

## Membership

## Councillors

Colleen Harwood (Chairman)  
John Allin  
Kate Foale  
Stan Heptinstall MBE  
Bruce Laughton  
John Ogle

## District Members

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

## Officers

Alison Fawley	Nottinghamshire County Council
Martin Gately	Nottinghamshire County Council

## Also in attendance

Jason Bennett	CQC
Linda Hirst	CQC
Ros Johnson	CQC
Joe Pidgeon	Healthwatch Nottinghamshire
Elaine Moss	Newark & Sherwood CCG
Amanda Sullivan	Newark & Sherwood CCG
Kate Allen	Public Health
Gary Eves	Public Health

**MEMBERSHIP CHANGE**

Councillor Stan Heptinstall, MBE had been appointed to the Committee in place of Councillor Jacky Williams for this meeting only.

**MINUTES**

The minutes of the last meeting held on 24 November 2014, 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 Cllr G Wynne

## **DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **AGENDA ORDER**

The Committee agreed to take the Care Quality Commission – hospital inspections and GP surgeries item later on the agenda.

## **NOTTINGHAMSHIRE CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) – OVERVIEW AND PATHWAY REVIEW UPDATE**

Amanda Sullivan, Kate Allen and Gary Eves presented the report which informed Members about the challenges which faced CAHMS both nationally and within Nottinghamshire. They also discussed the findings from the review of the Nottinghamshire CAMHS pathway, the recommendations and the expected benefits of the proposed model and how the new model would be implemented. During discussions the following points were made:

- Clinical Commissioning Groups (CCG) had received uplifts to their budgets for CAHMS and would be expected to demonstrate parity with physical health however Members expressed concerns that the service may still be under resourced. It was explained that merging two tiers would produce some efficiency savings initially but as the profile of the service was raised this might lead to an increase in demand.
- Public Health would be providing financial support for a project management team to manage the commissioning arrangements and implementing the operational changes.
- A rolling programme of free training events was in place.
- Steps had been taken to simplify the commissioning structure and the commissioning hub was seen as a step in the right direction. National guidance on specialised commissioning was expected.
- Principles were being developed to ensure best practice across services for transition to adult services.
- Implementation would be over 18 months which would enable a robust performance framework for capturing data to be developed. Evidence based modelling would provide greater analysis.
- Members requested that a progress report be brought to committee in 12 months' time followed by two six monthly reviews.

## **CARE QUALITY COMMISSION (CQC) – HOSPITAL INSPECTIONS AND GP SURGERIES**

Jason Bennett, Ros Johnson and Linda Hirst presented a briefing on hospital and GPs surgery inspections in Nottinghamshire. They explained the role of the CQC in making sure hospitals, care homes, dental and GP surgeries and all other care services in England provided people with safe, effective, compassionate and high quality care and encouraged these services to make improvements. During discussions the following points were raised:

- To encourage openness and transparency blame was not apportioned. Inspections were intended to act as a driver for improvement in standards of healthcare.
- It was useful that Health Scrutiny committee continued to have open and honest dialogue with its stakeholders and to develop a good working relationship.
- GP practices are inspected by CCG area and approximately 25% of practices would be inspected during each visit. Visits would be generally announced two weeks in advance but visits to respond to concerns, follow up requirements or enforcement action would not be announced. It was planned to inspect several North Notts CCGs during the period January to March.
- Data from inspections would be used to provide a national overview although it was noted that model of inspections was currently in its first year.
- The methodology for inspecting dental services was being tested out with a view to being live in April 2015. This could be joined up with other regulators to avoid dental services being over regulated.

## **STROKE PATHWAY DEVELOPMENTS**

Elaine Moss presented a briefing on the developments in the stroke pathway. During discussions the following points were raised:

- The acute thrombolysis service at both Nottingham City Hospital and Kings Mill Hospital had recommenced on 4 August 2014 and provided service for 24 hours, 7 days a week. It was delivered through a shared governance process and shared rota. This was considered to be the most effective use of resources.
- Telemedicine was used to ensure timely and effective consultant management of suspected strokes. Clinicians provided a range of stroke treatments and therapies within the Stroke Unit depending on the type of stroke presented.
- After the meeting it was confirmed that the number of episodes of patients seen with a provisional diagnosis of a stroke had not increased significantly from 2013-14.

## **WORK PROGRAMME**

The work programme was discussed and the following items were noted:

- FGM – Martin Gately to advise Members when this topic would be on the Joint Health Scrutiny Committee agenda.
- Transport issues for kidney dialysis patients. The Chair agreed to circulate this report which had gone to Joint Health Scrutiny Committee.
- Reports from Clinical Commissioning Groups.

The meeting closed at 4.35pm.

## **CHAIRMAN**

26 Jan 2015 - Health Scrutiny