

# Dorset Health Scrutiny Committee

Minutes of the meeting held at County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ on Tuesday, 8 March 2016.

## Members Attending

Ronald Coatsworth (Chairman)  
Bill Batty-Smith (Vice-Chairman)  
Mike Byatt, Dorset County Council  
Michael Bevan, Dorset County Council  
Ros Kayes, Dorset County Council  
Mike Lovell, Dorset County Council  
William Trite, Dorset County Council  
David Jones, Christchurch Borough Council  
Tim Morris, Purbeck District Council  
Peter Shorland, West Dorset District Council  
Alison Reed, Weymouth & Portland Borough Council

## Officers Attending:

Ann Harris (Health Partnerships Officer) and Jason Read (Democratic Services Officer).

## For certain items, as appropriate

Sally O'Donnell, Locality Director Dorset Healthcare University NHS Foundation Trust, Local NHS Trust Provider  
Mike Wood, Interim Director of Service Delivery, Clinical Commissioning Group  
Sarah Hayward, NHS Dorset Clinical Commissioning Group  
Louise Bowden, Head of Marketing, PR and Communications, SWASFT  
Martyn Callow, SWASFT.

(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 **7 June 2016**.)

## **Apologies for Absence**

1 There were no apologies for absence received.

## **Code of Conduct**

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

A general interest was declared by Cllr Alison Reed as she was employed by Dorset HealthCare University NHS Foundation Trust. As this was not a disclosable pecuniary interest she remained in the meeting and took part in the debate.

Cllr Ros Kayes added that she was employed in the mental health profession outside of Dorset and on occasion, her employer received funding from Dorset HealthCare University NHS Foundation Trust. As this was not a disclosable pecuniary interest she remained in the meeting and took part in the debate.

## **Minutes**

3 The minutes of the meeting held on 16 November 2015 were confirmed and signed.

## **Public Participation**

### Public Speaking

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

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

#### Petitions

There were no petitions received at the meeting in accordance with the County Council's Petition Scheme.

### **Dorset Healthcare University NHS Foundation Trust - CQC Report**

- 5 The Committee considered a report by Dorset HealthCare University NHS Foundation Trust on the Quality Improvement Action Plan following the publication of the CQC Inspection report in October 2015. The action plan had been developed by the designated core service managers and lead clinicians, supported by the relevant locality Director.

The main issues highlighted in the inspection report related to variance across the whole trust that had been the result of a number of different mergers and changes to services. The report had also highlighted some areas of non-compliance. There were particular challenges around mental health services for children and young people (CAMHS) such as inconsistencies in quality of care and service provision between teams. There were also long waiting lists and systems were required to ensure the safety of the children waiting to be seen. It was explained that investments in the service were being applied and there was some detailed work being carried out to improve inconsistencies and issues with waiting times. The Trust was working with the Clinical Commissioning Group (CCG) to ensure that the investment was appropriately targeted. Funding had also been made available to address issues raised with mental health crisis and home treatment services.

Issues had also been raised around Minor Injury Units (MIUs) and their sustainability, function and purpose. There was a need to deliver consistency in the operating arrangements for all MIUs and a need for a county-wide strategy for urgent and emergency care. Work had been undertaken to look at applying consistent protocols across services and the Clinical Services Review would include the role and functions of MIUs.

The report highlighted issues around end of life care and, in particular, the need for a clear plan for end of life services provided by the Trust to ensure equity of access for patients and also the need for a commissioned pan Dorset integrated model of end of life care as there were currently multiple providers.

Each of the areas highlighted in the inspection report now had 'must do' actions attached to them. The Trust had spent a lot of time focussing on these actions and improving these areas. A lead had been assigned to each area to monitor and oversee the implementation of improvement actions. The Trust had a three day review scheduled for the 15 March 2016 and were confident that the review would reflect the work undertaken to improve services.

Concerns were raised about staffing levels and how these were being addressed. It was explained that CAMHS had made a number of appointments across Dorset to support teams in a number of professions. It had been particularly difficult to appoint to the consultant post for the Weymouth and Portland team, but an interim arrangement had been put in place; many agency staff had been given permanent contracts, which helped to mitigate costs; and there had also been an increase to the nursing bank. However, recruitment still remained a challenge.

Some Councillors expressed their disappointment to see some on-going issues recurring as areas for improvement. It was felt that more work needed to be done around personal care plans and patients needed to have a significant level of input on

what care was best for them to receive.

Members queried the future use of community hospitals and it was noted that proposals to develop them as 'hubs' from which to coordinate community services were expected as part of the Clinical Services Review.

It was also noted that some Councillors had never been contacted by the Trust regarding issues in their areas and that the liaison member for the Trust had been told that she was not able to attend full Board meetings. It was felt that the levels of communication with community representatives needed to be significantly improved. The Locality Director acknowledged members concerns and offered to meet with the liaison member on a quarterly basis in future and to arrange visits to facilities, should members wish to do this.

**Noted.**

**Quality of General Practitioner Services in Dorset**

6 The Committee considered a report by the Head of Patient Safety and Risk, NHS Dorset Commissioning Group (CCG). The report provided information relating to the quality of General Practitioner (GP) services in Dorset and the work that NHS Dorset CCG was undertaking to monitor and support practices in making improvements.

Since April 2013 the responsibility for the commissioning and monitoring of Primary Care services (including GPs) had been the responsibility of NHS England. Over the past 12 months the CCG had been co-commissioning General Practice services with NHS England, but as of 1 April 2016 the responsibility would be transferred solely to the CCG under a scheme of delegation. NHS England would only retain the responsibility for individual GP Performance issues and act as the legal contract owner as set out in the Care Act 2012. NHS England would also retain the responsibility for GP complaints.

As part of the preparation for the delegated commissioning of GP services, the Dorset CCG was working closely with NHS England on the handover of responsibilities. It had been identifying the key data sources to create a 'profile' of practices across Dorset. This would enable the Dorset CCG to target support where it was most needed to improve quality and ensure a good patient experience.

The report explained that NHS England annually commissioned Ipsos MORI to undertake an independent national survey of patients to seek their views on the quality, safety and experience of GP services. The latest survey results had been published in January 2016. The experience of people accessing GP services in Dorset was good, with the majority of practices scoring higher than the national average. For the indicator relating to 'overall experience' Dorset GPs scored 90% on average against the national average of 85%. Only 10% of Dorset practices scored below the national average for this indicator with no practice scoring below 75%. There were no areas of the survey results that indicated Dorset GPs did not have a combined average that was higher than the national average.

Councillors expressed their dissatisfaction and frustration with the Dorset CCG for not sending anyone to present the report or answer any questions the Committee may have had. Questions were raised around the lack of public engagement that had been carried out in relation to the changes. Councillors also explained that GPs were concerned with some of the changes that were being made and the impact it would have on them, in particular their claims that their patient lists were becoming unmanageable. It was explained that there were on-going discussions between GPs and the Dorset CCG around what was accepted as standard practice

It was agreed that a letter would be sent by the Chairman to the Dorset CCG

emphasising the Committee's dissatisfaction with the lack of CCG representation at meetings. They would also request an update report be presented at the Committee's September 2016 meeting.

**Resolved**

1. That a letter be sent by the Chairman to the Dorset CCG emphasising the Committee's dissatisfaction with the lack of CCG representation at meetings.
2. That an update report be presented at the Committee's September 2016 meeting.

**Dorset Health Scrutiny Committee Protocol Revision**

- 7 The Committee considered a report by the Director for Adult and Community Services which outlined some changes to the protocol for the Dorset Health Scrutiny Committee. The current protocol had been adopted in 2007 and required updating as a result of several changes that were highlighted in the report. The revised Protocol removed references to the scrutiny of the Supporting People Programme; set out the Committee's Terms of Reference reflecting the new regulations and guidance and liaison with the Health and Wellbeing Board; clarified membership; clarified the Liaison Member role, as agreed by the Committee on 10 March 2014; noted the Committee's links with Healthwatch Dorset and clarified administrative matters.

Concern was raised by one member regarding the removal of responsibility for the scrutiny of the Supporting People Programme. It was explained that this had been transferred to the Adult and Community Services Overview Committee, but clarification was requested.

With regard to the Liaison Member role, it was suggested that the Health Trusts be contacted to confirm the expectations around this and to explore the possibility of wider access to Board meetings for Liaison Members.

Concerns were also raised over the scrutiny of the Dorset Health and Wellbeing Board. Some members felt that the scrutiny responsibilities for this body should sit with the Committee. It was requested that a report be brought back to the Committee to clarify scrutiny arrangements for the Board. Members agreed that the new protocol could not be adopted until scrutiny responsibilities had been clarified.

**Resolved**

1. That the adoption of the revised protocol be deferred until the Committee received clarification over scrutiny arrangements for the Dorset Health and Wellbeing Board.

**Draft Dorset Joint Health and Wellbeing Strategy, 2016 to 2019**

- 8 The Committee considered a report by the Director for Adult and Community Services which informed the Committee of the current progress in developing a new Joint Health and Wellbeing Strategy.

Local Authorities and Clinical Commissioning Groups have an equal duty to prepare Joint Health and Wellbeing Strategies (JHWS), based on the findings of the Joint Strategic Needs Assessment (JSNA). The first JHWS adopted by Dorset Health and Wellbeing Board in June 2013 largely focused on the description of health and wellbeing priorities, supported by evidence from the JSNA. The Strategy also included some principles and broad themes about encouraging a more preventative approach to health and wellbeing and working together, wherever possible, to intervene at an earlier stage.

In September 2015 Dorset Health and Wellbeing Board members met to consider the format that the next JHWS should take, and followed this with a review of the function and role of the Dorset Health and Wellbeing Board in October 2015. Members agreed

that their future focus should be on matters where they could most 'add value' and where their work would not duplicate what was already being carried out elsewhere. To that end, it was decided that the two over-arching priorities would be health inequalities and prevention and early intervention.

The Strategy would be adopted at the end of August 2016. However it was noted that this may not happen until November 2016, depending on timescales. The consultation workshop scheduled to be held on 5 April 2016 had now been cancelled.

**Noted.**

**South Western Ambulance Service NHS Foundation Trust – NHS 111 Service**

9 The Committee considered a report by the South Western Ambulance Service NHS Foundation Trust (SWASFT) which focused on the allegations made in the Daily Mail on 15 and 16 February 2016 about the NHS 111 service provided by SWASFT.

SWASFT strongly refuted a number of allegations made in the newspaper articles. There were also actions that the individual involved claimed they took, reported in the Daily Mail, for which SWASFT can find no paper trail or audit and an investigation in to the allegations made in the newspaper had been commissioned. This was due to start imminently.

In addition, the Care Quality Commission (CQC) was making an early inspection of SWASFT's NHS 111 services on Tuesday 8 and Wednesday 9 March 2016. This standard inspection had been brought forward as a result of the claims made in the Daily Mail.

It was agreed that it would be inappropriate for the Committee to comment on the matter until the inspections had taken place and the findings could be reported. The Committee had also been asked by Bournemouth Borough Council and Poole Borough Council to nominate members to an ad-hoc Joint Health Scrutiny Committee to consider the issues. However, it was agreed that the Committee should have an opportunity to consider the inspections reports before this happened.

**Resolved**

1. That the nominations to an ad-hoc Joint Health Scrutiny Committee be deferred until after the Committee received a report on the inspection results in June 2016.

**Weymouth Community Urgent Care Centre Project and Weymouth Walk-in Centre and the Practice GP Service**

10 The Committee considered a report by the Director for Service Delivery, NHS Dorset Clinical Commissioning Group. The report provided an update on the Weymouth Community Urgent Care Centre Project and next steps.

The work being undertaken aimed to improve service delivery and promote the integration of services. There were currently three services independently contracted, based at Weymouth Community Hospital; The GP-led Walk in Centre (WIC), the Minor Injuries Unit (MIU) and Out of Hours (OOH) service. These services saw and treated service users who walked in or were triaged from 111 with a varying range of primary care needs, minor illness, minor injuries and urgent care needs. The contract for the GP-led Walk in Centre contract expired on 30 June 2016 and there was no option to extend the contract further.

NHS England currently commissioned the Walk in Centre contract which included a primary care patient list. The patients who were currently registered had been given an opportunity to comment on the options for future care. An engagement exercise was held during January 2016 with an open day event at the practice on 19th

January.

A formal project and oversight team was established to manage the procurement process. The process was led by the Procurement Specialists within the Dorset CCG to ensure it was accurate. Following the tender process, Dorset Healthcare University NHS Foundation Trust was awarded the contract which commences on 1 July 2016.

Councillors asked how the changes would be communicated to the public. It was clarified that public engagement would be included as part of the mobilisation period, which would begin now the contract had been formally awarded.

**Noted.**

**Briefings for Information/Noting**

- 11 The Committee consider a report by the Director for Adult and Community Services. The report provided updates on the NHS Dorset CCG – Non-emergency Patient Transport Services and the NHS Dorset CCG – Delivering the Forward View: NHS Planning Guidance 2016-17 to 2020-21. The report also contained the minutes of the Clinical Services Review Joint Health Scrutiny Committee meeting held on 2 December 2015.

Councillors requested an update report on Non-emergency Patient Transport Services at their September 2016 meeting to focus on costs and the number of people the service provided for.

Appendix 2 of the report referred to the five year forward view for the NHS Dorset CCG. The slides in the report highlighted the process of the forward view and how it would be produced. Councillors asked for clarity around vanguards and their relationships with the Clinical Services Review. It was agreed that an information briefing around the subject would be provided at the next meeting of the Committee.

**Resolved**

1. That an update report on Non-emergency Patient Transport Services to focus on costs and the number of people the service provided for be included on the agenda for the Committee's September 2016 meeting.
2. That a report on vanguards and their relationships with the Clinical Services Review be included on the agenda for the Committee's June 2016 meeting.

**Dorset Health Scrutiny Committee - Forward Plan**

- 12 The Committee considered the Dorset Health Scrutiny Forward Work Plan. It was requested that some work around patient discharge and subsequent re-admissions be added to the plan.

**Noted.**

Meeting Duration: 10.00 am - 12.45 pm