

Health Scrutiny Committee

Tuesday, 03 December 2019 at 10:30

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

1a	Minutes of the Meeting held on 15 October 2019	3 - 8
1b	Minutes of the Meeting held on 8 November 2019	9 - 12
2	Apologies for Absence	
3	Declarations of Interests by Members and Officers:- (see note below) (a) Disclosable Pecuniary Interests (b) Private Interests (pecuniary and non-pecuniary)	
4	Social Prescribing	13 - 24
5	NUH Improvement Plan Update	25 - 38
6	Work Programme	39 - 46

Notes

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

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

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

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

Membership

Councillors

Keith Girling (Chair)
Martin Wright (Vice-Chair)
Richard Butler
Jim Creamer
Kevin Greaves
John Longdon
David Martin
Liz Plant
Kevin Rostance
Stuart Wallace
Yvonne Woodhead

Officers

Martin Gately	Nottinghamshire County Council
Noel McMenamin	Nottinghamshire County Council

Also in attendance

Chris Ashwell	Nottinghamshire Healthcare Trust
Alex Ball	Nottingham and Nottinghamshire ICS
Ajunta Biswas	Healthwatch Nottingham and Nottinghamshire
Kazia Foster	Nottinghamshire Healthcare Trust
Stewart Newman	Nottingham North and East CCG

1. **MINUTES**

The minutes of the last meeting held on 10 September 2019, having been circulated to all Members, were taken as read and were signed by the Chair

2. **APOLOGIES**

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

- Councillor John Longdon had replaced Councillor Steve Vickers;
- Councillor Jim Creamer had replaced Councillor Muriel Weisz.

3. DECLARATIONS OF INTEREST

None.

4. WHYBURN MEDICAL PRACTICE UPDATE

Stewart Newman, Director of Commissioning, Nottingham North and East CCG, introduced the item, providing an update on the Whyburn Medical Practice and the steps being taken to identify a new provider for the practice's patients.

Mr Newman made the following points:

- Primary Care Integrated Services (PICS) had been successful in securing a 12 month contract from 1 June 2019, with an option to extend for a further year. Transition arrangements had gone smoothly, and initial feedback from the Patient Participation Group was very positive;
- The GP Lead for the Practice, Dr Adam Connor, had introduced a number of changes, including improvements to patient access, and employing a clinical pharmacist. Dr Connor was also the Clinical Director for the Primary Care Network in the area;
- The Care Quality Commission was expected to carry out an inspection by January 2020, as was normally the case for practices experiencing significant change;
- An outline business case for a new health centre in Hucknall will be developed in due course. The CCG would decide whether to extend the interim 12 month contract, and would initiate a public consultation as part of a longer term procurement exercise at the appropriate time.

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

- Feedback received by councillors from residents echoed the very positive impact on service delivery by PICS since securing the contract. Service continuity was a key concern for residents following the previous period of significant change at the Practice;
- Mr Newman advised that the initial contract was likely to be extended by one year, but there was a statutory obligation to go through a procurement exercise, including public consultation, for a longer term extension;
- The CCG worked very hard to support GP practices and avoid a similar issue arising in future, but could not give an absolute guarantee that similar incidents would not occur in the future;

- Mr Newman acknowledged that keeping local councillors informed of similar instances in future was a reasonable approach, but cautioned that it did depend on how quickly the CCG became aware of and needed to react quickly to GP business failure. Mr Newman undertook to discuss with the Primary Care Contracting Team and liaise with the Scrutiny Co-ordinator, Martin Gately.

The Chair thanked Mr Newman for his attendance at the meeting,

5. NOTTINGHAMSHIRE HEALTHCARE TRUST UPDATE – ADULT SERVICES AND LOCAL AUTHORITY COMMISSIONER ENGAGEMENT

Chris Ashwell, Associate Director, Mental Health Services and Kazia Foster, Service Improvement and Development Manager at Nottinghamshire Healthcare Trust, introduced the item, providing an update on Adult Mental health Transformation Plans, as well as a summary of engagement with local authority commissioners.

The following points were made during a wide-ranging discussion:

- Tackling inappropriate out of area placement had been a priority for the Trust, and the situation was being much better managed through subcontracting acute mental health beds and psychiatric intensive care beds from private sector partners. Significant investment was being put in place with a target of eliminating inappropriate out of area placement by March 2021;
- The Trust was aiming to provide 24/7 cover for crisis care by October 2020. A number of initiatives were being developed with the voluntary and community sector providers such as Turning Point and Mind, including a crisis café and crisis centre. Access to crisis services had up until now been through GP services, but self-referral would be possible via the 111 service from April 2020;
- The entire dementia pathway was currently being reviewed and the point was made that the current service delivery model was not sustainable;
- The Committee welcomed the additional staff resource being provided under the Trust's plans, and were informed that existing staff would receive additional training to provide a more flexible response to current and future need;
- It was explained that problem gambling was a new addition to the Mental Health Long Plan, and the Joint Strategic Needs Assessment would need updating to identify where areas of particular need lay;
- The Trust, as a service provider, was contracted to deliver need identified by the CCG and/or NHS England, and did not itself identify that need. This also applied to emerging need, such as addiction to gaming;
- It was explained that the mainstream self-referral Anxiety and Depression pathway was a separate service to the Crisis service. The Mental Health

Community Framework had been released recently, and the Trust was happy to share the information via the Scrutiny Co-ordinator, Martin Gately;

- It was acknowledged that engagement with NCC commissioners had not previously been robust, but that the Integrated Care System provided the mechanism through which engagement and partnership-building could be delivered. It was also confirmed that the culture within the Trust had undergone a 'sea-change' in respect of being open to feedback from frontline staff;
- It was acknowledged that the Mental Health Implementation Plan was a prescriptive and not a very accessible document, but was produced by NHS England and not the Healthcare Trust;

The Chair thanked Mr Ashwell and Ms Foster for their attendance at the meeting and requested a further update at the Health Scrutiny Committee's May 2020 meeting.

6. NHS LONG TERM PLAN

Alex Ball, Director of Communications and Engagement, Nottingham and Nottinghamshire Integrated Care System, gave a presentation on NHS Long Term Plan, which set out the ambitions of the NHS for the next 10 years.

The presentation highlighted the following points:

- The development of the local element of the NHS Long Term Plan had been informed through extensive engagement with more than 1,000 people in Nottingham and Nottinghamshire to establish what mattered most to them about a range of topics, including mental health, urgent care and health prevention. In addition, social media reach was estimated at over 70,000;
- Engagement had been conducted through the ICS Team, Healthwatch and the social research agency Britain Thinks, using face-to-face, focus group and digital channels;
- Key learning points arising included strong support for the system's proposed top priorities – Urgent and Emergency Care and Mental Health – as well as for free-at-point-of-need health care and support for staff. There was some support for the Prevention agenda, but this needed to be seen to be effective, while there was little support expressed for digital transformation;
- The key service priorities in the first 2 years of the Plan were identified as:

Prevention, inequalities and wider health determinants
Pro-active care, self-management and personalisation
Urgent and emergency care
Mental health, and
Value, resilience and sustainability;

- A final version of the Plan was expected to be published by end November 2019.

Committee members raised several issues during discussion:

- While acknowledging that future service planning was also based on data analysis, it was important to take the public's views into account, and that the ICS would have open to criticism had it not done so;
- Mr Ball expressed the view that improved integrated discharge processes had helped ease bed-blocking issues in Nottinghamshire, while community-based services provided by emerging Primary Care Networks, and the development of social prescribing would in time help alleviate pressures on A&E services;
- Mr Ball expressed the view that there was limited evidence to suggest that advertising campaigns to discourage non-emergency visits to A&E had a meaningful long-term impact on patient behaviours. No area had yet come up with a model that eliminated inappropriate access to A&E;
- In response, it was pointed out that work carried out by the East Midlands Ambulance Service (EMAS) to reduce non-urgent or frivolous use of the Service had been successful, and Mr Ball undertook to liaise with EMAS ;
- Mr Ball undertook to follow up on a question as to why obesity was not more prominently identified as a priority within the Plan.

The Chair thanked Mr Ball for his attendance and requested a further update at the Committee's July 2020 meeting.

7. WORK PROGRAMME

The Committee agreed to convene an additional meeting on Friday 8 November 2019 in response to a request from NUH and CCG, to consider the National Rehabilitation Centre pre-consultation Business Case.

The Committee agreed to add the following to the potential topics for scrutiny:

- GP Services and Patient Appointments;
- Cerebral Palsy Services in Nottinghamshire.

The meeting closed at 12.30pm.

CHAIRMAN

Membership

Councillors

	Martin Wright (Vice-Chair)
	Richard Butler
	John Doddy
A	Kevin Greaves
	John Longdon
A	David Martin
	Diana Meale
	Liz Plant
	Kevin Rostance
	Stuart Wallace
	Yvonne Woodhead

Officers

Martin Gately	Nottinghamshire County Council
Noel McMenamin	Nottinghamshire County Council

Also in attendance

Hazel Buchanan	Greater Nottingham CCG
Lucy Dadge	Greater Nottingham CCG
Miriam Duffy	National Rehabilitation Centre

1. **APOLOGIES**

Apologies for absence were received from Councillor David Martin(non-Council) and Councillor Kevin Greaves (unable to travel due to flooding).

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

- Councillor John Longdon had replaced Councillor Steve Vickers;
- Councillor John Doddy had replaced Councillor Keith Girling;
- Councillor Diana Meale had replaced Councillor Muriel Weisz.

In the Chair's absence, the Chair was taken by Councillor Martin Wright, the Vice-Chair.

2. DECLARATIONS OF INTERESTS

None.

3. NATIONAL REHABILITATION CENTRE – PRE-CONSULTATION BUSINESS CASE

Hazel Buchanan and Lucy Dadge from Greater Nottingham CCG and Miriam Duffy from the National Rehabilitation Centre (NRC) introduced the item, thanking the Committee for convening in advance of its next scheduled meeting in December 2019, and giving a presentation on the Pre-Consultation Business Case for the Centre.

The presentation restated the background to the NRC, covered previously at the Committee's September 2019 meeting (minute 4 dated 10 September 2019 refers) and highlighted the following points:

- The Pre-consultation Business Case focussed on the clinical element of the NRC, for which funding was available, with the research and education elements to be considered at a later stage;
- A new clinical model, encompassing neurological, musculo-skeletal, orthopaedic and major trauma pathways was envisaged, while the transfer of staff and services from Linden Lodge to the new facility was a key component of the Business Case;
- a series of focus groups had considered the proposals, and over 150 survey responses from staff and patients had been received to date. Engagement outcomes had been very positive, where levels of care and access to high quality services outweighed the consideration of receiving care close to home;
- the 63-bed facility would have overnight accommodation for families, and work was underway to alleviate concerns about public transport and IT connectivity as well as parking provision;
- revised referral criteria were detailed in the appendix to the report;
- the clinical model included Clinical Case Managers, who had responsibility for proactively managing patients from referral to discharge, a range Community Services and an enhanced mental health wellbeing focus for patients;
- a range of Equality Impact Assessment recommendations were highlighted, including using the patient cohort at NRC to identify and address equality issues, and taking steps to address the spiritual and religious needs of patients;
- Formal consultation was expected to be launched in January 2020, with the timescale of the consultation to be determined.

The following points were raised during discussion:

- The provision of 3 family rooms for a 63-bed facility was considered potentially inadequate, while the view was expressed that distance from the

facility should not be the overriding eligibility criterion for the accommodation, as those living further away could potentially have better transport options than those closer to the facility;

- The view was expressed that transport connectivity between the site and the Nottingham conurbation were more developed and straightforward than for residents elsewhere in the region. Community transport options were being considered to address transport connectivity for both staff and patients;
- It was confirmed that 3 beds would be retained at the City Hospital site for slower, less intensive levels of stroke rehabilitation intervention, and that very careful consideration will be given to continuity of outreach services currently provided by Linden Lodge;
- It was confirmed that there would be some flexibility for service provision for those between 16 and 18 years of age, and that there was a need to communicate positively the range of services available to those who do not meet the NRC referral criteria;
- It was explained that there would be no beds ringfenced specifically for use by Nottinghamshire residents;
- The hope was expressed that the facility would lead to a greater percentage of patients returning to employment post-treatment;
- The consultation would be a single-issue consultation – it was not the case that a range of alternative options were being considered. Several members expressed the view that a 4-week consultation exercise for such a significant change in provision would not be appropriate, and a period of at least 6 weeks was recommended by the Chair.

The Chair thanked Ms Buchanan, Ms Dadge and Ms Duffy for their attendance, and requested confirmation in writing of consultation details when these became available.

The meeting closed at 12.10pm.

CHAIRMAN

3 December 2019**Agenda Item: 4****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****NHS ENGLAND SOCIAL PRESCRIBING MODEL****Purpose of the Report**

1. To introduce a briefing on social prescribing.

Information

2. Social prescribing focuses on non-clinical activities (i.e. not medications or formal therapies) to help people of all ages manage their health and wellbeing through a person-centred approach that focuses on what matters to them.
3. Social prescribing helps people find ways to manage their health and wellbeing by connecting them to wider community support and activities that meet their emotional, physical and social needs, and deal with some of their underlying causes of ill health. This encompasses a wide range of possible activities such as exercise schemes, arts, educational courses, social activities and practical services, such as benefits advice.
4. A written briefing from the Nottinghamshire Integrated Care System is attached as an appendix to this report.
5. Amy Callaway, Programme Manager, Universal Personalised Care Programme, Nottinghamshire Integrated Care System will attend the Health Scrutiny Committee to present the information and answer questions, as necessary.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Considers and comment on the information provided.

Councillor Keith Girling
Chairman of Health Scrutiny Committee

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

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

NHS ENGLAND'S SOCIAL PRESCRIBING MODEL AND IMPLEMENTATION IN THE NOTTINGHAM AND NOTTINGHAMSHIRE INTEGRATED CARE SYSTEM

1. Introduction

The NHS Long Term Plan commits to personalised care as one of the five major, practical changes to the NHS that will take place over the next five years.

A key aspect of the personalised care agenda includes a substantial investment in social prescribing, with an ambitious pledge to:

- develop over 1,000 trained social prescribing link workers nationally by 2020/21, rising further by 2023/24.
- enable 900,000 people to be referred to social prescribing schemes by 2020/21

This is part of the drive to Universal Personalised Care that will see at least **2.5 million** people benefiting from personalised care by 23/24.

This is being implemented locally by the Universal Personalised Care Programme within the Nottingham and Nottinghamshire Integrated Care System (ICS), in partnership with key partners.

2. Background

2.1 The Comprehensive Model of Personalised Care

The Nottingham and Nottinghamshire Integrated Care System (ICS), of which Nottinghamshire County Council is a member, has a longstanding commitment to universal personalised care. In May 2018, the Nottingham and Nottinghamshire ICS agreed to deliver this at scale as a demonstrator site for the NHS England (NHSE) Comprehensive Model of Personalised Care.

The Nottingham and Nottinghamshire ICS footprint covers Mid Nottinghamshire (Mansfield, Ashfield and Newark & Sherwood), Nottingham City and South Nottinghamshire (Broxtowe, Gedling and Rushcliffe). Bassetlaw is part of South Yorkshire and Bassetlaw ICS and is therefore not directly affected by this report, although it is referenced.

The NHSE Comprehensive Model of Personalised Care comprehensive:

- Whole-population approaches to supporting people of all ages and their carers to manage their physical and mental health and wellbeing, build community resilience and make informed decisions and choices when their health changes
- A proactive and universal offer of support to people with long-term physical and mental health conditions to build knowledge, skills and confidence and to live well with their health conditions
- Intensive and integrated approaches to empowering people with more complex needs to have greater choice and control over the care they receive

The model requires six key elements to be embedded in the ICS, that is, across the NHS and the wider health and social care system. These include:

- Shared decision making
- Personalised care and support planning
- Enabling choice, including legal rights to choice
- Social prescribing and community-based support
- Supported self-management
- Personal health budgets and integrated personal budgets

The Universal Personalised Care programme is responsible for the coordinated delivery of the NHSE Model for Personalised Care across the Nottingham and Nottinghamshire ICS. The Programme's vision is to maximise independence, good health and wellbeing throughout our lives, shifting the focus from 'what is wrong with you?' to 'what matters to you?'

As a Demonstrator site for the Comprehensive Model of Personalised Care, the Nottingham and Nottinghamshire ICS has signed a Memorandum of Understanding (MOU) for 19/20 to deliver Personalised Care at scale across the footprint in order to achieve the scale committed to in the NHS Long Term Plan.

For 19/20, the Nottingham and Nottinghamshire ICS has a target to support 15,000 people into community based support, which will predominantly be achieved through social prescribing. This signifies a significant gear shift for social prescribing in the system and the importance of a coordinated and unified effort across the ICS.

From April 2020, the system will have clear trajectories to achieve for social prescribing predominantly focused on the number of Link Workers and the number of referrals they receive:

Social Prescribing Referrals

	19/20	20/21	21/22	22/23	23/24
SP Link Workers	24	39	54	68	83
Link Worker referrals	n/a	4,188	8,377	13,612	15,706

2.2 What is social prescribing?

Social prescribing focuses on non-clinical activities (i.e. not medications or formal therapies) to help people of all ages manage their health and wellbeing through a person-centred approach that focuses on what matters to them.

Social prescribing helps people find ways to manage their health and wellbeing by connecting them to wider community support and activities that meet their emotional, physical and social needs, and deal with some of their underlying causes of ill health. This encompasses a wide range of possible activities such as exercise schemes, arts, educational courses, social activities and practical services such as benefits advice.

The benefits of social prescribing

There is emerging evidence that social prescribing can lead to a range of positive health and wellbeing outcomes for people including, but not limited to:

- Increases in self-esteem and confidence
- Sense of control and empowerment
- Improvements in psychological or mental wellbeing
- Positive mood linked to a reduction in symptoms of anxiety and depression
- Reduction to feeling of social isolation

Encouraging patients to become proactive in decisions about their own health, as well as increasing social contact and support in local communities, is anticipated to lead to reductions in levels of reliance on health and social care services, as a social prescribing approach support preventing, delaying or avoiding the need for more costly health and social care interventions.

Currently one in five GP appointments focus on wider social needs rather than acute medical issues, and 59% of GP's think social prescribing can help reduce their workload and increase their capacity. A 2017 report exploring the impact of social prescribing on healthcare demand and cost implications suggests that social prescribing leads to an average reduction in demand of 28% for GP services, 24% for A&E and small reductions in admissions and referrals.

Social prescribing has the potential to address the wider determinants of health and wellbeing that can lead to potential long term social care needs. For instance, it can support older residents whose combination of health, social and environmental indicators mean they are at higher risk of losing their independence. This has the potential to impact positively on social care services in Nottinghamshire, who are predicted to experience an 85% increase in care home admissions by 2030 if current demand stays the same.

See Appendix 1 for a case study example of the impact social prescribing can have on an individual's life as well as its impact on public services.

2.3 The social prescribing Link Worker role

As part of the NHS Long Term Plan commitment funding has been made available to embed a Link Worker within each of the 15 Primary Care Network multi-disciplinary teams across Nottinghamshire (including Bassetlaw) to deliver social prescribing.

Link workers will:

- Provide access to good quality information
- Encourage strength based conversations about what is important to a person
- Support and empower people to gain knowledge, skills and confidence to manage their health and wellbeing
- Support people to make decisions about the support they access
- Support people to have choice and control over the way their care is planned and delivered, and develop personalised plans based on 'what matters to them'
- Promote healthy and active lifestyles
- Help people plan for the future e.g. Financial services, housing
- Connect people into their networks and local communities
- Provide early interventions, such as access to a falls clinic

- Provide support to carers to help them improve quality of life while still caring e.g. peer support group for those caring for someone with dementia

Link Worker's will work closely with local voluntary and community sector groups, to support community development to ensure that there is sufficient community capacity to support individuals referred by Link Workers.

From July 2019, funding has been made available across England for each PCN to access £34,113 per year to employ 1 Link Worker post. This funding is available annually until 31 March 2024 currently. Year 1 of the funding is described as a development year, with the majority of service requirements being introduced from April 2020 onwards.

As the funding is awarded directly to the PCN's, the PCN has ultimate discretion as to the delivery model it employs for Link Workers, or indeed, if it applies for the funding for the post at all. However, the role of the ICS is to ensure a consistency of approach to social prescribing across the whole Nottinghamshire ICS footprint (including Mid-Notts, South Notts and City), whilst recognising that delivery of the model may differ depending on local area need. The ICS will support each ICP area to ensure that the principles underpinning the social prescribing service are consistent across the whole ICS, ensuring that Link Worker roles are consistent and work to the same outcome framework. This will ensure equity of offer across the ICS and also ensure that evaluation of the programme can be undertaken accurately.

3. The local social prescribing model

3.1 Developments to date

To ensure consistency across the Integrated Partnership Areas (ICP's), the ICS has developed a Social Prescribing specification to ensure that all schemes have a set of guiding principles and key outcomes in the form of KPI's that they will need to deliver. In this way, regardless of the local model developed for social prescribing, individuals in each area will have access to Link Workers that deliver the same type of support.

Each ICP area has agreed a shared local plan for social prescribing, with the local authority being a key stakeholder involved in shaping and agreeing the plan.

A Social Prescribing Task and Finish Group, comprised of CCG and local authority commissioners, are responsible for measuring a level of consistency across the ICS footprint, currently focused on:

- A clear and consistent referral process
- Consistent training plan
- Data recording systems
- Key communications messages and marketing materials to share information on the Link Worker offer
- Long term developments to align new and existing social prescribing schemes across the ICS
- Long term developments to support community development

Mid Notts

Mid Notts has recruited 7 Link Workers. All Link Workers will be in post in November 2019, with an in depth induction and training process planned and in place. The service will formally launch in January 2020, with some referrals being accepted prior to this.

South Notts

South Notts has recruited 11 Link Workers by securing transformation monies to expand their model. All colleagues across the South have agreed to deliver the same social prescribing model, despite being employed by 3 different employers.

Following a training and induction process, the service will formally launch in January 2020, with some referrals being accepted prior to this.

Bassetlaw

Bassetlaw has a well established social prescribing model. Although Bassetlaw is part of South Yorkshire and Bassetlaw ICS, the good practice from this model is shaping development in the Nottinghamshire ICS footprint, and work is underway to align the models across Nottinghamshire to learn from each other and make best use of existing practice.

Nottingham City

Whilst not the remit of this Committee, it is helpful to understand that the same work is underway in Nottingham City, with the new service launching in January 2020.

3.2 Referrals to Link Workers

Initially, referrals to Link Workers will be predominantly from GP's while the service is first being implemented.

By April 2020, a wide range of local agencies will be able to refer to social prescribing in order to coordinate support around the person and encourage partnership working. All primary care staff and local agencies, including GP's, pharmacies, local authorities, multi-disciplinary teams, hospital discharge teams, allied health professionals, fire service, police, job centres, social care services, housing associations and VCSE organisations will be able to refer people to a link worker.

Individuals and families and carers will also be able to make a referral to a Link Worker.

3.3 Community Development support

Without strong and sustainable community assets, the social prescribing model will not work as there will be no community groups for the Link Worker to connect individuals with. A key aspect of the Link Worker role is focused on community development to ensure that local voluntary organisations, community groups and social enterprises are locally sustainable and can plan ahead and identify gaps in provision and respond to them.

Whilst the Link Worker role is first implemented, a non-recurrent Community Development Fund of £35,000 has been awarded to each ICP to support community development within the first year of the social prescribing model. Each area has

developed a different proposal for how to use the funding, with Mid Notts funding this support through their CVS's and South Notts funding a post for this work within Gedling Borough Council.

This is a short term focus on community asset building, and there is recognition that there will need to be a longer term approach to this in order to ensure long term community sustainability. Work will be undertaken over the coming months with partners across the ICS, CCG and County Council to explore how best we can collectively address this as a system.

3.4 Existing schemes

There are a range of existing social prescribing/community services in existence across the County, including Nottinghamshire County Council (NCC) funded services. These include, but are not limited to:

Mid-Notts (Mansfield, Ashfield, Newark & Sherwood):

- Connect (Age UK service funded by NCC)
- Nottinghamshire Enablement Service & Coproduction (funded by NCC)
- Everyone Health – focused on weight management, falls prevention and maternity (part funded by NCC)
- Ashfield Exercise Referral Scheme (funded by Ashfield District council)
- Nottinghamshire Warm Homes on Prescription (funded by Newark & Sherwood Homes)
- Mansfield Health & Wellbeing Services (funded by Mansfield District Council)

South Notts (Broxtowe, Gedling and Rushcliffe):

- Connect (Metropolitan service funded by NCC)
- Age UK Living Well Service (Funded by CCG)
- SPRIING – Social Prescribing Reducing Isolation IN Gedling (funded by Gedling Borough Council and Gedling/Jigsaw Homes)

Digital online tools, such as Notts Help Yourself, also support individuals to gain quality information about services available in local communities.

The NHS England funded model is intended to build on existing local social prescribing schemes, avoiding duplication and enabling all social prescribing link workers (wherever they are employed) to work together as a wider team across the local area. The purpose of the Link Worker role is to compliment, not replace, existing schemes.

Next steps

- A year 1 evaluation will also be undertaken to ensure learning from the developmental year and the application of best practice to be applied for scale up over the coming years in line with the NHSE trajectories
- Work to be undertaken to work with partners to align new and existing social prescribing schemes across the ICS footprint to reduce duplication and ensure value for money

- Work will be undertaken with partners to focus on a system response to the long term sustainability of community assets, which will support the social prescribing model

Amy Callaway

Universal Personalised Care Programme Manager

Nottinghamshire Integrated Care System

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Age UK Living Well Service – Mrs A's Story

Mrs A's story

Mrs A is a 78-year-old lady who has lived in her village all her life. For the past ten years, she's lived alone with her dog "Jasper" and a close friend who visited every day and drove her to social events. This friend had recently passed away. Mrs A had a childhood below-knee amputation, and she suffered with muscle weakness, fatigue, angina and arthritis. At the point of referral, Mrs A was bereaved and suffering with anxiety and loss of confidence. She felt lonely, isolated, and unvalued and made frequent home visit requests from her GP.

A Living Well link worker visited Mrs A at home and held a guided conversation about what mattered to her. She described herself as quiet and nervous but wanting to try some social groups. What mattered most to her was walking with Jasper, a love for nature and gardening, and having friends to share these with. She also values her independence, and she wanted to continue to live in her own home with the support of her nephew.

The link worker started by introducing Mrs A to a coffee morning. Although she enjoyed seeing people, she found it was too noisy. This made her nervous, and she let the link worker know that she was more comfortable getting to know people on a one-to-one basis.

With the help of the Age UK befriending service, the coordinator found a local volunteer to visit Mrs A each week. The volunteer shared Mrs A's love of animals, her garden, and going for short walks and visits to garden centres.



Impact for Mrs A

Mrs A looked forward to her weekly visits – it gave her a focus and the social contact she craved in the way that was right for her. Mrs A and the befriender became close friends.



Her health and wellbeing improved to the point that she was no longer reliant on NHS services, and she thanked her GP for referring her to the Living Well service. As the care coordinator had helped her apply for increased benefits, this also helped her maintain independence in her own home.

Mrs A had such a positive experience that she felt she wanted to give something back, so she became a telephone befriender for the same befriending service that had helped her. She supported another lonely older person by calling them on a weekly basis, giving Mrs A her confidence back and making her feel like a valued member of society.

3 December 2019**Agenda Item: 5****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****NUH IMPROVEMENT PLAN UPDATE****Purpose of the Report**

1. To introduce an update on Nottingham University Hospital's improvement further to its Care Quality Commission (CQC) inspection.

Information

2. This topic was last on the agenda of the Health Scrutiny Committee in May 2019, when Members heard that NUH's last CQC inspection took place between November 2018 and January 2019.
3. Overall, NUH received a 'good' rating, with 'Effective', 'We'll-led' and 'Responsive' also rated 'good.' NUH's 'Caring' was rated 'Outstanding' while its 'Safe' rating was 'Requires improvement.'
4. NUH was working hard on addressing the shortcomings highlighted in the 'Safe' domain, which included ensuring appropriate staffing levels in the Maternity Unit, making sure Do Not Attempt Resuscitation (DNAR) decisions were fully and consistently documented, inconsistencies with prescribing recording and storing medicines and protocols around clinical waste.
5. The Health Scrutiny Committee heard that NUH had not been able to deliver targets for some time. In addition, a comprehensive Improvement Plan was at an advanced stage of development and would be available publicly at the end of May 2019.
6. Dr Keith Girling, Medical Director, NUH and Ms Anne Crompton, Associate Director of Quality and Safety will attend the Health Scrutiny Committee to brief Members and answer questions as necessary.
7. A written briefing from NUH is attached as an appendix to this report.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Consider and comment on the information provided.

Councillor Keith Girling
Chairman of Health Scrutiny Committee

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

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

CQC Improvement Plan (Action Plan) Update report

Dr K Girling, Medical Director
Ms A Crompton, Associate Director
of Quality and Safety
December 2019

Our inspection

- Team of 30 inspectors, made up of patients, doctors, nurses, other healthcare professionals (eg: specialist leads for Safeguarding, Infection Control & Staffside) visited QMC and City Hospital over 15 days (announced and unannounced) between November 2018 and January 2019
- CQC spoke to patients, carers, staffside leads and staff of all levels
- They also sought views and perceptions of NUH from external partners as part of the inspection

7 core services inspected

- Urgent & Emergency Care
- Medicine (including Healthcare of Older People)
- Critical Care (QMC campus only)
- Children & Young People
- Maternity
- Neonatal (City campus only)
- End of Life Care

3 parts to our inspection:

- Core service review
- Well-led review (over three days)
- Use of Resources review

We've been rated

'good' overall by the Care Quality Commission



Caring

Outstanding



Effective

Good



Well-led

Good



Responsive

Good



Safe

**Requires
improvement**



Driving Improvement

- Two core services were rated as requiring improvement:
 - Urgent and emergency care at QMC (safe and responsive domains)
 - Maternity at QMC and City (safe and well led domains)
- Overall rating of requires improvement for the safe domain.
- The full report can be found at <https://www.cqc.org.uk/provider/RX1?referrer=widget3>

Action Plan

- The inspection resulted in ONE MUST DO regulatory action in relation to the documentation of do not attempt cardiopulmonary resuscitation (DNACPR) decisions and 54 SHOULD DO actions.
- A detailed action plan was developed to respond to these recommendations

Progress- 'Must-Do'

- There has been progress against implementation of the 'Must Do' action (DNACPR decision making and recording) but not at the required pace. Key issue relates to completion of all sections of the form in a timely manner
- CQC aware and have supported development of a targeted QI project to drive improvement in performance which will commence December 2019

Progress- 'should- do'

- 26 of the 'should do' recommendations are on track for completion or have been completed and embedded in practice.
- 13 of the 'should do' recommendations are considered to need investment to implement properly and have been reviewed at Management Board
- The remaining 15 are off track with a recovery plan in place

Update of key areas of focus

May 2019

- More consistent application of the principles of the Mental Capacity Act
- Improving compliance with medical equipment checks
- Keeping clinical bins locked at all times

December 2019

- MCA Champions in all areas with positive initial audit results and further audit planned to test embeddedness
- Process reviewed through nursing dashboard and offering good assurance
- Spot checks in place and offering good assurance

Monitoring progress

- CQC action plan oversight group established under leadership of Chief Nurse
- Oversight at Quality and Safety Committee and Management Board with upward reporting to Quality Assurance Committee & NUH Trust Board.
- Internal audit has reviewed and tested the robustness of monitoring and oversight process and issued a significant assurance opinion (Nov 2019)

Questions & discussion

3 December 2019**Agenda Item: 6****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****WORK PROGRAMME****Purpose of the Report**

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

Information

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

RECOMMENDATION

That the Health Scrutiny Committee:

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

Councillor Keith Girling
Chairman of Health Scrutiny Committee

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

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2019/20

Subject Title	Brief Summary of agenda item	Scrutiny/Briefing/Update	Lead Officer	External Contact/Organisation
07 May 2019				
NUH CQC Inspection and Improvement Plan	Initial briefing on outcomes and planning following the CQC inspection	Scrutiny	Martin Gately	NUH
NUH Winter Plans	Briefing on lessons learnt from last winter and future plans	Scrutiny	Martin Gately	NUH
Muscular Dystrophy Pathway	Initial briefing on patient experience in the muscular dystrophy pathway, including the physiotherapy service	Scrutiny	Martin Gately	NUH
Dentistry in Nottinghamshire	An initial briefing on the commissioning of dental services in Nottinghamshire.	Scrutiny	Martin Gately	Laura Burns, NHS England
18 June 2019				
CCG Merger Consultation	Agreement of consultation response to CCG merger.	Scrutiny	Martin Gately	TBC
East Midlands Ambulance Service – Performance and Recruitment Update	An update on the progress by EMAS in filling vacant posts and against key performance indicators.	Scrutiny	Martin Gately	Annette McFarlane, Service Delivery Manager and Keith Underwood, Ambulance Operations Manager for EMAS
Patient Transport Service	The latest performance information on patient transport from the commissioners and Arriva.	Scrutiny	Martin Gately	Neil Moore and Lucy Dadge, Greater Nottingham CCG
23 July 2019				
NHS Property Services	An initial briefing on NHS Property Services and its interaction with tenant/providers.	Scrutiny	Martin Gately	Senior representatives of NHS Property

				Services.
Healthcare Trust CQC Inspection	Briefing on the Trust's improvement plan following recent CQC inspection.	Scrutiny	Martin Gately	Dr John Brewin, Chief Executive, Healthcare Trust
Treatment Centre	An update on the latest position with the procurement of the Treatment Centre.	Scrutiny	Martin Gately	Lucy Dadge, Executive Director Commissioning, Nottinghamshire CCG and Dr Keith Girling, Medical Director, NUH
10 September 2019				
National Rehabilitation Centre	Briefing on the current position.	Scrutiny	Martin Gately	Hazel Buchanan, Nottinghamshire CCG
Healthwatch	Briefing on the recent work of Healthwatch (including reviews).	Scrutiny	Martin Gately	Sarah Collis, Healthwatch
15 October 2019				
Whyburn Medical Practice Update	Update on contract and service provision.	Scrutiny	Martin Gately	Greater Nottingham CCG
Clinical Services Strategy Update	Further briefing on the strategy.	Scrutiny	Martin Gately	Greater Nottingham CCG
Nottinghamshire Healthcare Trust – Adult Services Update (TBC)	An update on a range of issues in Adult Mental Services, including feedback on additional bed spaces at the Highbury Hospital site.	Scrutiny	Martin Gately	Kazia Foster/Sandra Crawford, Healthcare Trust
NHS Long Term Plan	Update on local engagement and how this will inform local plan.	Scrutiny	Martin Gately	Lewis Etoria, Head of Communications, Integrated Care System.

8 November 2019				
National Rehabilitation Centre – Pre-consultation Business Case	Briefing/presentation on the NRC Pre-Consultation Business Case	Scrutiny	Martin Gately	TBC – Senior CCG representatives.
3 December 2019				
NUH Improvement Plan Update	Further consideration of improvement plan following CQC inspection.	Scrutiny	Martin Gately	Dr Keith Girling, Medical Director NUH (TBC)
Muscular Dystrophy Pathway Update	Update following the previous consideration of the pathway in May.	Scrutiny	Martin Gately	Dr Saam Sedehizadeh, NUH (TBC)
Social Prescribing	An initial briefing on the benefits of social prescribing.	Scrutiny	Martin Gately	Amy Callaway, Programme Manager, Integrated Care System
14 January 2020				
Nottingham Treatment Centre	Update on latest performance from NUH	Scrutiny	Martin Gately	NUH/Nottinghamshire Commissioners
Access to GP Appointments	Initial briefing on an issue of concern	Scrutiny	Martin Gately	Nottinghamshire Commissioners (TBC)
Dentistry Update	Update further to the previous consideration of this issue in May.	Scrutiny	Martin Gately	Laura Burns, NUH
25 February 2020				
Nottinghamshire Healthcare Trust CQC Inspection – Improvement Plan	The latest progress by the Trust against its improvement plan.	Scrutiny	Martin Gately	Dr Brewin, Chief Exec, Nottinghamshire Healthcare Trust
Dementia in Hospital Update	Update on the latest position regarding patients with dementia at NUH.	Scrutiny	Martin Gately	TBC

31 March 2020				
Clinical Commissioning Group Merger (TBC)				
National Rehabilitation Centre – Pre-consultation Business Case (TBC)				
19 May 2020				
NUH Winter Plans	Annual consideration of winter planning issues.	Scrutiny	Martin Gately	Caroline Nolan/Rachel Eddie, NUH (TBC)
Bassetlaw Hospital Update (TBC)				
To be scheduled				
Public Health Issues				
Muscular Dystrophy Update				
Integrated Care System – Ten Year Plan (TBC)	An initial briefing on the ICS – ten year plan.	Scrutiny	Martin Gately	TBC
Parity of GP Service Coverage across Nottinghamshire				
Dementia Care in Hospital				
The administration of GP referrals				
Access to School Nurses				
Wheelchair repair				
Allergies in Children				
Operation of the MASH				
Mental Health issues (e.g. suicide) and GP referrals.				

Clinical Commissioning Groups' Merger				
Bassetlaw Hospital Update				
Frail Elderly at Home				
Patient Transport Service Performance Update (To be scheduled for December 2020)				
NHS Property Services (July 2020)				
NHS Long Term Plan (July 2020)				

Potential Topics for Scrutiny:

Recruitment (especially GPs)

Allergies and epi-pens

Diabetes services

Air Quality (NCC Public Health Dept)

Overview Sessions (To be confirmed)

Nottingham University Hospitals (NUH) – autumn 2019

East Midlands Ambulance Service (EMAS) – autumn 2019

VISITS

Urgent Care Pathway (QMC visit) – autumn 2019

Medium secure mental hospitals – TBC