

Agenda

Health Overview and Scrutiny Committee

Tuesday, 9 January 2024, 10.00 am
County Hall, Worcester

All County Councillors are invited to attend and participate

This document can be provided in alternative formats such as Large Print, an audio recording or Braille; it can also be emailed as a Microsoft Word attachment. Please contact Scrutiny on telephone number 01905 844965 or by emailing scrutiny@worcestershire.gov.uk

DISCLOSING INTERESTS

There are now 2 types of interests:
'Disclosable pecuniary interests' and 'other disclosable interests'

WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3rd party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

NB Your DPIs include the interests of your spouse/partner as well as you

WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
 - you must **not participate** and you **must withdraw**.

NB It is a criminal offence to participate in matters in which you have a DPI

WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:
You/your family/person or body with whom you are associated have a **pecuniary interest** in or **close connection** with the matter under discussion.

WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests OR**
relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
 - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

Health Overview and Scrutiny Committee

Tuesday, 9 January 2024, 10.00 am, County Hall, Worcester

Membership

Worcestershire County Council Cllr Brandon Clayton (Chairman), Cllr Salman Akbar, Cllr Lynn Denham, Cllr Peter Griffiths, Cllr Adrian Kriss, Cllr Jo Monk, Cllr Chris Rogers, Cllr Kit Taylor and Cllr Tom Wells

District Councils Cllr Paul Harrison, Wyre Forest District Council
Cllr Antony Hartley, Wychavon District Council
Cllr Bakul Kumar, Bromsgrove District Council
Cllr Emma Marshall, Redditch Borough Council
Cllr Richard Udall, Worcester City Council
Cllr Christine Wild, Malvern Hills District Council (Vice Chairman)

Agenda

Item No	Subject	Page No
1	Apologies and Welcome	
2	Declarations of Interest and of any Party Whip	
3	Public Participation Members of the public wishing to take part should notify the Democratic Governance and Scrutiny Manager in writing or by email indicating the nature and content of their proposed participation no later than 9.00am on the working day before the meeting (in this case 8 January 2024). Enquiries can be made through the telephone number/email listed in this agenda and on the website.	
4	Confirmation of the Minutes of the Previous Meeting Previously circulated	
5	Health and Care System Plans to Reduce Inappropriate Admissions to Hospital (<i>Indicative timing: 10:05 – 10:55am</i>)	1 - 12
6	Work Programme (<i>Indicative timing: 10:55 – 11:05am</i>)	13 - 18

Agenda produced and published by the Assistant Director for Legal and Governance, County Hall, Spetchley Road, Worcester WR5 2NP. To obtain further information or hard copies of this agenda, please contact Emma James/Jo Weston 01905 844965, email: scrutiny@worcestershire.gov.uk

All the above reports and supporting information can be accessed via the [Council's Website](#)

Date of Issue: Thursday, 21 December 2023

This page is intentionally left blank

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

9 JANUARY 2024

HEALTH AND CARE SYSTEM PLANS TO REDUCE INAPPROPRIATE ADMISSIONS TO HOSPITAL

Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested an update on health and care system plans to reduce inappropriate admissions to acute hospital care and to support patients to be cared for in the most appropriate setting.
2. Representatives from NHS Herefordshire and Worcestershire Integrated Care Board (ICB), Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT) and Worcestershire County Council (the Council) have been invited to attend this meeting to respond to any questions the Committee may have.

Background

3. At its meeting on 7 December 2023, the Committee focused on **in** hospital patient flow including an update on the new Emergency Department at Worcestershire Royal Hospital.
4. This report is intended to provide the HOSC with an update on progress within the 'pre-hospital' health and care economy which aims to offer the right care to local residents in the right place at the right time.

Pre-Hospital Programme

5. The Pre-Hospital Programme is coordinated by the Urgent & Emergency Care (UEC) and Community & Ageing Well programme teams within the ICB. The Pre-Hospital Programme is delivered in collaboration with system health partners through the Pre-Hospital Steering Group which meets monthly. Members include clinicians and executives from Primary Care Worcestershire, Worcestershire Acute Hospitals NHS Trust (WAHT), HWHCT and the ICB. The senior responsible officer and chairperson is Sarah Dugan, Chief Executive of HWHCT.
6. The Pre-Hospital programme aims to support a number of the 10 key priorities within NHS England's UEC Recovery 10-point action plan and is underpinned by the Herefordshire & Worcestershire Integrated Frailty Strategy 2023-2028 and NHS England (NHSE) National policy and guidance.
7. As listed in NICE Guidelines, there is an increasing evidence base to support the treatment of some medical illnesses in a person's own home following a clinical assessment. There is recognition that not all patients benefit from receiving hospital bed-based care due to functional decline and many other influencing factors. The pre-hospital agenda does not look to 'keep people out of hospital' but rather to clinically assess where a person could receive the appropriate model of

care, with a holistic view of support networks, family, safety, and housing too. Prevention and early intervention are key aspects of this work.

8. The Pre-Hospital Programme focuses on key workstreams including and not limited to:
 - a. Urgent Community Response (UCR)
 - b. Care Navigation Hub / Single Point of Access
 - c. Virtual Wards
 - d. Primary care access
 - e. Minor Injury Units
 - f. Frailty and falls prevention
 - g. Care Homes

A Patient Journey

9. A person who feels unwell can:
 - contact their GP, local pharmacy or NHS 111 via telephone or app for advice, support and appointments.
 - If someone has a minor illness/injury then they can self-present at their local Minor Injury Unit (MIU)
 - If they are unable to leave their home, they may access health care via their Primary Care Network or Neighbourhood Team which consists of community nurses, pharmacists, and more.
 - If someone has a fall in their home and they have a pendant alarm, then a community falls responder can attend to help someone up off the floor and do a wellbeing check. If a person is injured from a fall, then the Urgent Community Response (UCR) team or a paramedic can attend to either treat and remain at home or convey to hospital if in need of specialist acute care.
 - A person can be referred to their Neighbourhood Team, UCR or virtual ward.
 - If a person calls 999, their call will be logged and triaged - if appropriate then an ambulance will be dispatched, but the ambulance service can also refer to these alternative community services if it is deemed in the person's best interest.
10. The pre-hospital programme looks to identify appropriate alternatives to attending the emergency department (ED) where possible.

Progress

11. **Urgent Community Response (UCR):** this service is delivered by HWHCT via the Neighbourhood Teams (NTs) and provides people in their home with urgent assessments, care, and treatment where possible to avoid unnecessary hospital admission. An assessment is usually completed within two hours and personalised support is provided within 24 hours. The team is multi-skilled and includes a variety of professionals such as call handlers, advanced clinical practitioners (ACPs), community nurses, and therapists with access to GP oversight and support. Referrals are made via local GPs, Primary Care Networks (PCNs) and neighbourhood Teams which can relieve pressure on primary care. Residents may also call 999 in an emergency which West Midlands Ambulance Service (WMAS) in collaboration with the UCR team can then clinically triage and

pass appropriate patients over to the team to support people being treated in their home and to potentially avoid an unnecessary conveyance and admission to hospital.

12. In November 2023, 50% of referrals made into UCR were directly taken from WMAS which saw 349 cases responded to by community clinicians as opposed to ambulance dispatch. Prior to the UCR service launching, those 349 people would have been waiting for an ambulance or gone straight to Emergency Department. Appendix 1 (Illustration A) shows UCR performance data.
13. The Worcestershire UCR team consistently meet or exceed the NHSE standards and continue to excel in partnership working with the rest of the health and care system. It is an excellent example of partnership working and is deemed a great service nationally. The service continues to grow and adapt to the needs of the system including a recent initiative where the UCR team goes into the ED at Worcestershire Royal Hospital and redirects patients that can be treated at home to avoid unnecessary admission.
14. **Care Navigation Hub (CNH) / Single Point of Access (SPA):** the vision is a team of teams working together for the safe and timely coordination of care and support. It is a single point of contact for health providers, offering clear escalation and unblocking issues. The Hub facilitates admission avoidance and discharge to support patients in receiving the right care in the right environment. It brings together, acute, community, primary care, voluntary, community and social enterprise (VCSE), mental health, homeless liaison and social care supported by transport, safeguarding and equipment services. The SPA went live on Monday 4 December 2023.
15. **Virtual Wards:** also known as hospital at home, allows people to receive hospital level care safely at home, helping speed up their recovery, prevent functional decline, whilst freeing up hospital beds for patients that need them most. In Worcestershire there is a 'step up' Frailty virtual ward in the Wyre Forest with the second phase expanding to Evesham, Bredon, Broadway, Inkberrow, and Malvern in the new year. The programme team have been working closely with system partners to establish a longer-term plan for upscaling virtual wards across the county to ensure equity in the frailty provision. The vision is to have a Virtual Hospital where speciality virtual wards can be layered onto a strong infrastructure between Acute and Community providers. This winter will also see a respiratory virtual ward launched in partnership with WAHT. With a fully functioning virtual hospital, there will be options to escalate and discharge patients between community and acute settings with a virtual ward option in the middle to enhance the admission avoidance offer.
16. **Primary Care Access:** although elements of primary care access are included in the pre-hospital programme, it is paramount to acknowledge that there is a separate Primary Care Access Recovery Plan (PCARP) with its own governance in operation. Routine GP services data show booked appointments are above pre-pandemic levels and Herefordshire and Worcestershire continue to perform in the top three ICBs in the Midlands against the Plan. The ration of appointments to population at 0.61 continues to be the highest in the Midlands, by a significant

margin, with the national rate at 0.50. This equates to 609 appointments for every 1000 patients. There are several other schemes being driven by PCARP and reported into NHSE including the implementation of 'self-referral' routes in seven named pathways including falls, audiology, community equipment services and tier two weight management, to further reduce pressure on primary care.

17. **Minor Injury Units (MIUs):** Since the pandemic, activity in local MIUs has significantly increased and continues to year on year. Activity is shown in appendix 1 (illustration B). MIUs offer another alternative to attending the ED and ease pressure on the system. The opening hours at Princess of Wales Community Hospital, Bromsgrove have been expanded to facilitate this increase in activity and HWHCT (with service partners) is looking to improve how MIUs operate in the next financial year. Hours at Kidderminster MIU reduced during the Covid pandemic and now the opening hours are more equitable across all MIU sites, with better take-up during the opening hours, signalling improved resources optimisation.
18. **Frailty and Falls Prevention:** Worcestershire has a very engaged multi-disciplinary Falls Network which meets bi-monthly to bring together health, social care, housing, VCSE and public health. The prevention offers available through local authority and VCSE services are showcased in this forum and linked in with redesign of NHS falls pathways and services. This work feeds into pre-hospital care and is a significant part of the Frailty Strategy priority of prevention. There are services commissioned to respond to non-injured fallers which eases pressure on UCR and Ambulance services. They all work in partnership to ensure the right service is dispatched to care for a person who has fallen.
19. The Integrated Strategy for people living with Frailty (2023-2028) was published in October 2023 and a local delivery plan has been developed. Engagement with system partners including social care, public health and primary care has been exemplary and there is now a shared vision on how to deliver the best care and support for people living with Frailty. This will help people receive appropriate care in the community rather than hospital admissions. Work with Worcestershire County Council (the Council) will be key to maximising people's independence and keeping them well at home. This is a link to the use of the Better Care Fund.
20. **Care Homes:** The ICB commission 66 Care Homes with nursing across Worcestershire. Each of these homes receives a regular quality assurance visit by the ICB Nursing and Quality Team alongside the Council partners, using a joint Quality Framework. An integral part of 2023/2024 winter plans is to drive the improvement of care across Herefordshire and Worcestershire. This will be achieved by working closely with Care Home colleagues and ICS partners offering support with digital innovations, training of staff and having a named nurse for every Care Home with nursing that is commissioned. In October 2023, the Care Home Deterioration pack was successfully launched across Herefordshire and January 2024 will see the roll out of Worcestershire's Deterioration pack across all Care Homes and Domiciliary Care providers. The Care Home Deterioration Pack is a locally produced resource which supports care homes to identify deterioration in a resident's health earlier in the process to reduce a health crisis. The resource also provides a wealth of guidance and local signposting with clear escalation routes if a resident is unwell. The concept should build confidence of care home colleagues in decision making which in turn may reduce the number of calls to

999 and admissions to ED.' The Care Homes Quality Network was launched this winter and meets bi-monthly with an aim to provide dedicated training to care home staff, delivered by guest speakers on key areas such as Sepsis, management of falls, and respiratory conditions etc. It has been very well attended to date with excellent feedback.

21. An audit is currently underway to review Care Home 999 activity, exploring the number of calls, reasons for 999 calls, and how many of the calls resulted in a resident being conveyed to an Emergency Department. Supportive meetings with Care Homes demonstrating high 999 usage are underway to better understand issues and offer holistic support. Any areas that identify opportunities to offer training, boost primary care/community support or review staffing challenges can be addressed. This work is in conjunction with the ICB Care Homes Digital Team and ICS partners and has been well received by care homes to date. This work will continue over the winter period whilst the impact of the actions are monitored to build a longer term integrated plan.
22. **County Council support through social care and the Adult Front Door:** The Adult Front Door is the way in which customers can access services to support their care and support needs including social care. Worcestershire County Council's Adult Social Care provides social work services to support all residents who require advice and information and support to prevent, reduce and delay the need for services, enabling people to live independently. Keeping people safe, is key and under the Care Act 2014, the Council provides advice and information via the Adult Front Door, and for those who may be eligible for support, offer a full assessment, usually within 28 days to assess a person's needs. In order to support its health partners and compliment their services, the Council recognises the need to work at pace to prevent an admission to hospital. To do this, a duty social work service is provided, with a response within 2 hours, working closely with Neighbourhood Teams.
23. Examples of specific schemes and services that support the avoidance of hospital admissions are as follows:

Admission Avoidance for people with Learning Disabilities

24. The Dynamic Support Register (DSR) is a register of people with Learning Disabilities and Autism. Managers from Adult Social Care and the ICB, attend fortnightly meetings to discuss individuals with learning disabilities and autism at risk of an acute Mental Health hospital admission. Discussions capture an update on the person's current needs and a multi-disciplinary decision is made on their current risk of admission. Multi-Disciplinary Team (MDT) meetings are held with the Community Learning Disability Nursing Teams and Social Work Teams, on a monthly basis, to discuss individuals and their presenting health needs. They are a mechanism to discuss individuals who are at risk of hospital admission and ensure there are plans in place for joined up care and support on discharge.

Reablement

25. When people have been discharged from hospital into the Reablement Service, there may be occasions where their health deteriorates during their recovery. In this instance the service works alongside the Urgent Community Response Service (provided by HWHCT) to obtain a rapid clinical assessment, with the purpose being to prevent re-admission to hospital by providing co-ordinated

support to meet all health and social care needs. Daily conference calls also take place between the Council's Reablement Service and the Neighbourhood Teams, which enables discussion of complex cases and the ability to share resources to ensure both health and social care needs are being met. This also ensures capacity is retained in Neighbourhood Teams to respond to urgent health requirements in the community, which contributes to admission prevention. The Reablement Service and Neighbourhood Teams also hold 'buffer stock' of some items of equipment which is located across the six districts of the County. When there is an urgent equipment need to prevent hospital admission, any of these teams is able to respond to this by visiting the person and assessing and fitting equipment.

Service of Last Resort

26. Adult Social Care can provide a Service of Last Resort, which is delivered in house to support people at home in a crisis, in the short term. The Council also provides Emergency Replacement Care, for a person to receive care and support in a residential/nursing home setting for a short period until they have recovered. This is often due to short-term health needs such as UTI's, falls etc where they need 24/7 support to avoid further deterioration in their health and well-being.

Services under development

27. In the Adult Front Door, the Council is focussing on factors contributing towards admission avoidance and working on the following areas:

- Targeted Adult Support Team (TAST) are working with people at an earlier stage
- Developing a paper for the Integrated Commissioning Executive Officers Group to secure funding to work with people who hoard, to be able to offer supportive interventions
- Work with Public Health on frailty and reducing muscular degeneration
- Use of Assistive Technology for falls prevention
- Discussions regarding the role of the Adult Front Door in the Care Navigation Hub are in the first stages.

Challenges

28. The Worcestershire system has experienced significant pressures in urgent and emergency care despite the innovative and coordinated admission avoidance schemes that have materialised in recent years.

29. The challenges for admission avoidance schemes can be grouped into four key areas:

- (1) Attracting or growing a workforce with the appropriate skills is one of the most fundamental challenges that limits the admission avoidance schemes capacity.
- (2) The use of technology as a lever to improve communication and sharing of information across organisations to be able to work together and introducing digital interventions into the community. Some of this may need resourcing.
- (3) Targeting admission avoidance schemes at people at a higher risk of need urgent or emergency requires a risk stratification approach, based on health and the wider determinants of health. At the present time, Worcestershire

does not have an agreed risk stratification approach across Primary Care and Community Services.

- (4) The system is operating in a financial deficit, limiting resources for scaling up pilots or transformation. Work is underway to explore making investments in areas that have robust evidence-base or can demonstrate a return-on-investment.

Purpose of the Meeting

30. The HOSC is asked to:

- consider and comment on the information provided; and
- determine whether any further information or scrutiny on a particular topic is required.

Supporting Information

Appendix 1 – Performance Summary

Contact Points

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965
Email: scrutiny@worcestershire.gov.uk

Background Papers

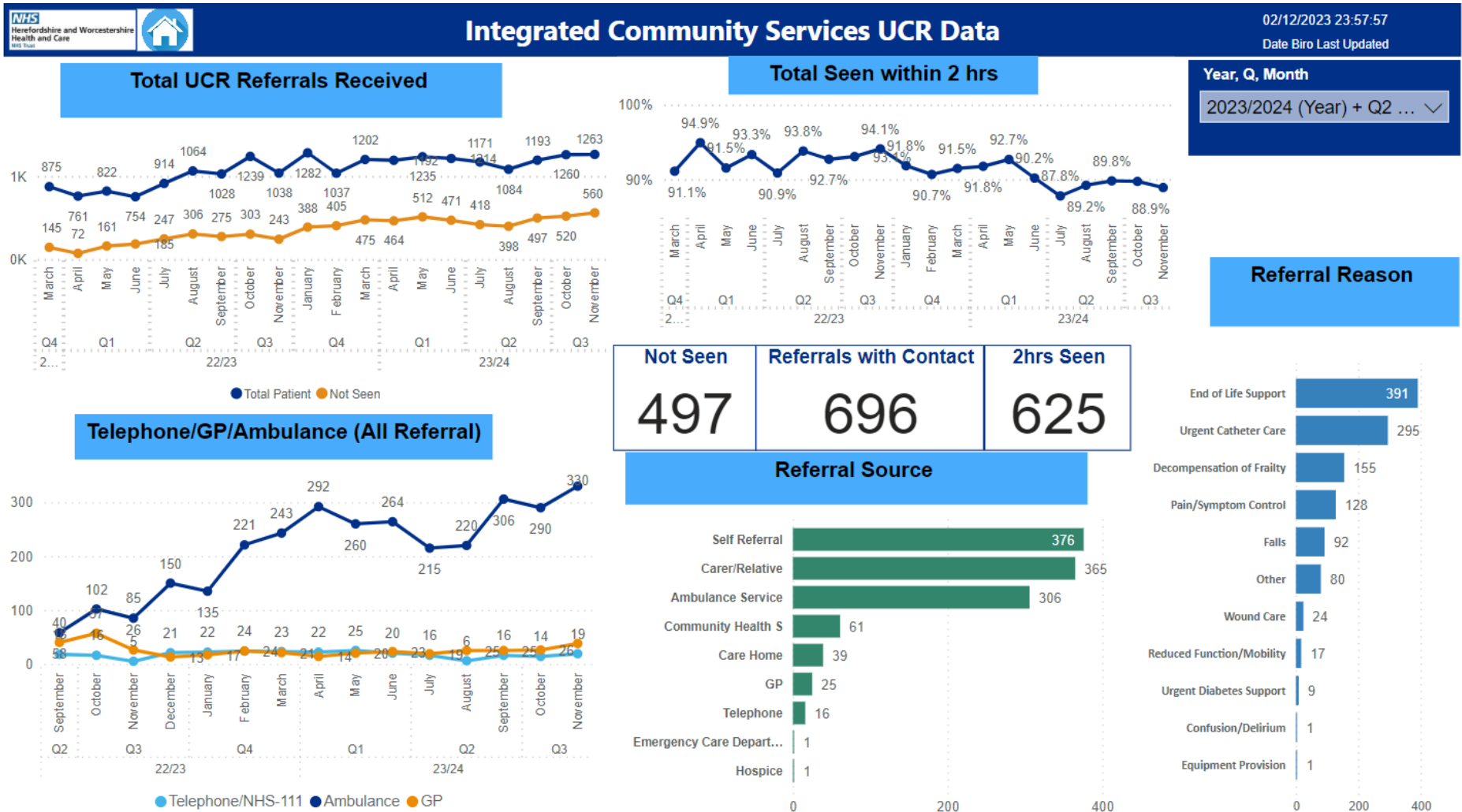
In the opinion of the proper officer (in this case the Assistant Director for Legal and Governance), the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes of the Health Overview and Scrutiny Committee on 7 December, 11 September, 15 June, 10 February 2023, 1 December, 17 October 2022, 18 October 2021

[Health Overview and Scrutiny Committee Agendas and Minutes are available here](#)

This page is intentionally left blank

Illustration A: Urgent Community Response



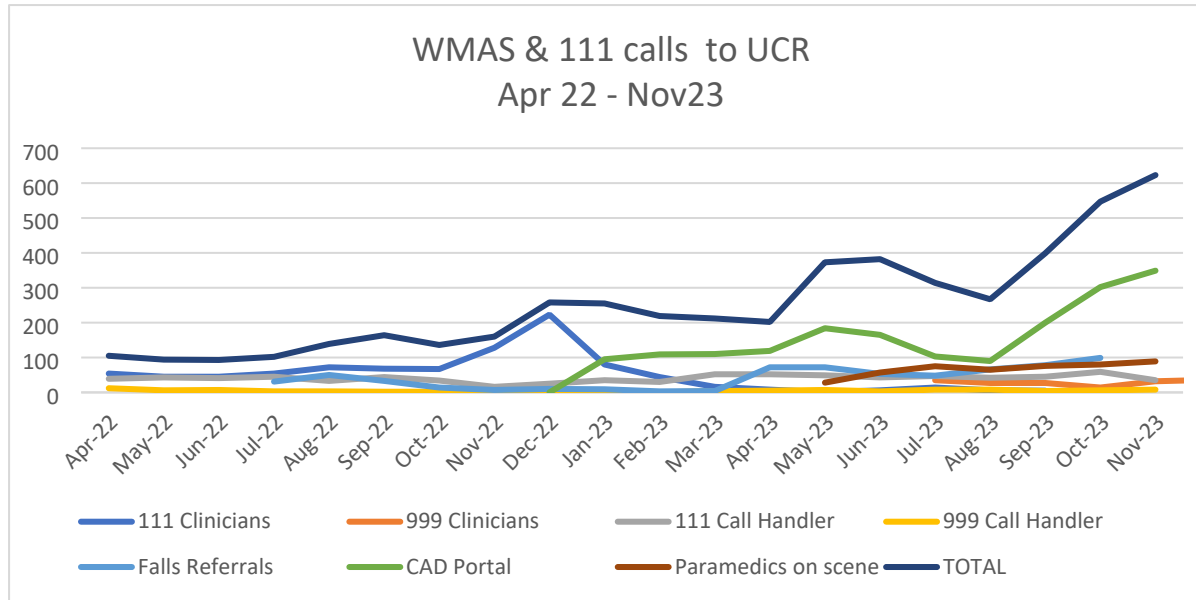
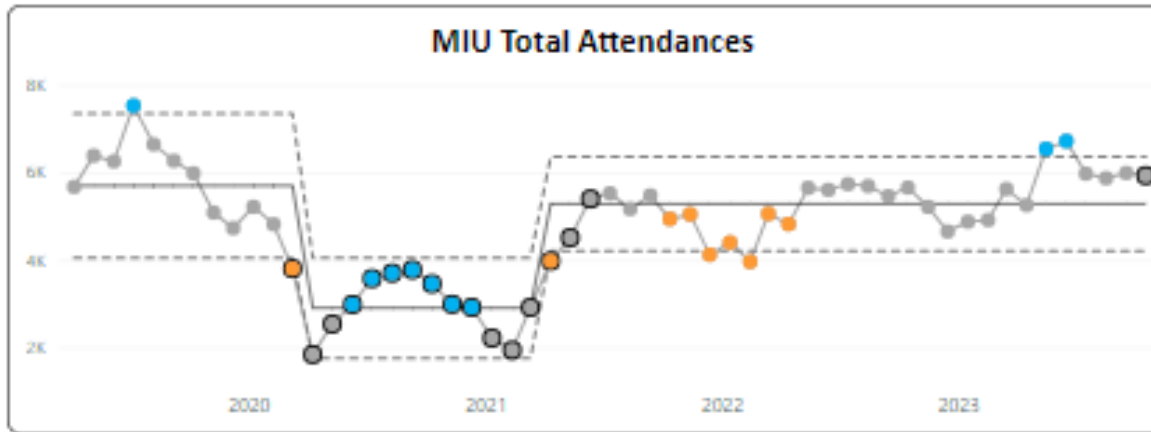


Illustration B: Minor Injury Units Attendances



This page is intentionally left blank

HEALTH OVERVIEW AND SCRUTINY COMMITTEE 9 JANUARY 2024

WORK PROGRAMME

Summary

1. From time to time the Health Overview and Scrutiny Committee (HOSC) will review its work programme and consider which issues should be investigated as a priority.

Background

2. Worcestershire County Council has a rolling annual Work Programme for Overview and Scrutiny. The 2023/24 Work Programme has been developed by taking into account issues still to be completed from 2022/23, the views of Overview and Scrutiny Members and other stakeholders and the findings of the budget scrutiny process.
3. Suggested issues have been prioritised using scrutiny feasibility criteria in order to ensure that topics are selected subjectively and the 'added value' of a review is considered right from the beginning.
4. The HOSC will need to retain the flexibility to take into account any urgent issues which may arise from substantial NHS service changes requiring consultation with HOSC.
5. The Health Overview and Scrutiny Committee is responsible for scrutiny of:
 - Local NHS bodies and health services (including public health and children's health).
6. The scrutiny work programme was discussed by the Overview and Scrutiny Performance Board (OSPB) on 28 April and was agreed by Council on 18 May 2023.

Dates of Future 2024 Meetings

- 19 February at 10am
- 15 March at 10am
- 16 April at 10am
- 13 June at 10am
- 8 July at 2pm
- 9 September at 2pm
- 11 October at 10am
- 12 November at 10am

Purpose of the Meeting

7. The HOSC is asked to consider the 2023/24 Work Programme and agree whether it would like to make any amendments. The Committee will wish to retain the flexibility to take into account any urgent issues which may arise.

Supporting Information

Appendix 1 – Health Overview and Scrutiny Committee Work Programme 2023/24

Contact Points

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965
Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the Proper Officer (in this case the Assistant Director for Legal and Governance), the following are the background papers relating to the subject matter of this report:

[Agenda and Minutes for Overview and Scrutiny Performance Board on 28 April 2023](#)

[Agenda for Council on 18 May 2023](#)

All Agendas and Minutes are available on the Council's website [weblink to Agendas and Minutes](#)

SCRUTINY WORK PROGRAMME 2023/24

Health Overview and Scrutiny Committee

Date of Meeting	Issue for Scrutiny	Date of Last Report	Notes / Follow-up Action
9 January 2024	Health and Care System Plans to Reduce Inappropriate Hospital Admissions	7 December, 15 June and 10 February 2023, 9 May, 8 July, 17 October, 1 December 2022	Agenda planning November 2023
19 February 2024	GP Access	11 October (Planning for Winter) 11 September 2023 (GP Out of Hours activity considered)	Requested at 11 October 2023 meeting
TBC	Frailty		Outcome of 7 December 2023 meeting
	Dermatology		Agenda planning November 2023
16 April 2024	Public Health Ring Fenced Grant (PHRFG) – Twice Yearly Budget Monitoring	13 November 2023	
Possible Future Items			
Ongoing	Integrated Care System (ICS)	10 May 2023, 2 November 2022	Requested at 10 May 2023 meeting
Ongoing	Update on Workforce Pressures	10 May 2023, 10 June 2022	Requested at 10 May 2023 meeting
Ongoing	Update on Improving Patient Flow*	7 December, 15 June & 10 February 2023, 9 May, 8 July, 17 October, 1 December 2022	
Ongoing	Hill Crest CQC Inspection	11 October 2023 13 March 2023	Requested at 11 October 2023 HOSC

Ongoing	Hillcrest update	11 October 2023 13 March 2023	HOSC also had the opportunity to visit the Hillcrest Ward and Elgar Unit in December 2023
TBC	Adult Mental Health Inpatient Services Redesign		Suggested by Herefordshire and Worcestershire Health and Care NHS Trust on 17 April 2023
Ongoing	Maternity Services	10 May 2023, 17 October and 9 May 2022, 21 September 2021	
TBC	Update on Community Pharmacies	18 April 2023	Requested at 18 April 2023 meeting
2024	Routine Immunisation	19 July 2021	Suggested at 19 July 2021 Meeting
TBC	Commissioning Arrangements under the Integrated Care System (ICS)		Including Pharmacy, Dentistry, Optometry, Specialised Acute, new arrangements for Mental Health, Specialist Mental Health and Prison Health
TBC	Community Paediatric Services		Suggested at Agenda Planning 23 August 2022
TBC	Screening (Cervical/Antenatal/Newborn/Diabetic Eye/Abdominal Aortic Aneurysm (AAA)/Breast/Bowel)		Suggested at 19 July 2021 meeting
TBC	Haematology		Suggested at 10 May 2023 Meeting
TBC	Neurology		Suggested at 10 May 2023 Meeting
TBC	Stroke Services – update	17 October 2022	
TBC	Update on Dental Services Access	9 March 2022	Requested at 9 March 2022 meeting
TBC	End of Life Care	10 June 2022	Requested at 10 June 2022 meeting
TBC	Glaucoma Services		Suggested at 17 October 2022 meeting
TBC	NHS Health Checks Programme		Requested at 13 January 2023 meeting
TBC	Podiatry services		Requested at 10 February 2023 meeting
TBC	Long Term plan for WAHT Theatres		Requested at 13 March 2023 meeting
TBC	Dementia		Requested at 7 December 2023 meeting
Standing Items			
When required	Substantial NHS Service Changes requiring consultation with HOSC		

TBC	NHS Quality Accounts Quality and Performance		
TBC	Annual Update on Health and Wellbeing Strategy	13 November 2023 17 October 2022	
January/July	Public Health Ring Fenced Grant (PHRFG) – Twice Yearly Budget Monitoring	13 November 2023	
TBC	Performance Indicators		
TBC	Update from West Midlands Ambulance Service	27 June 2019 7 December 2023	
March	Review of the Work Programme	13 March 2023	

*Scrutiny of patient flow is a continuation of the Scrutiny Task Group in November 2021

This page is intentionally left blank