

## Membership

### Councillors

Keith Girling (Chair)  
Dr John Doddy  
Kate Foale  
Kevin Greaves  
Vaughan Hopewell  
David Martin  
Francis Purdue-Horan  
Kevin Rostance  
Steve Vickers  
Muriel Weisz  
Yvonne Woodhead

### Officers

David Ebbage	Nottinghamshire County Council
Martin Gately	Nottinghamshire County Council

### Also in attendance

A	Michelle Livingston	Healthwatch Nottinghamshire
	Dr Amanda Sullivan	Mansfield and Ashfield CCG
	Dr Keith Girling	Nottingham University Hospitals
	Claire Probert	Circle
	Ben Gooding	Circle

## 1. MINUTES

The minutes of the last meeting held on 8 May 2018, having been circulated to all Members, were taken as read and were signed by the Chair.

## 2. APOLOGIES

None

Councillor Vaughan Hopewell had replaced Councillor Martin Wright.  
Councillor Kate Foale had replaced Councillor Michael Payne  
Councillor Yvonne Woodhead had replaced Councillor Liz Plant

### **3. DECLARATIONS OF INTEREST**

None

### **4. ASHFIELD HOMESTART**

Amanda Sullivan, Chief Officer gave Members a briefing on the decommissioning of Homestart services in Ashfield. She highlighted the following points:-

- CCG funding ceased in August 2017, following a review. The CCGs recognised and supported the need for partnership working to improve family wellbeing.
- The review included engagement with the providers and review of service user feedback, clinical review, review of potential alternative capacity / services
- The CCG Quality and Risk Committee requested further information about alternative services for families before any decision was made
- The nature of the service was not direct health interventions, although the interlinks with healthcare services and the role of the CCGs to work in partnership to protect vulnerable families were understood.
- Alternative sources of support were available through health visiting, Sure Start and Family Nurse Partnerships. These services had capacity to support Homestart families.
- The CCGs would monitor incidents or safeguarding concerns that may arise as a result of the decision (no incidents or MASH referrals have been reported that are thought to be linked)
- Ashfield Homestart are still continuing to support 16 families using reserve grant aid funding, used to be 29 families.
- With regards to the Family Nurse Partnership, home visiting programme for first-time young mums from 12 weeks gestation to second birthday of child. Two clients are training to be volunteers with Home Start.

During discussions, the following issues were raised:-

- Members were overall disappointed with the decision and wished for it to be reconsidered.
- There was engagement with social care and it was a joint decision but a more joint commissioning approach would be welcomed going forward. An equal approach across parties would be a good way to engage
- The funding costs were shared from five bodies. A contribution from Mansfield & Ashfield District Councils was £68,000, Newark & Sherwood £26,000 and from the County Council £85,000.

- Members were also concerned that measures should be taken to avoid the loss of the 40 volunteers.

The Chair spoke on behalf on Members and said how service is valued by all of the Committee, he requested a closer look at this was needed and a more of a joint decision to be made. The volunteers who are involved are of a high standard and we should not lose them either.

The committee resolved that a review by all stakeholders and partners of the decision to decommission the service be undertaken with the review properly informed by the impact of the loss of the service on families.

The Chair thanked Amanda Sullivan for attending.

## **5. SHORTAGE OF CAPACITY OF HEAD AND NECK CANCER SERVICE**

Members received a briefing on the shortage of capacity in head and neck cancer care. The following points were raised:-

- The current situation is that there is 1 full-time substantive surgeon from mid-May 2018 and there should be 4. Future appointments are planned in the future, one in September 2018 and one in August 2019 (subject to completion of a fellowship). The chemotherapy and radiotherapy are currently not affected.
- The service is restricted to 2 week wait and benign referrals for Nottingham City CCG only from May 2018.
- Lincoln are assisting with 8 hours a week consultant surgeon into NUH from 28<sup>th</sup> May 2018.
- Derby providing 2ww consultant support into NUH (WEF 24 May 2018) – approx. 10 new 2ww slots per fortnight – diagnostics and surgery to be transferred to Derby.
- CCG working with provider trusts (Derby, Leicester, SFH) to assess the impact the referrals divert, to include weekly referral data, impact on waits and outcome of appointment to monitors any compliance/access issues.
- Ongoing recruitment efforts – appointed benign locum from London, who will start initially on 2 days a week, with potential to increase. Adverts going back out imminently for substantive cancer post

During discussion, the following points were made:-

- The City/County boundary didn't seem logical to Members, they were also curious to know if the level of expertise is the same in other hospitals. Over 200 patients get referred a month, 4-6 of those will have cancer. High level of skill is needed, expertise are more general elsewhere.
- Training can take up to 6 years to go through the post graduate training programme. Currently working with Cancer Alliance to set up an international training programme for the East Midlands.

The Chair thanked for their attendance

## **6. CIRCLE – NOTTINGHAM TREATMENT CENTRE**

Claire Probert and Ben Gooding, Service Transformation Managers at Circle NHS Treatment Centre briefed Members on services provided by Circle and how they fit

in within the wider health terrain of the ICS (Integrated Care System).The following points were made:-

- At present, within the infrastructure, Circle have representation at the following groups:-
  - STP Advisory Board
  - Greater Nottingham Transformation Partnership Board
  - System – wide delivery group – Planned Care
- Circle have been advised as a non-statutory organisation that Circle would not be able to be part of the STP leadership board unless like Nottingham CityCare we were a work stream lead for one of the system delivery groups. We are currently working to ensure that there is Clinical representation from Circle on the STP Clinical Reference Group.
- Transforming Outpatients - We are committed to working to ensure that pathways are delivered which are the best for patients and redesigning services to ensure that they are delivered in the community where appropriate.
- Rushcliffe MSK – currently work is being delivered to expand the MSK service to include advanced triage with the aspiration to make greater commissioner savings and test new methodologies of working.

During discussion, the following points were made:-

- Members queried how effective the model will be, officers replied by saying as long as all the boxes within the structure have the right people in them, the model should deem to be successful.

The Chairman thanked both representatives from Circle for their attendance and that he would get in contact with David Pearson around the Clinical Reference Group issue.

## **7. WORK PROGRAMME**

Martin Gately informed Members that the July meeting looked like a heavy agenda so he requested to move the non-time critical items Hospital Meals and NUH Maternity Services to the October meeting of the committee.

He also informed Members about the addition of Dental Services and inviting a representative from Rampton Hospital to report the progress against their CQC improvement plan.

The meeting closed at 12.05 pm.

**CHAIRMAN**