

# Agenda

## Health Overview and Scrutiny Committee

**Monday, 11 September 2023, 2.00 pm**  
**Council Chamber, 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](mailto: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 3<sup>rd</sup> 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

### Monday, 11 September 2023, 2.00 pm, Council Chamber

#### 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 and Cllr Kit Taylor

#### District Councils

Cllr Paul Harrison, Wyre Forest District Council  
Cllr Antony Hartley, Wychavon District Council  
Cllr Emma Marshall, Redditch Borough Council  
Cllr Richard Udall, Worcester City Council  
Cllr Christine Wild, Malvern Hills District Council

#### Agenda

Item No	Subject	Page No
1	<b>Apologies and Welcome</b>	
2	<b>Declarations of Interest and of any Party Whip</b>	
3	<b>Public Participation</b> 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 September 2023). Enquiries can be made through the telephone number/email listed in this agenda and on the website.	
4	<b>Confirmation of the Minutes of the Previous Meeting</b> Previously circulated	
5	<b>Integrated Out-of-Hours Urgent Care</b> (Indicative timing: 2:05 – 2:55pm)	1 - 8
6	<b>Progress Against Targets for the Elective Recovery Programme and Future Plans</b> (Indicative timing: 2:55 – 3:45pm)	9 - 12
7	<b>Work Programme</b> (Indicative timing: 3:45 – 3:55pm)	13 – 18

#### NOTES

#### Webcasting

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

Date of Issue: Thursday, 31 August 2023

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Members of the Committee are reminded that meetings of the Health Overview and Scrutiny Committee are Webcast on the Internet and will be stored electronically and accessible through the Council's Website. Members of the public are informed that if they attend this meeting their images and speech may be captured by the recording equipment used for the Webcast and may also be stored electronically and accessible through the Council's Website.

## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **11 SEPTEMBER 2023**

## **INTEGRATED OUT-OF-HOURS URGENT CARE**

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### **Summary**

1. The Health Overview and Scrutiny Committee (HOSC) has requested an overview of integrated out-of-hours urgent care in order to understand the purpose of services, provision across the county and how it is accessed.
2. Representatives from Herefordshire and Worcestershire Integrated Care Board (HWICB) have been invited to the meeting to respond to any questions the HOSC may have.

### **Out-of-Hours Urgent Care Services**

3. There are several out-of-hours urgent care services across Worcestershire as listed below. All of these services are detailed in the Directory of Service (DoS) and are accessed through NHS 111.
  - NHS 111
  - GP out-of-hours
  - Minor Injury Units (located in Bromsgrove, Evesham, Kidderminster, Malvern, and Tenbury)
  - Urgent Community Response Service

### **Directory of Service (DoS)**

4. The Directory of Service (DoS) is a platform for services such as West Midlands Ambulance Service University NHS Foundation Trust (WMAS) and NHS 111 to access, to determine the most appropriate service and acceptance criteria for patients.
5. Different services are profiled (or ranked) according to their appropriateness for a specific condition or presenting complaint. This means the services for each individual complaint are ranked for their general accessibility, such as whether they are open at the time of the episode and whether or not they have capacity to accept the patient.
6. Work is currently being carried out ahead of the forthcoming Winter to review all services listed on the DoS and to ensure that it includes relevant voluntary and community services.

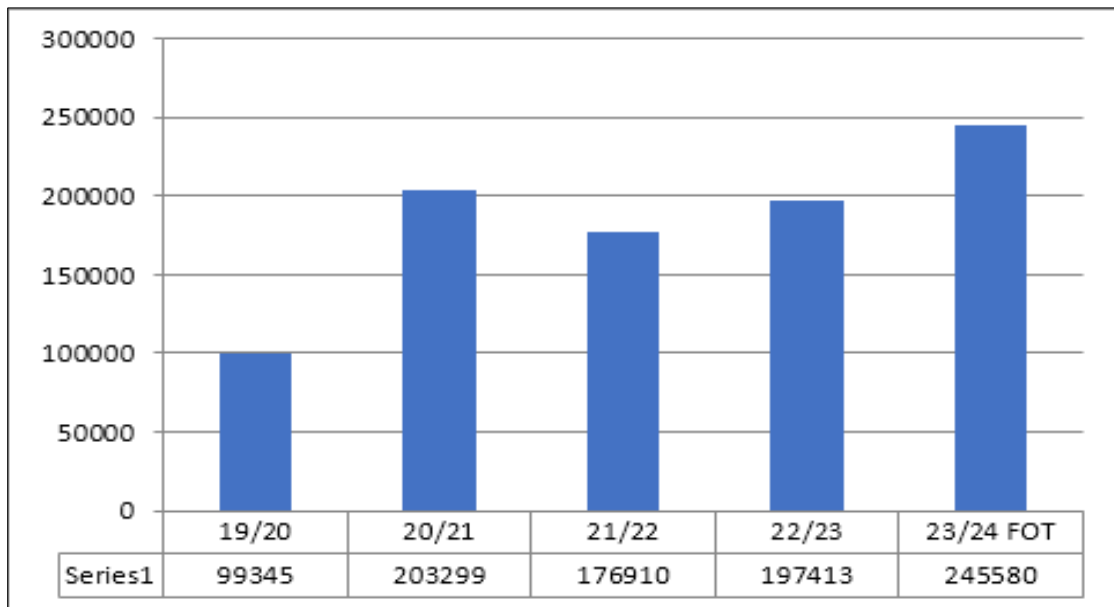
## NHS111

7. NHS 111 is a core service supporting people with urgent care needs to get the right advice in the right place, first time.
8. The service provides clinical assessment for patients contacting NHS 111 by telephone or online.
9. Patients are referred to the appropriate service following an assessment carried out using NHS Pathways (a clinical tool used for assessing, triaging and directing) and additional clinical input where necessary. All patients will have their clinical need resolved through either self-care advice or be referred to an appropriate service including primary care, urgent care, community urgent dental services, pharmacies, and general community services.
10. NHS 111 is accessible 24 hours a day, 365 days a year (366 days in a leap year).
11. The Midlands-wide service (covering East Midlands and West Midlands) is provided by DHU healthcare. For the West Midlands this is a step-in arrangement following a decision by West Midlands Ambulance Service (WMAS) (the previous provider) to serve notice on the contract. As DHU Healthcare was already the current provider for East Midlands, the Midlands NHS 111 service is now the largest in the country.
12. The West Midlands NHS 111 service is currently being reprocured with a new contract due to start on 1st April 2024.
13. The NHS Black Country Integrated Care Board (BCICB) is the lead commissioner for the local NHS 111 service. Contract monitoring and quality assurance processes are undertaken and led by BCICB in the similar way as described below for GP out-of-hours. However, all associate commissioners (the other Integrated Care Boards across the West Midlands, including HWICB) are also involved in this. This includes attending regular meetings, receiving performance data and reporting and supporting decision making.

### NHS111 Activity and Performance Summary

14. Table 1 below shows overall NHS 111 activity (annual activity for each contract from April to March) since 2019/20.

#### **Table 1 NHS 111 activity**



*\*23/24 is a forecast based on Quarter 1 data*

15. The data shows that annual activity more than doubled during COVID-19 and currently remains higher than before the pandemic.
16. National Key Performance Indicators (KPIs) are set for the NHS 111 service. These were updated in April 2023, with all providers working to new measures. DHU Healthcare performs well overall and is ranked 1<sup>st</sup> for some key national measures including Call Abandonment Rate (1.73% compared to 8% nationally) and Average Speed to Answer (23 seconds compared to 140 seconds nationally).

### **Worcestershire GP Out-of-Hours (OOH) Service Overview**

17. The Worcestershire GP OOH service is provided by Practice Plus Group (PPG) (formerly known as Care UK).
18. This service is available to all patients who are registered with a Worcestershire GP practice and / or who are residents within Worcestershire (but not registered with a GP Practice).
19. The service provides urgent primary care out-of-hours for those patients who cannot reasonably wait until the in-hours primary care service is available again.
20. The service is led by GPs and supported by Advance Nurse Practitioners (ANPs) and Paramedics. It operates between Monday to Friday from 18.30 to 08.00 and 24 hours-a-day on weekends and bank holidays.
21. Patients can only access the service by contacting NHS 111.
22. Each patient will receive a disposition (outcome) following their assessment by NHS 111. All primary care dispositions are sent to GP OOH when in-hours primary care services are closed.
23. Depending on the outcome of the assessment, the patient will receive either telephone advice and assessment, a virtual consultation (by telephone or video), a

face-to-face consultation in a primary care centre or a home visit in the patient's place of residence (home or care home).

24. Health Care Professionals (HCPs) only can also contact the service directly through a dedicated telephone line to receive enhanced levels of clinical advice. This allows HCPs such as district nurses, community pharmacists, nursing home staff and paramedics to access primary care support when providing care for patients out-of-hours.
25. PPG currently operates from three primary centres across Worcestershire. These centres are located at the Worcestershire Royal Hospital, the Alexandra Hospital and Kidderminster Hospital.
26. PPG shares clinical data for all patient contacts to the patient's own GP practice by 08.00 the next working day. This is a called Post Event Messaging (PEM). Information that is urgent is highlighted in such a way that it is easy for the GP practice to identify the urgency and key points. Verbal handovers take place from PPG to the patient's own GP practice for patients who have not had their episode of care completed by the close of the out-of-hours period.
27. PPG also provides the following:
  - Urgent access to facilities providing community in-patient services requesting medical input out-of-hours
  - Ensures that patients admitted to the community hospital units at weekends are reviewed and clerked.
  - Annual leave cover for St Richards Hospice
  - Face-to-face consultation during out-of-hours to HMP Hewell Grange and HMP Long Lartin
  - Certification of the death of a patient at home, a care home or a nursing home in exceptional circumstances where an appropriately qualified nurse is not available to confirm a death.
28. PPG operates as a member of the West Midlands Integrated Urgent Care Alliance to drive improvement in urgent care. The Alliance is made up of all West Midlands Integrated Care Boards (including HWICB), GP OOH providers, NHS111 and WMAS.

#### GP OOH contract monitoring and quality assurance

29. A thorough contract management process is in place to ensure safe and efficient service delivery. PPG is monitored against agreed national, regional, and local KPIs and quality measures.
30. PPG provides a full suite of monthly activity, performance, and quality reporting, which is reviewed and discussed at the monthly GP OOH Contract Management Board Meeting. This is attended by clinical, operational and contractual representatives from HWICB and PPG, as well as a patient representative and a member of the Local Medical Council (LMC)
31. A quarterly Clinical Governance Report is also shared by PPG, which includes themes, lessons learnt, and improvements that have been made. The report



covers the following areas: incident reporting, complaints and compliments, patient feedback, infection prevention, safeguarding, medicines assurance and clinical audits.

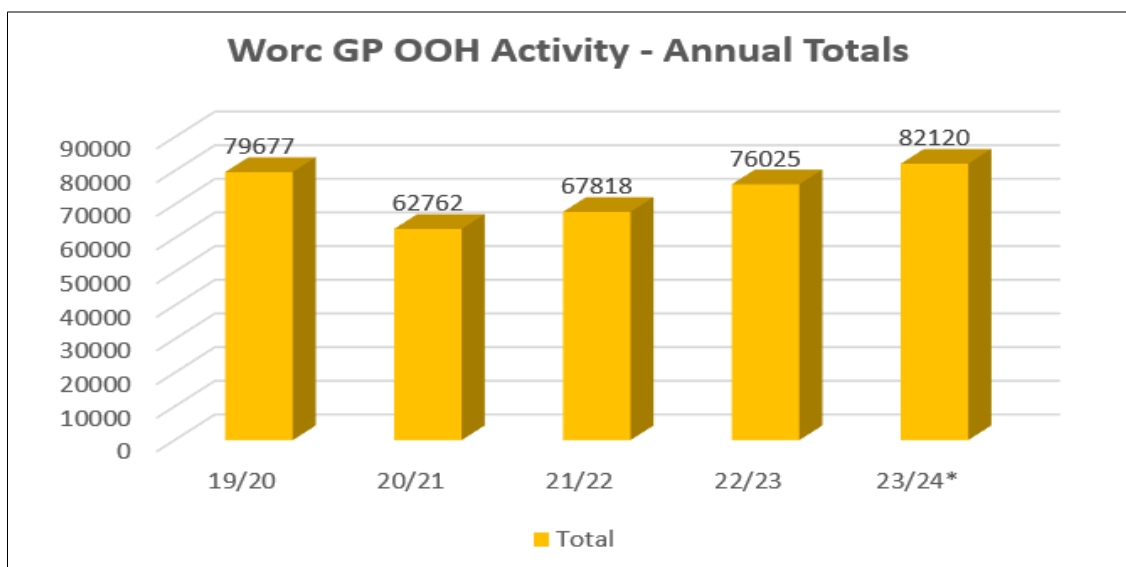
32. Quality site visits are undertaken by the HWICB Quality Team as required.

GP OOH activity and performance summary

33. The Worcestershire GP OOH service is performing well and currently achieving 12 out of 16 KPIs. Workforce constraints, unforeseen spikes in demand and frequent callers are having an adverse impact on performance. Improvement measures have been agreed and a recruitment plan is in place to support delivery. These have resulted in increased headcount and improved KPI performance over the last two months.

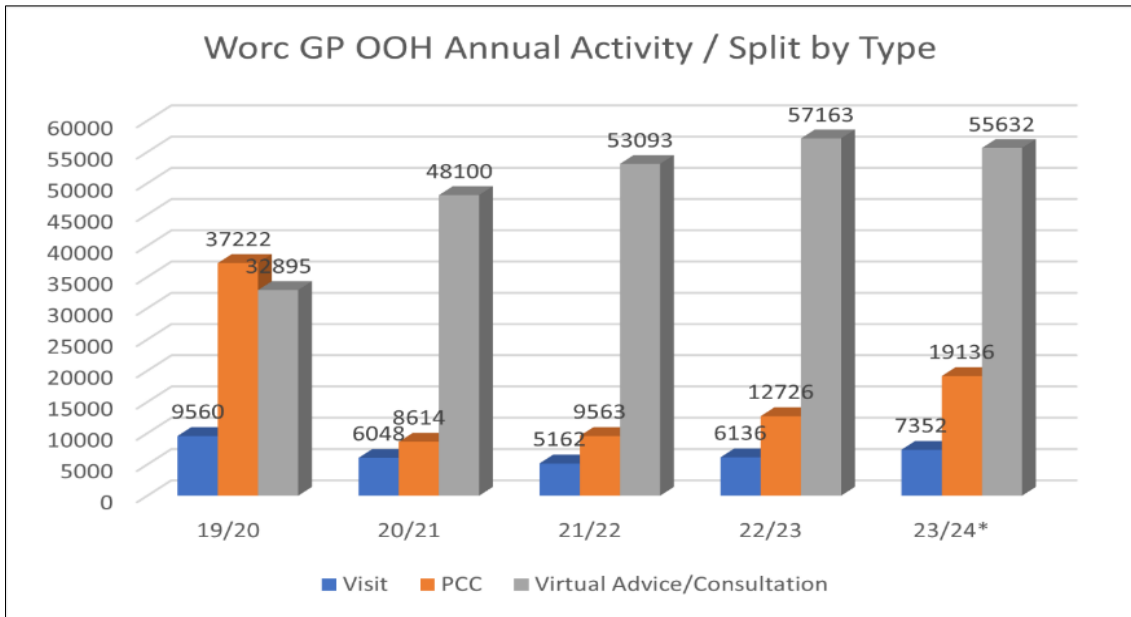
34. The tables below show the overall total activity (annual activity from April to March) and change in activity since 2020/21.

**Table 2 Total annual activity by year**



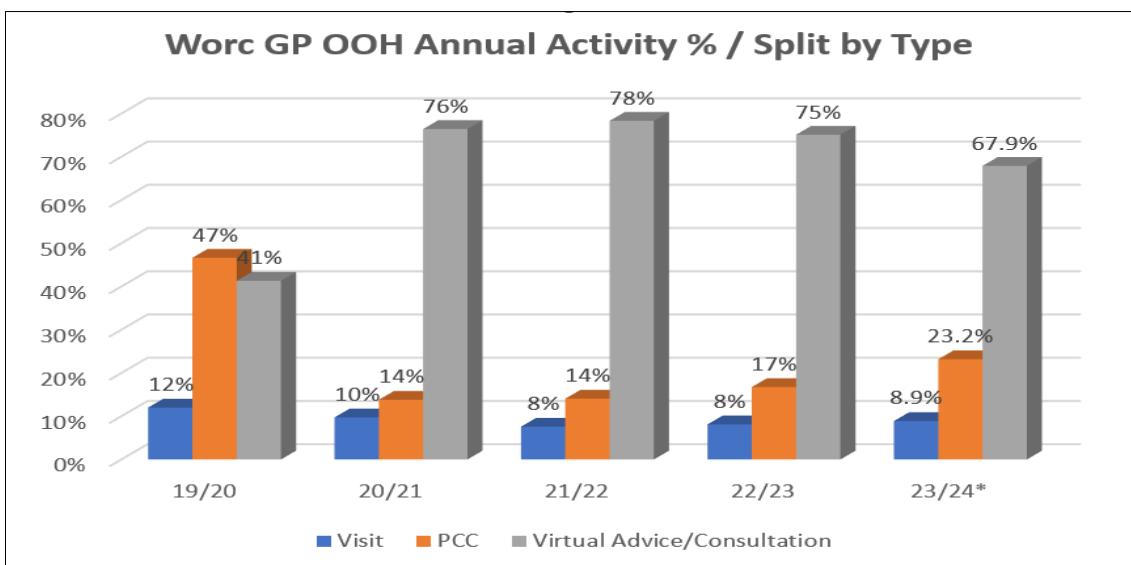
\*23/24 is a forecast based on Quarter 1 data

**Table 3 Annual activity split by type (home visit, primary care centre (PCC) face-to-face appointment or virtual advice / consultation**



\*23/24 is a forecast based on Quarter 1 data

**Table 4 Annual activity % split by type (for categories detailed in Table 3)**



\*23/24 is a forecast based on Quarter 1 data

35. In summary, annual activity levels reduced during COVID-19 but these are now rising to pre-pandemic levels. GP OOH face-to-face appointments reduced in line with national guidance during COVID-19 but these are on the rise again as shown in the above graphs. It is not anticipated that the percentage of OOH face-to-face appointments will return to pre-pandemic levels due to improved technologies introduced over the past few years. However, face to face appointments continue to be available to anyone that requires these.

**Purpose of the Meeting**

36. 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.

### **Contact Points**

Donna Nolan, Head of Urgent Care Contracts: [donna.nolan@nhs.net](mailto:donna.nolan@nhs.net)

Chris Cashmore, UEC Lead: [christopher.cashmore@nhs.net](mailto:christopher.cashmore@nhs.net)

### **Specific Contact Points for this report**

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965

Email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

### **Background Papers**

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

[Agenda and Minutes for Health Overview and Scrutiny Committee on 18 October 2021](#)

All agendas and minutes are available on the Council's website here.

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## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **11 SEPTEMBER 2023**

## **PROGRESS AGAINST TARGETS FOR THE ELECTIVE RECOVERY PROGRAMME AND FUTURE PLANS**

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### **Summary**

1. The Health Overview and Scrutiny Committee has requested an update on progress against targets for the Elective Recovery Programme and future plans, following an earlier overview of the programme in March 2023.
2. Representatives from NHS Herefordshire and Worcestershire Integrated Care Board (HWICB) and Worcestershire Acute Hospitals NHS Trust (WAHT) have been invited to the meeting to respond to any questions the Committee may have.

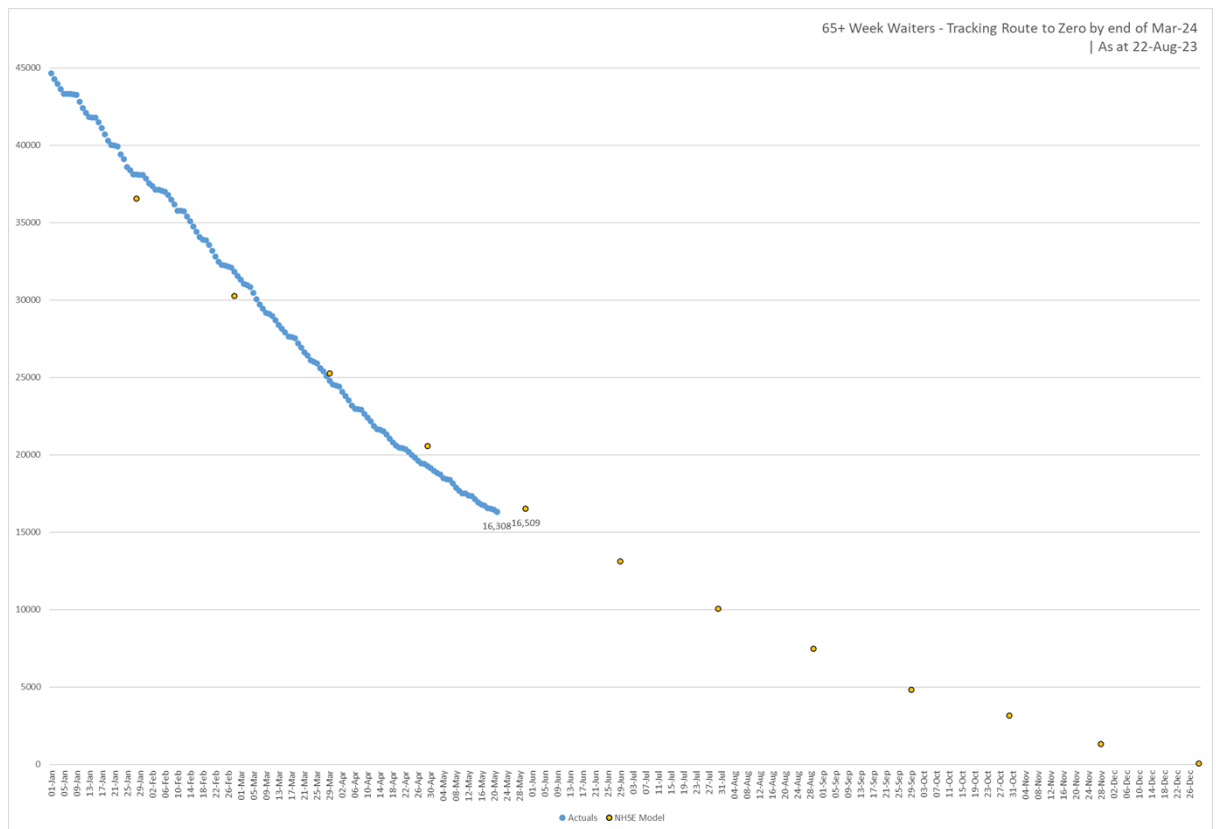
### **Background**

3. Elective recovery is the process of working to eliminate long wait times for elective care. This includes hospital appointments, investigations and treatments.
4. NHS England published an elective recovery plan in February 2022 seeking to tackle the long waiting times for elective care, reducing the backlog of patients waiting for diagnostics and treatments over a three-year period.
5. The plan outlined increases to capacity and service transformation as well as giving patients greater control over their own health and offering choice of where they can access care.
6. The Committee has previously been briefed about the Elective Recovery Programme for Worcestershire at its 13 March 2023 meeting, following which a further update on performance against targets and future plans was requested.
7. The plan set out a number of ambitions for elective recovery of which HWICB and WAHT are currently working to deliver on the following:
  - Waits of over 18 months/78 weeks to be eliminated by March 2023
  - Waits of over 15 months/65 weeks to be eliminated by March 2024
  - Waits of over 12 months/52 weeks to be eliminated by March 2025
8. Across Worcestershire, since the March programme update, delivery of elective recovery has continued to focus on a) increasing capacity, b) productivity and transformation, and c) information for patients.
9. Delivery of elective recovery continues to be overseen weekly through an Integrated Care System (ICS) Operational Group with Chief Operating Officers and Chief Medical Officers, focusing on the sustainability of services across the system, and through the ICS Elective, Cancer and Diagnostic Board, as well as

strategic and operational oversight at Trust level within Worcestershire Acute Hospitals Trust.

10. Worcestershire has continued to be in Tier 1 for elective care, meaning it is also subject to weekly regional/national support and scrutiny. Recent focus has been on reducing waits of over 78 weeks to zero and tracking progress of delivery in elimination of 65 week waits.
11. Despite not achieving the national ambition, there has been continuous improvement in the number of patients waiting longer than 78 weeks, with a reduction from 316 in March to 41 in July. Targeted work continues in challenged specialties.
12. Significant progress has been made in reducing 65 week waits, however there is still a way to go to ensure this is delivered by March 2024. The following graph demonstrates the reduction in the number of patients waiting over 65 weeks since January 2023.

Worcestershire Acute Hospitals Trust at-risk of 65ww



13. There is increased national focus on providing patient choice in relation to elective care. System partners are currently working through the detail of this but ultimately this provides patients with better choice in relation to where they access care and treatment, within and outside of the local system.
14. Transforming outpatient services means changing how outpatient services are delivered so that patients can be seen more quickly and can access and interact with NHS services in a way that better suits their lives.

15. This has been a key focus across Herefordshire and Worcestershire for some time, and there is increasing national focus on this in supporting elective recovery.
16. Locally, WAHT has established a team dedicated to outpatient transformation to reduce waiting times and improve patient experience. Initiatives include establishing referral pathways (enabling patients to be referred to the right place, first time), reducing DNAs (Did Not Attend) with reminder messages, group consultations/events, reviewing opportunity to embed one-stop clinics, offering patients the choice of managing their own follow up appointments and reviewing benchmark information / sharing best practice and learning from other providers.

## **Progress**

17. WAHT is currently on track to meet the elimination of 65 week waits by the end of March 2024. Targeted work is taking place to ensure that all of these patients receive their first outpatient appointment by the end of October 2023 in line with the national ambition.
18. Increased insourcing has increased elective capacity within some services. This is in addition to extra activity delivered by Trust staff.
19. Mutual aid support across the ICS is routinely being explored where there are capacity challenges.
20. Developments in personalised care (which means people having more choice and control over the way their care is planned and delivered) include:
  - Implementation of a video library to support patient self-management.
  - Regular shared decision-making training being made available for Trust staff to ensure patients are actively involved in decisions about their care and treatment.
  - To further facilitate shared decision making, health literacy champions are being recruited across the system and a healthy literacy policy is being developed to support the writing of health information.
  - The Trust is planning to audit shared decision making across each directorate using a tool called CollaboRATE.

## **Challenges**

21. Workforce challenges are ongoing however partners are actively exploring new ways of delivering services to ensure sustainability of services.
22. Industrial action is having a significant impact on recovery plans due to the cancellation of some elective appointments when there are strikes. WAHT seeks to minimise impact by planning additional activity, but this remains a key challenge to elective recovery.
23. There are a number of vulnerable services in Worcestershire, (e.g. dermatology), where more significant service redesign is underway to ensure sustainability of

services. This is overseen weekly by the Chief Medical Officers and Chief Operating Officers across the system.

### **Purpose of the Meeting**

24. 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.

### **Contact Points**

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965  
Email: [scrutiny@worcestershire.gov.uk](mailto: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 the Health Overview and Scrutiny Committee on 13 March 2023](#)

All agendas and minutes are available on the Council's website here.



## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **11 SEPTEMBER 2023**

## **WORK PROGRAMME**

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### **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 draft 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 2023 Meetings**

- 11 October at 10am
- 13 November at 10am
- 7 December 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](mailto: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
11 September 2023	Progress against targets for the elective recovery programme and future plans	13 March 2023	Requested at 13 March 2023 HOSC
	Integrated Out of Hours Urgent Care	18 October 2021 as part of general Primary Care (GP) Access	Suggested by the Cabinet Member
11 October 2023	Planning for Winter	17 October 2022	Agenda Planning May 2023
	Worcestershire Mental Health Needs Assessment	21 September 2021 19 September 2018 (CAMHS)	Following the discussion of the Needs Assessment the priorities for further scrutiny will be identified  <i>NB Public Health has suggested merging items: Public Health Review: Need, Programmes, Budget and Outcomes</i>
	Your Health Service and other public health initiatives		Agenda Planning May 2023
	Public Health Ring Fenced Grant (PHRFG) - Twice Yearly Budget Monitoring	13 January 2023	
November 2023	Update on CQC Inspection (including a range of mental health and physical health services and the Hillcrest Mental Health Ward)	13 March 2023	Agenda planning March 2023

<b>Possible Future Items</b>			
Ongoing	Integrated Care System (ICS)	10 May 2023, 2 November 2022	Requested at 10 May 2023 meeting
2023	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
2023	Community Paediatric Services		Suggested at Agenda Planning 23 August 2022
2023	Screening (Cervical/Antenatal/Newborn/Diabetic Eye/Abdominal Aortic Aneurysm (AAA)/Breast/Bowel)		Suggested at 19 July 2021 meeting
2023	Routine Immunisation	19 July 2021	Suggested at 19 July 2021 Meeting
2023	Hospital at Home Service	10 June 2022	Requested at 10 June 2022 meeting
TBC	Adult Mental Health Inpatient Services Redesign		Suggested by Herefordshire and Worcestershire Health and Care NHS Trust on 17 April 2023
TBC?	Update on Improving Patient Flow*	15 June and 10 February 2023	
TBC	Update on Workforce Pressures	10 May 2023, 10 June 2022	Requested at 10 May 2023 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	Prevention Work in Health and Social Care		Suggested at 17 October 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 HOSC
TBC	Update on Community Pharmacies	18 April 2023	Requested at 18 April 2023 HOSC
TBC	Resistance Bands Programme		Agenda Planning May 2023
TBC	Maternity Services	10 May 2023, 17 October and 9 May 2022, 21 September 2021	
<b>Standing Items</b>			
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	17 October 2022	
January/July	Public Health Ring Fenced Grant (PHRFG) – Twice Yearly Budget Monitoring	13 January 2023, 8 July 2022	
TBC	Performance Indicators		
TBC	Annual Update from West Midlands Ambulance Service	27 June 2019	
March	Review of the Work Programme	13 March 2023	

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

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