

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