



Dorset Health Scrutiny Committee

Minutes of the meeting held at County Hall, Colliton Park,
Dorchester, Dorset, DT1 1XJ on Monday, 14 November 2016

Present:

Ronald Coatsworth (Chairman)
Bill Batty-Smith (Vice-Chairman), Ros Kayes, Paul Kimber, Mike Lovell, William Trite,
David Jones, Tim Morris, Peter Shorland and Peter Oggelsby.

Officer Attending: Ann Harris (Health Partnerships Officer), Jason Read (Democratic Services Officer), Helen Coombes (Interim Director for Adult and Community Services) and Patrick Myers (Assistant Director - Design and Development).

Others in Attendance:

Simon Williams (Chairman of the Hughes Unit Group Supporters), Nick Johnson (Director of Strategy and Business Development, Dorset County Hospital NHS Foundation Trust), Vaughn Lewis (Clinical Director for NHS England Specialised South), Caroline Hamblett (Chief Executive Weldmar Hospicecare Trust), Sally O'Donnell (Dorset Healthcare University Foundation Trust),, Vanessa Reed (NHS Dorset Clinical Commissioning Group), Sally Sheed (NHS Dorset Clinical Commissioning Group) and Dr Phil Richards (NHS Dorset Clinical Commissioning Group).

(Notes: 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 Cabinet to be held on **Wednesday, 21 December 2016.**)

Apologies for Absence

43 An apology was received from Alison Reed (Weymouth and Portland Borough Council).

Code of Conduct

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

Minutes

45 The minutes of the meeting held on 6 September 2016 were confirmed and signed.

Public Participation

46 Public Speaking

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

Mr Williams (Chairman of the Hughes Unit Group Supporters), addressed the Committee in relation to specific points arising from the Care Quality Commission report. He raised concerns over RIO, the record keeping software used by Dorset County Hospital, and suggested that the system was not fit for purpose.

Petitions

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

Dorset County Hospital Strategy

47 The Committee received a presentation by the Director of Strategy and Business Development, Dorset County Hospital NHS Foundation Trust, which outlined Dorset County Hospital's (DCH) organisational strategy.

The Strategy had been developed to take account of and align to the Dorset Clinical Services Review and the Dorset Sustainability and Transformation Plan. It was focussed around delivering the right outcomes for patients so that safe and high quality healthcare would continue to be provided as close to communities as possible. The purpose was to deliver compassionate, safe and effective healthcare.

Members raised concerns over the lack of information in the report. It was recognised that whilst the overall aims of the strategy were sensible, the Committee would need to receive specific details in order to properly scrutinise it, in particular information around travel contingencies for elderly patients in the more rural parts of the County. It was noted that the report did not contain any detail around the changes that would be made or how they would impact on the day to day service delivery. It was agreed that once the specific detail had been developed, a report would be presented to the Committee so that they may scrutinise the proposed plan.

Noted.

Safe and Sustainable Neonatal Services at Dorset County Hospital - Re-Designation.

48 The Committee considered a report by Service Specialist, Specialised Commissioning – NHS England South. The report outlined the aims of the new arrangements for Neonatal Services. It was noted that the changes outlined in the report were not a consequence of criticism of the current services. However, it was felt that the changes were required to ensure safe and sustainable delivery of those services in the future.

The report highlighted the current Neonatal Services' arrangements and outlined the background and evidence supporting the change in the level of neonatal provision at Dorset County Hospital and described the proposed options for the Neonatal service re-designation. It was noted that there were not sufficient staffing resources available to sustain the current model of service delivery.

Members were concerned that if services at Dorchester were staffed and run by midwives, the new arrangements could potentially mean any babies born at Poole Hospital would then have to remain there until they were ready to go home which would cause issues for families residing at some distance from Poole. It was clarified that there was no intention for the Dorchester unit to be midwife run and that it would continue to be staffed by neonatal nurses and covered by on call paediatric staff and consultants.

Members were also concerned about the availability of ambulances to transfer patients to Poole and the potential risks of delivery en-route. Reassurance was given that these matters had been considered and plans to mitigate risk put in place.

The Clinical Director confirmed that he would be happy to meet with the Kingfisher Ward campaign group and Members of the Committee, should they wish.

Noted.

Weldmar Hospicecare Trust Quality Account for 2015/16

49 The Committee considered a report by the Chief Executive of Weldmar Hospicecare Trust which highlighted the quality accounts for 2015/16. It was produced as a statutory requirement as Weldmar received funds from the NHS and also helped the users of the services and other stakeholders to see how they worked to improve the services provided.

The Committee received a presentation that highlighted the work that Weldmar did and the services they provided. The Chief Executive informed the Committee that the majority of feedback about their services was positive and complimentary. However it

was noted that negative feedback was rarely given as families of patients did not wish to appear ungrateful. To ensure that any and all required improvements could be made, Wedlmar were working closely with families and patients to implement improvements wherever possible.

The Committee formally congratulated Wedlmar on receiving an outstanding rating from the Care Quality Commission (CQC). It was noted that it was rare to receive such a positive rating and it was a remarkable achievement that Wedlmar had managed to do so.

Members raised concerns over available finances and how Wedlmar could sustain services if donations and funding streams started to reduce. The Chief Executive confirmed that income had always been unreliable and Wedlmar were always looking at different ways to deliver more cost effective and sustainable services.

Noted.

Dorset Healthcare University Foundation Trust CQC March 2016 inspection

50 The Committee Considered a report by Dorset Healthcare University Foundation Trust which provided an update on progress with the Quality Improvement Plans for Dorset Healthcare addressing the findings for the sixteen core services from the CQC comprehensive inspection as well as the re-inspection of seven core services in March 2016.

The Committee raised concerns over negative feedback received in regards to the current record keeping systems being used. It was clarified that the systems now in place were much better than the previous ones and clinicians found them easier to work with than any other software available. Issues had occurred in the way in which different staff used the system, but a more consistent approach was now being implemented.

Some councillors raised concerns with the criticism of Mental Health Services and in particular that they had not seen any improvement to services for several years despite concerns being raised on numerous occasions. It was clarified that interim changes had now been made to the Senior Leadership Team and all Mental Health Services had been bought back under single leadership in an effort to try and apply a consistent approach for all services.

Noted.

Joint Health Scrutiny Committee re Clinical Services Review - Update

51 The Committee considered a report by the Interim Director for Adult and Community Services which provided an update on the Joint Health Scrutiny Committee - Clinical Services Review following the last meeting of the Committee held in October.

Further meetings of the Joint Health Scrutiny Committee would need to be established towards the end of the CCG's formal 12 week public consultation period, to formulate a response from the Committee and to review the process after the consultation had ended. In order that stakeholders' views could be considered prior to the formulation of a response to the consultation, it was suggested that an Inquiry Day be arranged depending on the CCG timescales.

Some councillors suggested that a Task and Finish Group be established to look at the matter in further detail. The Chairman agreed to consider establishing a group at a later date, depending on the outcome of the inquiry day.

Resolved

1. That members agree to the setting up of an Inquiry Day to coincide with the public consultation to be launched by the CCG.

Continuing Healthcare

- 52 The Committee considered a report by NHS Dorset Clinical Commissioning Group which outlined NHS Continuing Healthcare, what is was and the patients who required these packages of care. The report highlighted budget information in addition to statistics relating to service users.

A steering group had been established to look at various different ways of improving care packages in a more cost effective and patient friendly way. The actions from the last meeting of the steering group were included in the report.

Members queried the reduction in the number of individuals receiving Continuing Healthcare funding and the appeals process. Concern was also expressed regarding delays in the process and the impact this has on families. It was noted that there has been an increase in people with very high cost packages and that work is being undertaken to look at the care market and cost of placements.

Noted.

Briefings for Information/Noting

- 53 The Committee considered a report by the Interim Director for Adult and Community Services which contained Dorset County Hospital's Quality Account Update, Dorset Health Scrutiny Committee's Forward Plan and the Director of Public Health's Annual Report 2016.

Noted.

URGENT ITEM - Dorset Clinical Commissioning Group's Draft Primary Care Commissioning Strategy and Plan

- 54 The Committee considered an urgent item that related to Dorset Clinical Commissioning Group's Draft Primary Care Commissioning Strategy and Plan.

On 6 September 2016 Dorset Health Scrutiny Committee received a report by NHS Dorset Clinical Commissioning Group regarding changes to General Practice Commissioning and Locality Working. The report outlined the changes to commissioning arrangements and the pressures on services and noted that a Primary Care Commissioning Strategy was being developed and would be presented to the Primary Care Commissioning Committee (PCCC) in October 2016. Members agreed that they would like to receive a further report regarding the Strategy at their meeting in March 2017. However, the publication of the Draft Primary Care Commissioning Strategy in October 2016 had raised concerns as to the nature and scale of changes being suggested within 'blueprints' for each Locality, in addition to concerns about the degree to which such changes had been subject to consultation and public engagement.

The CCG clarified that what had been published on the website was a draft and not a final proposal. It was made clear that no decisions had been made and no changes had yet been implemented. The draft was currently being debated by General Practitioners and the 'blueprints' in the draft were based on national standards. The draft document had been published for discussion and not decisions.

Resolved

That the Committee, considering the draft Primary Care Commissioning Strategy:-

1. Evaluates the proposed changes as a major change and thus subject to intervention by the Dorset Health Scrutiny Committee.

2. Makes the CCG aware of the Committee's deep regret and displeasure that the CCG did not itself so identify the matter as such and bring it fully to DHSC at an earlier stage.
3. Believes that the proposed changes could have a devastating effect on rural communities and in areas with a high concentration of elderly people and therefore require further and intensive scrutiny, and to provide for discussion at this meeting a plan for appropriate consultation with the public as required by the Section 242 (18) of the National Health Service Act 2006.
4. Requires therefore that the CCG provide a formal report and send a representative(s) to a special meeting of the Committee to be held within one calendar month of today's date.
5. Requires that the CCG take no irreversible decisions in this matter until after the special meeting.

Questions from County Councillors

55 No questions were asked by members under standing order 20(2).

Meeting Duration: 10.00 am - 12.45 pm.