



## **Nottingham City Council Health and Adult Social Care Scrutiny Committee**

**Date:** Thursday 11 April 2024

**Time:** 9:30am

**Place:** Ground Floor Committee Room - Loxley House, Station Street, Nottingham,  
NG2 3NG

**Councillors are requested to attend the above meeting to transact the following business**

**Director for Legal and Governance**

**Scrutiny and Audit Support Officer:** Adrian Mann

**Direct Dial:** 0115 876 4353

- 1 Apologies for Absence**
- 2 Declarations of Interests**
- 3 Minutes** 3 - 10  
Minutes of the meeting held on 14 March 2024, for confirmation
- 4 Ambulance Waiting Times** To Follow  
Report of the Statutory Scrutiny Officer
- 5 Nottinghamshire Healthcare NHS Foundation Trust - Care Quality  
Commission Assessment Outcomes** To Follow  
Report of the Statutory Scrutiny Officer
- 6 Work Programme and Quality Accounts 2023-24** 11 - 18  
Report of the Statutory Scrutiny Officer

If you need advice on declaring an interest in any item on the agenda, please contact the Scrutiny and Audit Support Officer shown above before the day of the meeting, if possible.

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## Nottingham City Council

### Health and Adult Social Care Scrutiny Committee

Minutes of the meeting held in the Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 14 March 2024 from 9:30am to 11:41am

#### Membership

##### Present

Councillor Georgia Power (Chair)  
Councillor Maria Joannou (Vice Chair)  
Councillor Michael Edwards  
Councillor Kirsty Jones

##### Absent

Councillor Saj Ahmad  
Councillor Farzanna Mahmood  
Councillor Eunice Regan  
Councillor Sarita-Marie Rehman-Wall

#### Colleagues, partners and others in attendance:

- |                  |   |  |
|------------------|---|--|
| Lucy Anderson    | - | Head of Mental Health Commissioning, Contracting and Performance, NHS Nottingham and Nottinghamshire Integrated Care Board |
| Kate Burley      | - | Deputy Head of Mental Health Commissioning, NHS Nottingham and Nottinghamshire Integrated Care Board                       |
| Liz Gundel       | - | Deputy Head of Primary Care for the East Midlands, NHS Nottingham and Nottinghamshire Integrated Care Board                |
| Dr Pavni Lakhani | - | Chair, Nottinghamshire Local Dental Network  |
| Benjamin Lomas   | - | Consultant Psychiatrist, Nottinghamshire Healthcare NHS Foundation Trust   |
| Rose-Marie Lynch | - | Senior Commissioning Manager, NHS Nottingham and Nottinghamshire Integrated Care Board                                     |
| Adrian Mann      | - | Scrutiny and Audit Support Officer   |
| Kate Morris      | - | Scrutiny and Audit Support Officer   |
| Jan Sensier      | - | Executive Director for Partnerships and Strategy, Nottinghamshire Healthcare NHS Foundation Trust                          |
| Paula Vaughan    | - | Director of the Mental Health Care Group, Nottinghamshire Healthcare NHS Foundation Trust                                  |

#### 42 Apologies for Absence

Councillor Saj Ahmed - personal reasons  
Councillor Eunice Regan - personal reasons

Sarah Collis - Chair, Healthwatch Nottingham and Nottinghamshire

#### 43 Declarations of Interests

In the interests of transparency in relation to item 5 (Mental Health Crisis Services Transformation), Councillor Georgia Power declared a sensitive connection in relation to the Nottinghamshire Healthcare NHS Foundation Trust (NHT), of which NHT has been made aware.

#### **44 Minutes**

The Committee confirmed the minutes of the meeting held on 15 February 2024 as a correct record and they were signed by the Chair.

#### **45 Access to NHS Dental Services**

Rose-Marie Lynch and Liz Gundel, Senior Commissioning Manager and Head of Primary Care for the East Midlands at the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB); and Dr Pavni Lakhani, Chair of the Nottinghamshire Local Dental Network (LDN), presented a report on the approaches being taken to improve access to NHS dental services. The following points were raised:

- a) In April 2023, responsibility for commissioning NHS dental services moved from NHS England to the ICB. A new governance structure was developed to ensure a smooth transition of services and to enable appropriate decision-making and commissioning functions to be carried out for the local area. To help inform commissioning activity going forward, a full Oral Health Needs Assessment for Nottinghamshire is being developed to better understand the needs of people across the city and this is due to be completed by the end of March.
- b) The collected data shows that, in November 2022, the monthly delivery of dental services to contract in Nottingham was at 86.1%, compared to a national average of 98.8%. This has dipped to 83.6% as of February 2024, compared to a national average of 89.1%. Locally, this fall in performance can be attributed to a number of factors including a reduction in the available workforce, sickness and issues with recruitment. Work is underway to assess the underlying causes to achieve a better understanding of how to increase delivery.
- c) In early February, the NHS and the Department of Health and Social Care launched a joint Dental Recovery Plan, which has three aims:
  - To expand access for patients via the introduction of a new patient premium and an uplift to the Units of Dental Activity (UDA) value. The enhanced UDA value will allow those with the least complex dental needs to go longer between regular check-ups where appropriate and increase the number of appointments available for those requiring active treatment. Those patients with the most complex dental needs will also attract a further uplift to the UDA.
  - To encourage good dental health in children and young people with the launch of the 'Smile for Life' campaign, which will be rolled out across all Early Years settings, Family Hubs and outreach projects.
  - To support and develop the dental health workforce to deliver an increase over the medium to long-term. This includes facilitating internationally qualified dentists to practice in the UK and increasing the skillset of all dental health professionals with an aim of providing more than 500 training places by 2031/32.
- d) A number of initiatives aimed at improving access to dental care in Nottingham have been ongoing since November 2022. These include community dental services, dedicated urgent care appointments and work with the most vulnerable groups with mobile vans. Activity is currently underway to fully develop access to

dental services by children in care by linking related services together more closely to ensure better access to dental treatment. The 'Getting it Right First Time' network enables the sharing of best practice, with a particular focus on achieving recovery following the Coronavirus pandemic.

- e) Consultants in Dental Public Health are carrying out a strategic review to help identify targeted approaches to specific local issues. The decoupling of NHS dentistry commissioning from the Public Sector Procurement Regulations will allow a more flexible and pragmatic approach to competitive tendering for dental services across the city. This, linked with the other work taking place across Nottingham and Nottinghamshire, will help to improve opportunities for practices and access for patients.

The Committee raised the following points in discussion:

- f) The Committee asked how the increase to the UDA value would help to ensure better access. It was explained that, in October 2023, the UDA value was set at £23. The uplift will ensure a minimum UDA value of £28, with an additional premium if a patient has not been seen by a dentist for two or more years, and for patients with a very high level of need. This is intended to incentivise practices to take on new patients, reducing the regularity of routine check-ups where clinically appropriate to free up more time for other appointments. However, these measures aim to incentivise those practices already treating NHS patients, rather than to encourage fully private practices to start taking on NHS patients – which will require additional work.
- g) The Committee queried whether the contract targets established by the ICB were fully deliverable by dental practices. It was set out that there are a number of factors that impact on a practice's ability to deliver on a contract, with staffing levels and difficulties with recruitment and retention being main reasons. Since the Coronavirus pandemic, there has been a shift in working patterns with more people working less conventional hours, which can make private practice more attractive in terms of wages, working hours and reduced pressures. The national recovery plan is designed to reduce the pressure on NHS practices and make it a more attractive option to dental professionals.
- h) The Committee asked how Nottingham compared to the wider East Midlands region in terms of access to NHS dental services. It was reported that, when compared to Nottingham's most local neighbours, there is a lower delivery rate that is primarily due to workforce issues, resulting in fewer patients being seen. The ICB is working to understand the reasons behind this lower rate in Nottingham and is looking at commissioning work to offer incentives to practices. Engagement with the LDN is underway to understand what local practices need in terms of commissioning activity to help encourage an uplift in the number of patients that can be seen.
- i) The Committee asked what learning the ICB was accessing at the national level to improve delivery in Nottingham. It was explained that local ICB colleagues are part of both regional and national networks, which enable the collation of best practice and learning from other areas. This has been fed into the work around planning commissioning, alongside the outcomes of the local rapid needs

assessment completed during March. Learning from areas with a stronger delivery rate, it is clear that tackling issues around the workforce has been key to achieving better results. Local improvements should become apparent over the next 12 months, but training and workforce development takes time to mature, so it is hoped that there will be an improved picture of dental care in Nottingham within three to four years.

- j) The Committee queried how the ICB was responding to the patient backlog resulting from the Coronavirus pandemic. It was reported that, during the pandemic, dental practices had been closed, so patients with dental problems were unable to access treatment easily. Many patients became worse and now have complex needs, but there are now fewer dentists trying to treat these greater requirements. This, alongside the national dental contract being less appealing than private practice, has caused a significant backlog of patients. An increased call-back time for routine check-ups, based on clinical need, has been introduced to help alleviate the pressure on practices, as has the reform of the national dental contract. Pathways to meet urgent clinical need are in place, including the availability of high needs premiums.
- k) The Committee asked what support was available to practices with staff wanting more flexible or part-time working hours. It was set out that specific working arrangements are a matter for a given practice and its employees. However, engagement is being carried out with practices on how viable contract targets can be set and delivered, alongside growing workforce plans to enhance training and professional development.
- l) The Committee asked whether the ICB liaised with the Council during its commissioning processes to establish where areas of future population growth would be, to ensure that the future clinical need can be met effectively. It was explained that this can be included as part of a place-based commissioning process to help future-proof services and ensure that practices are located where they are easily accessible to citizens.

The Chair thanked the representatives of the ICB and the LDN for attending the meeting to present the report and answer the Committee's questions.

**Resolved:**

- 1) To request that information is provided, when available, on the conclusions of the Oral Health Needs Assessment for Nottinghamshire following its completion during March 2024, in the context of the specific local needs for access to dentistry identified within Nottingham that will be used to inform the commissioning and procurement planning to improve patient outcomes, going forward.**
- 2) To request that that information is provided, when available, on the outcomes of the review into the opportunities for flexible commissioning within primary care dentistry once it has been completed towards the end of 2024, to explore how additional dental access could be commissioned in this way.**

- 3) To recommend that an indicative timeline is established for the planned recovery of access to NHS dental services, with indicators to show what progress towards recovery looks like and how it has been measured, and what current recovery initiatives have achieved to date.**
- 4) To recommend that the NHS Nottingham and Nottinghamshire Integrated Care Board engages with the Council in its role as a Local Planning Authority to consider where new housing is being developed in Nottingham, as part of informing dental service commissioning and procurement planning in the context of where future population growth within the city is projected to be.**
- 5) To recommend that consideration is given to whether there is the potential or capacity for more dentists to be trained in the local area.**

#### **46 Mental Health Crisis Services Transformation**

Paula Vaughan, Benjamin Lomas and Jan Sensier, Director of the Mental Health Care Group, Consultant Psychiatrist and Executive Director for Partnerships and Strategy at the Nottinghamshire Healthcare NHS Foundation Trust (NHT); and Lucy Anderson and Kate Burley, Head of Mental Health Commissioning, Contracting and Performance and Deputy Head of Mental Health Commissioning at the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB), presented a report on the mental health crisis service offer to Nottingham residents. The following points were raised:

- a) When the Mental Health Crisis Team was initially established it had a fairly narrow scope, but has since been expanded to work with people with a wide range of support needs. Since 2015, there have been a number of changes and developments that have improved the service, and there are now more staff in place – including a wider range of professionals such as psychologists and social workers working alongside psychiatrists.
- b) Since the service redesign, Crisis Resolution and Home Treatment Teams are in place, along with a short-term residential Crisis House and Crisis Sanctuaries to provide safe spaces across the city. There are also mental health crisis professionals working within the East Midlands Ambulance Service and with street teams to improve triage. However, further improvement work is still being carried out in relation to improving access, the safety and quality of care, and using effective co-production to inform service planning and delivery.
- c) In 2019 the NHS Long Term-Plan for mental health was published, setting out the requirements for services with ambitious targets for provision. Mental health crisis services have been redesigned to include hospital liaison, crisis resolution in the home for face-to-face assessments, 24-hour helplines, 24-hour text support, a 5-bed crisis residential home and crisis sanctuaries. Progress has been made in the transformation of local services, with 11 of the 19 identified areas of improvement against the Core Fidelity Standards having been addressed. However, demand for services is growing, creating a more challenging operating environment with increasing pressure on budgets and resources. Focuses for additional improvement include further joint work with partners to understand the changes in

emotional need through different communities, co-production of services and service delivery, and improving links with different services through the health care system.

The Committee raised the following points in discussion:

- d) The Committee asked what the current waiting times to access mental health services were, and what support was available for those people waiting for assessment. It was reported that the current waiting times for crisis support were around one hour, but a response within the the four-hour standard for patients requiring emergency face-to-face support is only being achieved in 80% of cases, so there is a strong focus on driving improvement here. People are contacted regularly as part of a 'wating well' process, but appropriate checking and signposting measures need to be developed further.
- e) The Committee asked how a mental health 'crisis' was defined in terms of providing the right service response. It was explained that the clinical definition of crisis could be very narrow and relate to the most extreme presentations of certain conditions, but now encompasses a much wider range of mental health needs. Interpretation of what level of needs represents a mental health crisis can be subjective and vary from practitioner to practitioner. The team tends to work with those people who would otherwise be admitted to hospital, but also engages with people who are potentially not in crisis currently – but are likely to become so (and be admitted to hospital as a result) if action is not taken. Around 80% of the referrals to crisis services are taken on by the team, but when a person self-refers and is not considered to be in crisis, the team will provide support in finding and accessing the right service for their needs. The challenges in this area are significant, as calls to the crisis line have doubled in the last 12 months. Ultimately, it is important that a range of services are joined up and focused on meeting individual need in the most appropriate service area.
- f) The Committee asked how NHT has learned from other providers and how examples of best practice are applied. It was set out that, although each provider across the country delivers mental health support services differently as required by their communities, there are still opportunities to use examples of best practice and apply them to Nottingham with local adaptations. These include using a 'hub'-type support service, clinical assessment processes and models to maximise team capacity. Team members are part of the East Midlands Best Practice Forum and there are regular discussions around improvement. Within the existing team, the staffing has been relatively stable and, with the recent addition of phycological services, the support offer is well-rounded with new, alternative pathways for support available to service users.
- g) The Committee queried how effective the Nottinghamshire Mental Health Crisis and Turning Point telephone helplines were in terms of timeliness of access and response. It was explained that the current helpline is being entirely revamped and a new system is being introduced that will be far more user-friendly. The operators answering the calls will have access to clinical staff for timely triage, if necessary. The system will give regular updates to those people on hold detailing where in the queue they are and will provide the services with far more complete data around calls. This will allow additional activity to take place to optimise



staffing for busiest times. Work can then take place to track outcomes for service users.

- h) The Committee asked how rising demand for services was being addressed in the context of the backlog created by the Coronavirus pandemic, and how parity of access to services was ensured across NHT's whole area. It was explained that open, face-to-face support sessions are being introduced and work is underway to expand the use of Social Prescribing to offer support to people in need. However, managing and meeting demand continues to be extremely challenging in the current environment. Transformation to services has been rolled out across Nottingham and Nottinghamshire areas on a phased basis, and work is being carried out to ensure equity of access – which will be supported by the launch of the new telephone helpline system.

The Chair thanked the representatives of NHT and the ICB for attending the meeting to present the report and answer the Committee's questions.

**Resolved:**

- 1) To request that information is provided, when available, on the performance of the new combined Mental Health Clinical Access Line once it has been launched during March 2024, particularly in terms of whether it has improved ease of access, reduced waiting times for assessment and care, and achieved better outcomes for people presenting for support.**
- 2) To request that assurance is provided that there is equity in mental health service provision and resourcing for residents of both Nottingham and Nottinghamshire, relative to their respective levels of population and service demand.**
- 3) To request that information is provided on how provision within Family Hubs (Sure Start) has affected the levels of demand for adult mental health services.**
- 4) To recommend that full consideration is given to developing a whole-system approach to the provision of joined-up mental health services, to ensure that a person presenting at any point within the wider system is supported in accessing the help that they need through the most appropriate pathway.**
- 5) To recommend that full consideration is given to how to achieve an overall approach that ensures that a person presenting to one service in the system is not directed to another service simply to then be directed on again (which could result in a person in crisis being inadvertently excluded from the system as a whole), and that there is connectivity between different services in delivering the right support centred around the specific needs of the individual.**
- 6) To recommend that the Nottinghamshire Healthcare NHS Foundation Trust works as closely as possible with other partners both regionally and nationally to generate and apply learning in a systematic and planned way**

**to improve the delivery of effective mental health crisis services for people in Nottingham and improve their care outcomes.**

#### **47 Work Programme**

The Chair presented the Committee's current Work Programme. The following points were discussed:

- a) In April, at its final meeting of the current municipal year, the Committee is scheduled to review the outcomes of the recent Care Quality Commission assessments of mental health services provided by the Nottinghamshire Healthcare NHS Foundation Trust, and to consider the work being done to reduce ambulance waiting times in the city.

The Committee noted the work programme.

## **Health and Adult Social Care Scrutiny Committee 11 April 2024**

### **Work Programme and Quality Accounts 2023-24**

#### **Report of the Statutory Scrutiny Officer**

#### **1 Purpose**

- 1.1 To note the Committee's completed work programme for 2023/24.
- 1.2 To take a forward view on the Committee's 2024/25 developing work programme, based on the issues identified by Committee members previously and any further suggestions arising from this meeting.
- 1.3 To agree the approach to the engagement with the Nottingham University Hospitals NHS Trust (NUH), the Nottinghamshire Healthcare NHS Foundation Trust (NHT), the East Midlands Ambulance Service (EMAS) and the Nottingham CityCare Partnership (CityCare) on the production of their Quality Accounts for 2023/24.

#### **2 Action required**

- 2.1 The Committee is asked:
  - 1) to note the work carried out by the Committee during the 2023/24 municipal year;
  - 2) to consider any priority topics or issues for inclusion on the developing work programme for the upcoming 2024/25 municipal year; and
  - 3) to agree the Committee's approach to its engagement with the 2023/24 Quality Accounts process.

#### **3 Background information**

- 3.1 The Committee has been established to:
  - hold local decision-makers (including the Council's Executive for matters relating to Adult Social Care and Public Health, and the commissioners and providers of local health services) to account for their decisions, actions, performance and management of risk;
  - review the existing policies and strategies of the Council and other local decision-makers where they impact on Adult Social Care and/or the health of Nottingham citizens;
  - contribute to the development of new policies and strategies of the Council and other local decision-makers where they impact on Adult Social Care and/or the health of Nottingham citizens;

- explore any matters relating to Adult Social Care and/or health affecting Nottingham and/or its citizens;
- make reports and recommendations to the relevant local agencies with respect to the delivery of their functions (including the Council and its Executive, and the commissioners and providers of local health services);
- exercise the Council's statutory role in scrutinising health services for Nottingham in accordance with the NHS Act 2006 (as amended) and associated regulations and guidance;
- be part of the accountability of the whole health system and engage with commissioners and providers of health services and other relevant partners (such as the Care Quality Commission and Healthwatch); and
- review decisions made, but not yet implemented, by the Council's Executive, in accordance with the Call-In Procedure.

3.2 As well as the broad powers held by all of the Council's Overview and Scrutiny bodies, the Committee also holds the following additional powers and rights as part of its remit for health:

- to review any matter relating to the planning, provision and operation of health services in the area;
- to require members of the Council's Executive and representatives of commissioners and providers of NHS and Public Health-funded services to provide information to the Committee, attend its meetings and answer questions posed;
- to invite other persons to attend meetings of the Committee to provide information and/or answer questions;
- to make recommendations and provide reports to relevant decision-makers, including the Council's Executive and commissioners of NHS and Public Health-funded services, on matters within their remits (the Council's Executive and commissioners of NHS and Public Health-funded services have a duty to respond in writing to such recommendations); and
- to be consulted by commissioners of NHS and Public Health-funded services when there are proposals for substantial developments or variations to services, and to make comment on those proposals.

### **Work Programming**

3.3 The Committee sets and manages its own work programme for its Scrutiny activity. Business on the work programme must have a clear link to the Committee's roles and responsibilities, and it should be ensured that each item has set objectives and desired outcomes to achieve added value. Once business has been identified, the scheduling of items should be timely, sufficiently flexible so that issues that arise as the year progresses can be considered appropriately, and reflect the resources available to support the Committee's work. It is recommended that there are a maximum of two substantive items scheduled for each Committee meeting, so that enough time can be given to consider them thoroughly.

3.4 The completed work programme for the 2023/24 municipal year is included and the Committee is asked to consider any priority topics or issues for inclusion on

the developing work programme for the upcoming 2024/25 municipal year. Potential issues raised by Committee members are regularly scoped for scheduling in consultation with the Chair, the relevant senior officers and partners, and the Portfolio Holders with the appropriate remit.

#### **Quality Accounts 2023/24**

- 3.5 Quality Accounts are an annual report by NHS healthcare providers on the quality of the services that they have provided over the last year. The Quality Accounts are published, so they represent an important way for local NHS services to show publicly the quality of their provision and demonstrate the improvements being carried out to the services that they deliver to local communities and stakeholders. The quality of the services is assessed by measuring patient safety, the effectiveness of treatments patients receive and the feedback from patients on their experiences of care.
- 3.6 Healthcare providers have a legal duty to send their Quality Accounts to the relevant Scrutiny Committee of the Local Authority area in which the provider has its registered office, inviting comments on the report prior to publication. This gives the Committee an opportunity to review the draft report and provide a formal statement, which will be published as part of the Quality Accounts. In Nottingham, the Committee receives Quality Accounts from NUH, NHT, EMAS and CityCare.
- 3.7 The Department of Health and Social Care requires providers to submit their final Quality Accounts to the Secretary of State by the end of June each year, so providers often aim to produce draft Quality Accounts during April to receive the relevant statements back by the end of May. Generally, it is impractical for the Committee to consider draft Quality Accounts at its formal meetings either in April or May due to its other business demands, the fact that this represents the transition period from the old municipal year to the new, and the potential for public elections to be taking place during early May.
- 3.8 As a result, draft Quality Accounts are often considered by working groups of Committee members, which are tasked with drawing up the appropriate statements – that are then reported back to the next appropriate meeting of the full Committee. Given that the new 2024/25 municipal year will begin on Monday 13 May with the Council's Annual General Meeting, and elections for the Nottinghamshire Police and Crime Commissioner and the Mayor for the East Midlands Combined County Authority are taking place on Thursday 2 May, the viable window for considering the draft Quality Accounts is likely to be during the week of 22 April.

#### **4 List of attached information**

- 4.1 Health and Adult Social Care Scrutiny Committee Work Programme 2023/24

**5 Background papers, other than published works or those disclosing exempt or confidential information**

5.1 None

**6 Published documents referred to in compiling this report**

6.1 [Nottingham City Council - Constitution](#) (Article 9 and Article 11)

6.2 [NHS England - About Quality Accounts](#)

**7 Wards affected**

7.1 All

**8 Contact information**

8.1 Adrian Mann, Scrutiny and Audit Support Officer  
[adrian.mann@nottinghamcity.gov.uk](mailto:adrian.mann@nottinghamcity.gov.uk)

## Health and Adult Social Care Scrutiny Committee Work Programme 2023/24

Meeting	Items
<p><b>14 September 2023</b></p>	<ul style="list-style-type: none"> <li>• <b>Appointment of the Vice Chair</b> To appoint the Committee's Vice Chair for the 2023/24 municipal year</li> <li>• <b>Committee Terms of Reference</b> To note the Committee's Terms of Reference</li> <li>• <b>Recovering and Sustaining General Practice</b> To review the local activity to recover access and sustain General Practice in the context of the national delivery plan for recovering access to primary care</li> <li>• <b>Quality Accounts 2022-23</b> To note the Committee's comments submitted in response to the latest Quality Accounts</li> </ul>
<p><b>12 October 2023</b></p>	<ul style="list-style-type: none"> <li>• <b>Adult Social Care Winter 2023-24 Preparedness</b> To scrutinise how lessons learnt from Winter 2023 are being used to inform planning and decision-making for managing pressures in Winter 2024</li> <li>• <b>Adult Social Care Transformation Programme</b> To scrutinise progress in the delivery of Adult Social Care transformation</li> <li>• <b>Tomorrow's Nottingham University Hospitals NHS Trust Programme</b> To receive an update on the progress of the Tomorrow's NUH programme, including plans for public consultation</li> </ul>

Meeting	Items
<p><b>16 November 2023</b></p>	<ul style="list-style-type: none"> <li>• <b>Nottingham City Safeguarding Adults Board Annual Report 2022-23</b> To consider the Safeguarding Adults Board's latest Annual Report</li> <li>• <b>Nottingham University Hospitals NHS Trust – Maternity Services and Well-Led</b> To review the progress on addressing service issues since the last update and the response to the findings of the most recent Care Quality Commission inspections</li> </ul>
<p><b>14 December 2023</b></p>	<ul style="list-style-type: none"> <li>• <b>Tomorrow's Nottingham University Hospitals NHS Trust – Proposed Public Consultation</b> To review the development of the upcoming public consultation on the Tomorrow's NUH programme</li> </ul>
<p><b>18 January 2024</b></p>	<ul style="list-style-type: none"> <li>• <b>New Health Scrutiny Regulations and Statutory Guidance</b> To note the changes to the powers of referral to the Secretary of State in relation to the substantial variation of NHS services</li> <li>• <b>Impact of the Proposed 2024-25 Budget on Adult Social Care</b> To review the Council's current budget proposals and consider their potential impact on the delivery of Adult Social Care services</li> </ul>
<p><b>15 February 2024</b></p>	<ul style="list-style-type: none"> <li>• <b>Nottingham University Hospitals NHS Trust – Workforce Inclusion Strategy</b> To consider the intended outcomes and timelines of NUH's new workforce strategy</li> <li>• <b>Care Quality Commission Pilot Care Act Assessment</b> To review the findings of and response to the pilot assessment of how the Council is meeting its Adult Social Care duties</li> </ul>



Meeting	Items
14 March 2024	<ul style="list-style-type: none"> <li data-bbox="517 272 1816 416">• <b>Access to NHS Dental Services</b> To consider the Integrated Care Board's proposed approaches to improving access to dentistry as part of its new remit, and the partnership work in place to develop oral public health</li> <li data-bbox="517 464 1816 568">• <b>Mental Health Crisis Transformation</b> To review the current service and support offer to Nottingham residents in mental health crisis</li> </ul>
11 April 2024	<ul style="list-style-type: none"> <li data-bbox="517 647 1816 751">• <b>Ambulance Waiting Times</b> To review the local performance issues regarding waiting times for an ambulance and the system-wide approach to addressing these</li> <li data-bbox="517 799 1816 943">• <b>Nottinghamshire Healthcare NHS Foundation Trust – Care Quality Commission Assessment Outcomes</b> To review the outcomes of the recent assessment work carried out by the Care Quality Commission and the proposed improvement activity</li> </ul>

### Other Activity

- Discussion with the Care Quality Commission on its inspection of hospital maternity services (**6 December 2023**)
- Consideration of the Council's 2024/25 budget proposals in relation to Adult Social Care (**12 January 2024**)
- Briefings by the Nottinghamshire Healthcare NHS Foundation Trust on the improvement of patient outcomes within mental health settings (**30 January 2024** and **22 February 2024**)
- Reflections on the 2023/24 Work Programme and forward planning for 2024/25 (**19 March 2024**)
- Consideration of the Quality Accounts 2023/24 for NUH, NHT, EMAS and CityCare (**22-26 April 2024**)

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