

Dorset Health Scrutiny Committee

Minutes of a meeting held at County Hall,
Colliton Park, Dorchester on 10 March 2015.

Present:

Ronald Coatsworth (Chairman – Dorset County Council)
Bill Batty-Smith (Vice-Chairman – North Dorset District Council)

Dorset County Council

Mike Byatt and Ros Kayes.

Christchurch Borough Council

David Jones

East Dorset District Council

Sally Elliot

Purbeck District Council

Beryl Ezzard

West Dorset District Council

Gillian Summers

Weymouth and Portland Borough Council

Jane Hall

External Representatives:

NHS/Dorset Clinical Commissioning Group: Hannah Nettle (Locality Manager), Emma Seira-Walker (Deputy Director of Review Design and Delivery) and Mike Wood (Deputy Director Review Design and Delivery).

Dorset County Hospital NHS Foundation Trust: Paul Lewis (Corporate Project Manager) and Rab McEwan (Chief Operating Officer).

Dorset Healthcare University NHS Foundation Trust: Eugene Yafele (Director Bournemouth and Christchurch Locality).

Dorset County Council Officers:

Andrew Archibald (Head of Adult Services), Glen Gocoul (Head of Specialist Adult Services), Ann Harris (Health Partnerships Officer), Dan Menaldino (Principal Solicitor) and Helen Whitby (Principal Democratic Services Officer).

(Note: These minutes have been prepared by officers as a record of the meeting and of any decisions reached. They are to be considered and confirmed at the next meeting of the Committee to be held on **22 May 2015**.)

Apologies for Absence

1. Apologies for absence were received from Michael Bevan, Mike Lovell and William Trite (Dorset County Council).

Code of Conduct

2. There were no declarations by members of disclosable pecuniary interests under the Code of Conduct of each local authority.

Minutes

3. The minutes of the meeting held on 17 November 2014 were confirmed and signed.

Matters ArisingMinute 89 – Dorset County Hospital Strategic Plan

4. A member requested a copy of the presentation given at the last meeting on Dorset County Hospital's Strategic Plan. The Health Partnerships Officer agreed to provide it outside of the meeting.

Public ParticipationPublic Speaking

5.1 There were no public questions received at the meeting in accordance with Standing Order 21(1).

5.2 There were no public statements received in accordance with Standing Order 21(2).

Petitions

6. There were no petitions received in accordance with the County Council's petition scheme at this meeting.

Noted**Pathology Tendering Project: Health Scrutiny Committee Brief**

7.1 The Committee considered a report by the Director for Adult and Community Services which provided supplementary information on Dorset County Hospital NHS Foundation Trust's pathology tendering project as requested by the Committee on 17 November 2014.

7.2 The Chief Operating Officer reminded the Committee that clarification had been sought that nothing untoward had occurred during the Trust's contact with organisations prior to the tender exercise for pathology services which would have given one of the bidders an advantage over the others. He confirmed that all bidders had the same opportunity to extend the timescale of the tender or seek clarification and more information so they could provide the best tender and price. But no advantage had been given to any one bidder. The Trust's Board had identified lessons learned from the process and the internal team had been strengthened as a result. He agreed that the tender exercise had not been ideal and had been a restrictive process rather than open. He had since offered advice to Salisbury, Poole and Bournemouth Hospitals as they were also considering how they ran pathology services and hoped to work more closely with each other in future.

7.3 The Chairman suggested that in future the Trust took notes of any informal meetings as a means of providing an audit trail. He thanked officers for the report and stated that as far as the Committee was concerned the matter had been concluded.

Noted**Progress with 7-Day Services (Dorset County Hospital)**

8.1 The Committee considered a report by the Director for Adult and Community Services which provided an update on progress with the implementation of 7-day services at Dorset County Hospital.

8.2 The Chief Operating Officer explained that there was a national drive to provide patients with safe, effective and equitable access to services seven days a week. The Trust had recognised that their weekend and out of hours services were increasingly under pressure and that an inequality of service provision during these times resulted in poorer outcomes for patients. The Trust was keen to address health inequalities and they had been selected as a national Early Adopter Scheme to try to achieve an equitable service

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seven days a week. The Dorset Clinical Commissioning Group (CCG) had provided significant investment in support of this so that the population's needs could be better met.

8.4 One member referred to the fact that an Equality Impact Assessment (EQIA) had not been provided with the report even though it referred to significant equality issues. It was explained that the County Council had provided the covering report but did not have responsibility for the completion of the EQIA as this lay with the Trust concerned. It was noted that the Committee could ask for these to be included in future reports.

8.6 Reference was then made to the important role patient pathways and records played, especially at weekends, and a question asked as to whether the patient plan followed them throughout their journey. The Corporate Project Manager confirmed that the patient plan followed the patient in hospital and this culminated in an electronic discharge summary being sent to primary care in the community. The Trust had just won £1.3m out of a bid for £3.5m to develop health and social care records and was working closely with the County Council on this. The Trust was trying to work out how this funding could best be used to improve current practices. Whilst welcoming this development, the need for patients and their carers to have access to patient pathways and records was highlighted. The Chief Operating Officer added that the Patients' Charter stated that every patient should receive information about their treatment when they entered the hospital and, although the Trust tried to achieve this, he recognised that this was not always the case and the CCG was applying pressure for the Trust to provide this service.

8.7 With regard to preparations to address the requirements of the Care Act, it was noted that the Trust was working with the Better Together team on its implications and was developing plans to minimise negative consequences and maximise opportunities. The Trust was aware and concerned about some of the implications.

8.8 One member drew attention to information contained in the Joint Strategic Needs Assessment which noted that Bridport had a higher incidence of coronary heart disease than other parts of Dorset, which suggested that the EQIA was relevant. She welcomed the Trust being an Early Adopter but questioned the cost of the initiative. The Chief Operating Officer explained that there was no funding attached to the initiative and the Trust would have to make these improvements within its current resources, with support of the CCG. The Trust had re-profiled services, provided more staff at weekends and was working with colleagues in the community to cut waste and duplication so that current resources were used more effectively. The Clinical Services Review would also facilitate this.

8.9 With regard to the fear that the initiative would be provided at the expense of other services, the Chief Operating Officer denied this. The initiative would be carried out using the same level of funding as the previous year but with services provided on a 'seven day a week' basis.

8.10 As the initiative was linked to proposed changes to services in Weymouth Community Hospital, a request was made that local members be engaged in its further development. Members also asked for regular updates on progress.

8.11 The Principal Solicitor highlighted that the EQIA was a national initiative and he asked whether the Early Adopter initiative qualified as a substantial change or development in service delivery under Health Scrutiny rules as it was a significant change. He asked whether an EQIA had been completed, what had been concluded, what consideration had been given to consulting with the public and whether an action plan had been drawn up. The Corporate Project Manager explained that the outline approach and plans would be considered at a meeting on 31 March 2015. The Chief Operating Officer added that any significant service variation implemented as a result of the programme would be picked up in regional discussion between the CCG and the Committee. The Programme

was in the early stages and he was unsure whether the Trust would routinely consult about positive developments.

Resolved

9.1 That the Dorset Clinical Commissioning prioritises and ensures through its Strategic Plan that copies of patient plans are given to patients and, where appropriate, their carers.

9.2 That Dorset County Hospital NHS Foundation Trust and other providers of patient care prioritise and ensure that copies of patient plans are given to patients and, where appropriate, their significant carers.

9.3 That an update report, including the Action Plan, be provided for consideration at the Committee's September 2015 meeting.

Update on Progress in Delivering against the Waterston Action Plan following Car Quality Commission (CQC) Inspection of Mental Health Services in August 2014

10.1 The Committee considered a report by the Director for Adult and Community Services which provided an update on progress on delivering the action plan following CQC inspection of mental health services at Waterson Unit (Forston Clinic) in August 2014.

10.2 The Director Bournemouth and Christchurch Locality presented the report in detail. The CQC had inspected the Unit in August 2014 when four essential standards had not been met. Fifteen actions were identified following this visit and he explained steps taken by the Trust to gain compliance. Of the fifteen actions, ten had been completed and five partially completed. The CQC had made an unannounced visit on 27 January 2015 as a follow up to the previous inspection when the overall feedback had been positive and no immediate compliance actions were necessary. The Committee noted that the Trust was awaiting the independent evaluation of the Mental Health Urgent Care Service in West Dorset.

10.3 Members congratulated the Director on the improved performance and looked forward to a report on the full CQC inspection of the Trust taking place in June 2015 at their September 2015 meeting.

Resolved

11. That a report on the June 2015 inspection be provided for the Committee's September 2015 meeting.

Approved Mental Health Professionals Service (AMPHs) Update

12.1 The Committee considered a report by the Director for Adult and Community Services which set out the action plan to address the County Council's statutory duty to ensure that a sufficient number of Approved Mental Health Professionals (AMHPs) was available to undertake Mental Health Act (MHA) assessments following the Care Quality Commission (CQC) assessment in December 2013 that there were too few.

12.2 The Head of Specialist Adult Services presented the report drawing attention to the issues highlighted by the CQC and reminded the Committee that it had considered the Improvement Plan to address these issues at its meeting on 10 September 2014. Of the ten actions in the Plan, nine had been completed. The outstanding one related to increasing the number of AMPHs and this would be achieved within 2-3 years. The Committee noted that conditions of service for AMHPs had improved and the AMHP hub had been implemented.

12.3 One member was concerned that this was a cost cutting exercise and that because of the Dorset's rural nature and the travelling requirement, that more AMHPs might be needed. The Head of Specialist Adult Services explained that it was for the County Council to determine the number of AMHPs it employed. The formula used to determine the number of AMHPs in London required 1 ASW to every 7,600 head of population and in Dorset the ratio was 1 ASW to every 11,800 head of population. For Dorset the formula

equated to just under 35 ASWs and a higher local target of 41 ASWs had been set. The introduction of the AMHP hub with a different operating model meant that the service was more efficient and effective and that a smaller number of staff could deal with 80% of urgent assessments. The introduction of the hub meant that more work could be undertaken at a reduced cost.

Noted

Update by NHS Dorset Clinical Commissioning Group on the Non-Emergency Patient Transport Service

13.1 The Committee considered a report by the Director for Adult and Community Services which provided an update on the Non-Emergency Patient Transport Service, following previous reports to the Committee in June and September 2014.

13.2 The Deputy Director of Review Design and Delivery reported general steady improvement with the service and drew attention to areas for further improvement which included aborted journeys, cancelled journeys and the use of eligibility criteria. She highlighted that Patient Transport Liaison Officers were now in post and that the number of complaints received about Ezeq had reduced considerably.

13.3 Members discussed the report in detail. They indicated that it would have been helpful to have information about patient transport costs before and after the new service was introduced. They also expressed the public's confusion about the eligibility criteria for patient transport and of the difficulties patients had in getting to medical appointments for treatment when they lived at a distance from the hospital and when public transport was not available. They also expressed concern that patients were being filtered out of receiving transport, of inconsistencies in the criteria being applied and were concerned that thresholds were not being met for transport Key Performance Indicators (KPI).

13.4 It was explained that the eligibility criteria was nationally mandated and patients would only qualify for it on medical grounds. Every patient requesting transport was judged against the eligibility criteria by Ezeq who decided whether they qualified. Members cited cases where patients had been eligible for transport prior to the new service starting and then becoming ineligible and it was suggested that reasons for this should be explored. The Deputy Director agreed to consider this and indicated that she wanted an audit to be undertaken to check the robustness of the application of the eligibility criteria.

13.5 One member drew attention to the fact that guidelines issued for urban areas did not necessarily work in rural settings like Dorset when public transport was not so accessible. So she asked that those applying the criteria should be less rigorous in their application. The Deputy Director said that this would be difficult and reminded members that the criteria stated that transport would only be provided for those with health needs, not for social needs. She added that patient transport would form part of the County Council's current Holistic Transport Review.

13.6 The Head of Adult Services explained that patients having a social need for transport were not the responsibility of the County Council. He informed the Committee that the Council's Audit and Scrutiny Committee had recently undertaken a review of community transport and highlighted the work of Dorset Partnership for Older People Programme scheme in using volunteer drivers to provide alternative transport in communities.

Resolved

14. That an update report be provided for the May 2015 meeting including information about thresholds not met for transport KPIs and the eligibility criteria.

Weymouth Integrated Assessment and Treatment Service Project

15.1 The Committee considered a report by the Director for Adult and Community Services on the proposed service changes for the three different community services that were separately contracted but all based at Weymouth Community Hospital – the GP led Walk in Centre, the Minor Injuries Unit and the Out of Hours Service.

15.2 The Committee received a joint presentation on the proposed changes and engagement undertaken from the Locality Manager and the Deputy Director Review Design and Delivery. Members were asked for their views on the proposed changes, prior to them being considered by the Dorset Clinical Commissioning Group's (CCG) Board later in March 2015. It was hoped that the service to be commissioned would provide a single integrated service for Weymouth.

15.3 In response to questions, it was noted that the CCG was responsible for the commissioning of the new services which would be in place by 1 July 2016. It was likely that there would be a single provider who might then sub-contract the work. A Communication and Engagement Strategy would be put in place following the CCG's decision later in March 2015 and this would include engagement with local councillors and the public.

15.3 Members supported the proposed changes but highlighted the need for any changes to be seamless for patients and for patient records to be shared with GPs through integrated systems. An update report was requested to include the CCG's decision and progress with the project.

Resolved

16. That an update report be provided for the Committee's May 2015 meeting.

Briefings for Information/Noting

17.1 The Committee considered a report by the Director for Adult and Community Services which provided updates on proposals to change the delivery of Community Hospital Services in Axminster and on proposed changes to Assisted Conception services by NHS Dorset Clinical Commissioning Group (DCCG).

Community Hospital Services in Axminster

17.2 The Health Partnerships Officer explained that East Devon Clinical Commissioning Group (EDCCG) was proposing to move services currently provided at Axminster to Seaton. However, at a Board meeting in January 2015, the EDCCG agreed to work with Axminster Hospital League of Friends to recruit extra staff to address patient safety concerns at both Axminster and Seaton Hospitals. It was noted that few Dorset residents used the facilities at Axminster.

17.3 One member wondered whether the reference to community hospitals no longer being sufficiently clinical resilient had implications for local community hospitals, especially as the Clinical Services Review was underway.

Noted

Assisted Conception Services

17.4 It was noted that this matter had been considered by a Joint Health Scrutiny Committee on 1 December 2014 and a recommendation made to the Dorset Clinical Commissioning Group. No response had been received to date.

Noted

Task and Finish Group on the Formation of a Standing Joint Health Scrutiny Committee

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18.1 The Committee received the notes and recommendations of the meeting of the Task and Finish Group on the Formation of a Standing Joint Health Scrutiny Committee held on 6 February 2015.

18.2 The Chairman explained that a Joint Committee with Bournemouth Borough Council and the Borough of Poole was required by legislation and that the Group had been established to consider how the Joint Committee could operate from the Dorset perspective. He highlighted that the Group had recommended that membership be based on population size and that the power to refer to the Secretary of State should be retained by individual Health Scrutiny Committees. The Principal Solicitor confirmed that legislation required a Joint Standing Health Scrutiny Committee to be established to consider substantial reconfigurations of health services which were common to local authority areas and there was no facility for such matters to be considered by individual Health Scrutiny Committees. Such matters would be reported back to individual Health Scrutiny Committees who would retain the power to refer such matters to the Secretary of State.

18.3 In discussion, members expressed concern that the introduction of the Joint Committee would reduce the work of the Dorset Health Scrutiny Committee and that it would no longer have the ability to call Trusts to account. Concern was also expressed about the level of representation Dorset would have on the Joint Committee and how this would incorporate district council and cross party representation. One member highlighted the increasing need for partnership working across council areas and thought the establishment of the joint committee should be supported.

18.4 The Committee recognised the legal requirement to establish a Joint Committee and noted that it would be difficult to achieve political balance for it. It was important for Dorset to have representatives on the Joint Committee so that the local authority's perspectives could be put forward when proposals from health organisation were being scrutinised.

18.6 The Committee noted that any recommendations they reached would be considered by the Dorset Leaders and Chief Executives with the minutes indicating any concerns raised by members.

18.7 Following discussion, the Committee agreed the Group's Recommendations apart from Recommendation 4(d) which was amended.

Recommended

19. That Dorset Leaders and Chief Executives consider:-
- (a) That the power to refer to the Secretary of State is not delegated to the Joint Committee.
 - (b) That the Terms of Reference provide a mechanism for consideration of items by the Joint Committee other than those referred to in the regulations.
 - (c) That for items specifically concerning the County Council area, the reporting mechanism from the standing Joint Committee will be to the Dorset Health Scrutiny Committee and County Council.
 - (d) That the membership of the Joint Committee include six members nominated from the Dorset Health Scrutiny Committee, three from Bournemouth Borough Council and two from the Borough of Poole, nominated by the respective Councils' Scrutiny Committees.
 - (e) That the Chairmanship and administrative arrangements are undertaken by the host authority to be rotated every two years to coincide with local elections.
 - (f) That meeting venues are rotated for each meeting of the Joint Committee and that maximum use of technology is applied, particularly with regard to the green agenda and limited officer travel to different venues.

Updates from Liaison Members

20. There were no updates from Liaison Members.

Items for Future Discussion

21. No items were raised for future discussion.

Farewell

22. The Chairman informed the Committee that the Head of Adult Services would be leaving the Authority at the end of April 2015. He thanked him for his contribution to the work of the Committee over a number of years and wished him well for the future.

Questions from Members of the Council

23. No questions were asked by members under Standing Order 20(2).

Meeting Duration: 10.00am to 1.30pm