

Cabinet

Dorset County Council



Date of Meeting	8 March 2017
<p><u>Cabinet Member(s)</u> Jill Haynes – Cabinet Member for Adult Social Care</p> <p><u>Lead Director(s)</u> Helen Coombes – Interim Director for Adult Social Care</p>	
Subject of Report	Response from Dorset County Council to the NHS Dorset Clinical Commissioning Group public consultation on the Clinical Services Review (CSR)
Executive Summary	<p>NHS Dorset Clinical Commissioning Group (CCG) launched a 12 week formal public consultation on wide-ranging changes to community and acute health services across Dorset in December 2016. Those changes are the subject of a Joint Health Scrutiny Committee (with Bournemouth, Dorset, Poole, Hampshire and Somerset councils), which will be submitting a formal response to the CCG by the close of the consultation on 28 February 2017.</p> <p>However, it was felt that a response on behalf of the Directorates (led by Adult and Community Services) would also be beneficial, to ensure that concerns which have been raised on particular matters can be highlighted. It is hoped that further consultation and discussions with the CCG will enable full involvement in the implementation of any agreed changes, thereby supporting Dorset County Council's position.</p>
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>Not applicable.</p>
	<p>Use of Evidence:</p> <p>The report reflects the content of presentations and reports provided by NHS Dorset CCG, particularly in relation to meetings with Dorset Health Scrutiny Committee and the Joint Health Scrutiny Committee convened to consider the Clinical Services Review.</p>
	<p>Budget:</p>

Response from DCC to NHS Dorset CCG public consultation on Clinical Services Review

	<p>Not applicable – but the outcome of the Clinical Services Review may have implications for Dorset County Council’s budget, particularly that relating to Adult Social Care.</p>
	<p>Risk Assessment:</p> <p>Having considered the risks associated with this decision using the County Council’s approved risk management methodology, the level of risk has been identified as: Current Risk: HIGH Residual Risk HIGH</p> <p>The County Council understands that the CCG’s operational plan 2017-2019 already includes several of these items as high scoring risks that need further action to mitigate them. The County Council will continue to work with the CCG on these risks and the action needed to reduce them, for example by modelling the financial and workforce impact on social care of the proposed increase in community activity.</p>
	<p>Other Implications:</p> <p>The proposals currently under consultation by the CCG are likely to impact on Adult Social Care services financial sustainability: implications relating to workforce, care market capacity and market development need particular clarification.</p>
Recommendation	<ul style="list-style-type: none"> i) That Cabinet supports the Clinical Commissioning Group focus on addressing quality, finance and workforce challenges and in principle agrees with the case for change. ii) That Cabinet notes that the CSR specific proposals have raised a number of concerns and before implementation would expect the CCG to fully assess these and undertake further consultation with the County Council. iii) Cabinet supports continuing discussion with the Clinical Commissioning Group to ensure that the plans reflect sufficient financial commitment to early help and prevention, and the impact of shifting activity to care closer to home on the County Council prior to implementation
Reason for Recommendation	<p>The proposed changes to Dorset’s health services will have a direct impact on the County Council’s corporate plan aims that people in Dorset can be safe, healthy, independent and prosperous.</p>
Appendices	<p>None.</p>
Background Papers	<p>Reports to Joint Health Scrutiny Committee since July 2015: http://dorset.moderngov.co.uk/ieListMeetings.aspx?Committeed=268</p>
Officer Contact	<p>Name: Ann Harris, Health Partnerships Officer Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk</p>

1 Background

- 1.1 NHS Dorset Clinical Commissioning Group (CCG) commenced a 'Clinical Services Review' (CSR) in October 2014, citing demographic pressures, variations in quality of care, workforce pressures and financial shortfalls as the key drivers. The CCG were clear that doing nothing was not an option, neither could they assume that significant increases in NHS funding would be forthcoming.
- 1.2 The Review comprised three main stages: design, consultation and implementation. The first two stages were to be supported by an external delivery partner, McKinsey. A public launch event was held on 22 October 2014.
- 1.3 Following delays to the initial timescales, full public consultation ran for 12 weeks from December 2016 to 28 February 2017. A Joint Health Scrutiny Committee (including Members from Bournemouth, Dorset, Poole, Hampshire and Somerset councils) was convened to consider the Review, its proposals and the consultation process. The Joint Committee has met five times since July 2015, most recently on 23 February to consider its response to the consultation, and it will meet again on 23 March to consider its response to the related but separate consultation on Mental Health Acute Care services.

2 The key proposals

2.1 Integrated Community Services:

- a. By integrated community services, the CCG means: *"bringing together primary care, acute hospitals (secondary care) community and voluntary services and social care to provide services around the patients."*
- b. Following discussions with stakeholders and analysis of range of data, the CCG's preferred option is for 7 community hubs with inpatient beds; and 5 community hubs without inpatient beds but providing a range of outpatient and other services, spread throughout the localities in Dorset.
- c. The hubs would provide a joint health and social care team approach, with care provided by an extended multidisciplinary team, with health and social care staff working together from a single central location.

2.2 Acute Hospitals:

The CCG's vision for acute hospital care in Dorset is based on three types of hospitals:

- **Major emergency hospital with 24/7 A&E** - consultant-led A&E and emergency surgery, as well as treatment for other higher risk planned care including cancer, high-risk maternity with consultant presence and 24/7 overnight services for children.
- **Major planned care hospital with a 24/7 urgent care centre** - planned and day case surgery such as hip replacements, outpatients and tests and scans. It would have a 24/7 Urgent Care Centre (led by GPs with consultant input) with rehabilitation beds, antenatal, postnatal and outpatients and therapies for children, mental health services and an integrated service for frail and elderly patients.

- **Planned care and emergency hospital with 24/7 A&E** - consultant-led A&E and other urgent/emergency care services including surgery and medical admissions. It would offer planned and day case surgery such as hip replacements, outpatients and tests and scans. It would have an integrated service for frail and elderly patients, primary and community care services on site and mental health care services; and as a minimum would have enhanced day and evening services for children, midwife-led maternity unit and a special care baby unit.

2.2.1 Following discussions with stakeholders and based on detailed population and travel time analysis, the CCG is proposing that the major emergency hospital should be located in the east of the county in either Bournemouth or Poole and that the major planned care hospital with a 24/7 Urgent Care Centre will be located in the other town.

2.2.2 The CCG further proposes that Dorset County Hospital in Dorchester will be a planned care and emergency hospital with 24/7 A&E services. This would mean that most services provided at Dorset County Hospital would remain largely as they are now.

2.2.3 The CCG wants to provide as many services as possible at the planned care and emergency hospital (Dorchester), but only where it is safe to do so. Clinical advice from the Royal College of Paediatrics and Child Health has identified that consultant-led maternity care and inpatient paediatric services for the sickest children will need to change to meet safety guidelines. Two different options are currently under consideration for this:

- i. Providing consultant-led services at the major emergency hospital in the east of Dorset. Plus an integrated service across Dorset County Hospital and Yeovil District Hospital for residents in the west of Dorset (where one hospital would provide consultant-led maternity care and overnight services for children and the other hospital would have a midwife-led maternity service and enhanced day and evening services for children).
- ii. Establishing a single specialist centre that covers the whole of Dorset, which would need to be based at the major emergency hospital in the east of Dorset (with midwife-led services and have enhanced day and evening services for children provided at Dorset County Hospital).

3 Matters of concern for Dorset County Council

3.1 Whilst Dorset County Council supports the Clinical Commissioning Group's aims in principle, before agreement is reached that the proposals set out should go forward for implementation, as a Local Authority we would expect consideration to be given to the following matters:

- a) **Financial Sustainability** – assurance that sufficient monies will be released by the changes and made available to achieve the outcomes required. The severe financial pressures under which the Local Authorities are operating cannot absorb any additional costs which may occur as a result of increases in demand for support in the community;
- b) **Care Market Capacity** – the undertaking of urgent and targeted work to develop the provider market in the community sector, to support an increased number of residents who are to be cared for outside the acute hospital setting;

- c) **Workforce** – the shortages in workforce in both health and social care, at all levels, create severe difficulties for providers. Whilst the reconfigurations of acute and community hospital sites may enable the redistribution of the NHS workforce, the County Council is concerned as to the impact of increased demand on the social care workforce;
- d) **Timing** – the County Council has concerns regarding the timescales for implementation of changes. If, as anticipated, the changes will precipitate a need for accelerated market development and increases in the social care (and indeed community health and primary care) workforce, this may take a number of years. It is currently not clear what the planned timescales are;
- e) **Access to services** – residents (particularly in the south and west of Dorset) continue to have concerns about timely access to services and the impact that the transfer of some services to the east of the County will have on patients, families and friends. The rurality of the County and the ageing demographic create particular difficulties that need full consideration;
- f) **The consultation** – whilst comprehensive engagement has been carried out with the public and a wide range of stakeholder groups, it is clear that there is still concern amongst many residents as to the impact of the proposed changes. It would have been helpful if more detailed information could have been provided regarding some of the (potential) impacts, alongside plans for implementation and timescales. Links with the local Sustainability and Transformation Plan are difficult for the wider public to understand, and perhaps a more clearly articulated whole system approach to the Review would have facilitated this;
- g) **Transformation Capacity and Scale of Change** – the scale of change across Dorset is significant across local government and health including the ambitions in the Sustainability and Transformation Plan. The pace and scale of change will require sufficient transformation capacity, and it is a concern that so far there has been a very limited access so far to the national Sustainability and Transformation funding which would help resource the capacity required for the change;
- h) **The potential of integration around community hubs** – in some of the proposals within the CSR there is considerable potential to promote and deliver integration and it is important that the County Council does not lose sight of this. While there are very real concerns around workforce, quality and implications for local authority resources of moving care closer to home, there is also huge potential for the system to take a more prevention oriented approach that fits well with the County Council's corporate plan objectives. Without significant progress in the CSR on transforming these community assets, there is not likely to be substantial change in the system's ability to practice prevention at scale.
- i) The County Council understands that the CCG's operational plan 2017-2019 already includes several of the above items as high scoring risks that need further action to mitigate them. The County Council will continue to work with the CCG on these risks and the action needed to reduce them, for example by modelling the financial and workforce impact on social care of the proposed increase in community activity.

4 Recommendations

1. That Cabinet supports the Clinical Commissioning Group focus on addressing quality, finance and workforce challenges and in principle agrees with the case for change.
2. That Cabinet notes that the CSR specific proposals have raised a number of concerns and before implementation would expect the CCG to fully assess these and undertake further consultation with the County Council.
3. Cabinet supports continuing discussion with the Clinical Commissioning Group to ensure that the plans reflect sufficient financial commitment to early help and prevention, and the impact of shifting activity to care closer to home on County Council prior to implementation.

Helen Coombes
Interim Director for Adult and Community Services
March 2017