Primary Care networks that sign up to the DES via their practices' Medical Contract.

Funding for PCN services is provided through a series of specifications and payment components, for SPLW this is the Additional Roles Reimbursement Scheme (ARRS).

Performance and delivery are monitored and reported through a variety of mechanisms such as enhanced access delivery claims and self-declarations.

The PCN Clinical Director is accountable, on behalf of member practices, for:
a) ensuring that the PCN delivers the requirements set out in the Network Contract DES for its registered population, including by:
    i. effective allocation of funding and ARRS capacity across the Network
    ii. ensure that all constituent practices are operating the Modern General Practice Access Model and are continuously working to improve patient experience.
b) informing the Commissioner of PCN delivery against the Local capacity and access criteria;
c) working with local partners to support establishment of INTs and ensure PCN participation within its INT.

As part of contract monitoring for PCNs in 25/26 is a requirement to submit a PCN Workforce plan for ARRS. This describes how PCNs will provide access to a social prescribing service to those who may benefit, to help meet the practical, social and emotional needs that can otherwise affect health and wellbeing. No additional information is required.

The provider position for SPLW across Nottinghamshire and further information links:

Provider	PCNs included	Website
Partners Health Ltd	Rushcliffe PCN	https://www.rushcliffehealth.org/social-prescribing/population-health-management
Primary Integrated Community Services	Nottingham West PCN Arnold and Calverton PCN Arrow Health PCN Byron PCN Mansfield North PCN Rosewood PCN Ashfield North PCN Ashfield South PCN Newark PCN Sherwood PCN	Primary Care Network Services - Primary Integrated Community Services Ltd

Bassetlaw Community Voluntary services	Lawood and Bawtry PCN Newgate PCN	Social Prescribing | Bassetlaw CVS
Retford and Villages PCN	Retford and Villages PCN	Retford & Villages Primary Care Network - PCN | Facebook
Synergy PCN	Synergy PCN	Synergy PCN Social Prescribers | Nottingham | Facebook

Nottinghamshire County Council

Report to Health Scrutiny Committee

11 November 2025

Agenda Item: 7

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME

Purpose of the Report

1. To consider an outline schedule of scrutiny work for the municipal year 2025/26.

Information

2. The Health Scrutiny Committee is responsible for scrutinising substantial variations and developments of service made by NHS organisations, and reviewing any other health-related issues or impacts on services provided by trusts which are accessed by County residents.

3. Working in partnership with the Council's wider scrutiny function, development of a work programme of health scrutiny work is a matter within the remit of the Committee. This process is member-led and is guided by selection criteria agreed by members in accordance with scrutiny best practice.

4. Addition of work programme items for 2024/25 was considered in line with the previous priorities as noted at the 8 October 2024 meeting:

   - Of the highest priority for Health Scrutiny were those items relating to substantial variations to services. The Council's partner organisations have a statutory requirement to bring proposed changes to scrutiny, for example, the Financial Sustainability item presented by the Nottingham and Nottinghamshire ICB.

   - The next priority for Health Scrutiny included items directly relating to the ongoing progress of key partner organisations in respect of significant improvement journeys and service transformations. These items were scheduled at a mutually appropriate time.

   - The final priority for Health Scrutiny was emerging items that may come up as the year goes on, for example through changes in regulations or best practice. An element of flexibility was therefore built into the work programme so that consideration could be given to emerging items to which scrutiny can add value strategically.

5. Potential topics that may be considered for possible inclusion in the work programme for 2025/26 have been prioritised in line with the priorities agreed by members at the members' work programming session on 9 September 2025, which was also attended by representatives of key health partner organisations, including Healthwatch, the ICB and the Health Care

Trusts. Members received briefings from partners and the Director of Public Health and Communities regarding the key deliverables for this municipal year which can be considered for inclusion on the work programme on the basis of potential value added.

6. Members affirmed their intention to strengthen ties with the County Council's Health and Wellbeing Board and agreed the following priorities for 2025-26:

    - All-ages Mental Health Services – access and effectiveness
    - Integration of services – community, health and council led services and initiatives
    - Autism Informed Care and Neuro Pathways

7. Work programming that is responsive to the agreed priorities requires updates to the work programme to be made between formal meetings. Therefore, a delegation of authority to the Democratic Services Officer who is the current Health Scrutiny lead is requested, enabling updates to be made as appropriate, in consultation with the Chairman, Vice Chairman, and representatives of the relevant partner organisations who will be asked to present information to future health scrutiny meetings. Any changes to the work programme are reported to the next formal meeting as part of the updated work programme.

8. Members wishing to contribute potential items for consideration in line with the agreed priorities are encouraged to communicate these to the Chairman or Vice Chairman or make representations in the meeting. The latest work programme as available at the time of agenda publication is attached in Appendix 1 for consideration.

RECOMMENDATIONS

1) That the work programme be agreed.

2) That authority be delegated to the Health Scrutiny lead officer to update the work programme as appropriate, in consultation with the Chairman, Vice-Chairman and representatives of the relevant partner organisations, with any changes reported to the next meeting.

Councillor Mike Robertson
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact:
Katherine Harclerode – 0115 8546047

Background Papers

None

Electoral Division(s) and Member(s) Affected

All

HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2025/26

Subject title	Brief summary of work programme item	Format	External contact/organisation	Follow-up/next steps
May/June 2025				
Quality Accounts	To respond to the performance of key health trust partners in 2024/25	Quality Accounts	EMAS NUH SFHT	
01 July 2025				
Fertility Policy Review	To consider the outcome of the public listening activity	Agenda Item	ICB	
Financial Sustainability Update	To consider an update regarding the implications of changes to ICB budgets	Agenda Item	ICB	
Healthwatch Nottingham and Nottinghamshire – public scrutiny partner	To receive an informational presentation in respect of the partnership role of Healthwatch in health scrutiny	Presentation	HNN	
9 September 2025				
Work Programming Event	To consider priorities for potential work programme items for 2025/26	Workshop	NCC and partners	
23 September 2025				
NHFT - Update on Transformation of Mental Health	To consider an update on the redevelopment of the delivery model and patient pathways	Agenda item	NHT	
Winter Plan Performance Review	To review effectiveness of the 2024-25 Winter Plan effectiveness and learning	Agenda Item	ICB	

10 October 2025	Visit to National Rehabilitation Centre 9.30-11.00am	Site Visit	NUH	
11 November 2025				
Community Gynaecology and Endometriosis Diagnosis and Treatment	To consider the current provision and delivery of services	Agenda Item	ICB	
Social Prescribing	To consider the range, uptake and impact of social prescribing	Agenda Item	ICB	
27 January 2026				
Access to All Ages Mental Health Services and Outcomes			NHFT	
Impact of Transformation on Services			ICB	
24 February 2026				
Health Service Culture and Leadership			NUH, NHFT	
NHS Skills Recruitment and Retention			NUH, NHFT	
14 April 2026				
Reducing Geographical Health Inequalities			NCC, ICB	
Integration of Health and Community Services			ICB	
30 June 2026				
Autism Informed Care				

Neuro Pathways and Autism Joint Strategic Needs Assessment and Strategy				
To be scheduled and potential alternative actions				
System approaches to wider determinants of health and holistic approaches				
Endometriosis Diagnosis and Treatment				
Bassetlaw Provision and Needs Assessments				
Performance and ongoing improvement progress in response to CQC inspections				
Implementation of the NHS 10 Year Plan				
Newark UTC Update				
Availability of Primary Care and Dental Appointments relative to national picture				
Fertility Policy Review				
Screening Programmes				
Immunisation and Vaccination Programmes				
Personal Health Budgets				