

# Dorset Health Scrutiny Committee

Minutes of a meeting held at County Hall,  
Colliton Park, Dorchester on 16 November 2015.

## **Present:**

Bill Batty-Smith (Vice-Chairman in the Chair – North Dorset District Council)

### Dorset County Council

Michael Bevan, Mike Byatt, Ron Coatsworth, Ros Kayes and William Trite

### West Dorset District Council

Peter Shorland

### External Representatives:

Dorset Healthcare University NHS Foundation Trust: Ron Shields (Chief Executive)

NHS Dorset Clinical Commissioning Group: Elaine Hurl (Senior Commissioning Manager) and Emma Seria-Walker (Deputy Director Review, Design and Delivery)

Healthwatch: Martyn Webster (Regional Manager) and Annie Dimmick (Research Officer)

Weldmar Hospicecare Trust: Alison Ryan (Chief Executive)

Dorset County Hospital NHS Foundation Trust: Anita Thomas, (Associate Director for Cancer and Access Services)

Poole Hospital NHS Foundation Trust: Paul Miller, (Director of Strategy) and Dr Maxine Flubacher, (Consultant Clinical Oncologist);

Dorset County Council Officers: Ann Harris (Health Partnerships Officer), Denise Hunt (Senior Democratic Services Officer) and Joseph Rose (Total Transport Manager)

(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 **8 March 2015**.)

## **Apology for Absence**

76. Apologies for absence were received from Tim Morris and David Jones.

## **Code of Conduct**

77. There were no declarations by members of disclosable pecuniary interests under the Code of Conduct.

## **Minutes**

78. The minutes of the meeting held on 8 September 2015 were confirmed and signed.

## **Matters Arising**

Minute No. 66.2 – Memorandum of Understanding Between Dorset Health and Wellbeing Board and Dorset Health Scrutiny Committee

79.1 The Health Partnerships Officer advised that the terms of reference of the Dorset Health Scrutiny Committee had not been referred to the Standards and Governance Committee as the suggested amendment had contradicted recommendations arising from the Scrutiny Review 2015 report.

## **Public Participation**

### Public Speaking

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

80.2 There were no public statements received at the meeting in accordance with Standing Order 21(2).

#### Petitions

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

#### **Dorset HealthCare University NHS Foundation Trust – Care Quality Commission (CQC) Inspection Outcome Report 2015**

82.1 The Committee considered a report by the Director for Adult and Community Services concerning the outcome of an announced inspection of the Dorset HealthCare University NHS Foundation Trust by the CQC in June 2015. The Trust's Chief Executive presented the summary of findings contained in the report and advised that the full CQC report had been published on both the CQC and the Trust's websites.

82.2 The Chairman highlighted that the "well led" domain had been identified as requiring improvement as a result of the inspection and asked whether this was reflective of the leadership of the Trust.

82.3 The Chief Executive responded that overall the Trust had been rated as requiring improvement over a range of assessments against the five quality domains (safe, effective, caring, responsive and well-led). No service had been rated as inadequate and the mental health inpatient service had been the first in the Country to be rated as outstanding. A key issue was a lack of consistency in service provision across the Trust and he gave examples where this had been evidenced during the inspection. The CQC had expressed confidence in the new leadership team, however, more needed to be done in particular teams where there was a lack of clinical leadership.

82.4 The areas identified as inadequate in the "safe" domain were being addressed by the Trust's management team. These included the specialist community mental health services for children and young people and the Minor Injuries Units (MIUs) in Weymouth and Portland. Steps had already been taken to ensure that appropriate risk assessments were undertaken for young people accessing community mental health services so that those in serious need were given priority. A senior clinical nurse had also been employed across all MIU units to ensure that there was adherence to uniform standards of care.

82.6 A member asked whether adult mental health community services in West Dorset had been subject to low quality ratings by the CQC. It was confirmed that although there were issues in several of the community mental health teams, there were no serious concerns with regard to the services provided in West Dorset.

82.7 Further clarification was sought on areas of concern in relation to safety and unsafe or unsuitable premises. The Committee was informed that issues of patient safety arose through inconsistency of risk assessments and care plans. The Trust had a range of premises and some of these had recently benefitted from a £14m upgrade package.

82.8 The Committee was informed that the CQC would assess progress in 6 months' time and that an action plan would be available for consideration by the Committee at its meeting on 8 March 2016.

**Noted**

**Seven Day Services Update, Dorset County Hospital NHS Foundation Trust**

83.1 The Committee considered a report by the Director for Adult and Community Services regarding the requirement of health providers to work towards 7 day services and the 10 clinical standards introduced by NHS England used to measure progress.

83.2 The report was introduced by the Head of Service Improvement & Business Development who highlighted progress against 5 of the 10 clinical standards. One of the main challenges related to staff shortages and the financial impact of employing locums. Sharing staff resources and diagnostic services with partners would help alleviate some of those impacts. A further compliance audit would be undertaken in March 2016 with the results available in a report to the Committee in May 2016. The remaining 5 standards would be delivered during 2016-17.

83.3 The Chairman queried the compliance in relation to “time to consultant review” and was advised that the percentage had previously been higher due to the use of registrars to fulfil this standard.

83.4 A member asked whether the pilot to support people returning home from hospital would be continued and members were informed that although the pilot had been successful in testing what could work in practice, alternative commissioning models would be required in future to allow the Trust to work with partners to the benefit of everyone involved.

**Noted****Dorset Street Triage Service**

84.1 The Committee considered a report by the Director for Adult and Community Services which provided details of the Street Triage Service established in June 2014. The main objective of the service was to reduce the number of people detained under section 136 of the Mental Health Act.

84.2 The report was presented by the Senior Commissioning Manager, Dorset Clinical Commissioning Group (DCCG) who explained that the street triage service had been provided 7 days per week from 7pm to 3am since June 2015. The hours could be increased in future in order to work more closely with the crisis teams and provide a greater opportunity to identify people whose mental health was deteriorating. It was likely that this service would form part of the crisis response rather than the criminal justice system in future and would be jointly commissioned.

84.3 Members were pleased with the progress that had been made and asked what proportion of the service had been used in West Dorset. It was explained that coverage was fairly equitable across the County and mental health workers were working alongside the police in the call centre based at Winfrith which was a useful way of getting huge coverage with a small team.

**Noted****Healthwatch Dorset Report on their Investigations into Dental Services in Dorset**

85.1 The Committee considered a report by the Director for Adult and Community Services which outlined an investigation by Healthwatch into dental practices in Dorset which had focussed on access and charges.

85.2 The Healthwatch Regional Manager outlined some of the concerns and the 9 recommendations resulting from the investigation. These actions had been referred to NHS England (Wessex) who had drawn up an 8 point action plan to deal with some of the issues

raised. He reported that NHS England had been receptive and open in its approach to the findings of the investigation and that this had been a good example of how the process should work.

85.3 Since writing the report, Healthwatch had been made aware of the difficulties faced by homeless people in accessing dental services. The community groups working with the homeless had subsequently met with commissioners from NHS England and a new pilot for mobile dental services had been commissioned in Poole that had commenced the previous week.

85.4 The Committee expressed concern regarding inconsistency in display of charges and access to treatment by people on limited incomes. Members were informed that there was inconsistency with regard to the clear display of charges in dental surgeries and that the dental provider had a responsibility to let the patient know of schemes that would reduce the cost of treatment. Healthwatch worked closely with the Citizen's Advice Bureau to provide consistent and accurate information.

85.5 Members also highlighted the need to publicise how to access urgent dental treatment at the weekend and were informed that emergency weekend appointments had been commissioned by NHS England that had not been fully utilised. It was subsequently found that patients had not been correctly signposted to these appointments and further training was provided to the 111 service call handlers so that an appropriate referral for emergency dental treatment was made rather than to a GP.

85.6 The Committee asked whether there had been any improvement in informing patients on how to make a complaint. The Committee was advised that some dental service providers used the NHS Choices website rather than their own website. The NHS 8 point action plan included an action about keeping practice information on the NHS Choices website updated and providing guidance on how to do this.

### **Noted**

#### **Weldmar Hospicecare Trust Quality Account 2014/15**

86.1 The Committee considered a report by the Director for Adult and Community Services regarding the Weldmar Hospicecare Trust Quality Account 2014/15.

86.2 The Chief Executive gave a presentation to the Committee on the service provided by Weldmar to 1300 patients and their families in North, South and West Dorset by 212 staff and 300 volunteers. There had been growth in providing the service at home safely for as long as possible which was the only viable strategy in rural West Dorset. Inpatient services were available for people with intensive care need, some of whom were in acute crisis and returned as an inpatient many times. GPs and hospitals were not always referring people that Weldmar could help.

86.3 The presentation highlighted the key issues and challenges facing the charity, including a lack of commissioning focus on end of life and difficulties in recruiting nurses which had been experienced across all healthcare providers.

86.4 The Chairman asked about incidences of pressure sores and was advised that it was recognised that pressure sores were part of basic nursing care, but that there were differences in pressure sores at the end of life than in a normal acute case. There had been instances where nurses had not documented pressure sores on entry to the service as well as occasions where these had developed during care.

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86.5 Members asked about the type of bereavement support available to relatives and were informed that support provided by Weldmar included a clinical psychologist, funded by Macmillan, to help people experiencing distress pre and post bereavement and a specialist child support worker. In addition there was a bereavement counsellor and arts psychologist (leading the Chrysalis programme), who were both supported by a number of trained volunteers, a carers group and coffee mornings to allow people to share experiences.

86.6 Further to a question it was explained that Weldmar was responsible for education and training on the Gold Standards Framework and that good practice was the responsibility of commissioners. There was inconsistency in application of the framework across GP practices and a need for GPs to think about end of life medical conditions other than cancer.

86.7 Members asked about intervention and support for dementia which was a growing problem and it was explained that staff were being trained with regard to dementia at end of life. Patients were not always referred to Weldmar and carers were suffering as a result.

### **Noted**

#### **Briefings for Information/noting**

##### Mental Health Member Champion Report

87.1 The Committee considered a report by Councillor Bevan, the Member Champion for Mental Health. Since writing the report he advised the Committee that member champions had been appointed in Trafford Council, Sevenoaks District Council and Bournemouth Borough Council and that there were now over 50 mental health champions in England. He also outlined some events that he would be attending in January 2016 in connection with mental health.

##### Transfer of 0-5 Children's Public Health Commissioning to Local Authorities

87.2 It was noted that scrutiny of public health was within the remit of the overview committee and the Health and Wellbeing Board rather than the Dorset Health Scrutiny Committee.

##### Poole Hospital NHS Foundation Trust – Investment in Cancer Treatment Services in Collaboration with Dorset County Hospital

87.3 A short presentation was provided which outlined the introduction of cancer treatment services at Dorset County Hospital and the benefits to patients of the introduction of radiotherapy treatment in Dorchester. It was suggested that a copy of the powerpoint presentation was circulated following the meeting.

##### NHS Dorset Clinical Commissioning Group – Clinical Services Review Update

87.4 The Committee was informed that a report on the mental health acute care pathway review would be considered by the Joint Health Scrutiny Committee meeting on 2 December 2015. An update on the clinical services review would also be provided at this meeting.

87.5 A request was made for the Committee to receive details of the expenditure on mental health since the formation of the Dorset Clinical Commissioning Group in order to assess whether funding had been increasing in this area and it was confirmed that this information could be provided.

Non-emergency Patient Transport Services Update

87.5 A response to the briefing by the Dorset Clinical Commissioning Group was circulated at the meeting.

87.6 The Holistic Transport Review now came under the Total Transport Programme and this had been extended for a third year. The review would incorporate an investigation of integrating commissioning of services with the DCCG and non-emergency patient transport in order to tackle some of the issues. There was an additional advantage that the E-ZEC and Dorset County Council contracts were due for renewal at around the same time in 2018 which would set a timeframe for this review. He acknowledged that the immediate need would be to increase the number of car schemes as well as advertise existing schemes to people with social need.

87.7 Members expressed the view that this review should be treated as a priority and it was suggested that a strategy was designed in order to signpost people to the various car schemes in each locality.

**Noted****Updates from Liaison Members**

88. A brief update was provided by the liaison member for the South West Ambulance Service NHS Trust who reported that the out of hours service provided by the Trust was working very well.

**Item for Future Discussion**

89. It was suggested that a report on commissioning of GPs be requested by NHS England for future consideration by the Committee.

**Questions from Members of the Council**

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

Meeting Duration: 10.00am to 12:40pm