

Health Scrutiny Committee

Monday, 23 June 2014 at 14:00

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

AGENDA

- 1 To note the appointment by the County Council of Councillor Colleen Harwood as Chairman of the Commi
- 2 To note the membership of the committee
- 3 Minutes of the last meeting held on 28th April 2014 3 - 8
- 4 Apologies for Absence
- 5 Declarations of Interests by Members and Officers:- (see note below)
 - (a) Disclosable Pecuniary Interests
 - (b) Private Interests (pecuniary and non-pecuniary)
- 6 Proposed Merger of Clipstone Health Centre and Farnsfield Surgery 9 - 16
- 7 Mid-Nottinghamshire Better Together Integrated Care Transformation 17 - 24
- 8 Healthwatch 25 - 30
- 9 Work Programme 31 - 36

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 David Ebbage (Tel. 0115 977 3141) 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

Kate Foale (Chairman)
Steve Carroll
John Ogle
Stuart Wallace
Jacky Williams

A John Wilmott

District Members

Trevor Locke - Ashfield District Council
Brian Lohan - Mansfield District Council
David Staples - Newark and Sherwood District Council
A Griff Wynne - Bassetlaw District Council

Officers

Martin Gately - Nottinghamshire County Council
David Ebbage - Nottinghamshire County Council

Also in attendance

Keith Mann - NHS England
Deanna Westwood - Compliance Manager, CQC

MINUTES

The minutes of the last meeting of the Health Scrutiny Committee held on 24 February 2014 were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

There were apologies for absence received from Councillor Wilmott who was on other County Council business.

DECLARATIONS OF INTEREST

There were no declarations of interest.

CARE QUALITY COMMISSION PRESENTATION

Deanna Westwood, an Inspection Manager from the CQC gave a presentation to members outlining the role of the CQC. The aim is to make sure hospitals, care homes, dental and general practices and all other care services in England provide safe, effective, compassionate and high quality care and the CQC help these services to make improvements.

Within the presentation the following points were made:-

- The CQC monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety. Whatever they find gets published including performance ratings to help people choose care.
- Appointed 3 new Chief Inspectors in the change of structure. There is a clear sense of purpose now with the new operating model. The main purposes are the services that provide care.
- Greater use of data and evidence, the CQC do work on hospital admissions, information is given from the people who use the service.
- Information is published on the web site, which tells us if a particular service is compliant or not.
- Specialist advisors are being used, most recently at Kings Mill Hospital. A team of 60 people who are experts in different fields are carrying out work there.
- There are 5 top priorities for the Chief Inspector, these are:-
 1. Develop changes to how we monitor, inspect and regulate adult social care services.
 2. Develop a ratings system for adult social care services.
 3. Develop an approach to monitoring the finances of some adult social care providers.
 4. Support staff to deliver
 5. Build confidence in CQC.
- Waive 1 inspections have just started on 1st April this year, provides agreed to be individual ratings to go on the website. 1st October 2014 Adult Social Care services receive their ratings. All services by next year will have a rating that is registered with the CQC. The ratings are there to support people's choice of service and drive improvement.
- Confidence has improved in the CQC since the new Chief Executive and the proposed changes were introduced.

- Adult Social Care vision is 'The Mum Test'. Is it good enough for my mum. Emphasising people to push for decent quality of life. Adult Social Care is for whole life, require care and treatment throughout life.

Following questions from Members, the following points were made:-

- The CQC only inspect services that are registered. If patients use direct payments or private carers, these services are not regulated by the CQC. It is not in their remit.
- The CQC's role is under the Health & Social Regulation Act. The local authority commission the service, wanting to make sure high quality care is being provided. Monitor taking over as a licencing authority. CQC role is against regulations, inform Monitor of findings then they will investigate if they are regulators.
- CQC are committed to inspecting every care service, if a particular service was underperforming, would take them to the magistrate and cancel their registration, which is a last resort option.
- Members of the committee were pleased with the introduction of the ratings system; this will help to judge where to send relatives for care.
- Discharge from hospitals lies with Social Services, CQC is there to make sure what service they receive after being discharged is high quality. They would look at that services discharge arrangements etc.

Deanne explained to Members that from the web site, they are able to sign up for an email alert which will show them if any service in their area comes to attention.

The Chair thanked Deanna Westwood for the presentation and for answering questions.

HILL VIEW SURGERY PREMISES, RAINWORTH – BRIEFING

Keith Mann, NHS England introduced the briefing on Hill View Surgery.

He told the committee that the existing premises are now safe. A plan to re develop the existing site has to be an option for the centre. The health centre is at the bottom of the hill, at the top of the hill is where the current surgery is located. If the surgery was to be next the health centre at the bottom, that would be an advantage. An alternative location is another option which there is one close by.

NHS England was in place in 2013. A Health & Safety Audit took place at the centre in June 2013. In September NHS England approached the practice, in October improvements needed to be made and these took until January 2014 to complete. This year a final decision on which option to go with will be made, but the cost is an important aspect also.

The Chair requested a report back when an option was considered.

PROPOSED GP PRACTICE MERGER – ROSEMARY STREET AND OAK TREE LANE PRACTICE, MANSFIELD

Keith Mann, from NHS England attended the meeting to give the benefits of this merger.

Dr Ghosh was a single handed practice for 40 years who is now retired, but came back part time 2 years ago. The 2 practices are 3 miles apart but there is a bus route which patients can use to get to each practice. Parking is available at the centre as there is a Tesco supermarket nearby.

A patient survey was frequently taken at Oak Tree Lane, the outcome was that more choice would benefit patients. More doctors are now at the practice, patients are in favour of the merge.

The larger practice of the two is Rosemary Street, who has an average of 7,000 – 8,000 patients.

No increase in cost in this merge and it is fully supported by NHS England. Patients are already seeing benefits, there was a final CQC inspection and the comments from that were outstanding.

There are also improvements to the building itself and all involved support the strategy.

Following questions from Members, the following points were made:-

- That the I.T system merges on 9th July, which will mean that there will be one phone number for both practices, all of patient's records from the practices will be merged into one database which will make it easier to find patients records from either surgery.
- 4 GPs but from August a further 2 more GPs will be located at the practices with an increase of nurses also.
- Guidelines for reports are in a policy with NHS England, they suggest reports to be brought to Scrutiny Committees.
- There is a big shift in NHS England, a black hole in NHS £30 billion in debt. Want to develop single centres but not financially possible.
- Confusion from the web site regarding a report which seemed to be different regarding the consultation.

The Chair thanked Keith Mann and colleagues from the 2 practices for attending.

WORK PROGRAMME

The work programme was discussed and noted.

The Quality Accounts would be forwarded to Members, for any comments from Members to be forwarded to Martin Gately.

A report on hospitals in the north of the County by Healthwatch Nottinghamshire was requested.

The meeting closed at 4.25pm.

CHAIRMAN

28 April 2014 - Health Scrutiny

23 June 2014

Agenda Item: 6

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

PROPOSED MERGER OF CLIPSTONE HEALTH CENTRE AND FARNSFIELD SURGERY

Purpose of the Report

1. To introduce a briefing on the proposed merger of Clipstone Health Centre and Farnsfield Surgery.

Information and Advice

2. Representatives from the practices concerned and the NHS England Local Area Team will attend the Health Scrutiny Committee to provide a briefing on the proposed changes. A written briefing from NHS England is attached as an Appendix to this report.
3. Members will wish to undertake detailed questioning regarding the proposed changes and in particular, the planned communication, engagement and consultation; and how the results of consultation will influence service design. The last two pages of the briefing describe the key aims of the engagement and comprehensively lists the stakeholder groups and methods of engagement and timings.
4. Further to receiving the briefing, the Health Scrutiny Committee will need to determine if the proposed merger is in the interests of the local Health Service.
5. How the Health Scrutiny Committee receives information from NHS England and practices is still in a state of evolution. Members may wish to identify additional information that they would like to see in briefings on practice mergers and/or the format in which they wish to receive information.

RECOMMENDATION

That the Health Scrutiny Committee:

- i) receive the briefing on the proposed merger
- ii) determine if the proposed change 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

Mansfield East (Councillors Alan Bell and Colleen Harwood)
Farnsfield and Lowdham (Councillor Roger Jackson)

DR J PORTER & DR J HEALY
The Surgery
Station Lane
Farnsfield
Newark
Notts
NG22 8LA

DR SMITH & PARTNERS
Clipstone Health Centre
First Avenue
Clipstone
Mansfield
NG21 9DA

Proposed merger of Clipstone Health Centre (Dr Smith & Partners) and Farnsfield Surgery (Dr Porter and Dr Healy)

Introduction

The practices of Clipstone Health Centre (First Avenue, Clipstone, Mansfield, NG21 9DA) and Farnsfield Surgery (Newark, Notts, NG22 8LA) have submitted an application to the Derbyshire and Nottinghamshire Area Team proposing to merge the two practices. Both practices are part of the Newark and Sherwood Clinical Commissioning Group and are on the Sherwood end of the CCG.

Clipstone Health Centre has approximately 9500 patients and operates from an NHS Property Services owned Health Centre. In summer 2015 the practice will be re-locating to a new purpose built medical centre a mile down the road on Crown Farm Way. The practice has 5 GP partners which provide 4.375 Whole Time Equivalent (WTE) of GP time, working alongside 2-4 GP registrars and a GP retainer as well as an excellent nursing team who lead the management of Long Term Conditions.

Farnsfield Surgery has approximately 4800 patients and operates from a practice owned surgery. The practice has been a two handed practice for many years with Dr Porter and Dr Healy working closely together. Dr Healy is planning to retire at the end of September 2014 and they are keen to ensure that the practice is stable for the future and able to meet the ever growing demands placed on primary care. The practice also has two salaried GPs giving a total of 3 WTE of GP time.

Proposal

Clipstone Health Centre is currently a PMS practice and Farnsfield has a GMS contract. The proposal is to merge the two contracts to a GMS contract held by the newly formed "Sherwood Medical Partnership". If approval is given, this new partnership will be formed on 1st October 2014.

Initial discussions with the CCG indicate very good support for the proposal. The merger fits very well with the Primary Care Strategy which emphasises the need for practices to work

more closely together. The wider range of clinical skills and enhanced services should support reductions in referrals and non-elective admissions.

Impact and benefits for local population

Full general medical services will be provided from both sites and patients will have access to all appointments at both sites. This will significantly increasing their choice of clinicians and site, though there will be no requirement or expectation on patients to travel to an alternative site if they do not wish to. Patients in Farnsfield will particularly benefit from access to an increased range of enhanced services such as extended hours, minor surgery clinics, joint injection clinics and smoking cessation advice. They will have access to these at Clipstone Health Centre and also at Farnsfield Surgery.

The long term condition management model will be nurse led, with an information gathering appointment with a health care assistant, followed by a holistic, care planning, long term condition/medication review appointment with a practice nurse. Multiple long term conditions will be reviewed in the one appointment. This model has already been successfully embedded at Clipstone Health Centre and will be gradually introduced at Farnsfield.

The merger will provide far greater security for the long term viability of the practices, particularly for Farnsfield which would struggle to survive on its own long term. The demands of registration with the Care Quality Commission, responding to rapidly changing contractual requirements and the ever increasing expectations placed on primary care cannot be met by small practices working alone. We believe this merger will safeguard the patients of Farnsfield and Clipstone from losing a local primary care centre. We are committed to keeping all that is best and most cherished about the family doctor whilst maximising the benefits found from working in a larger organisation.

Engagement Plans

Both practices have good relationships with their patients and patient participation groups. Clipstone's group has been well established over many years and Farnsfield's has been setup more recently as part of the patient participation enhanced service. We will meet with these groups separately, with representatives from both practices, before publicly announcing and publishing details about the proposed merger.

Key messages include:

- Providing reassurance about ongoing levels of service on both sites

- Explaining the reasons for the merger and the additional stability this gives the practices long term
- Outlining the benefits for patients and the additional choices and services they will have access to

We plan to meet with our patient groups on Tuesday 24th June and Wednesday 25th June to discuss the proposals. Later on the 25th we will publish information for patients online and in the practice, including opportunities to respond. We will send out text messages to patients informing them of the news and include a link to the information online. This will directly reach over 60% of our patients immediately. We will also use other avenues to increase awareness such as putting message on prescriptions, call screens, websites and on posters in the practices.

We will conduct open days on both sites to talk to patients about the plans and provide more detail as well as providing patients with avenues to feedback in writing or by email. After that initial engagement, ongoing messages answering any common questions or concerns and information about progress and implications for patients will be communicated through newsletters, websites, twitter and information in practices as well as on going communication and discussion with patient groups.

Longer term the practices will discuss with the patient groups whether they want to continue to have separate meetings, join completely or do a mixture of separate and joint meetings.

Derbyshire and Nottinghamshire Area Team Consideration

The Area Team will consider this application at the Primary Care Panel on 18th July.

Stakeholders of Clipstone Health Centre and Farnsfield Surgery

Key aims of the engagement:

1. To ensure all affected parties are aware of the change
2. To create a mechanism for receiving feedback on the merger
3. To address any key concerns raised by stakeholder and assess if these viable to be incorporated into any future plans for the practice
4. To establish a basis of concerns and aspirations on which to feedback to any stakeholder groups following the merger

Stakeholder group	How we plan to engage with the group	When or how completed
Registered patient population at Clipstone Health Centre	Patient Participation Group Posters in surgery Patient Call Screen Website Practice Leaflets Prescription Tokens Twitter Newsletter Text message to patients with announcement and link to further information	Ongoing from 25 th June
Registered patient population of Farnsfield Surgery	Patient Participation Group Posters in surgery Posters in local pharmacies Website Prescription Tokens Practice Leaflets Text message to patients with announcement and link to further information	Ongoing from 24 th June (evening meeting with PPG)
Practice staff	Informal consultation prior to completion regarding reasons for the merger and limited impact on staff. Contractual consultation after completion where applicable.	Ongoing with immediate effect and after the merger
Patient Participation Group of each practice	Planned meetings with each PPG introducing a clinician from the other practice	24 th and 25 th June

Nottinghamshire LMC	LMC have been involved with providing initial advice and will be kept informed	Ongoing
District Councillors in Clipstone Area - David Thompson, Sheila Soar, A.Fisher, V. Hopewell, A Norman and Julia Sherwood District Councillors in Farnsfield - Robert Bradbury, Bruce Laughton and Frank Taylor	Stakeholder letter	Planned 25 th June
Mark Spencer MP Sir Alan Meale MP	Stakeholder letter	Planned 25 th June
Health and Wellbeing Board	Stakeholder letter	Planned 25 th June
Nottinghamshire Health Overview and Scrutiny Committee	Paper for meeting on 23 rd June and practice representation	23 rd June
Neighbouring practices / other constituent practices of Newark and Sherwood CCG	Email from PM to all Newark and Sherwood PMs and GPs and Mansfield practices	Planned 25 th June
Healthwatch	Stakeholder letter	Planned 25 th June
Local community pharmacies and residential/nursing homes of both practices	Stakeholder letter	Planned 25 th June
Any other local health providers as applicable – County Health Partnerships CNCS Sherwood Forest Hospitals Foundation Trust	Stakeholder letters	Planned 25 th June

23 June 2014

Agenda Item: 7

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

MID-NOTTINGHAMSHIRE BETTER + TOGETHER INTEGRATED CARE TRANSFORMATION

Purpose of the Report

1. To introduce a briefing on the Mid-Nottinghamshire Better + Together Integrated Care Transformation.

Information and Advice

2. Further to the initial briefing by Dr Amanda Sullivan, the Health Scrutiny Committee will consider 'Phase 3' of this transformation programme, which will identify the outcome specifications and commissioning procurement plans.
3. Members may recall from the briefing in February that the Mid-Nottinghamshire Better + Together Transformation Programme is a complex and wide-ranging programme of change relating to urgent care, proactive care, elective care and women's and children's care.
4. Dr Sullivan will again attend the committee to provide briefing and answer questions as necessary. A written briefing from Dr Sullivan is attached as an appendix to this report.
5. Further to receiving the briefing and asking questions about it, the Health Scrutiny Committee will need to determine the timescale for further consideration of this transformation programme and the various elements that comprise it with a view to ultimately determining if the programme is in the interests of the local health service.

RECOMMENDATION

That the Health Scrutiny Committee:

- i) receive the briefing on the Mid-Nottinghamshire Better + Together
- ii) schedule further briefing as necessary

**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

Mansfield East (Councillors Alan Bell and Colleen Harwood)



NOTTINGHAMSHIRE COUNTY COUNCIL
HEALTH SCRUTINY COMMITTEE 23rd June 2014
UPDATE ON THE MID NOTTINGHAMSHIRE TRANSFORMATION PROGRAMME –
IMPLEMENTATION PHASE

1. Overview and Background

The health and social care system in the Mansfield and Ashfield CCG and the Newark and Sherwood CCG “Unit of Planning” footprint faces the very significant challenge of determining how it should deliver care to the quality/ outcomes required within the limited (but still very substantial) funds available. The current models of care are not delivering best health outcomes and are not affordable or sustainable if scaled up to address the anticipated growth in population demand.

In order to address the likely future pressures, leaders in health and social care in Mid Nottinghamshire worked together through the early part of 2013 to produce a “blueprint” for future services. This was Phase 1 of the whole system transformation programme.

2. Recap on key features of the “blueprint” - Phase 1

Key features of the “blueprint” recommended interventions include:

- A proactive, co-ordinated multidisciplinary and properly resourced team based in the community to help maintain wellbeing – particularly for frail and elderly people;
- Support allowing people to return to their normal place of residence sooner and reduce the risk of losing the ability, support structures and confidence to live independently;
- Integrated urgent care services centred around the patient, with care professionals working seamlessly between acute, primary, community and social care under a single structure;
- Care professionals able to access the right services at all times – with social, community and primary care as accessible and responsive as A&E;
- Elective care focussed on those patients most likely to benefit from it, and provided where there are enough patients to run a high quality, sustainable service; and
- Maternity and paediatric services that provide access to expert opinions earlier and only admit where necessary.

When aggregated together, these interventions create a strategically different model of care, with a greater proportion of care provided outside of acute hospital

settings, and with care professionals working across organisational and professional boundaries

3. Detailed design and deliberative engagement – Phase 2

Building on the interventions identified within the "blueprint", Phase 2 of the programme led to the development of detailed design solutions for the main clinical proposals i.e. re-design of the urgent care system, focussing on active management of citizens with long term conditions, improving access and referrals in to elective services, and re-designing services for women and children.

Documents describing the service changes were reviewed by the Governing Bodies of the two sponsoring CCGs in February 2014 and approval was given for proposal implementation, subject to on-going input into detailed outcome specifications and commissioning approaches. The detailed proposals have been publicly available since February 2014.

4. Moving in to implementation – Phase 3

The vision for implementation is reflected in the CCG's Five Year Health and Social Care Strategy (2014/15 to 2018/19) and is consistent with the '5 ambitions' jointly agreed with the acute provider, namely:

- Integrated community teams (PRISM) roll out
- Intermediate care redesign
- Care planning in care homes
- Transfer to assess
- Elective referral gateway

Based on the earlier approved detailed proposal documents, the programme has progressed into Phase 3 focused on implementation and commissioning.

A "Gateway" review was conducted in April 2014, providing helpful feedback and recommendations which have been incorporated into our plans. Furthermore, the National Clinical Advisory Team reviewed the detailed service proposals submitted to Governing Bodies and fully endorsed them. Governance arrangements have been established with separate Boards to address Programme and Commissioning processes.

Each care work stream delivers discrete 'improvement elements' during 2014/15 and 2015/16, as well as working to develop outcome based specifications for service commissioning.

A commissioning work stream has been established to determine how the integrated models of care are to be re-commissioned. In order to stimulate and develop provider capability to respond to the commissioning requirements of the new services a Commissioning Delivery Unit (CDU) has been mobilised. At present the CDU are finalising proposals for re-commissioning options for consideration by

Governing Bodies, as part of their statutory duties. Subject to formal sign-off, the proposed approach and timescale for re-commissioning will be formally communicated to stakeholders in July 2014.

5. Further ongoing work in support of implementation

Re-commissioning considerations; The Mid-Nottinghamshire Blueprint sets out a new approach to how health and social services should be configured to deliver the best outcomes for the population from the resources available. These represent some far reaching transformational changes to the way services are delivered and how different parts of the system will need to work together. The Blueprint also envisages new ways of commissioning to support and reinforce the models of care – giving the system the best chance of achieving the required benefits in patient / citizen outcomes, quality and financial sustainability.

The CDU have discussed the commissioning and commercial considerations with the CCG Governing Bodies who will make a decision in order to commission local health and social care services in a way that supports the Blueprint models of care. If the full benefits are to be realised, providers will have to move away from traditional models of care – and should be incentivised to do so. The relationships between providers and the behaviours they exhibit internally and with one another will also need to align behind the Blueprint models.

Ensuring this focus commissioning for outcomes does not necessarily require complex organisational or statutory changes but rather the right incentives are put in place by redesigning the contractual arrangements – moving away from an activity based model towards a model that incentivises and rewards the right behaviours and aligns risk with control. This is likely to involve an outcomes focused and capitated model of commissioning.

Whilst the re-commissioning approach continues to be developed, a number of other critical pieces of enabling work are continuing as follows;

Primary Care Strategy; In June 2014, a Primary Care Strategy will be presented to the CCG Governing Bodies for approval. This strategy outlines the model of urgent care in General Practice, together with a capacity plan for ensuring an appropriate staffing model supported by a resource plan for implementation. CCGs are also considering the options for, and benefits of, taking on responsibilities for co-commissioning of primary care services to ensure the best possible local fit with transformation plans.

Communications and Engagement; Clinical, partner organisation, citizen, service user, staff and public engagement have supported and informed the development of the service designs defined in the proposal documents shared in February 2014. There remains a commitment to provide continued opportunity for our stakeholders to contribute to detailed design and implementation activity. As implementation planning evolves the need for formal public consultation on distinct elements of the programme will be kept under review.

The main on-going objectives of this work include:

- Ensuring the Better Together programme embraces a commitment to listening to, and involving communities, their representatives and others in the way services are planned and provided in the future and that the patient and public voice is fully embedded within the on-going development of the programme
- Delivering effective two-way communication with the public, patients, staff, partners and other identified stakeholders, ensuring changes can be implemented smoothly
- Ensuring effective communication of the programme to all staff, fully engaging them in the development of the work streams and creating opportunities for their active involvement and participation
- Actively engaging all stakeholders to enable them to fully understand and support the need to work differently in the delivery of Better Together
- Use of digital, print, broadcast and social media to target and reach all sections of the Mid-Nottinghamshire demographic.
- Continuing to present the case for change to public, staff, partners and stakeholders, building on the engagement programme delivered thus far

Workforce; the Workforce element of the programme is considered to be an area of both significant risk (owing to its complexity) and opportunity. Engaging the workforce in designing and delivering the change is a recognised critical success factor. In order to deliver the changes required, there are a number of key considerations:

- What are the workforce requirements to deliver the change? What roles are required? Where will those roles be based? And what are the potential phasing requirements?
- What are the potential efficiency / productivity opportunities to be gained, through the workforce from new roles and different ways of working?
- How will the workforce support the desire to provide truly integrated care across the Mid-Nottinghamshire health and social care community?
- What is the current supply of the workforce and how will recruitment, retention and training requirements impact on that supply?
- What considerations need to be given to the technical aspects of the transition?
- How will the healthcare system manage the transition, maintaining the engagement of a loyal and committed workforce, ensuring that the change is managed in a truly engaging and involving way, providing a foundation for its long-term sustainability?

Information Management & Technology; IM&T has been recognised as an important area that needs careful planning and implementation within the context of the programme.

An approach is being adopted that describes the requirements for delivering the necessary capabilities and provides an overview of how these new IM&T requirements can be met using existing capabilities where possible, and procuring new capabilities where none (of required maturity) exist today.

Estates; To enable the maximum benefits to be derived from the Better Together proposals, a high level review of the Mid- Nottinghamshire health and social care

estate is underway. This review will make recommendations and generate scenarios that should be considered to optimise performance and efficiency of the whole estate. Due regard will be given to accessibility, as well as quality and value for money considerations when generating scenarios and a range of stakeholder engagements will inform suggested outcomes.

6. Conclusions

The work to embed the new ways of working that will deliver the outcome and sustainability aspirations of the Better Together transformation programme continues. Measurable changes in service models and consequent improvement in performance metrics are already being evidenced (e.g. avoidance of emergency admissions) as the health and social care system begins to change.

Full realisation of benefits will only be achieved by creating new ways of commissioning through a series of clear outcome based specifications, and these will encourage and drive new and more integrated ways of provider working. Commissioners are also maintaining a focus on ensuring performance through transition to a fully integrated health and social care system.

Lucy Dadge
Director of Transformation
NHS Mansfield and Ashfield CCG
NHS Newark and Sherwood CCG

Amanda Sullivan
Chief Officer
NHS Mansfield and Ashfield CCG
NHS Newark and Sherwood CCG

12 June 2014

23 June 2014

Agenda Item: 8

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

HEALTHWATCH

Purpose of the Report

1. To introduce a briefing on Healthwatch Nottinghamshire's structure and mission.

Information and Advice

2. Members will recall that Healthwatch is the independent consumer champion created to gather and represent the views of the public on their health and social care services. Healthwatch is playing a role at both national and local level, and is making sure that the views of the public and people who use the services are taken into account.
3. Healthwatch aims to:
 - Gather first-hand experiences of local residents and make recommendations to local providers
 - Consult with the public about proposed changes and influence future designs
 - Work in partnership with local statutory and voluntary groups to represent the views of the wider community and minority groups
 - Ensure proper representation of Nottinghamshire's diversity
 - Act as a hub for information at local and national level
4. Mr Joe Pidgeon of Healthwatch Nottinghamshire will be on hand to present information regarding the structure and mission of Healthwatch. A diagram of the Healthwatch Nottinghamshire structure is attached to this report as Appendix 1. An additional diagram detailing Healthwatch's mission and outcomes is attached as Appendix 2.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Consider and comment on the information provided.
- 2) Schedule further consideration of the work of Healthwatch Nottinghamshire, as necessary

**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

Board

The Chair and Board members are recruited through an open selection process. The Board remains small to enable it to be responsive to emerging issues. The Chair works and is remunerated for three days per week.

Advisory group

Chief Executive

Prioritisation panel

The group supports the Board in developing the organisation's strategic direction. It has representation from commissioners, providers, local people, carers and the voluntary and community sector.

The Chief Executive manages the team of staff and provides strategic and operational leadership.

The panel reviews the issues that are reported to Healthwatch Nottinghamshire and elsewhere and decides on the actions that should be taken. The Panel is made up of volunteers appointed through an open selection process.

Evidence and insight

Information and administration

Volunteer Co-ordination

Communication

Community and Partnerships

Responsible for the development of research strategy and the analysis information to identify key trends to support the improvement of local services.

Ensures the smooth operation of Healthwatch Nottinghamshire and supports the collection, storage and reporting of relevant and appropriate information.

Responsible for the development of volunteer strategy and the recruitment, development and support of volunteers in a range of roles to support the achievement of Healthwatch Nottinghamshire's outcomes.

Responsible for the development of key messages and the Healthwatch Nottinghamshire brand to ensure that all people know about Healthwatch Nottinghamshire and what it does

Development of networks of people and organisations, gatherings views and experiences from local people. Three locality-based community and partnership workers and one specialising in working with children and young people.

Volunteers deployed in a range of roles to support the operation and impact of Healthwatch Nottinghamshire:

Champions - people who attend groups and undertake to act as a conduit for information between the group and Healthwatch Nottinghamshire

Outreach Volunteers - people who help to promote Healthwatch Nottinghamshire and encourage people sign up and report their issues

Specialist Volunteers - people who have specialist skills or who are willing to undertake training to support particular aspects of Healthwatch Nottinghamshire's work

Long term mission

To involve local people to help improve health and social care services for the people of Nottinghamshire

Medium term outcomes

People's views and experiences of health and social care services are sought and understood.

The views and experiences of people who use local services and the people who care for them are presented to, and influence, local decision makers.

Healthwatch Nottinghamshire is a well run and a sustainable organisation which continues beyond its current contract.

Short term outcomes

People have information about what they can expect from health and social care services

Reports and recommendations are based on evidence and research

People from all communities are involved with Healthwatch Nottinghamshire, including through a range of volunteering roles

People know about Healthwatch Nottinghamshire and how to get involved

Staff and volunteers are in the right roles across the organisation

Effective relationships are developed with statutory and voluntary/community sector organisations and established special interest groups

A proportion of Healthwatch Nottinghamshire's income comes from commissioned work.

A range of systems and processes are in place to collect and analyse information about people's views and experiences

Good practice examples and proposals are regularly shared with local decision makers

Healthwatch Nottinghamshire's priorities come from the views and experiences of local people

Our guiding principles

Equality and diversity are at the heart of everything Healthwatch Nottinghamshire does

Trusted

Lean

Representative

Evidence based

Transparent

Constructive

Well managed

23 June 2014

Agenda Item: 9

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 decisions 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 Health Scrutiny Committee Members Indicate interest in membership of the Sherwood Forest Hospitals Trust Quality Account study group.
- 3) 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 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2014/15

Subject Title	Brief Summary of agenda item	Scrutiny/Briefing/Update	Lead Officer	External Contact/Organisation
23 June 2014				
Proposed Merger of Clipstone Health Centre and Farnsfield Surgery	Consideration of GP surgery merger	Scrutiny	Martin Gately	Matt Doig, Dr Smith & Partners and Keith Mann NHS England
Mid-Nottinghamshire Better + Together Integrated Care Transformation	Consideration of transformation programme	Scrutiny	Martin Gately	Dr Amanda Sullivan, Newark and Sherwood CCG
Healthwatch Information Sharing	A new regular item focussing on the work of	Briefing	Martin Gately	Joe Pidgeon of Healthwatch
29 September 2014				
Bassetlaw Health Services	An update on the work of Bassetlaw Clinical Commissioning Group from the Chief Operating officer, Mr Phil Mettam. TBC	Briefing	Martin Gately	Mr Phil Mettam Bassetlaw CCG
NG25 Mortality Rates Group – Final Report	A verbal update from Councillor Bruce Laughton on the work of this group	Briefing	Martin Gately	Councillor Bruce Laughton
24 November 2014				
Sherwood Forest	Update on the work of the Sherwood Forest	Briefing	Martin	Paul O'Connor,

Hospitals Foundation Trust	Hospitals Foundation Trust TBC		Gately	Chief Executive [or other suitable senior officer]
26 January 2015				
Quality Account Priorities – Sherwood Forest Hospitals Trust and Doncaster & Bassetlaw Trust	Initial consideration of priorities in advance of considering draft Quality Accounts	Scrutiny	Martin Gately	TBC
CQC Hospital Inspections	Briefing on outcomes from recent inspections TBC	Briefing	Martin Gately	TBC
23 March 2015				
18 May 2015				
Quality Accounts	Consideration of draft Quality Accounts (Sherwood Forest and Doncaster & Bassetlaw Trusts)	Scrutiny	Martin Gately	TBC
20 July 2015				

Potential Topics for Scrutiny – either in main committee or by way of a study group (for agreement by committee)

Never Events
Misdiagnosis

Liverpool Care Pathway / End of Life Care

Health Inequalities

To be scheduled

Stroke Pathway (TBC)	Scrutiny of potential stroke services reconfiguration proposals/consultation	Consultation	Martin Gately	Dr Amanda Sullivan, Newark and Sherwood/Mansfield and Ashfield CCG
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