HEALTH SCRUTINY COMMITTEE Monday 20 July 2015 at 2pm

Membership

Councillors

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

District Members

A Glenys Maxwell Ashfield District Council
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

Joe Pidgeon Healthwatch Nottinghamshire Donna Clarke Healthwatch Nottinghamshire

Sue Barnett Sherwood Forest Hospitals NHS Foundation Trust Elaine Moss Newark & Sherwood and Mansfield & Ashfield CCGs

CHAIRMAN AND VICE-CHAIRMAN OF THE COMMITTEE

RESOLVED 2015/003

That the appointment by County Council on 14 May 2015 of Councillor Colleen Harwood as Chair of the Health Scrutiny Committee and Councillor John Allin as Vice-Chair of the Health Scrutiny Committee be noted.

MEMBERSHIP OF THE COMMITTEE

RESOLVED 2015/004

The membership of the committee, as set out above, was noted.

MINUTES

The minutes of the last meeting held on 18 May 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.

DECLARATIONS OF INTEREST

There were no declarations of interest.

GENERAL PRACTITIONER COMMISSIONING

Apologies were received from David Ainsworth, Director of Engagement and Service Redesign.

Elaine Moss, Chief Nurse, Newark and Sherwood and Mansfield and Ashfield Clinical Commissioning Groups (CCGs) presented a briefing on the commissioning of primary (medical) services.

The responsibility for commissioning GP services in some areas of England transferred to CCGs in April 2015. All six CCGs in Nottinghamshire and Nottingham city have full delegated responsibility for primary care (medical) commissioning. Appendix A and B of the report outlined these in detail. To ensure consistency of commissioning process a leads group had been developed between the CCGs and NHS England.

During discussion the following points were raised:

- Concern was raised that the Health Scrutiny committee had not been informed
 of the decision to submit an application despite regular attendance at
 committee by CCGs. Mrs Moss apologised and explained that they had been
 waiting for confirmation before making an announcement.
- Governance arrangements were discussed to assure the Committee that appropriate structures were in place and that there would be transparency in decision making.
- The CCGs would be looking for strong leadership, innovation and more engagement.
- Primary care was crucial in delivery of services and the Better Together programme and would be part of planning to improve health services including nearer to home community services.
- Mrs Moss said that part of the plan was to have GPs working more collaboratively rather than closing surgeries. A wide range of criteria were considered before making the decision to close a surgery including estate, safety and patient experience Mrs Moss offered to send a copy of the criteria used for making these decisions.
- The long to medium term vision was for improving services and increasing those delivered in the community. The starting point was not closing surgeries. She was not aware of any closure that had caused travel difficulties for patients.

The Chair thanked Mrs Moss for her report.

SHERWOOD FOREST HOSPITALS TRUST - WINTER PRESSURES

Sue Barnett, Interim Chief Operating Officer at Sherwood Forest Hospitals NHS Foundation Trust presented a briefing on the Trust's planning for winter pressures.

Severe winter conditions can result in Emergency Department closures, cancelled operations, bed pressures and ambulance delays. The briefing discussed the Trust's performance in 2013/14, 2014/15 and 2015 and recovery plans to improve performance.

During discussion the following points were raised:

- A single door policy was in place at Kings Mill hospital where patients attend
 the Primary Care Centre for initial assessment for future care. This avoided
 patient confusion on whether to attend the Primary Care Centre or A & E. The
 Centre is open 24 hours a day, 7 days per week.
- Mrs Barnett assured the Committee that the Trust did look beyond the statistics and carried out regular audits around clinical care. The results of inpatient surveys were improving. She offered to bring the outcomes of audits to future meetings.
- Recruitment and retention of staff was still an issue.
- Some examples of good practice by the Integrated Discharge Scheme in Nottinghamshire had been highlighted in a report by Healthwatch England. The scheme is based on the health and social care needs of the patient

The Chair thanked Mrs Barnett for her briefing.

MENTAL HEALTH ISSUES IN NOTTINGHAMSHIRE

Joe Pidgeon and Donna Clarke from Healthwatch, Nottinghamshire presented a report on mental health issues in Nottinghamshire.

Healthwatch Nottinghamshire had gathered the views and experiences of local people through surveys, interviews and focus groups at locations across the county. A total of 120 adults including services users and their carers had participated. The report identified the key findings from a preliminary analysis their experiences of mental health services in Nottinghamshire and will be used to identify areas where further in depth insight and action may be required.

During discussion the following points were raised:

- A detailed report on access to crisis services was in the planning stage.
- Although the report was based on quite a small sample, Healthwatch
 Nottinghamshire felt that it was a good starting point for future research which
 would be more considered and provide a more detailed evaluation of the
 results.
- Healthwatch did not have any plans to evaluate children's mental health services at present but this may be a future item on their work plan.

The Chair thanked Joe Pidgeon and Donna Clarke for their insightful report.

WORK PROGRAMME

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

- Improving links with GPs surgeries (specifically IT links)
- Access Team
- Recruitment
- An update on the CQC inspection of dental practices.

The meeting closed at 3.50pm.

CHAIRMAN

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