

Membership

Councillors

	Keith Girling (Chair)	
	Martin Wright (Vice-Chair)	
A	Richard Butler	
	Kevin Greaves	
	John Longdon	
	David Martin	
	Liz Plant	
	Kevin Rostance	(Items 1-4 inclusive)
	Steve Vickers	
	Muriel Weisz	
	Yvonne Woodhead	

Officers

Martin Gately	Nottinghamshire County Council
Noel McMenamin	Nottinghamshire County Council

Also in attendance

Hazel Buchanan	Greater Nottingham CCG
Allan Cole	Patient Representative
Lucy Dadge	Greater Nottingham CCG
Dr Miriam Duffy	National Rehabilitation Centre
Dr James Hopkinson	Nottingham University Hospitals Trust
Hester Kapur	Healthwatch Nottingham and Nottinghamshire
Jane Laughton	Healthwatch Nottingham and Nottinghamshire
Piera Santullo	National Rehabilitation Centre
Dr Amanda Sullivan	Greater Nottingham CCG

1. MINUTES

The minutes of the last meeting held on 23 July 2019, having been circulated to all Members, were taken as read and were signed by the Chair

2. APOLOGIES

Councillor Richard Butler

The following temporary change of membership for this meeting only was reported:

- Councillor John Longdon had replaced Councillor Stuart Wallace.

3. DECLARATIONS OF INTEREST

None.

4. NATIONAL REHABILITATION CENTRE

Dr Amanda Sullivan, accompanied by Hazel Buchanan, Allan Cole, Lucy Dadge, Miriam Duffy, James Hopkinson and Piera Santullo, introduced the item, providing an update on developing a National Rehabilitation Centre, to be co-located alongside the Defence National Rehabilitation Centre at Stanford Hall.

The following points were made:

- The regional clinical facility will provide 63 beds in an estate designed to optimise rehabilitation, including overnight accommodation for families and with access to state-of-the-art facilities and equipment;
- The current Major Trauma Centre in Nottingham was in need of considerable renovation and upgrade, lengths of stay there were too long and the Centre lacked specialist expertise in a range of disciplines;
- Current service delivery was also disjointed, and the proposed clinical model would provide single-point referral, regular multi-disciplinary reviews and early access to support services;
- Engagement activity to date reported broadly positive feedback, with most people welcoming the concentration of expertise and facilities, and being willing to travel further to access better services;
- Wider expected benefits included longer term savings in community and social care, enhanced research opportunities and improved education and training.

During discussion, a number of issues were raised and points made:

- It was acknowledged that Linden Lodge provided a very good outreach service, and commissioners and providers would together to ensure a similar offer under these proposals;
- It was confirmed that there was a clear delineation between the treatment of military patients at the adjoining defence rehabilitation establishment (DNRC) and civilian patients at the NRC, and was not a mixed environment. However, on occasion facilities and expertise from the defence 'side' would be available to civilians, as would research, education and training between defence and civilian staff;
- It was explained that there was no specific Memorandum of Understanding between the NRC and DNRC about access to services in time of war, but it

was expected that special legislation would be enacted nationally, if necessary, to cover this eventuality;

- It was explained that the increased patient numbers, combined with the increased nature and intensity of rehabilitation envisaged at the NRC, meant that more staff would be required, and that current jobs were not at risk;
- The Business Case was due by end March 2020 and further engagement will be taking place towards the end of 2019. While it was intended that the new model of provision will be cost-neutral over time, there was still a financial gap to resolve;
- It was confirmed that when military personnel were discharged from service it fell to the NHS to provide the required treatment;
- It was explained that NHS England is currently undergoing changes which could have a positive impact on the commissioning of services for rare or complex conditions;
- The CCG undertook to take into consideration how services currently provided at Portland College would fit the proposed clinical model.

The Chair thanked Dr Sullivan and her colleagues and partners for their attendance at the meeting,

5. HEALTHWATCH NOTTINGHAM AND NOTTINGHAMSHIRE

Jane Laughton, Chief Executive Officer, Healthwatch Nottingham and Nottinghamshire HWNN), accompanied by Hester Kapur, introduced the report, providing an update on the work being undertaken by HWNN, and identifying the organisation's future priorities and aspirations.

Ms Laughton and Ms Kapur made the following points:

- .Healthwatch was established nationally as an independent patient and public champion. The Healthwatch Nottingham and Nottinghamshire (HWNN) remit included collating the views of patients and the wider public, influencing the planning and delivery of health and social care services, helping the public access health and care services and holding commissioners and providers to account;
- HWNN also focussed finding the voice of those from a cross-section of society who were 'seldom heard', the homeless, current and ex-offenders, deprived and isolated communities, those with learning difficulties and disabilities and new and emerging communities;
- HWNN supported the Care Quality Commission in conducting site visits, having powers to 'enter and view' health and social care facilities. The organisation also conducted outreach work, and carried out short-term specific projects and surveys;

- The organisation had recently refreshed its strategy for 2019-2021, building on the amalgamation of the City and County elements of Healthwatch. Priorities for 2019-2020 were on the frail elderly and on mental health for young people. Short focused work would also be carried out on domestic violence and sexual abuse survivors, access to primary care for the homeless, access to NHS for refugees, and mental health and drug/alcohol use;
- HWNN was anxious to explore how it could co-operate with the Committee to maximise its impact on behalf of Nottinghamshire residents.

The following points were made in discussion:

- The Committee was anxious to help raise the profile of HWNN and asked for contact details to be distributed to members. It was suggested that HWNN details should be available on the Nottinghamshire Help Yourself website, and HWNN confirmed that it welcomed receiving referrals from councillors and elsewhere on behalf of residents;
- It was explained that the organisation received all its funding from both the City Council and County Council, with the City providing one-third and the County the remainder;
- HWNN confirmed that a significant proportion of complaints received were about GP Services. While issues with GP appointments were systemic across services in general, it should be possible to provide a breakdown of complaints received by District, and possibly by GP practice, to get a sense of where complaints 'hotspots' might be;
- While HWNN did not have powers to escalate complaints, closer working with the Committee could help hold service providers to account. The Committee asked that Martin Gately in Democratic Services explore practical ways for HWNN and the Committee to work more closely together.

The Chair thanked Ms Laughton and Ms Kapur for their attendance at the meeting.

6. WORK PROGRAMME

The Committee agreed the work programme without amendment.

The meeting closed at 12.29pm.

CHAIRMAN