
Membership**Councillors**

Colleen Harwood (Chairman)

A John Allin
Kate Foale
Bruce Laughton
John Ogle
Jacky Williams

District Members

Trevor Locke	-	Ashfield District Council
A Brian Lohan	-	Mansfield District Council
A 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
Amanda Sullivan	-	Sherwood Forest Hospital Trust

APPOINTMENT OF CHAIRMAN OF THE COMMITTEE

That the appointment of Councillor Colleen Harwood as Chairman and Councillor John Allin as Vice-Chairman of the Committee by the County Council of 15th May 2014 for the forthcoming year be noted.

TO NOTE THE MEMBERSHIP OF THE COMMITTEE

That the membership of the Committee as listed below be noted:-

Councillor Kate Foale	Councillor John Ogle
Councillor Bruce Laughton	Councillor Jacky Williams

District Council Members

Councillor Trevor Locke	-	Ashfield District Council
Councillor Brian Lohan	-	Mansfield District Council
Councillor David Staples	-	Newark & Sherwood District Council

MINUTES

It was agreed that the minutes would be brought to the next meeting following changes which were required.

APOLOGIES FOR ABSENCE

There were apologies for absence received from Councillor Brian Lohan, David Staples and Griff Wynne.

DECLARATIONS OF INTEREST

There were no declarations of interest.

PROPOSED MERGER OF CLIPSTONE HEALTH CENTRE AND FARNSFIELD SURGERY

Keith Mann from NHS England gave a brief background on the two practices and then representatives from both surgeries made the following points regarding the proposed merger:-

- Dr John Porter from the Farnsfield surgery gave Members some further background regarding the surgery. It has 4800 patients and operates from practice owned premises.
- It had been a two handed practice for the past 26 years with Dr Porter and Dr Healy. Dr Healy is retiring at the end of September and they want to ensure that the practice is stable for the future.
- Clipstone Health Centre has approximately 9500 patients. In summer 2015, the practice will be relocating to a newly built medical centre a mile down the road.
- The practice has 5 GP partners, 2-4 GP registrars and a GP retainer as well as a nursing team.
- Full general medical services will be provided at both sites and patients will have access to all appointments at both sites. There will be no expectations for patients to travel to an alternative site if they do not wish to.
- Patients in Farnsfield will benefit from increased and enhanced services such as extended hours, minor surgery clinics, joint injection clinics and smoking cessation advice.
- Both practices have good relationships with their patients and participation groups. Meetings will be held separately with the two groups, with representatives from both practices, before announcing and publishing details about the merger.

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

- Members wondered why Clipstone was the chosen practice to merge with Farnsfield. This was because the practice at Clipstone was in a similar situation with similar issues. Multiple practices were not approached regarding the merger; it was more comfortable with just the one practice involved.
- The feedback from the CCG has been extremely positive. There is a geographical difference but both practices still come under the same CCG.
- Members raised concerns in relation to the Farnsfield practice having to close down and move to Clipstone. Both practices reassured the committee that the distance protected that concern as it is too far for patients in Farnsfield to travel for an appointment at Clipstone. For staff to travel between the two is only a couple of miles. There is also no public transport along that route.
- The Mid-Nottinghamshire Better Together has been involved greatly with the changes.

The Chair thanked the practices for their attendance and asked for an update in September regarding the feedback they get from patients using the practices.

MID-NOTTINGHAMSHIRE BETTER + TOGETHER INTEGRATED CARE TRANSFORMATION

Amanda Sullivan introduced the briefing on the Mid-Nottinghamshire Better + Together Transformation phase 3 of the transformation programme. Phase 3 identified the outcome specifications and commissioning procurement plans.

The vision of implementation was reflected in the CCG's five year health and social care strategy and consisted of the 5 ambitions jointly agreed with the acute provider:-

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

A gateway review was conducted in April 2014 which provided helpful feedback and recommendations which have been incorporated into the current plans. The National Clinical Advisory Team (NCAT) reviewed the service proposals and fully endorsed them.

In June, the Primary Care Strategy was presented to the CCG Governing Bodies for approval which outlined the model of urgent care in general practice. CCG's are also considering the options for, and benefits of, taking on responsibilities for commissioning of primary care services to ensure the best possible local fit with transformation plans.

Dr Sullivan explained to the Committee that there is a funding gap of £70 million and by carrying out these clinical changes could save up to £20 million of that deficit. The blue print analysis taking place also could save another £15 million which would see them to half way to the £70 million gap.

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

- GPs will work together with their area team regarding recruitment. The aim is to apply the right level of care and see developments from the existing workforce. This will not be a quick process, but will be one which needs to be managed very carefully.
- Members were concerned about the number of patients being admitted into hospital and would like to see the number reduced. The PRISM programme is very proactive on this matter. They are working with public health prevention self-care team educating patients to have more healthy lifestyles, also making sure patients are going to the right part of the system.
- There are three transformation programmes addressing the same issues and it may be that the work of these programmes needs to be more clearly communicated to the public.
- Measurable changes in service models and consequent improvement in performance metrics are already being evidenced as the health and social care system begins to change.
- Members raised the concern from constituents regarding the lack of knowledge of who the best person is to contact for inpatients. The NHS 111 service is the out of hour's service but that service does not fall within the Mid-Nottinghamshire Transformation Programme.

The Chair thanked Dr Sullivan for the report and suggested a briefing to be brought to the January meeting.

HEALTHWATCH

Joe Pidgeon, Chairman of Healthwatch Nottinghamshire presented his report to Members and gave information on the structure and mission of Healthwatch.

The annual report and business plan were published the same week as this committee meeting, and therefore it was not possible for these documents to be included within the committee papers. Consideration of Healthwatch Annual Report and Business Plan

Healthwatch is independent but is commissioned by the County Council. Like all services, it has had to deal with a 30% reduction but are still managing.

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. A

further four Board members are being recruited in September who have experience in NHS, business, legal services and social enterprise.

The Advisory Board supports the Board in developing the organisations strategic direction; it includes 15 members and meets every 6 weeks.

The Prioritisation Panel review issues that are reported to Healthwatch Nottinghamshire and decide on the actions that should be taken. It involves 7 citizens; they met three times in the six weeks and have dealt with 46 issues this year.

The Chair thanked Mr Pidgeon for the report and requested to see the business plan in the September meeting

WORK PROGRAMME

The work programme was discussed and noted.

Healthwatch annual report
Information on diabetic care for elderly patients in Bassetlaw.

The meeting closed at 3.45pm.

CHAIRMAN

23 June 2014 - Health Scrutiny