

Health Scrutiny Committee

Monday, 18 January 2016 at 14:00

County Hall, County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

- | | | |
|----|--|---------|
| 1 | Minutes of the last meeting held on 23 November 2015 | 3 - 8 |
| 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 | The Work of the Health & Wellbeing Board and Actions to Reduce Health Inequalities | 9 - 20 |
| 5 | Quality Accounts - Consideration of Priorities | 21 - 22 |
| 6 | Sherwood Forest Hospitals - Quality Improvement Plan Kings Mill Focus | 23 - 24 |
| 7 | Contract Expiry at Westwood 8-8 Centre, Bassetlaw | 25 - 38 |
| 8 | Sherwood Medical Partnership and Rainworth Surgery Contract Merger | 39 - 42 |
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| 10 | Work Programme | 55 - 60 |

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:-

Customer Services Centre 0300 500 80 80

- (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 Alison Fawley (Tel. 0115 993 2534) 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

Colleen Harwood (Chairman)
Kate Foale
Bruce Laughton
John Ogle
Jacky Williams
Yvonne Woodhead

District Members

A	Glenys Maxwell	Ashfield District Council
A	Brian Lohan	Mansfield District Council
	David Staples	Newark and Sherwood District Council
A	John Shephard	Bassetlaw District Council

Officers

Alison Fawley	Nottinghamshire County Council
Martin Gately	Nottinghamshire County Council

Also in attendance

Carolyn Jenkinson	Head of Hospital Inspections, CQC
Karen Fisher	SFH - KMH
Andrew Haynes	SFH - KMH
Peter Herring	SFH – KMH
Elaine Moss	Newark & Sherwood CCG
Linda Hirst	CQC
Joe Pidgeon	Healthwatch Nottinghamshire
Jez Alcock	Healthwatch Nottinghamshire

MEMBERSHIP OF THE COMMITTEE

Councillor Yvonne Woodhead had been appointed to the Committee in place of Councillor John Allin for this meeting only.

MINUTES

The minutes of the last meeting held on 21 September 2015, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor John Shephard (other council business) and Councillor Brian Lohan

DECLARATIONS OF INTEREST

There were no declarations of interest.

SHERWOOD FOREST HOSPITALS CARE QUALITY COMMISSION INSPECTION REPORT

Carolyn Jenkinson, Head of Hospital Inspection East Midlands, CQC gave a presentation which summarised the findings of the inspection at Sherwood Forest Hospitals NHS Foundation Trust in June 2015. She gave a brief outline of Sherwood Forest Hospitals NHS Foundation Trust (the Trust) history prior to the inspection and outlined the inspection process and the five key questions used. She discussed the grids which detailed the outcomes for each area and gave an overall rating: Kings Mill Hospital (KMH) and Newark Hospital (NH) were judged to be inadequate overall and Mansfield Hospital (MH) was judged to require improvement. Ms Jenkinson discussed the findings under each key question and responded to questions and comments from Members:

- There were concerns that the category of 'safe' for surgery was graded as requires improvement but overall the outcome was good. Ms Jenkinson explained the methodology and that on balance surgery was considered good overall although there was work to be done in the safe category.
- Some councillors felt that the inadequate rating did not reflect patient experience. Ms Jenkinson explained that patient opinion is only one consideration and that the report found that care was not always based on best practice or national guidance.
- Members expressed concern that being placed in special measures may make recruitment even more difficult and thus impact on the Trust's ability to improve practice/performance due to increasing use of agency staff. There were also concerns regarding the impact on funding particularly as funding was not linked to deprivation. Ms Jenkinson acknowledged that KMH was in one of the most deprived areas but could not comment on funding arrangements but said that special measures did come with additional funding for leadership. However she felt that within the Trust it was more about culture rather than money and that whilst she understood the concerns around the special measures label, she said that the public do have a right to know and that patients should expect the same standard of care as at other hospitals.
- High quality services were not wholly linked to funding but it was felt that the impact of using agency staff to fill gaps impacted both on finances and the ability to improve.
- Members were concerned that there had been at least five Chief Executive Officers in recent years and felt that it was not good enough that the lack of progress had not been addressed.
- Healthwatch said that it was important for communities to support an organisation in special measures and that there was a need for positive communication over the next two years.

Karen Fisher, Acting CE, SFH, gave a presentation on the Trust's response to the CQC inspection. The presentation outlined the reasons why there had not been sufficient improvement and how the Trust proposed to do things differently this time.

She discussed the Quality Improvement Plan which was structured around 10 workstreams and focused on immediate, short term and medium term actions. Each workstream had its own accountable executive lead. The presentation discussed the steps taken since June 2015 to improve patient care and the range of partnerships that were either in place or being developed to support the improvement plan.

During discussion the following points were raised:

- Members asked how the Trust proposed to engage with staff and Ms Fisher explained the process that had already started and 25-30 staff engagement sessions had taken place.
- Members were concerned about governance arrangements and audit processes. Ms Fisher said that governance arrangements were not robust enough as the Board's self-assessment had rated its performance as being significantly better than the CQC findings. Mr Herring's appointment as Interim CE was intended to provide support, drive forward the Quality Improvement Plan and to get substantive leadership in place.

The Chair thanked Ms Jenkinson, Ms Fisher and Mr Herring for attending committee and contributing to the discussion on the CQC inspection outcomes. The Chair requested that the Trust be added as an item at each meeting on the work programme for a progress report against the Improvement Plan and to gain reassurance that the Trust is making a sustainable recovery.

SHERWOOD FOREST HOSPITALS TRUST – MORTALITY RATES

Dr Andrew Haynes and Elaine Moss gave a presentation to inform Members on current mortality rates in Sherwood Forest Hospitals (SFH). Dr Haynes explained the charts in detail and responded to questions and comments from Members.

- As a result of the Section 31 Notice regarding the Trusts management of sepsis, weekly reporting had been introduced and this had resulted in an improvement in performance.
- Some coding issues had been resolved by changing documentation and reporting procedures but there were still problems with palliative care coding.
- Staff were working hard to embed a safety culture: the expectation was that staff would know what had gone wrong and would act on it rather than wait to be told.
- New key staff had a very clear vision of how to get the Trust to where it needs to be, however the cultural change would be slower.
- Support was being received from a number of partner organisations.
- East Midlands Ambulance Service (EMAS) commented that they met with the operations manager at KMC on a regular basis to discuss issues at KMC and implement solutions.

The Chair thanked Dr Haynes and Ms Moss for their presentation and discussion and requested that a further progress report be made to Committee in January 2016.

CARE QUALITY COMMISSION – GP SURGERIES AND DENTISTS

Linda Hirst, Inspection Manager, Primary Medical Services and Integrated Care, CQC introduced a briefing on the progress and themes coming out of the CQC inspections of General Practice and dentistry in Nottinghamshire. She explained inspection arrangements and how the CQC gathers and uses information obtained from stakeholders

Ms Hirst informed Members of the outcomes of 37 General Practice inspections since October 2014. From the published reports four practices were rated as outstanding overall, fifteen were rated as good overall and eight were identified as requiring improvement overall. Two practices in Ashfield/Mansfield had been placed in special measures and urgent action had been taken to remove the registration of CNCS which provided services at Kirkby Community practice and put alternative arrangements in place. Both practices in special measures would be subject to a full re-inspection within six months.

There had been four inspections of Dentists but only two reports had been published and it was felt that there was insufficient data to pull out themes from these inspections.

During discussion the following points were raised:

- Members felt that CQC had a very proactive approach to dealing with General Practices.
- CQC were looking at a more planned focus for inspections of practices with a corporate provider so that if one practice was judged to be inadequate, other practices with the provider would be inspected quickly.
- Members were concerned at the low level of dental practice inspections. Ms Hirst explained that the methodology was different and that Members may wish to invite the Dentistry manager to a future meeting.

BASSETLAW WORKING TOGETHER PROGRAMME

The Chair introduced the briefing on the establishment of a collaborative partnership between NHS commissioners to lead a Transformational Change Programme across South Yorkshire, Bassetlaw, North Derbyshire and Wakefield. A formal invitation had been sent to the Chief Executive and would be presented at a full Council meeting for approval for a member of the Health Scrutiny Committee to be represent Nottinghamshire.

During discussion the following points were raised:

- The new committee would be for joint matters only.
- The proposal has been referred to the Chief Executive and Monitoring Officer for guidance on the way forward.

WORK PROGRAMME

The work programme was discussed and it was agreed to add the following items to the work programme:

- SFH Trust - an update on progress made against the Improvement Plan to be added for each meeting.

The meeting closed at 4.59pm.

CHAIRMAN

23 November 2015 - Health Scrutiny

18 January 2016**Agenda Item: 4****REPORT OF THE DEPUTY LEADER AND CHAIR OF THE HEALTH & WELLBEING BOARD****THE WORK OF THE HEALTH & WELLBEING BOARD & ACTIONS TO REDUCE HEALTH INEQUALITIES****Purpose of the Report**

1. This report provides a brief summary of the work of the Health & Wellbeing Board and how it is helping to improve health and wellbeing and reduce health inequalities for Nottinghamshire.
2. The report also provides information on the current state of health inequalities in Nottinghamshire. It describes the main underlying factors that contribute to health inequalities in Nottinghamshire County; exploring actions being taken to address these and highlighting areas where more effort is required.

Information and Advice**The role and work of the Health & Wellbeing Board**

3. The main purpose for the Health & Wellbeing Board is to build strong and effective partnerships, which improve the commissioning and delivery of services across the NHS and local government, leading in turn to improved health and wellbeing for local people. The Board has three statutory duties to support this function. They are:
 - a. To prepare a Joint Strategic Needs Assessment (JSNA) to provide an accurate assessment of local needs
 - b. To publish a Joint Health & Wellbeing Strategy to address the needs identified through the JSNA
 - c. To encourage integrated working

Since the introduction of the Better Care Fund, there is also a requirement on the Board to jointly agree the local Better Care Fund plan.

Through this work the Board is also responsible for leading locally on reducing health inequalities.

4. The Joint Strategic Needs Assessment is under a continual review and has also recently been reviewed to improve the process and access to information. The JSNA is located on a newly formed webpage to improve access and make the content more user friendly. The new weblink is as follows: <http://www.nottinghamshireinsight.org.uk/insight/nottinghamshirehome.aspx>

5. The second Health & Wellbeing Strategy for Nottinghamshire; Our Strategy for Health and Wellbeing in Nottinghamshire 2014-17 was approved by the Board in March 2014. The weblink is: <http://www.nottinghamshire.gov.uk/care/health-and-wellbeing/health-and-wellbeing-board/health-and-wellbeing-strategy>
6. The Strategy includes 20 priorities underpinning FOUR ambitions:
 - a. **A good start** – For everyone to have a good start in life.
 - b. **Living well** – For people to live well, making healthier choices and living healthier lives.
 - c. **Coping well** - That people cope well and that we help and support people to improve their own health and wellbeing, to be independent and reduce their need for traditional health and social care services where we can.
 - d. **Working together**- To get everyone to work together.
7. The strategy is delivered through partnership working, using responsible organisations to lead the work, alongside engaging partners and providers in implementation plans. Through its supporting structure, the Board keeps oversight of the delivery of the strategic priorities.
8. In September this year, the Board considered the range of priorities and, in the context of overall health outcomes, impact on health inequalities and potential added value that the Board could bring, the following seven priority actions were agreed for 2015/16. Work is currently underway to improve health & wellbeing outcomes in these areas:
 - I. **Work together to keep children & young people safe** - Develop a partnership agreement to tackle child sexual exploitation in Nottinghamshire, in conjunction with the Nottinghamshire Safeguarding Children's Board
 - II. **Improve children & young people's health outcomes through integrated commissioning of services** -
 - i. Improve uptake of breastfeeding, particularly in the Ashfield, Bassetlaw, Gedling, Mansfield and Newark and Sherwood districts.
 - ii. Improve Children and Young People's Mental Health and Wellbeing across Nottinghamshire through Implementation of the Nottinghamshire Children's Mental Health & Wellbeing Transformation Plan.
 - III. **Reduce the number of people who smoke** - Health and wellbeing partners to implement their agreed actions for the Nottinghamshire County and Nottingham City Declaration on Tobacco Control.
 - IV. **Reduce the number of people who are overweight & obese and develop healthier environments to live and work** - Facilitate a joint approach across Health and Wellbeing partners to planning to maximise benefits, leading to the use of Health Impact Assessments.
 - V. **Provide coordinated services for people with mental ill health** - Facilitate a joint approach to crisis support (including work around the crisis care concordat) to maximise resources to support individuals in the community
 - VI. **Ensure we have sufficient & suitable housing, including housing related support, particularly for vulnerable people** - Extend integrated working to include Housing so that support for vulnerable people is assessed collectively and delivered by the most appropriate agency.

9. The Better Care Fund plan was approved by the Board in April 2014, and supports delivery of the elements of the overall health & Wellbeing Strategy, with particular emphasis on coping well and working together across health and social care.
10. The Board also leads a significant programme of engagement activity. This includes the following elements:
- a. Bespoke workshops with the Board and key partners to agree actions to address strategic priorities
 - b. Network events to involve a wide range of stakeholders across the health and wellbeing network, to broker two-way communication to help form strategy
 - c. Summits designed to progress a specific area of work, which are opened out to invited guests
 - d. Communication activity through meeting summaries, media relations and social media to spread the work of the Board
11. An example of some of the achievements are listed below. Further detail will be included in the Boards annual report for 2015/16.
- a. The board has hosted 8 workshops from April 14 to date, ranging from health & social care finances to the implications of the Care Act. A brief summary and key outcomes for some of these sessions include:
 - The Health & Wellbeing Board undertook a peer challenge in February 2015. The review highlighted three main themes for the Board to consider: strategic leadership, communications & engagement and governance & support. A follow-up workshop was arranged to engage key stakeholders in developing an action plan to address the findings. The workshop explored current experiences of the Health & Wellbeing Board, future ambition and considered how these would be achieved. The workshop successfully set the direction for the Boards response to the peer challenge, which has led to an agreed implementation plan, which is currently being delivered.
 - A workshop was held to explore the area of NHS Health checks. This was prioritised due to concerns over service coverage and patient uptake. The workshop considered barriers and facilitators to success, and allowed concerns to be discussed directly with the GP workforce to help identify possible solutions. Following the session, the outcomes have been used to form an action plan, which is being implemented to improve the service. Actions include direct support to practices, and engagement with CCGs to explore and develop new models.
 - A joint workshop across city and county Health & Wellbeing Boards took place in November to explore possible local solutions to known workforce issues. The session highlighted common issues across the health and care sector and considered actions to help address some of the pressures. Suggestions included improved sharing of workforce plans, extension of a local holistic worker model and joint training & development opportunities to support career development opportunities across the sector. A report is due to be presented at both Boards in January 2016 with key recommendations for sector-wide action.
 - b. Review of services for domestic abuse and violence – Sponsored through the Board, the Public Health department led a joint commissioning exercise with the Police and Crime Commissioner. The contract was awarded in July 2015, and services commenced on 1 October 15. The new joint approach reviewed the way services were delivered to improve

consistency and quality across the County, and agree a common approach for commissioning to secure better outcomes for citizens.

- c. Since approval of the plans in 2014, the Better Care Fund has moved from planning, to implementation and monitoring of progress against the national conditions and key performance indicators. The Health and Wellbeing Board has an oversight role, receiving regular updates from the Better Care Fund Programme Board on progress. The latest report for the period July-Sept 15 shows early signs of success, with targets being met for non-elective hospital admissions, care home admissions and care home admissions from hospital.
- d. Review of the Child & Adolescent Mental Health service (CAMHS) – The Board requested an in-depth discussion on the quality of local CAMHS services. This led to a review of services which is Improving access to services, including increasing funding for the intensive home treatment service. The review is also providing better access to local inpatient beds and increased awareness and knowledge in GP practices and schools to improve support for children and young people who present with concerns around their mental health.
- e. The Board has hosted 7 stakeholder network events from April 2015 to date that focussed on significant issues for health & wellbeing and engaged a wide range of stakeholders, including the general public. Examples of two events are:
 - A young person health event took place in August 2015 to give young people the chance to say what they would like from health services and input into the development to a young people's health strategy. The session showcased an excellent example of engagement by young people in assessing how 'young people friendly' services are and allowed young people to give valuable feedback to commissioners of services. The feedback from the event directly influenced the development of the strategy and also set the direction for broadening engagement of young people in future.
 - A voluntary and community sector event took place in September 2015, themed around 'We're in it together.' The session promoted a better understanding of the role of the Health & Wellbeing Board and considered ways that community and voluntary organisations can engage with the Board. The event incorporated table hosting to share good practice and facilitate boarder learning and helped third sector organisations make contacts and consider new ways to support health and wellbeing together.

Health Inequalities

12. Health Inequalities is a huge and complex topic. There are many factors that affect health and wellbeing, all of which can contribute to health inequalities. One way of looking at Health Inequalities might be to review equality of access to the services that support health and wellbeing. However, this risks being overly simplistic, as many of the determinants and causes of inequalities overlap and interact. The diagram in **Figure One** represents the main groups of factors that determine health and wellbeing for individuals and populations.

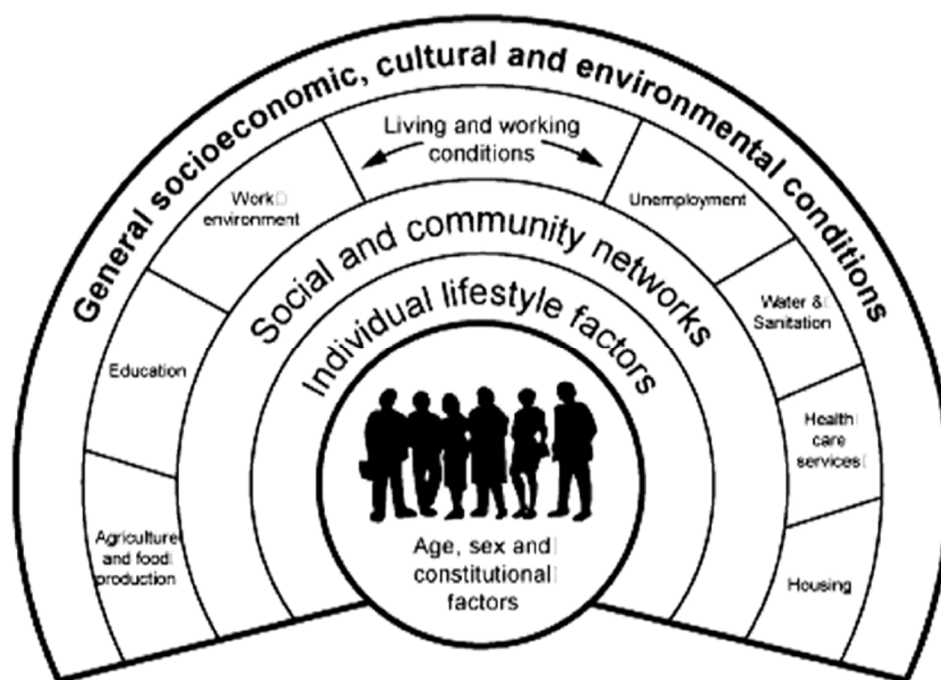


Figure One: Factors that determine health and wellbeing for individuals and populations

Marmot objective	Determinants	Local lead
i. Give every child the best start in life	Smoking in pregnancy Breastfeeding	Nottinghamshire County Council Nottinghamshire County Council
ii. Enable all children, young people and adults to maximise their capabilities and have control over their lives	Education	Nottinghamshire County Council
iii. Create fair employment and good work for all	Employment Living wage	Local Enterprise Partnership All members as employers and as advocates at national level
iv. Ensure healthy standard of living for all	Employment Living wage Housing, Planning	Local Enterprise Partnership HWB members as employers and as advocates at national level District & Borough Councils
v. Create and develop healthy and sustainable places and communities	Community Engagement Access to leisure facilities and green spaces	District & Borough Councils
vi. Strengthen the role and impact of ill health prevention	Access to and quality of primary care Healthy Lifestyles	Clinical Commissioning Groups Local Enterprise Partnership

Figure Two: six policy objectives needed to tackle Health Inequalities

13. In November 2008, Professor Sir Michael Marmot was asked to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England. His report “Fair Society, Healthy Lives” centred on the themes of: social justice, the social gradient in health and health inequalities, fairness, economic context, social

inequalities and climate change. The costs of inequalities were explained in terms of years of life lost, years of healthy life lost and economic costs.

14. Marmot concluded that reducing health inequalities would require action on six policy objectives (see **Figure Two**) and that delivering these policy objectives would require action by central and local government, the NHS, the third and private sectors and community groups. The Marmot review identified that strategies to address health inequalities needed to tackle health risks (smoking, alcohol, obesity and drug use) and social determinants (early years, education, work, income and communities).
15. As the system leader, the Health and Wellbeing Board is well placed to engage in participatory decision-making at local level to ensure that there are effective local delivery systems focused on health equity in all policies.

Life Expectancy

16. Life Expectancy is the length of time that, on average, a new-born baby can expect to live. It is a recognised marker for health inequalities, and is used to look at differences between populations. Many factors determine life expectancy, and significant variations are found based on sex, ethnicity and socio-economic status.
17. There is a 3.4 year difference in Life Expectancy in Nottinghamshire between males (79.6 years) and females (83 years). The gap in Life Expectancy between males and females has remained consistently below and better than the national average (see **Figure 3.**) Over time the Life Expectancy gap between the sexes is decreasing, as male Life Expectancy is improving faster than female Life Expectancy, from a 4.4 year gap in 2000-02 to a 3.4 year gap in 2011-13.

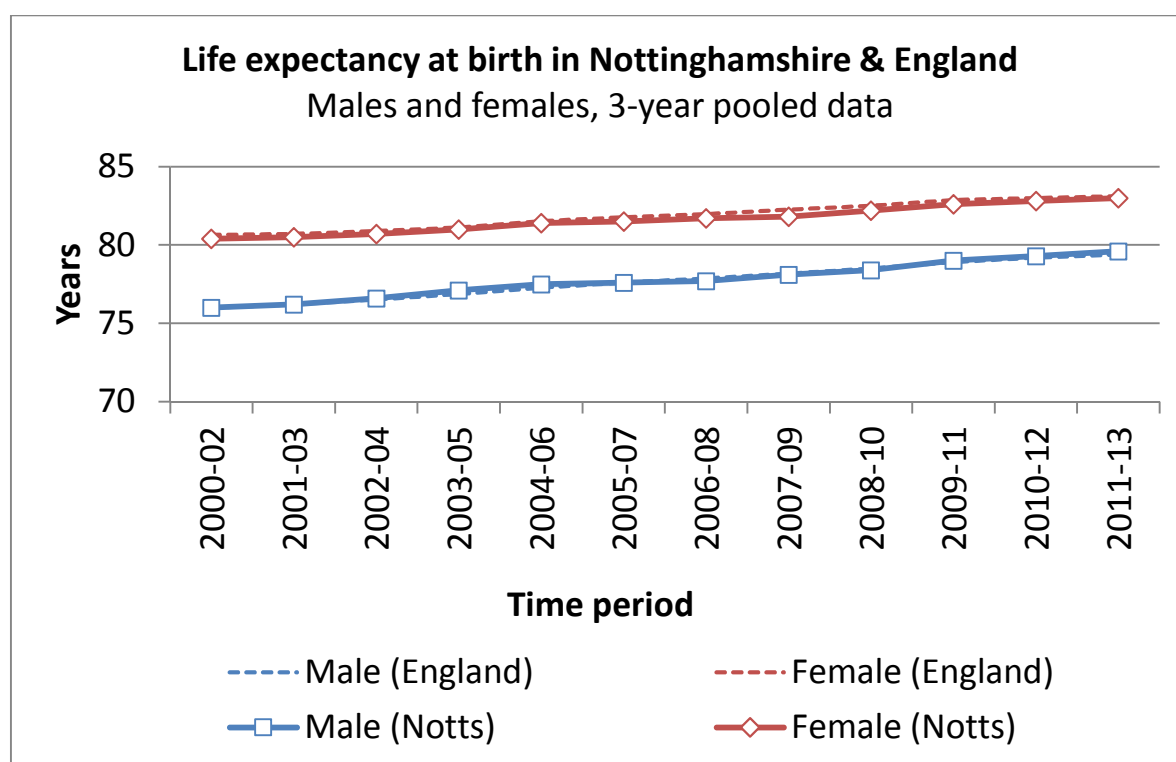


Figure 3:Source: Public Health Outcomes Framework Data tool, Public Health England. Accessed April 2015

18. Life Expectancy is increasing over time in all districts, however there is still a geographical variation in Life Expectancy across Nottinghamshire. Life Expectancy is greatest in Rushcliffe (84.1 years for females and 80.8 years for males), and least in Mansfield (81.3 years for females) and Ashfield (77.6 years for males). The gap in Life Expectancy between the best and worst districts is staying the same for females and reducing slightly for males. Bigger geographical differences in Life Expectancy are seen at sub-district level (i.e. areas of between 5,000 and 15,000 people or 2,000 and 6,000 households, known as Middle Super Output Areas).
19. The main contributors to the Life Expectancy gap between males and females in Nottinghamshire are Cardiovascular Disease (CVD), cancer and respiratory disease. These three disease groups together account for 3.77 years of Life Expectancy lost in males and 3.07 years lost in females, between the most and least deprived areas in Nottinghamshire i.e. between approx. 60-65% of the total difference.
20. The main modifiable risk factor underpinning Cardiovascular Disease, cancer and respiratory disease is tobacco use. Indeed research suggests tobacco explains half the difference in the Life Expectancy gap. Alcohol and obesity are also known to feature prominently in many types of cancer, as they do for Cardiovascular Disease. Actions to address these risk factors are included in the Health & Wellbeing Strategy.
21. Healthy Life Expectancy (HLE) is an indicator that has not been reported in Nottinghamshire before. It is a measure of the average number of years a person would expect to live in good health, as opposed to overall length of life. This is illustrated in **figure 3** below:

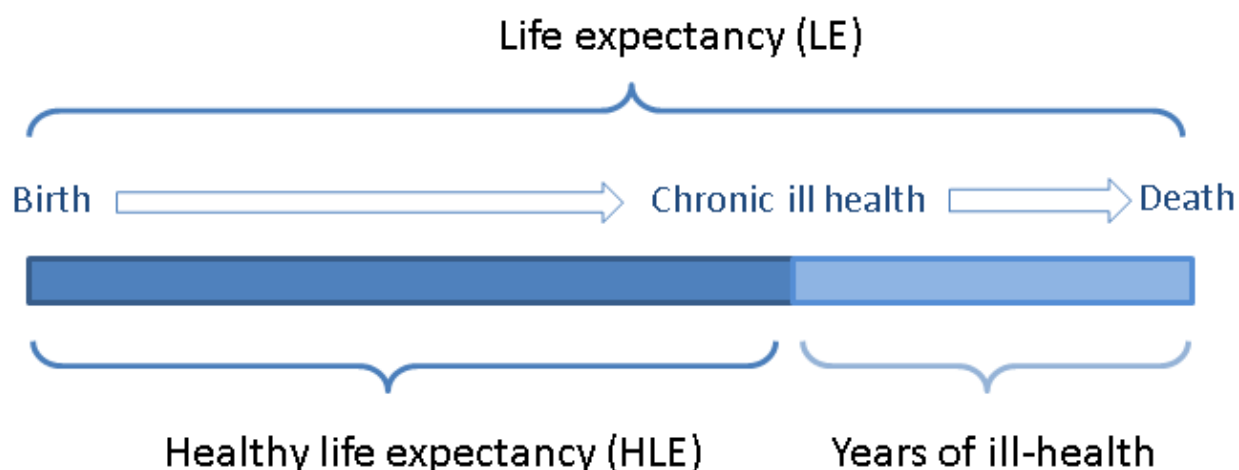


Figure 3: Illustration of Healthy Life Expectancy

22. Healthy Life Expectancy is the definitive aim for health improvement; therefore there are plans in place to use this measure going forwards.
23. The main contributors to poor Healthy Life Expectancy overlap with those for poor Life Expectancy, however there are some conditions that do not significantly affect overall length of life but that contribute significantly to chronic ill-health, such as mental health disorders, injuries and musculoskeletal diseases.

Action to Address Health Inequalities

24. For any geographical area or population group there is no simple root cause of health inequalities but where underlying factors and causes intersect, this leads to “hotspots” and creates sharp gradients of health inequality that merit concerted action at a local level by individual partners, multi-agency partnerships and / or by the Health and Wellbeing Board as a whole. There is always more that could be done. Areas of work that have the greatest potential to yield results would aim to:
- Eliminate unwarranted variation in medical and clinical outcomes between primary care practices
 - Embed action to address health inequalities across all areas of the Health and Wellbeing Strategy
 - Ensure that area-based initiatives include actions to address the main underlying causes of health inequalities.
25. The Health and Wellbeing Board leads strategy within these broad areas of work, but some partners are clearly better placed to lead on particular strands of work, and some areas of existing work warrant greater effort (see **Figure 4**, showing areas where there is robust evidence to support improvements in LE – these will also have an impact on HLE).
26. Examples of existing services and initiatives to address the main factors that contribute to Life Expectancy and Healthy Life Expectancy variations in Nottinghamshire include:
- Combined – Tobacco Declaration; Lifestyle services; Change 4 Life; Healthy Options Takeaway Scheme; Wellbeing at Work Scheme; Daybrook Connecting Communities Programme, Nottinghamshire Obesity Strategy
 - CVD – NHS Health Check Programme; Abdominal Aortic Aneurysm Screening, Stroke awareness campaign (Act F.A.S.T.)
 - Cancer – Cancer Screening, Be Clear on Cancer national media campaigns
 - Respiratory disease – Air quality management areas, Flu and pneumococcal immunisation, COPD pathways
 - Early years – Sure Start services located in areas of deprivation, Child immunisation, Healthy Schools, Educational psychology service / Inclusion support, Nottinghamshire Child Poverty Strategy
 - Long term conditions – Multidisciplinary locality teams and integrated services; Patient education programmes; Diabetic Eye Screening; Rushcliffe Primary Care Best Practice Specification
 - Mental Health – Nottinghamshire Mental Health Strategy.
27. Areas of work can also be identified to address inequalities in Healthy Life Expectancy, but there is less known about the evidence base. There is evidence to support the following:
- Musculoskeletal health – workplace ergonomic assessment and training, NICE guidance for the management of low back pain (equal roles for local authorities and primary care)
 - Mental Health - building resilience and social inclusion, access to treatment/talking therapies and parity of esteem in primary care identification and early intervention (equal roles for local authorities and primary care)
 - Housing and Planning – links between health and housing are well established but less known about what works best, other than fuel poverty and winter deaths.

Figure 4: Areas to support improvements in Life Expectancy			
Pregnancy / Early Years	Role: Local Authority	Role: Primary Care	More effort needed
Good antenatal / Obstetric care	Less	More	
Smoking and Obesity in Pregnancy	Equal	Equal	✓
Reduce Teenage Pregnancy	More	Less	
Family Planning	Less	More	
Breast Feeding	Less	More	✓
Vaccination	Less	More	
Children and Young People	Role: Local Authority	Role: Primary Care	More effort needed
Educational Attainment	More	Less	✓
Prevent uptake of smoking	More	Less	✓
Childhood Obesity	More	Less	✓
Adults and Older People	Role: Local Authority	Role: Primary Care	More effort needed
NHS Health Checks	Less	More	✓
Lifestyle – Smoking	Equal	Equal	✓
Lifestyle – Exercise	More	Less	✓
Lifestyle – Diet	More	Less	✓
Lifestyle – Alcohol	More	Less	✓
Road Traffic Accidents	More	Less	
LTC Management / Pathways / Self Management	Role: Local Authority	Role: Primary Care	More effort needed
Cardiovascular Disease & Diabetes (inc reducing BP,HbA1c,Cholesterol,detect AF)	Less	More	✓
Respiratory Disease / COPD (inc detect, diagnosis, manage)	Less	More	✓
Employment /Environment	Role: Local Authorities	Role: Primary Care	More effort needed
Wellbeing at Work scheme	More	Less	✓
LA and NHS as good employers (Living Wage)	Equal	Equal	✓
Living Wage advocacy	More	Less	✓
Cancer Prevention	Role: Local Authorities	Role: Primary Care	More effort needed
Lifestyle – Smoking *	As above for Adults & Older People. * 30% of cancer is due to smoking, and 30% is due to diet		
Lifestyle – Diet *			
Lifestyle - Alcohol			
Cancer Early Detection & Treatment	Role: Local Authorities	Role: Primary Care	More effort needed
Screening	Less	More	
Education	Less	More	ongoing;national campaigns
Early Referral	Less	More	?
Effective Treatment	Less	More, + secondary care	?

28. Clearly there are too many areas of work where more effort is needed to be able to do justice to them all at the same time. Therefore the Health & Wellbeing Board prioritises action within its strategy to address areas of greatest risk and largest impact.

Statutory and Policy Implications

29. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATIONS

- 1) That the Health Scrutiny Committee note the report.

Cllr Joyce Bosnjak

Deputy leader and Chair of the Health & wellbeing Board

For any enquiries about this report please contact:

Cathy Quinn, Associate Director of Public Health

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Helen Scott, Senior Public Health Manager

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Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

Electoral Divisions and Members Affected

- All

18 January 2016**Agenda Item: 5****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****QUALITY ACCOUNTS – CONSIDERATION OF PRIORITIES****Purpose of the Report**

1. To consider the Quality Account priorities of Doncaster and Bassetlaw Hospitals NHS Foundation Trust and Central Notts Clinical Services (CNCS).

Information and Advice

2. Organisations providing healthcare services are required to produce an annual report to the public about the quality of their services. This aims to enhance accountability to the public and engage the organisation in its quality improvement agenda, reflecting the three domains of quality, patient safety, clinical effectiveness and patient experience. Health Scrutiny Committees have the option to consider the draft Quality Accounts of trusts and comment on them. The comment is placed within text of the published version of the report.
3. Trusts commence to develop the priorities that will inform the content of their Quality Accounts early in each calendar year. Trust's whose Quality Priorities are not in a sufficiently finalised state to be brought to this meeting will be scheduled for a future meeting (14 March 2016).
4. Members will consider the draft Quality Accounts themselves later in the year and develop their comment for inclusion in the report at that time.
5. Members should be aware that some Quality Accounts for organisations that operate within the geographical county fall within the remit of the Joint Nottingham City and Nottinghamshire County Health Scrutiny Committee. These are East Midlands Ambulance Service (EMAS) and Nottinghamshire Healthcare Trust.
6. It is anticipated that representatives from Doncaster & Bassetlaw Hospitals NHS Foundation Trust and Central Notts Clinical Services will be able to attend to present their Quality Priorities.

RECOMMENDATION

- 1) That the Health Scrutiny Committee considers and comments on the Quality Account priorities.

Councillor Colleen Harwood
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

18 January 2016**Agenda Item: 6****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****SHERWOOD FOREST HOSPITALS – QUALITY IMPROVEMENT PLAN
(FOCUS ON KINGS MILL)****Purpose of the Report**

1. To introduce an update on improvements at Sherwood Forest Hospitals further to the Care Quality Commission (CQC) inspection.

Information and Advice

2. Peter Herring, Interim Chief Executive Sherwood Forest Hospitals Trust and Karen Fisher, Programme Director Quality Improvement Plan will attend the Health Scrutiny Committee to brief Members on the improvements that are being put in place.
3. The briefing and presentation from Sherwood Forest Hospital will cover all aspects of the Quality Improvement Plan, but Members are particularly invited to explore issues relating to Kings Mill Hospital, and to focus on other hospital sites at future meetings. The CQC rated Kings Mill Hospital as inadequate in the following areas:
 - Urgent and Emergency Services
 - Medical Care (including older people's care)
 - Outpatients Diagnostics and Imaging
4. The CQC inspection Sherwood Forest Hospitals NHS Foundation Trust are attached as links in the background papers section of this report. The overall rating for the Trust is inadequate.
5. Members will wish to schedule ongoing consideration the Sherwood Forest Hospitals Quality Improvement Plan at future meetings of the Health Scrutiny Committee until the issues are satisfactorily resolved.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Receives the briefing on the Sherwood Forest Hospitals Quality Improvement Plan and asks questions, as necessary, with a focus on Kings Mill Hospital

- 2) Schedules further consideration of issues of concern in relation to Sherwood Forest Hospitals, as required

Councillor Colleen Harwood
Chairman of Health Scrutiny Committee

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

Background Papers

[Sherwood Forest Hospitals NHS Foundation Trust Quality Report](#)

[Kings Mill Hospital Quality Report](#)

[Mansfield Community Hospital Quality Report](#)

[Newark Hospital Quality Report](#)

Electoral Division(s) and Member(s) Affected

All

18 January 2016**Agenda Item: 7****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****CONTRACT EXPIRY AT WESTWOOD 8-8 CENTRE, BASSETLAW****Purpose of the Report**

1. To introduce final consideration of the contract expiry at Westwood 8-8 Centre, Pelham Street, Manton, Worksop.

Information and Advice

2. On 21 September 2015, representatives from NHS England and Bassetlaw Clinical Commissioning Group attended the Health Scrutiny Committee to provide a briefing on the contract expiry, procurement and stakeholder engagement in relation to the Westwood 8-8 Centre in Bassetlaw.
3. Members heard that the current contract with Danum Medical Services was due to expire on 31 March 2016 and NHS England and Bassetlaw CCG were working jointly to re-procure the new service under the co-commissioning arrangements between the two organisations. The new provider would manage and deliver services Monday to Friday from 8.00am – 6.30pm. Outside of these hours patients would be directed to the out of hours service based in Bassetlaw Hospital in line with all other Bassetlaw practices.
4. Members deferred final consideration of this matter until the January 2016 meeting after registering concerns about the reduction in service hours since Manton is an area of extreme deprivation. Carolyn Ogle and Andrew Beardsall undertook to return to the committee with details of further local engagement.
5. A written briefing from NHS England and NHS Bassetlaw CCG is attached as an appendix to this report.
6. Members are invited to determine whether or not this procurement is in the interests of the local Health Service.

RECOMMENDATION

That the Health Scrutiny Committee:

- i) receive the briefing on the procurement
- ii) determine if the procurement is in the interests of the local Health Service

Councillor Colleen Harwood
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

Worksop East – Councillor Glynn Gilfoyle

Update to Nottinghamshire County Council on the Westwood Primary Care Centre – Bassetlaw patient engagement exercise in advance of the procurement of the service

Introduction

This paper serves to update the Overview and Scrutiny Committee since the meeting on 21 September 2015 regarding the patient engagement exercise relating to Westwood Primary Care Centre, Bassetlaw.

Update

The tender process for the Westwood Primary Care Centre GP practice, (i.e. a GP practice operating from 8.00 – 6.30pm, Monday to Friday) is under way and the preferred bidder will be known by the end of January 2016.

The report attached as Appendix A details the public communication exercise undertaken in September 2015 prior to the tender being issued. This Appendix was also issued as part of the tender documentation. The purpose of the engagement exercise was to gather views on what the service specification for the practice should include. Questionnaires were sent to all patients aged over 16 registered with the practice, as well as questionnaires being made available via Healthwatch and neighbouring practices to unregistered patients

The specific issues raised at the September 2015 meeting were as follows:

- i) The need to engage specifically with Bassetlaw councillors
NHS England and the CCG attended the Bassetlaw Overview and Scrutiny Committee on 3 November 2015 and a subsequent meeting with the Worksop councillors was held on 1 December 2015. Details of this are outlined below.
- ii) Issues with out of hours service as appointments are not always available
The CCG is working with its urgent care providers to develop its urgent care strategy. Part of this is ensuring that patients are aware of the services that are available, that they use the right services at the right time and are clear how to access them thus reducing the pressure on out of hours and accident and emergency services.
- iii) The OSC needs to be assured that the engagement exercise has been carried out effectively and in the best interests of Bassetlaw patients.
This report serves to update members on the work undertaken to date.
- iv) Transport between Manton and Bassetlaw Hospital
Patient transport is provided by the out of hours service for those patients who cannot get to Bassetlaw Hospital where the out of hours service is provided. The criteria for the use of the service will be requested.
- v) Focus on prevention and health promotion
There is a focus on health promotion and prevention in the service specification which includes meeting the key public health challenges faced by the local population, addressing lifestyle issues that underlie the long term conditions which are prevalent locally. The provider is asked to be proactive in screening and managing patients at risk with a focus on elderly people and people who are hard to reach or more vulnerable.

Bassetlaw Overview and Scrutiny Committee

Bassetlaw Town Council Overview and Scrutiny Committee meeting was held on 3 November 2015 and a follow up meeting held with Worksop councillors on the recommendations made. The recommendations that came from the meeting were that:

- There should be further consultation with unregistered patients particularly those using Westwood surgery at evenings and weekends and those patients currently registered with the other Worksop practices who also use Westwood.

The CCG is working with local councillors on the best way to communicate with this group of patients including the possibility of providing limited options rather than an open ended questionnaire

- Further analysis of data at Westwood to determine demand for appointments outside of the core opening hours

Further data has been obtained and is being analysed

- Walk-in appointments during evenings and weekends to be retained as part of the new contract.

Discussions will be held with the provider about the management of on the day appointments and about the provision of extended hours.

John Mann MP

John Mann, MP held a public meeting on 31 October 2015 to discuss Westwood Primary Care Centre. The main concerns raised at the meeting appear to have been:

- That the practice would relocate

It has been confirmed with the MP that the tender is for a practice to run from the current Westwood site

- That the opening hours would change

The opening hours for a GP practice are 8.00 – 6.30pm however there is an expectation that the provider will provide extended opening hours in line with the outcome of patient consultation

- That there may be a new provider

The preferred bidder will be the respondent who answers the questions effectively and meets the quality criteria to the highest level this may or may not be the current provider. TUPE will apply to staff who work at the practice despite any potential change in provider

A letter was also circulated to local residents and it appears that the questionnaire used to gain views in relation to the tender was circulated. This led to a further 213 questionnaires being returned to the practice. As these were not received until December 2015, the analysis of these has not been included in the attached report.

Decision

Members of the Overview and Scrutiny Committee are asked to consider this update report and conclude whether this engagement exercise has been carried out effectively and in the best interests of Bassetlaw patients.

Contract due to end on the 31st March 2016 of Danum Medical Services Ltd at Westwood 8-8 Primary Care Centre, Westwood, Pelham Street, Worksop – consultation to inform the service specification for the tender documents

Outcome of public consultation/communication exercise.

1. Introduction and background

The following report details the public consultation/communication exercise which was undertaken by NHS England and the practice between 1st September 2015 and 30th September 2015. The public consultation/communication exercise examined the thoughts of patients and stakeholders.

The consultation/communication exercise was prompted by the fact that the APMS contract currently held by Danum Medical Services Limited is due to end on 31 March 2016 and there are no further extension periods available in the contract. A procurement exercise is therefore to be undertaken for a provider to continue the GP practice element of the contract from the current Health Centre site in Manton.

2. Preparation to consult

The proposed reprocurement is considered a change in services as the opening hours to the surgery will change and be accessible only by patients registered with the practice. It therefore impacts on the patients currently accessing services at the Westwood Primary Care Centre who are registered with Westwood or who are registered with another practice. It is for this reason and as required under Section 242 (1B) of the NHS Act 2006 - A duty to consult the public; NHS England, the CCG and the practice has a statutory duty to consult patients where decisions to be made affect the operation of services. It was agreed to undertake an engagement / communication exercise to inform the service specification which forms part of the contract documentation within the tender documents. An engagement plan was agreed with the practice and the communication team at NHS England and was signed off by the Joint Commissioning Committee of Bassetlaw CCG and NHS England under the co-commissioning arrangements. A meeting was also held with the Westwood Patient Participation Group in early August to gauge their views on the changes. The patients present felt that the procurement would provide clarity of purpose for the Primary Care Centre and would prompt patients to decide where they would like to be registered (the majority of patients attending as unregistered patients being from local practices or outside of the area).

3. The consultation process

3.1 Patients of the practice registered list

A letter informing patients of the proposed procurement was sent to 2,823 patients aged over 16 years that are registered at Westwood Primary Care Centre. There are a total of 3,825 patients on the registered list (3,876 weighted list). A hyperlink to the NHS England Survey website was listed in the letter sent out to patients and they were encouraged to access and complete the questionnaire. The letter also pointed out that NHS England would be holding two drop in sessions at Westwood Primary Care Centre to give patients an opportunity to have any questions they may have answered.

The letter also stated that copies of the questionnaire could be requested by ringing 0113 825 3410 and leaving a message or by visiting the surgery where copies of the questionnaire could be found on reception. Hard copy completed questionnaires were returned to the surgery for ease of access by patients.

Posters were also displayed within Westwood Primary Care Centre advertising the proposed contract ending and inviting patients to give their views by either completing a paper questionnaire or by completing the online survey accessed by the practice website.

3.2 Local papers

There was an expression of interest in the communication exercise from the Worksop Guardian, which the communication team responded to by submitting a formal statement.

3.3 Letter to Overview and Scrutiny Committee

A letter was sent to both the Nottinghamshire and Bassetlaw Overview and Scrutiny Committees detailing the proposed options. A meeting has been/is being held with both Committees.

3.4 Letter to MP

A letter was sent to the local MP detailing the procurement. It is understood that the MP held a public meeting in Worksop on 31 October 2015, however there has been no direct contact made to NHS England by the MP to date.

4 Results and Outcomes

A summary analysis of the patient survey follows below. In total 140 responses were received (this represents 5% of the over 16s at the practice). This is in the main the response to the survey provided by registered patients. The CCG has led a separate piece of work to try to engage with unregistered patients.

4.1 Comments Received

During the consultation/communication exercise patients were asked to provide comment on what their concerns were regarding the proposed procurement.

No comments have been received from other stakeholders to date.

5 Summary

In undertaking this patient consultation/communication exercise NHS England sought views from the registered population of Westwood Primary Care Centre.

The evaluation of the comments received from the patients by completing the survey either online or by hard copy and the drop in sessions with NHS England has identified that 140 patients completed the survey.

94% of patients completing the questionnaire said that they received GP services at Westwood Primary Care Centre.

92% of patients said that they were registered with the Westwood Primary Care Centre .

96% of patients who replied to the survey stated that they were patients at Westwood Primary Care Centre. 1% indicated that they were a carer. 3% left this question blank.

52% of patients visited the Surgery to see a doctor. 43% patients visited the Surgery to see the Nurse and GP with 4% of patients usually visiting the nurse only.

The majority of patients that completed the survey were in the age range of 25-75. Ten patients in the age range 16-24 completed the survey and 8 over 75 year olds completed the survey.

5.1 What is important in receiving a primary care service

When asked what is important to patients in receiving Primary Care Services, patients thought that Opening Times and Appointment times, were the most important elements. However patients generally felt that all of the options listed in the questionnaire were important, 18 patients (13%) ticked all five options as being important:

Opening Hours	110 patients	79%
Appointment Times	101 patients	72%
Range of Services	65 patients	46%
Easy Access	56 patients	40%
Distance to Travel	52 patients	37%

5.2 Travel to the Surgery

The survey asked how far patients currently travelled to get to Westwood Surgery, 65% of respondents used their car, whilst 27% walk to the surgery. The responses do not include those that indicated more than one mode of transport. The next question was how far do you travel to Westwood Surgery; which showed 35% of patients lived within ½ a mile of the surgery, 18% lived within 1 mile and 17% lived between 1 and 2 miles from the surgery. 26% of patients questioned lived more than 2 miles from the surgery.

5.3 Frequency of Visits

Patients who completed the questionnaire were asked how often they had visited the surgery in the previous 12 months. Of the 140 respondents 33% of patients stated that they visited the surgery at least more than 12 times a year. 36% patients attended less than 12 but more than 6 times a year. 18% of patients attended less than 6 times in a year and 12% had attended once or twice.

5.4 Most Frequently Used Services

From a list of options provided patients indicated that they used the following services the most:

Routine GP Care	129 patients	92%
Routine Nurse Care	82 patients	56%
Immunisations	28 patients	20%
Screening Services	18 patients	13%
Weight Management	14 patients	10%
Child Health Checks	13 patients	9%
Minor Illness Clinic	13 patients	9%
Health Promotion Advice	11 patients	8%
Minor Injuries Clinic	9 patients	6%
Contraceptive Advice	8 patients	5.7%
Minor Surgery	7 patients	5%
Smoking Cessation	3 patients	2%

5.5 Opening Hours

67% (94 patients) of patients usually attended/preferred to access services during the working week (8am to 6.30pm)

33% (46 patients) patients would like to access services on Weekdays 6.30 – 8.00pm Monday to Friday.

18% patients (25 patients) would like to access services on Saturday and Sunday mornings. 26% (36 patients) preferred afternoons at weekends and 18% (25 patients) preferred Saturday and Sunday evenings.

5.6 Other services patients would like to see at the Westwood Primary Care Centre

The questionnaire left a free text box for patients to indicate which services they would like to see provided at the Primary Care Centre:

Counselling

Eye Clinic Services

Mental Health Services

Diabetes Care and Clinics

Physiotherapy

Sexual Health Clinic

More contraceptive services

Maternity Care Clinics/midwife led surgery - as this is some distance away from my relatives.

Female GPs (this was voiced by more than one patient)

NHS Dentist

GP Home Visits

Repeat prescription service instead of over attending surgery to order

Drop in/on the day appointments

Coterminous pharmacy opening times

5.7 Comments

The questionnaire allowed patients to add any additional comments on a separate page. The following comments were received. It should be noted that 100% of patients spoken to face to face were very complementary about the current staff and services provided.

Have a very much valued early morning and early evening surgeries that fit around my standard working hours. Online appointment and prescription service very good and availability and appointments.

Have nothing but praise for the efficiency of this GP Practice. Excellent administration, staff very professional services from Doctors and Nurses. Absolutely excellent. Really value the 8 - 8 services. I also use internet booking and repeat prescriptions

As an old age pensioner and a resident in this area over 50 Years, I would like to express this surgery needs to be continually run by DMSL as at present and to keep all their present staff as at September 2015. I have always had excellent help, care and kindness shown from everyone at this surgery which is a lot to a human being. Also elderly patients need to keep the same family doctor for continuity of Health Care.

Open 7 Days a week

Excellent Health Care

Not a lot just, keep it as it is.

The services are very good as they are. Thank you.

I can't commend this service, Doctors, Nurses, Receptionist enough at this surgery.

As a registered patient I make appointments to see the GP but find it very frustrating when a drop in person or persons get to see the GP and I am then sat waiting sometimes up to 30 mins before I get to see them.

I am happy with the service as it is

I'm very happy with the services provided

We would like the opening times to remain as much as possible – makes it easier for people who work to attend appointments.

A drop in service is very useful. I would still like to be able to drop in if I hadn't made an appointment and am happy to wait.

8 to 8 is the best care service and best staff in all the area. Best GP's and nursing staff (and forgetting the office girls)

Because the staff care so good I would hope they all stay

Westwood 8 to 8 Centre are fantastic. Nothing too much trouble

Great as it is. Like the weekend service and the fact you don't have to be registered here to see a doctor.

I am entirely happy and content with services just the way they are.

I would like the pharmacy to open the same time times as the Centre, like it did in the beginning. I have had a doctor's appointment at 08:00 and had to wait for the pharmacy to open at 08:30. Walking home and walking back later was not an option, due to my breathing problems. I only have 1 fully functioning lung.

Greater mental health variety, children's toys in waiting room, hand sanitiser,

At present everything I need is available at the surgery

Personally I would like an NHS Dentist service in this location as going into town and finding affordable parking, because the dentist are that busy you always have a wait of 45 mins to 1 hour so you have to pay for 2 hours parking, the estate and surrounding area is large enough to sustain a Dental practice.

Services that they already offer

I don't think there's much more they can offer apart from home visits they offer a good service all round from a personal point of view staff are always polite and willing to re arrange appointments to suit the individual always call or send info regarding my complaint have not had any issues with doctors as yet so I

think it would have to be something special needed to improve service already offered to patients.

None that I can think of at this time.

I think the surgery is fine as it is, great opening/closing hours (8am - 8pm) 7 days a week is brilliant, it's easy to get an appointment to fit in with my working hours, only thing I can think of which may benefit patients is, maybe a nurse could be more readily available, ie; full-time !!!

I would like to see the centre continue it's 8 till 8 including Weekends and Bank Holidays.

Better appointment times rather than waiting weeks on end.

The services available at present.

Continued weekend opening hours.

Same quality service, being able to get an appointment in the evening with relative ease i.e. Not being given an appointment for a weeks' time like other surgeries within Worksop. I cannot rave about the current set up enough.

I am happy with the current services available at the clinic. The surgery is convenient for me as I work full time Monday to Friday and appointments in the evening and weekends are sufficient. I have used this surgery instead of going to the local A&E on a number of occasions. All staff, especially Karen the nurse, are excellent.

At least one female GP as well as a nurse on duty all weekend, and more appointments.

A continuation of the present services with the same doctors and staff as at the present time.

The current service is excellent. It's clear that they are getting busier as times go on, however they somehow seem to be able to find me appointment times that work for me, quickly and at a suitable time.

I am happy with the services already available

Experienced GPs that have time to spend with you and provide ongoing monitoring as opposed to one off advice. Child health and wellbeing is also important.

I think the services offered are adequate.

I like the availability of the GP surgery 8-8 7 days a week reassures me that when I fall ill I can use this service rather than block up A&E

Opening hours

I registered with this practice due it being a 7 day service 8-8. I have never had problems with getting an appointment to see the DR or Nurse. The previous practice I was registered at was a 5 day service 9-5 whereby I would struggle with getting an appointment, hence the reason I changed

I thank the services at the centre is the BEST of all services

Couldn't ask for more. They are always there for you. They always go the extra mile, patient, friendliness, care, helpful, second to none (Champions)

Couldn't ask for more.

Every service I have needed is available at my centre, the biggest aid is the time I can see my GP, I work a permanent afternoon shift so alternative practice hours are invaluable to me

Keep current services. As a nurse myself, I have never seen a practice like this. Please do not change. Excellent service and staff

I think Westwood care centre provides everything requested and needed and doctors nurses and staff always helpful with advice and needs

Any time at all to suit us both. Friendly efficient

I feel the centre is already providing enough services I wouldn't change a thing

It's been very busy recently. Getting convenient appointments is very important to me. Also being seen on the same day

I have changed DRs to Westwood and the service and care of staff DRs Nurses, is the best I've ever had, I recommend the centre to anyone interested, thank you

Satisfied with the present availability. Have home visits by a GP when I am unable to get to surgery

More ladies GP's available. Westwood is a great GP service as I am unable to attend appointments during the week because I work. I can easily book my appointments online and they have a great ordering service. The receptionists are always friendly and helpful and many of them always remember your name which I feel is great. I have used both GP's and Nurses it's not always great to see different GPs but I use the online to try and get the one I want. Weekend appointments are vital to me because of work commitments I changed to Westwood from Newgate because I got really bad service and could never get appointments which were convenient for me. The only thing I feel lacking is there are no lady GPs for Lady's problems. I feel better talking to a female doctor, but have used Julie the practice nurse quite often with a lot of success.

They helped me through a really bad time in my life with my thyroid and i hope the service doesn't change. Thank you (name left with comments)

Happy with what is currently provided. A kind interested GP like Dr Waas who makes me feel at ease

Nurses very good back up to GPs. After care following surgery excellent. Experienced doctors and nurses. Very good at moment usually get same day appointment.

When one is 84 one isn't to time. They are so sincere and caring at the centre one never loses ones dignity both with the doctors and staff. The staff and nurses and doctors are kind caring and efficient. I had occasions to visit the nurses and as I am a retired theatre sister id have loved to work with them, they leave no stone unturned. In my opinion Westwood care centre is all it says. It cares both medically and physiologically. One could never fault them god bless you and I'm behind you all the way. (patient signature)

6 Conclusion

It is clear from the survey responses that patients are very happy with the services they currently receive, with all levels of staff at the primary care centre and the care provided. A number of patients have, however, indicated that they would like to see a female GP.

The majority of patients attend for routine GP/Nurse care and attend during core hours (8am to 6.30pm). Those patients who have expressed an interest in accessing services on an evening or weekend however will not be ignored and extended opening hours will be discussed with the incoming provider.

It is also clear that some patients are not aware of services that are available and more should be done to increase awareness of these (e.g. GP home visits and repeat prescription ordering)

18 January 2016**Agenda Item: 8****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****SHERWOOD MEDICAL PARTNERSHIP AND RAINWORTH SURGERY
CONTRACT MERGER****Purpose of the Report**

1. To introduce consideration of the proposed merger of Sherwood Medical Partnership and Rainworth Surgery contracts.

Information and Advice

2. On 23 June 2014, the Health Scrutiny Committee considered the related matter of the proposed merger of Clipstone Health Centre and Farnsfield Surgery. Further to this the practices merged to form Sherwood Medical Partnership, and in January 2015 the two contracts were formally merged.
3. In May 2015, Rainworth Surgery joined Sherwood Medical Partnership (see attached briefing from the practice). The partnership has now applied to merge their two contracts.
4. The practice held engagement events early in the New Year and will be in a position to present information from these to this meeting of the Health Scrutiny Committee.
5. Members are invited to determine whether or not this contract merger is in the interests of the local Health Service.

RECOMMENDATION

That the Health Scrutiny Committee:

- i) receive the briefing on the contract merger
- ii) determine if the contract merger is in the interests of the local Health Service

Councillor Colleen Harwood
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

Rufford – Councillor John Peck JP

Blidworth – Councillor Yvonne Woodhead

Farnsfield and Lowdham – Councillor Roger Jackson

Proposed merger of Sherwood Medical Partnership and Rainworth Surgery contracts

In October 2014, the practices of Clipstone Health Centre (now Crown Medical Centre) and Farnsfield Surgery merged as businesses to form Sherwood Medical Partnership. In January 2015, having received support from the Overview and Scrutiny Committee, and approval from the Derbyshire and Nottinghamshire Area Team, the two contracts were formally merged together.

In May 2015 Rainworth Surgery joined Sherwood Medical Partnership as a business. The senior partner was retiring at Rainworth and there were concerns about recruiting a new GP to a smaller practice where long term viability was more challenging.

Having gone through a considerable amount of change already, and with Clipstone Health Centre moving to new premises, Crown Medical Centre, it was decided not to pursue an application to merge the contracts at that time. This meant that there was no formal process to go through, though the practices did undertake a full stakeholder engagement and received support from patients at both practices.

The merging as businesses has brought a number of benefits to the practice and to patients:

- 1) Successful recruitment of additional GPs and nurses to manage retirements and increase doctor and nurse levels
- 2) Provision of routine GP and nurse appointments every Saturday morning
- 3) Shared learning and best practice

Following a successful merger as businesses, the partnership has now formally applied to merge their two contracts. This will not bring changes to service provision but will enable the practice to work more efficiently, thus improving patient care. On 17 September the partnership received support from the Primary Care Co-Commissioning panel, subject to stakeholder engagement.

Having engaged with stakeholders over the plans to merge as businesses, the plans to combine the patient lists and contracts is a natural progression. Patient Participation Groups at each location have been supportive of the plans and no significant concerns have yet been raised.

Wider stakeholder engagement plans include texting all patients, providing details online and in the surgeries and emails to other stakeholders. This is taking place in December. Early in the New Year the practice is holding engagement events at each location and will be in a position to feedback to the Overview and Scrutiny Committee when this paper is presented.

18 January 2016**Agenda Item: 9**

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

UNDERWOOD SURGERY CLOSURE

Purpose of the Report

1. To introduce consideration of the proposed closure of Underwood Surgery, which is a branch surgery of Jacksdale Medical Centre.

Information and Advice

2. An engagement plan relating to the closure of Underwood Surgery is attached as an appendix to this report.
3. The Practice Manager and Lead General Practitioner will attend the Health Scrutiny Committee to present the information and answer questions.
4. Members are invited to determine whether or not this closure is in the interests of the local Health Service.

RECOMMENDATION

That the Health Scrutiny Committee:

- i) receive the briefing on the closure
- ii) determine if the closure is in the interests of the local Health Service

Councillor Colleen Harwood
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

Selston – Councillor David Martin

ENGAGEMENT PLAN

Closure of Underwood Surgery

Background – reasons for the proposed closure;

We propose to close Underwood surgery which is a branch of Jacksdale Medical Centre. Below are the patients the practice serves and opening times. We are hoping to close Underwood from 29th February 2016.

Reason for closure

We would like to close the surgery due to reduction of dispensing patients/income. Currently we are dispensing to 657 patients, however due to dispensing guidelines this will be reduced to 357 (approx.) This will be financially unviable. We are hoping to close the surgery on 28th February 2016. The impact to patients will be limited as the main surgery in Jacksdale will absorb not only the patients but the staff. Jacksdale is situated next door to a Pharmacist therefore the need to access Pharmacy services is not required.

Underwood

Underwood is branch surgery to Jacksdale Medical Centre

Dispensing practice with 1287 patients

0-65 999 patients

66-75 178 patients

76+ 110 patients

657 dispensing patients with 300 due to be removed on 1st April 2016

The surgery is open as follows:

Monday 8am to 12.30 1.30 to 6pm

Tuesday as above

Wednesday as above

Thursday 8am to 12.30

Friday 8am to 12.30

Telephones are diverted to Jacksdale when Underwood is closed

Staffing

Dr Rajah – Monday, Tuesday and Wednesday am (average patient list 6 per session)

Dr Shah – Wednesday pm (session list 14-16 patients)

Dr Vlok – Friday morning (session list 16-18 patients)

Practice Nurse – Monday, Tuesday, Wednesday and Friday morning and Wednesday evening

Receptionist during opening hours

2 Dispensers – one who facilitates as HCA 2 mornings per week

JACKSDALE

Jacksdale capitation is as follows:

2533 patients

0-65	2150
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66-75	252
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76+	131
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The combined list would be as follows if Underwood patients transfer to

Jacksdale

3820 patients

0-65	3149
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66-75	430
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76+	241
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Patients are already registered with Dr K S S Rajah at Jacksdale, therefore we do not envisage losing patients as there will be no requirement for them to re-register with the practice. Location – Jacksdale is approximately 2 miles from Underwood.

Patients can access Jacksdale whilst Underwood is closed as public transport is available at the heart of the village. There will be no capacity issues at Jacksdale. Notice has been given to NHS England late November.

Staff based and working from Underwood surgery will be transferred to provide the services from the main branch (Jacksdale).

Stakeholders – list all stakeholders (including neighbouring practices, Health watch, Health & Wellbeing Board and OSC) who the key contacts are, how the practice plans to communicate with them;

No.	Stakeholder	Type of involvement	Method	Timescale
1	All the Patients registered with Jacksdale Medical Centre	Raise awareness. Give information. Opportunity to comment and feedback. Give information about how to register with alternative practice if plans go ahead. Feedback on results of engagement and decision-making process.	Posters in surgery Practice website NHS Choices website Questionnaire in Surgery Letter/Questionnaire Briefing meetings	Responses by 31/01/16 Brief meetings January patients only. 01/16 patients +other stake holders
2	Neighbouring practices: Dr B Bassi Selston Surgery	Raise awareness. Give information. Opportunity to comment and feedback. Give information about patients may register with practice if plans go ahead. Feedback on results of engagement and decision-making process.	Posters in surgery Practice website NHS Choices website Letters asking for comments or concerns to be returned by 31/01/16 Briefing meetings	Responses by 31/1/16 Brief meetings 01/16 Stake holders only 1/16 patients +other stake holders

4.	District Service Midwives	Nursing	Raise awareness. Give information. Opportunity to comment and feedback. Give information about patients may register with alternative practice if plans go ahead. Feedback on results of engagement and decision-making process.	Posters in surgery Practice website NHS Choices website Letters asking for comments or concerns to be returned by 31/01/16 Briefing meetings	Responses by 31/1/16 Brief meetings 02/16 Stake holders only 02/16 patients +other stake holders
5	Pharmacies		Raise awareness. Give information. Opportunity to comment and feedback. Give information about patients may register with alternative practice if plans go ahead. Feedback on results of engagement and decision-making process.	Posters in surgery Practice website NHS Choices website Letters asking for comments or concerns to be returned by 31/1/16 Briefing meetings	Responses by 31/1/16 Brief meetings 02/16 Stake holders only 02/16 patients +other stake holders
9	Health Visitors		Raise awareness. Give information. Opportunity to comment and feedback. Give information about patients may register with alternative practice if plans go ahead. Feedback on results of engagement and decision-making process.	Practice website NHS Choices website Letters asking for comments or concerns to be returned by 31/1/16 Briefing meetings	Responses by 31/1/16
11	Practice Staff		Raise awareness. Give information. Opportunity to comment and feedback. Give information about how to guide patients about Engagement process and how to guide patients to register with alternative practice if plans go ahead. Feedback on results of engagement	Posters in surgery Practice website NHS Choices website Questionnaire in Surgery Letter/Questionnaire Admin meeting , Briefing meetings	Responses by 31/1/16 Brief meetings With senior admin members of the team

		and decision-making process.		
12.	Ashfield and Mansfield CCG	<p>Raise awareness. Give information. Opportunity to comment and feedback.</p> <p>Feedback on results of engagement and decision-making process.</p>	<p>Letter</p> <p>Invite to Briefing meeting</p>	<p>Responses by 12/1/16</p> <p>Brief meetings 12/1/16 Stake holders only</p> <p>12/1/16 patients +other stake holders</p>
13	Borough Councils Health & Wellbeing Board	<p>Raise awareness. Give information. Opportunity to comment and feedback.</p> <p>Feedback on results of engagement and decision-making process.</p>	<p>Letter</p> <p>Invite to Briefing meeting</p>	<p>Responses by 12/1/16</p> <p>Brief meetings 12/1/16 Stake holders only</p> <p>12/1/16 patients +other stake holders</p>
14.	Local Medical committee	<p>Raise awareness. Give information. Opportunity to comment and feedback.</p> <p>Feedback on results of engagement and decision-making process.</p>	<p>Letter</p> <p>Invite to briefing meeting</p>	<p>Responses by 12/1/16</p> <p>Brief meetings 12/1/16 Stake holders only</p> <p>12/1/16 patients +other stake holders</p>

Patient Engagement

Jacksdale Medical Centre plans to engage the patients and other stake holders to have their opinion on the closure of Underwood Branch Surgery. This will be done by:

- Putting Information about closure of branch surgery on both sites, Jacksdale/Underwood reception area and providing facility at reception, to comment.
- Putting Information about closure of branch surgery on practice web site and providing an e mail address to comment.
- Giving facility to patients for giving opinion during their visit to Jacksdale Medical Centre.
- Letters to head of household of patients registered with Jacksdale Medical Centre.

(Addresses has already been requested from the concerning department).

- Letter to external stake holders with comment cards.
- Involvement of the Patient Participation Group – Already in touch.
- Patient Consultation – seek patient opinion on closure and address their concerns / propose solutions and holding briefing meetings with patients or other stake holders.
- Information available on NHS Choices websites at <http://www.nhs.uk> including information about the practice's proposal, dates, how to comment.

Equality impact assessment – identifying hard to reach groups;

Practice feels that patients engagement plan is strong enough to give every patient sufficient information about the proposed activity.

If still needed, practice can consider printing information on repeat prescription for patients with age 75 and above, about how the patients can be engaged in closure of branch surgery activity.

Key messages;

Jacksdale Medical Centre aims to provide best possible medical services to its patients. To achieve this goal we want to improve safety of our patients and want to work efficiently from one site i.e Jacksdale , where there is need for good medical services.

Risks – any risk associated with the closure and how they will be managed;

Risks to patients: The patients may not be willing to travel to the Jacksdale Medical Centre and may wish to register with other surgeries.

The surgery can consider each patient to identify the reasons and to address them. Obviously it is patients' choice but few problems with possible solutions are as follow:

- The provision of a prescription collection service – via the Pharmacy Delivery service.
- Advice on travelling to Jacksdale Medical Centre – via information on bus routes
- The provision of home visits for the patients who are house bound and can't travel to the surgery. – as currently stands.
- Should patients wish to leave – help and advice on a smooth transition of changing Doctors to other practices based in the Underwood Branch Surgery location.

Risks to Jacksdale Medical Centre: The list size may go down. New patient registration at present seems sufficient to make the surgery viable especially if surgery is allowed to working only from one site.

There is a theoretical risk that number of patients may increase and present surgery building may not be able to cope with the increased number of patients. This risk is always present with any surgery and can be addressed in future.

Tactics/activities – how will the practice will Engage / communicate, e.g. letters, website, posters, meetings;

Already discussed: in section **Patient Engagement**

Timescales – when activity starts and ends.

Time scale for activity. A possible time scale is devised and has been started, as follow:

Date	Activity
21.12.15	<p>2nd Meeting with Patient Participation Group to discuss in details about reasons of closure of Branch Surgery.</p> <p>Done: PPG agreed with the plan.</p>
22.12.15	<p>Reply to Area Team with details of engagement activity.</p>
TBC	<p>Information to be posted on Surgery website.</p> <p>Information to be posted on NHS site.</p> <p>Information to be posted on Surgery Reception.</p> <p>Information to be posted on Main Surgery Reception.</p>
TBC	<p>Letters to be sent to heads of house hold of all patients registered at Practice.</p> <p>Letters to be sent to other Stake holders</p>

18 January 2015**Agenda Item: 10**

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 and Advice

2. The Health Scrutiny Committee is responsible for scrutinising substantial variations and developments of service made by NHS organisations and reviewing other issues which impact 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

- 1) That the Health Scrutiny Committee considers and agrees the content of the draft work programme.
- 2) That the Health Scrutiny Committee suggests and considers possible subjects for review.

Councillor Colleen Harwood
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 2015/16

Subject Title	Brief Summary of agenda item	Scrutiny/Briefing/Update	Lead Officer	External Contact/Organisation
20 July 2015				
GP Commissioning	Scrutiny of the new arrangements for commissioning GP Services by CCGs.	Scrutiny	Martin Gately	Mansfield and Ashfield and Newark and Sherwood CCG
Sherwood Forest Hospitals Trust – Winter Pressures	Examination of winter pressures and planning issues at Sherwood Forest Hospitals	Scrutiny	Martin Gately	Sue Barnett, Interim Chief Operating Officer, SFH
Mental Health Issues in Nottinghamshire	Examination of information from Healthwatch	Scrutiny	Martin Gately	Joe Pidgeon, Chairman, Healthwatch Nottinghamshire
21 September 2015				
Healdswood Surgery and Woodside Surgery – Practice Merger	Consideration of Practice Merger	Scrutiny	Martin Gately	DR RA Hook, DR WK Liew and David Ainsworth, Director of Engagement and Service Redesign, Mansfield and Ashfield CCG
Contract Expiry at Westwood 8-8 Centre Bassetlaw	Consideration of Procurement	Scrutiny	Martin	NHS England and Bassetlaw CCG representatives (TBC)
CNCS/Kirkby Community Primary	Consideration of provision of service from CNCS	Scrutiny	Martin Gately	Dr Sarah Hull, Medical Director,

Care Centre				CNCS
Healthwatch Annual Report 2014/15	Presentation of Healthwatch Nottinghamshire annual report	Scrutiny	Martin Gately	Joe Pidgeon, Chairman, Healthwatch Nottinghamshire
GP Commissioning (Rushcliffe CCG)	Scrutiny of GP Commissioning arrangements in the rural south of the County	Scrutiny	Martin Gately	Vicky Bailey, Chief Officer, Rushcliffe CCG
23 November 2015				
Sherwood Forest Hospitals Trust – CQC Inspection	Briefing by the CQC on the outcomes of the recent inspection of Sherwood Forest Hospitals	Briefing	Martin Gately	Carolyn Jenkinson, Head of Hospital Inspection – East Midlands, CQC
CQC GP Inspection reports (TBC)	Presentation by the CQC on results of the inspection of GP practices earlier in the year [may also contain details of dental practice inspections].	Briefing	Martin Gately	Linda Hirst, Inspection Manager, CQC
Sherwood Forest Hospitals Trust – Mortality Rates	Consideration of Hospital Standardised Mortality Rate (HSMR) figures at Sherwood Forest Hospitals – delays in transfer of patients from ambulances to Emergency Departments.	Scrutiny	Martin Gately	Dr Andy Haynes SFHT and Newark and Sherwood CCG
Bassetlaw Working Together Programme	Briefing on the establishment and operation of a collaborative partnership between NHS commissioners to lead a transformational change programme	Briefing	Martin Gately	Phil Mettam, Chief Officer, Bassetlaw CCG
18 January 2016				
Sherwood Forest Hospitals Trust – Updates on Improvement	Examination of the latest position on improvements within the Trust.	Scrutiny	Martin Gately	Senior SFHT Officers (to be confirmed)

Consideration of Quality Account Priorities TBC	Doncaster & Bassetlaw Hospitals NHS Foundation Trust and Sherwood Forest Hospitals NHS Foundation Trust [Nothing received from any Trust – SFHT indicated that some national guidance was still forthcoming.]	Scrutiny	Martin Gately	DBH, SFHFT and CNCS
Health & Wellbeing Board and Health Inequalities	A presentation on the work of Nottinghamshire's Health and Wellbeing Board with a particular focus on Health Inequalities	Scrutiny	Martin Gately	Cllr Joyce Bosnjak
Contract Expiry at Westwood 8-8 Centre Bassetlaw	Deferred consideration of whether re-procurement is in the interests of the local health service with additional information on patient engagement/consultation.	Scrutiny	Martin Gately	Carolyn Ogle, NHS England and Andrew Beardsall, Bassetlaw CCG representatives
Application for Branch Closure – Underwood Surgery (Jacksdale)	Consideration of the proposed closure of Underwood Surgery which is a branch surgery of Jacksdale Medical Centre.	Scrutiny	Martin Gately	Abid Mumtaz Mansfield and Ashfield CCG
14 March 2016				
CNCS	CNCS – Return for update following presentation in September 2015	Scrutiny	Martin Gately	Dr Sarah Hull, Medical Director, CNCS
Sherwood Forest Hospitals Trust – Updates on Improvement	Examination of the latest position on improvements within the Trust (to include update on Maternity Services).	Scrutiny	Martin Gately	Senior SFHT Officers (to be confirmed)
9 May 2016				
Sherwood Forest Hospitals Trust – Updates on Improvement	Examination of the latest position on improvements within the Trust.	Scrutiny	Martin Gately	Senior SFHT Officers (to be confirmed)
11 July 2016				

Sherwood Forest Hospitals Trust – Updates on Improvement	Examination of the latest position on improvements within the Trust.	Scrutiny	Martin Gately	Senior SFHT Officers (to be confirmed)

Potential Topics for Scrutiny:

Never Events

Health Inequalities

Substance Misuse

Suggested Topics

Improving IT links between GP services and Hospitals (CCGs) – Cllr Lohan

Unsafe Discharge/Assess Team/Discharge Team – Cllr Harwood & Cllr Lohan

Recruitment (especially GPs)

Rushcliffe CCG Pilots Update