

Health Scrutiny Committee

Tuesday, 04 January 2022 at 10:30

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

- | | | |
|---|--|---------|
| 1 | Minutes of last meeting held on 23 November 2021 | 3 - 10 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Nottingham University Hospitals Maternity Oversight | 11 - 16 |
| 5 | Access to Primary Care | 17 - 18 |
| 6 | Work Programme | 19 - 26 |

Notes

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.
- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Noel McMenamin (Tel. 0115 977 2670) or a colleague in Democratic Services prior to the meeting.

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

COUNCILLORS

Sue Saddington (Chairman)
Matt Barney (Vice-Chairman)

Mike Adams
Callum Bailey
Robert Corden
Eddie Cubley **A**
Penny Gowland

David Martin
John 'Maggie' McGrath
Michelle Welsh
John Wilmott

SUBSTITUTE MEMBERS

None.

Councillors in attendance

Dr John Doddy

Officers

Martin Gately
Noel McMenamin

Nottinghamshire County Council
Nottinghamshire County Council

Also in attendance

Ajanta Biswas	-	Healthwatch Nottingham & Nottinghamshire
Lucy Dadge	-	Nottinghamshire and Nottingham CCG
Idris Griffiths	-	Bassetlaw CCG
Rebecca Larder	-	Nottingham and Nottinghamshire ICS
Dr Leona Lee	-	Nottinghamshire and Nottingham CCG
Joe Lunn	-	Nottinghamshire and Nottingham CCG
Dr Tim Noble	-	Doncaster & Bassetlaw Teaching Hospitals
David Purdue	-	Doncaster & Bassetlaw Teaching Hospitals
Dr Stephen Shortt	-	General Practitioner
Dr Ian Trimble	-	General Practitioner

1. MINUTES OF LAST MEETING HELD ON 12 OCTOBER 2021

The minutes of the last meeting held on 12 October 2021, having been circulated to all Members, were taken as read and were signed by the Chairman.

2. APOLOGIES FOR ABSENCE

Eddie Cubley – Other reasons

3. DECLARATIONS OF INTERESTS

Councillor Bailey declared a personal interest in published agenda item 7 'Improving Children's and Emergency Services at Bassetlaw Hospital' as his employer was a statutory consultee on the proposals, which did not preclude him from speaking or voting.

Councillor Barney declared a personal interest in published agenda item 5 - 'Access to Primary Care' as a participant in the item had previously been his General Practitioner, which didn't preclude him from speaking or voting.

Councillor Barney also declared personal interests in published agenda item 4 – 'Expansion of Neonatal Capacity at Nottingham University Hospitals' as a family member received ongoing health care and support through NUH services, which didn't preclude him from speaking or voting.

Councillor McGrath declared a personal interest in published agenda item 4 'Expansion of Neonatal Capacity at Nottingham University Hospitals' as a family member worked for the NUH Trust, which didn't preclude him from speaking or voting.

Councillor Gowland a declared personal interest in published agenda item 4 – 'Expansion of Neonatal Capacity at Nottingham University Hospitals' as she worked closely with the Obstetrics Department at NUH, which didn't preclude her from speaking or voting.

Councillor Saddington declared a personal interest in published agenda item 4 'Expansion of Neonatal Capacity at Nottingham University Hospitals' as a family member worked for the NUH Trust, which didn't preclude her from speaking or voting.

Councillor Welsh declared a personal interest in published agenda item 4 'Expansion of Neonatal Capacity at Nottingham University Hospitals' as a close friend worked in the NUH Trust Neonatal Unit, which didn't preclude her from speaking or voting.

Councillor Wilmott declared a personal interest in published agenda item 5 'Access to Primary Care' as a Board member of the Wyburn Medical Practice, which didn't preclude him from speaking or voting.

4. EXPANSION OF NEONATAL CAPACITY AT NOTTINGHAM UNIVERSITY HOSPITALS

Lucy Dadge of the Nottinghamshire and Nottingham provided a brief introduction to the report, before handing over to Dr Leona Lee of the NUH Trust to provide a presentation to the Committee. Dr Lee made the following points:

- The proposals were to achieve a net increase of 13 neonatal cots by 2023, delivering three levels of highly specialist care;

- Through patient stories providing examples of the type and level of care to be provided, it was explained that care for ill mothers post-partum and for premature babies, including twins, would be delivered on one site, making it easier for wider family members to support all inpatients;
- Similarly, there would be increased specialist capacity to address more complex surgical requirements within the expanded neonatal service, and there would no longer be a need to transfer premature babies between QMC and City Hospital facilities;
- It was explained that the increase in capacity within the Neonatal Unit would be developed in close association with residents' and service users' input, with a preference for targeted service user engagement rather than wider consultation.

The Committee expressed support for the proposals, and the following points were raised during discussion:

- It was confirmed that the proposals represented an interim improvement in capacity, pending the longer-term roll-out of the Tomorrow's NUH Programme. Neither the CCG nor the Trust wanted to await wider developments on-site at QMC to introduce the improved capacity proposals. It was also confirmed that an interim increase in parking capacity at the QMC site was being considered;
- It was acknowledged that current transfer rates between facilities increased the potential risk of cross-contamination and infection. It was also acknowledged needed starting now to ensure that sufficient recruitment and retention measures were in place for when the increased capacity went 'live';
- Disappointment was expressed that patient engagement had not yet taken place. In response it was explained that the complexities of neonatal provision meant that very careful planning was needed to deliver meaningful engagement. It was also explained that this was the start of a new approach where local commissioners were involved – previously it would have fallen to NHS England to conduct the engagement.
- The Committee thanked Ms Dudge and Dr Lee for their attendance, agreed that targeted engagement was appropriate in this instance, and requested that the Committee be kept regularly updated on progress.

RESOLVED 2021/04

That the Committee:

- 1) had considered and commented upon the proposals;
- 2) Determined that targeted engagement was appropriate in relation to the proposals, subject to the Committee being kept informed of progress on a regular basis.

5. ACCESS TO PRIMARY CARE

CCG representative Joe Lunn introduced the report, which provided Nottingham and Nottinghamshire CCG, introduced the report, which provided further briefing on issues of concern to the Committee in relation to access to primary care services.

The briefing, which was published with the agenda, detailed workforce data for the 124 GP practices in Nottinghamshire, identifying 37 practices falling below the England CCG average of 0.4 FTE per 1000 weighted population. The briefing also covered nurse and administration data in GP practices, and reported the outcomes of the 2021 CCG GP Survey. Specifically, around 60% of current GPP appointments were delivered face-to-face.

Finally, the briefing identified practice funding information, and anonymised and aggregated data about appointments offered.

The Committee raised the following points during discussion:

- It was acknowledged that reducing social distancing from 2 metres to 1 metre in GP surgeries would help improve the flow of face-to-face appointments;
- In response to a Member's query, it was confirmed that face-to-face appointments might not be with GPs, but could be with physiotherapists, phlebotomists and other health professionals, and data was not available on the categorisation of appointments at local level;
- the assertion was made that GP practices had already been struggling with capacity issues before the pandemic struck, and that increased targets for GPs at national level had not been met;
- concern was expressed about the disparity highlighted in the briefing paper between different districts in respect of residents being able to speak to GPs, and more generally asked about collaborative work between better and less well performing GP practices to share good practice;
- several Members asked for further information in respect of call management data, whether the data could be provided in spreadsheet form, have the data mapped against indices of deprivation, GP leavers and future planning and for an indication of when 'normal service' might resume in GP surgeries.

Drs John Doddy, Stephen Shortt and Ian Trimble provided the following insights:

- Telephone appointments had been vital during the pandemic, and worked well for patients who were well-known to GPs. However, the 'gold standard' remained having face-to-face GP appointments.

- Overall, patient behaviour had been very supportive respectful and reasonable, and practices had been very supportive of each other to get through the worst of the pandemic;
- Larger practices enjoyed economies of scale to be able to address issues such as call abandonment more effectively than smaller practices. Practices were also moving increasingly towards Cloud telephony, which helped improve call management overall;
- There were big advantages for both GP surgeries and patients for using the NHS app to make online appointments, order repeat prescriptions and similar functions;
- Primary Care Networks had been instrumental in helping individual practices work more collaboratively;
- CCGs were working hard to address workforce shortages, while work was also ongoing in respect of addressing GP practice estates shortcomings;
- It was suggested that it would be worth having Dr Kathy McLean, the Independent Chair of Nottingham and Nottinghamshire Integrated Care System, to attend a future Committee discussion on primary care access.

RESOLVED 2021/05

That the Committee:

- 1) had considered and commented upon the briefing and presentations provided;
- 2) determined that further information be identified and presented to the Committee for its consideration.

6. HEALTH AND CARE BILL 2021

Rebecca Larder, Programme Director of Nottingham and Nottinghamshire Integrated Care Systems (ICS) introduced the report and gave a presentation on forthcoming changes to collaborative and integrated working, and to commissioning roles and responsibilities arising from the Health and Care Bill 2021.

Ms Larder made the following points:

- The Bill provided for the establishment of an Integrated Care Partnership (ICP) comprised of Local Authority and NHS Integrated Care Board representatives. The ICP would meet as a Joint Committee partnership, not as a corporate body, and would be responsible for developing an Integrated Care Strategy;
- The Bill would change NHS structures, but not those of local authorities. Health and Wellbeing Boards would remain in place, but strategic commissioning functions would no longer be delivered through Clinical Commissioning Groups;

- The Bill placed a duty to collaborate on ICPs, ensuring full engagement with the voluntary and community sector and related stakeholders,
- It was confirmed that the area for which Bassetlaw CCG were currently responsible would come under the Nottingham and Nottinghamshire NHS 'footprint';
- If ratified, the revised structures were expected to be up and running by April 2022, with the Integrated Care Strategy expected to be in place by September 2022. Key local drivers of the transition process were Dr Kathy McLean, Independent Chair of the Nottingham and Nottinghamshire ICS, Melanie Brooks, Corporate Director for Adults, and Dr John Doddy, Chair of Nottinghamshire Health and Wellbeing Board.
- Staffing challenges had been significant during the pandemic, with absence levels averaging at 8%. Recruitment nationally was an issue, with a shortage of suitably trained health professionals, particularly around the treatment of eating disorders;

The following points were raised during discussion:

- Ms Larder advised that health scrutiny committees and health and wellbeing boards would remain as is, as would the Care Quality Commission. The reforms under the Bill sought to break down organisational barriers, many of which had been highlighted through joint working on the pandemic. The Bill was also silent on there being joint City and County health scrutiny committees;
- Patient pathways would remain unchanged under the Bill, meaning that Bassetlaw patient relationships with NHS care provided outside Nottinghamshire would continue;
- It was confirmed that the ICP would meet in public, and that papers would be publicly available in advance of meetings. Discussions on how and by whom the Partnership meetings would be chaired were currently ongoing, with joint chairing arrangements under consideration.

The Chairman thanked Ms Larder for her attendance and asked that the Committee be provided with a further update at a future meeting.

7. IMPROVING CHILDREN'S AND EMERGENCY SERVICES AT BASSETLAW HOSPITAL

Idris Griffiths, Chief Officer of Bassetlaw CCG, David Purdue, Chief Nurse at Doncaster and Bassetlaw Teaching Hospitals (DBTH) and Dr Tim Noble, Medical Director at DBTH introduced the report and provided a presentation, highlighting the significant investment undertaken at Bassetlaw Hospital to develop an 'Emergency Village' to help address overnight paediatric provision at Bassetlaw Hospital, which had been suspended in 2017.

The following points were made:

- Serious complex cases would continue to be transferred to Doncaster Royal Infirmary. Analysing the figures for transfers in the past 12 months, over 50% of transfers would remain at Bassetlaw Hospital overnight;
- The £17.6 million investment in Bassetlaw Hospital's 'Emergency Village' would ensure the hospital's resilience well into the future, providing state-of-the-art facilities for Bassetlaw residents, and ensuring that existing services would be increased in size and scope;
- The report presented 3 options for the way forward, of which the most ambitious – Option 3 – was preferred. This would provide a dedicated Children's Assessment Unit with provision for overnight observation for less complex cases and make better use of specialist children's nurses capacity;
- A detailed 12-week engagement plan had been drawn up on the basis that the CCG believed Option 3 to be a substantial variation of service, subject to Committee agreement. A final decision was expected to be submitted to the Integrated Care Board in April 2022.

The Committee expressed strong support for Option3 and confirmed that if implemented it constituted a substantial variation in service, requiring full consultation. As the consultation period ended at end February 2022, the Chairman requested that a further report be brought to the Committee's 29 March 2022 meeting.

RESOLVED 2021/05

That:

- 1) the proposed change constituted a substantial variation of service, requiring a full consultation exercise prior to inform final proposals for approval;
- 2) the Committee was to receive an update report in March 2022, following the consultation period and before a final decision was taken by the Integrated Care Board in April 2022.

8. WORK PROGRAMME

The Committee work programme was approved, subject to considering scheduling the following:

- Management of the Vaccination Programme – particularly around access to the vaccine for the clinically vulnerable;
- Health and Care Bill Update;
- Improving Children's and Emergency Services at Bassetlaw Hospital – post-consultation update;
- Information on Bassetlaw GP statistics.

The meeting closed at 1:55pm.

CHAIRMAN

4 January 2022**Agenda Item: 4****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****NOTTINGHAM UNIVERSITY HOSPITALS MATERNITY OVERSIGHT****Purpose of the Report**

1. To provide a further briefing on the oversight of maternity improvement at Nottingham University Hospital (NUH) by the Clinical Commissioning Group (CCG).

Information

2. In order to continue to provide the Health Scrutiny Committee with a perspective on maternity improvement issues, and actions being undertaken by the Nottingham and Nottingham Clinical Commissioning Group (CCG), Danni Burnett, Deputy Chief Nurse, Nottingham and Nottinghamshire CCG will attend the meeting to present the information and answer questions, as necessary.
3. A written briefing from the CCG is attached to this report as Appendix1.
4. Members are requested to consider and comment on the information provided and identify requirements for information for future consideration.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Consider and comment on the information provided.
- 2) Identifies requirements for information for future consideration.

Councillor Sue Saddington
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

**NHS NOTTINGHAM AND NOTTINGHAMSHIRE CCG OVERSIGHT AND ASSURANCE
BRIEFING – NOTTINGHAMSHIRE HEALTH SCRUTINY COMMITTEE
NOTTINGHAM UNIVERSITY HOSPITALS MATERNITY OVERSIGHT**

JANUARY 2022

Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) has been working closely with Nottingham University Hospitals NHS Trust (NUH), CQC and NHS England and NHS Improvement (NHSEI) over the past year to oversee improvements in maternity services.

1. System Approach

- 1.1. As the clinically led statutory NHS body responsible for the planning and commissioning of healthcare services, NHS Nottingham and Nottinghamshire CCG plays an integral role in ensuring we deliver care that achieves the best outcomes for our local population. The CCG supports local improvement, working in line with the trust regulator (NHS England and Improvement) and the regulator for the quality of services (Care Quality Commission). The regulators have legal powers of intervention and the CCG monitors quality standards, instigating improvement actions where required.
- 1.2. As we transition to the proposed new statutory arrangements ([Integrated Care Systems](#)) it is essential that there is a shared ambition for health and wellbeing of our citizens.
- 1.3. The Integrated Care Board (ICB) will take on the duties of the CCG in terms of local quality oversight and improvement. This will require close collaboration working with system partners (including providers, people using services, NHS England and NHS Improvement, regulators, and wider partners), shared quality improvement priorities and shared ownership of risks.
- 1.4. Our ICS and current CCG approach has clear governance and escalation processes for quality (including safety) in place, and actively monitors and manages system quality risks, in a way that enables continual learning and improvement.
- 1.5. In preparation for this transition, a system-wide Quality Assurance & Improvement Group (QAIG) has been established. This group will report into the ICB Quality Committee, however in the interim reports into the ICS Board and NHS Nottingham and Nottinghamshire CCG Quality & Performance Committee.
- 1.6. QAIG has been established to ensure the system works collaboratively across health and care partners to support, improve, and sustain high quality care across Nottingham and Nottinghamshire:
 - To ensure the fundamental standards of quality are delivered – including managing quality risks, including safety risks, and addressing inequalities and variation; and
 - To continually improve the quality of services, in a way that makes a real difference to the people using them.

The group takes a proactive and systemic approach to managing and improving quality drawing on evidence, best practice and quality improvement methodologies in a way that is transparent and measurable.

- 1.7. The CCG and the ICS act in accordance with the [National Quality Board](#) are responsible for monitoring the quality and safety of health and care services as per Local Quality Requirements:
- **QUALITY PLANNING:** Work to a common definition of quality
 - **QUALITY IMPROVEMENT:** Deliver quality improvement and develop a core set of quality metrics which can be used to measure quality
 - **QUALITY CONTROL:** Contribute and embed quality oversight with a shared commitment to working together

2. NUH Commissioner Actions/Involvement

- 2.1. Enhanced surveillance and system/regulatory support has been revised in light of the wider issues and part of this focus and assurance on Maternity services will continue. An additional NUH specific Quality Assurance and Oversight framework has been established which will report into the ICS structures outlined above, and also provide assurances to the trusts regulators about improvements.
- 2.2. This Quality Assurance and Oversight framework has been agreed, jointly led by the CCG and NHS England and NHS Improvement. This is a collaborative approach with three key improvement and assurance groups:



- 2.3. In addition, oversight continues with increased touchpoints with NUH. This includes CCG representatives at a number of internal NUH meetings such as the Incident Review Meetings, Harm Free Groups, Corporate Quality Committee and Maternity Oversight & Operational Groups.
- 2.4. The Maternity Assurance Subgroup meeting took place on 20th November (up until this point there had been a monthly Maternity QAG) and undertook a focussed review of the safe practice element of maternity.
- 2.5. The subgroup agreed significant progress had been made in the presentation of improvement data which allowed improved oversight – clearly presented and triangulated actions, impact (data and narrative), risks and future plans.
- 2.6. Additional assurance was gained around improvement in the undertaking of risk assessments and documenting these and in cardiotocography training where a significant and sustained improvement in training compliance had been achieved.
- 2.7. Given the theme emerging around the limiting factor for progress being staffing, psychological safety and culture this will be the focus of the next subgroup meeting.
- 2.8. Given the significant pressures that frontline staff are under, it is encouraging to see the progress being made on the maternity improvement plan and through that the improvements in care that will be being delivered. There is more to be done but engagement with and clear commitment from the maternity leaders in NUH and their teams have to making positive change is very promising.
- 2.9. The CCG will continue to work with NUH on the journey of improvement and will always be challenging for more and faster improvements but recognise there has been some progress made. Whilst the situation at NUH is far from where we want it to be, we recognise that there are many good examples of high-quality patient care being offered and the rating of 'outstanding' for caring is testament to the staff working there.

4 January 2022**Agenda Item: 5****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****ACCESS TO PRIMARY CARE****Purpose of the Report**

1. To provide a further briefing on issues of concern to Members in relation to access to primary care services.

Information

2. Dr Jeremy Griffiths, Vice Chairman of the Health and Wellbeing Board will brief Members on access to primary care issues and answer questions.
3. Members are requested to consider and comment on the information provided and identify requirements for information for future consideration as part of this ongoing review.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Consider and comment on the information provided.
- 2) Identifies requirements for information for future consideration.

Councillor Sue Saddington
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

23 November 2021

Agenda Item: 6

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME

Purpose of the Report

1. To consider the Health Scrutiny Committee's work programme.

Information

2. The Health Scrutiny Committee is responsible for scrutinising substantial variations and developments of service made by NHS organisations, and reviewing other issues impacting on services provided by trusts which are accessed by County residents.
3. The work programme is attached at Appendix 1 for the Committee to consider, amend if necessary, and agree.
4. The work programme of the Committee continues to be developed. Emerging health service changes (such as substantial variations and developments of service) will be included as they arise.
5. Members may also wish to suggest and consider subjects which might be appropriate for scrutiny review by way of a study group or for inclusion on the agenda of the committee.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Considers and agrees the content of the draft work programme.
- 2) Suggests and considers possible subjects for review.

Councillor Sue Saddington
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2021/22

Subject Title	Brief Summary of agenda item	Scrutiny/Briefing/Update	External Contact/Organisation
8 June 2021			
NUH Maternity Services Improvement Plan	Further briefing on NUH's improvement plan for maternity	Scrutiny	Dr Keith Girling and Sarah Moppett (NUH)
Diabetes Services/Public Health	Initial briefing on diabetes and public health services	Scrutiny	Lewis Etoria & Laura Stokes, Nottingham & Nottinghamshire CCG
13 July 2021			
East Midlands Ambulance Service Performance	The latest information on key performance indicators from EMAS.	Scrutiny	Richard Henderson, Chief Executive, Greg Cox, Operations Manager (Nottinghamshire)
Bassetlaw Mental Health Proposals	The latest position on engagement and decision making in relation to mental health in Bassetlaw	Scrutiny	Idris Griffiths, Chief Officer, Bassetlaw CCG and Julie Attfield, Executive Director, Local Mental Health Services,
Tomorrow's NUH	Further briefing on development of services at NUH	Scrutiny	Lucy Dadge, Chief Commissioning Officer, Lewis Etoria, Head of Insights and Engagement Nottinghamshire CCG (and other senior officers TBC).
7 September 2021			
Access to Primary Care	An initial briefing on patient access to primary care as part of an ongoing review.	Scrutiny	Lucy Dadge, Chief Commissioning Officer, Joe Lunn, Associate Director of Primary Care and other

			senior Nottinghamshire CCG officers
Bassetlaw Mental Health Proposals	The latest position on engagement and decision making in relation to mental health in Bassetlaw	Scrutiny	Idris Griffiths, Chief Officer, Bassetlaw CCG and Julie Attfield, Executive Director, Local Mental Health Services,
12 October 2021			
Mental Health Crisis Services	An initial briefing on the state of mental health crisis services as part of an ongoing review	Scrutiny	Julie Attfield Nottinghamshire Healthcare Trust
Bassetlaw Mental Health Proposals – Travel Plan	Consideration of the draft travel plan	Scrutiny	Julie Attfield, Nottinghamshire Healthcare Trust and Dr Victoria McGregor Riley, Bassetlaw CCG
Nottingham University Hospitals Maternity Improvement Plan	Update on NUH's actions in relation to its CQC inspection improvement plan	Scrutiny	Dr Keith Girling, Medical Director and other senior NUH officers.
Public Health and Commissioner Maternity Improvement	An initial briefing on wider maternity improvement issues.	Scrutiny	Rosa Waddingham, Chief Nurse, Nottinghamshire CCG, Louise Lester, Public Health Nottinghamshire County Council
23 November 2021			
Health and Social Care Bill	An initial briefing on the implications of the Health and Social Care Bill	Briefing	Alex Ball, Director Communications and Engagement, Nottinghamshire ICS/CCG TBC
NUH Neo-natal proposals	Initial briefing on new proposals at NUH	Scrutiny	Lucy Dadge, Chief Commissioning Officer and

			other senior Nottinghamshire CCG
Access to Primary Care	Further consideration of information as part of an ongoing review	Scrutiny	Lucy Dadge, Chief Commissioning Officer and other senior Nottinghamshire CCG officers TBC
Bassetlaw Emergency Village (including paediatric proposals)	Initial briefing on Emergency Department/front door proposals in Bassetlaw	Scrutiny	Dr Victoria McGregor Riley, Bassetlaw CCG
4 January 2022			
Access to Primary Care	Further consideration of access to primary care issues	Scrutiny	Dr Jeremy Griffiths, Vice-Chairman, Health and Wellbeing Board
Maternity Improvement	Further consideration of the wider maternity improvement agenda	Scrutiny	Rosa Waddingham, Chief Nurse, Nottinghamshire CCG
22 February 2022			
Tomorrow's NUH (TBC)	Further consideration of the proposals	Scrutiny	Lucy Dadge, Nottinghamshire CCG
Mental Health Services Review (TBC)	Continuing review of mental health issues	Scrutiny	Senior Healthcare Trust officers (TBC).
29 March 2022			
NUH Maternity Services Improvement Plan	Consideration of the Improvement Plan	Scrutiny	Michelle Rhodes, Chief Nurse, NUH
Bassetlaw CCG Mental Health Proposals and Travel Plan Update	An update on proposals relating to the relocation of inpatient mental health services from Bassetlaw to Mansfield.	Scrutiny	Senior Officers of Bassetlaw CCG/successor organisation (ICB)
Non-emergency Transport	An update on key performance.	Scrutiny	Senior CCG/ICB officers.

Services			
10 May 2022			
Diabetes Services Update	Further information on diabetes services	Scrutiny	Senior officers of Nottingham/Nottinghamshire CCG/successor organisation (ICB)
NUH Dementia Strategy Update	Further update on priorities for developing dementia care services	Scrutiny	Senior NUH officers (TBC)
To be scheduled			
Public Health Issues			
Integrated Care System – Ten Year Plan (TBC)	An initial briefing on the ICS – ten-year plan.	Scrutiny	TBC
NHS Property Services	Update on NHS property issues in Nottinghamshire	Scrutiny	TBC
Operation of the Multi-agency Safeguarding Hub	Initial briefing on the	Scrutiny	TBC
Frail Elderly at Home and Isolation (TBC)	TBC	Scrutiny	TBC
Winter Planning (NUH)	Lessons learned from experiences of last winter	Scrutiny	TBC
Tomorrow's NUH	Further briefing on development of services at NUH	Scrutiny	TBC
EMAS (July 2022)	Key Performance Indicators	Scrutiny	TBC
Dentistry Provision	Dentistry issues including dentistry access	Scrutiny	TBC

Further topics to be scheduled following November 2021 committee meeting

- Management of the Vaccination Programme – particularly around access to the vaccine for the clinically vulnerable;
- Health and Care Bill Update;
- Improving Children's and Emergency Services at Bassetlaw Hospital – post-consultation update;

- Information on Bassetlaw GP statistics.

Potential Topics for Scrutiny:

Recruitment (especially GPs)

Air Quality (NCC Public Health Dept)

CAMHS – Mental Health Support

Mental Health – Young People and COVID

