

## Membership

### Councillors

Martin Wright (Vice-Chair)  
Richard Butler  
John Doddy  
Sybil Fielding  
Kevin Greaves  
John Longdon  
David Martin  
Mike Pringle  
Kevin Rostance  
Stuart Wallace  
Muriel Weisz

### Officers

Martin Gately	Nottinghamshire County Council
Noel McMenamin	Nottinghamshire County Council

### Also in attendance

Ian Bayne	Independent Person
Catherine Burn	Bassetlaw Community Voluntary Services
Amy Callaway	Nottinghamshire Integrated Care System
Anne Crompton	Nottingham University Hospitals Trust
Dr Keith Girling	Nottingham University Hospitals Trust
Steve Jennings- Hough	Adult Social Care and Public Health

## 1. **MINUTES**

The minutes of the meetings held on 15 October 2019 and 8 November 2019, having been circulated to all Members, were taken as read and were signed by the Chair

## 2. **APOLOGIES**

The following change of membership for the remainder 2019-2020 was reported:

- Councillor John Doddy had replaced Councillor Steve Vickers.

The following temporary changes of membership for this meeting only were reported:

- Councillor John Longdon had replaced Councillor Keith Girling
- Councillor Sybil Fielding had replaced Councillor Liz Plant
- Councillor Mike Pringle had replaced Councillor Yvonne Woodhead.

### **3. DECLARATIONS OF INTEREST**

None.

### **4. NHS ENGLAND'S SOCIAL PRESCRIBING MODEL**

Amy Callaway, Programme Manager, Universal Personalised Care, Nottinghamshire Integrated Care System, Steve Jennings-Hough, Transformation Manager, Adult Social Care and Public Health, and Catherine Burn, Director, Bassetlaw Community Voluntary Services introduced the item, providing a briefing on the roll-out of social prescribing, that is, non-clinical activities and interventions to assist people of all ages manage their health and well-being.

NUH representatives made the following points:

- Social prescribing was a key component in the drive by NHS England to deliver Universal Personalised Care by 2023/24, with over 1,000 trained social prescriber link workers being appointed nationally by 2020/2021;
- The benefits of social prescribing included improved self-esteem, empowerment and confidence, a resulting reduction in social isolation and in symptoms of anxiety and depression, and reduced levels of reliance on health and social care services;
- Social prescribing was seen to reduce demand for GP and Accident and Emergency services by an average 28% and 24% respectively;
- Funding was available for 1 Link Worker per Primary Care Network, but Clinical Commissioning Groups had discretion to fund additional Link Worker posts, and further posts would be rolled out in time.

During discussion, a number of issues were raised and points made:

- While referral for social prescribing was initially via GPs, self-referral was expected to be available in 2020/2021;
- Assurance was provided that the model in Bassetlaw was delivered by a highly-skilled and competent voluntary and community sector, with all appropriate training and safeguarding practices in place;
- Each link worker would have a caseload with the intention being to identify and signpost support/need, as well as to build personal resilience, over the course of a period of up to 3 months;
- A Peer Network for link workers was being established to share expertise and insights;
- It was acknowledged that voluntary and community sector capacity was a risk to the model, and was very much to the forefront of commissioners' and

providers' thinking in terms of the sustainability of the model in the medium term;

- The social prescribing model was not designed specifically to reduce GP prescription costs. However, it would be possible to track the impact of social prescribing on the prescribing of drugs over time;
- Ms Callaway undertook to share the Integrated Care Provider Shared Local Plan with the Committee.

The Chair thanked Ms Burn, Ms Callaway and Mr Jennings-Hough for their attendance at the meeting,

## **5. NOTTINGHAM UNIVERSITY HOSPITALS TRUST (NUH) IMPROVEMENT PLAN UPDATE**

NUH representatives Dr Keith Girling, Medical Director, and Anne Crompton, Associate Director of Quality and Safety, introduced the item, providing an update on the delivery of the NUH Implementation Plan drawn up following the inspection conducted by the Care Quality Commission in late 2018 and early 2019

Dr Girling and Ms Crompton highlighted the following points:

- 2 of the 7 core services inspected in late 2018/early 2019 were rated as 'requiring improvement' – urgent and emergency care at QMC and maternity care at QMC and City, while an overall rating of 'requires improvement' was given for the Safe domain;
- The inspection highlighted one Must Do action in respect of documentation on Do Not Attempt Cardiopulmonary Resuscitation decisions, and 54 Should Do actions;
- Progress on the Must Do action has not proceeded at the required pace, and further targeted intervention is currently taking place. 26 of the 54 Should Do actions, have been delivered or are on track, 13 actions would require significant investment to deliver, while the remaining 15 actions are not on track, but are the subject of a recovery plan;
- Progress was being monitored by an oversight group under the Chief Nurse, which reported regularly at senior Committee and Board level within the Trust. The mechanisms in place have been reviewed by Internal Audit colleagues and found to offer significant assurance.

A number of points were made during discussion:

- The Committee expressed its dissatisfaction with the poor level of detail provided in the presentation. The absence of a briefing paper, or any information in respect of the Should Do actions, prevented the Committee from fulfilling in a meaningful way its statutory function to deliver effective health scrutiny;
- Dr Girling and Ms Crompton offered their apologies for the lack of information provided and undertook to send through more detailed information, particularly in respect of the Should Do list of actions which still required further action;

- A Committee member suggested that a traffic light system of identifying where action was and was not required against the Should Do actions would be useful;
- It was explained that failure to act upon the Should Do actions drew no further sanctions from the Care Quality Commission, as long as the Trust could demonstrate that no direct harm came to patients;
- Failure to address Must Do actions could lead to an Improvement Notice being issued, but would not happen in this case as the Trust was fully engaged in addressing the identified shortcoming;
- The view was expressed that the decision not to resuscitate was taken only after very careful consideration. Difficulties emerged when the patient had neither the required mental capacity nor identified next-of-kin to take the decision on the patient's behalf.

The Chair thanked Dr Girling and Ms Crompton for their attendance at the meeting and requested a further update at the Health Scrutiny Committee's June 2020 meeting.

## **6. WORK PROGRAMME**

Subject to agreeing to consider the NUH Improvement Plan update at its June 2020 meeting, the Committee's Work Programme was approved without substantive discussion.

The meeting closed at 12:31pm.

**CHAIRMAN**