



## Dorset Health Scrutiny Committee

Minutes of the meeting held at County Hall, Colliton Park,  
Dorchester, Dorset, DT1 1XJ on Friday, 15 June 2018

### **Present:**

Kevin Brookes, Ray Bryan, Beryl Ezzard, Paul Kimber, Nick Ireland, David Jones,  
Bill Batty-Smith, Tim Morris and Peter Shorland

Other Members: Cheryl Reynolds, reserve member for West Dorset District Council, attended the meeting as an observer.

Officers Attending: Ann Harris (Health Partnerships Officer), Jonathan Mair (Service Director - Organisational Development and Monitoring Officer), Matthew Piles (Service Director - Economy, Natural and Built Environment) and Denise Hunt (Senior Democratic Services Officer).

### Others in Attendance:

Diane Bardwell, Dementia Services Review Project Manager, Dorset CCG)

Des Persse (Executive Director, Healthwatch Dorset)

Phil Richardson (Dorset CCG)

Eugine Yafele (Chief Operating Officer, Dorset Healthcare University NHS Foundation Trust)

(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 on **Thursday, 13 September 2018.**)

### **Apologies for Absence**

14 Apologies for absence were received from Councillors Peter Oggelsby, Bill Pipe, Alison Reed, Steven Lugg and Helen Coombes (Transformation Programme Lead for the Adult and Community Forward Together Programme). Councillor Paul Kimber attended the meeting as a substitute for Councillor Alison Reed.

### **Election of Chairman**

15 **Resolved**

That the election of Chairman be deferred until the next meeting.

### **Appointment of Vice-Chairman**

16 **Resolved**

That Peter Shorland be elected as Vice-Chairman for the 2018/19 year.

### **Code of Conduct**

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

Peter Shorland declared a general interest as a Governor of Yeovil Hospital. As this was not a disclosable pecuniary interest he remained in the meeting and took part in the debate.

David Jones declared a general interest as he was previously a Governor of Poole Hospital NHS Trust, but had now ceased in that role. As this was not a disclosable pecuniary interest he remained in the meeting and took part in the debate.

Kevin Brookes declared a general interest as a Governor of Dorset County Hospital. As this was not a disclosable pecuniary interest he remained in the meeting and took part in the debate.

Ray Bryan declared a general interest as a Governor of the Dorset Healthcare University NHS Foundation Trust. As this was not a disclosable pecuniary interest he remained in the meeting and took part in the debate.

### **Terms of Reference**

18 Members received the Terms of Reference for the Committee.

### **Noted**

### **Minutes**

19 The minutes of the meeting held on 8 March 2018 were confirmed and signed, subject to the following amendment:-

#### **Minute 6 - Joint Health Scrutiny Committee Re: Clinical Services Review and Mental Health Acute Care Pathway Review - Update**

That the Task and Finish Group "would ask for submissions, including from the public, *Defend Dorset NHS* and Healthwatch".

### **Joint Health Scrutiny Committee re Clinical Services Review and Mental Health Acute Care Pathway Review - Update (after Minutes)**

20 The Committee considered an update following its decision to set up a Task and Finish Group to assess the evidence in respect of a referral to the Secretary of State for Health in relation to the Clinical Service Review (CSR) proposals.

The report was introduced by the Monitoring Officer who advised that the Task and Finish Group had met on 1 May 2018 when it had been reported that the grounds of the Judicial Review (JR) brought against the Dorset Clinical Commissioning Group's (CCG's) decision overlapped with the terms of reference of the Task and Finish Group and could override any outcomes of the Group.

He explained that, if the Judge determined that the CCG's decision making was flawed, the Court would direct the CCG to correct any errors. This would eliminate the need for a referral to the Secretary of State for Health as the CCG would be required to submit new proposals that would be scrutinised by the Committee. If the Court decided that there was no case to answer and that there was no fault in the proposals, then a decision to refer the matter to the Secretary of State may also be rejected in light of the Court's decision. The Task and Finish Group had accepted this position and, in order to avoid duplication of the work of the Court, agreed to defer its next meeting until the outcome of the JR was known.

Members questioned this rationale in light of the reason for investigation of a referral to the Secretary of State for Health being due to the view that the CSR proposals were not "in the interests of the health service in the area". Members also noted that the JR only concerned whether the process had been carried out correctly rather than any faults in the CSR proposals being directly addressed. It was further suggested that the grounds for the hearing may have been more limited than the 7 grounds put forward by the appellant, and therefore any overlapping with the work of the Task and Finish Group should be looked at again.

The Monitoring Officer confirmed that the Council had been supplied with the grounds for the JR by the CCG and that no further information was available. He emphasised that rather than focus on the JR grounds, this was more about outcomes and the options available to the Judge. If the grounds for the JR were accepted then what came out of the process as a replacement proposal could be markedly different and

there would be an opportunity for the Committee to scrutinise the new proposals and refer any concerns to the Secretary of State at that stage. The hearing would take place over the course of 2 days in mid July and the Judge may give a judgement on the day or come back at a later date to provide a more considered judgement, depending on the Judge and the complexity of the case.

As Chairman of the Task and Finish Group, Councillor Ray Bryan explained that the Task and Finish Group had been adjourned until 1 August when the outcome of the JR would be known and that the Group had not stopped its work.

Councillor David Jones stated that the JR would not focus on whether the CSR was the right decision, but whether the correct process had been followed and that continuation of the work of the Task and Finish Group would allow more time to collect evidence from people. He therefore proposed that the work of the Task and Finish Group continue pending the outcome of the JR and this was seconded by Councillor Paul Kimber.

### **Resolved**

That the work of the Task and Finish Group continues pending the outcome of the Judicial Review.

## **Public Participation**

### 21 **Public Speaking**

There were public questions received at the meeting in accordance with Standing Order 21(1). A statement was also received from Councillor Bill Trite, County Councillor for Swanage which was read aloud by the Chairman as he was unable to attend the meeting due to a prior commitment. The questions, answers and statement are attached as an annexure to these minutes.

Councillor Tim Morris read aloud the decision of the Purbeck District Council meeting on 12 December 2017 on behalf of the Councillor Gary Suttle, Leader of Purbeck District Council, when it was resolved that "local residents' concerns over the review be acknowledged and supported and the Dorset Health Scrutiny Committee be asked to continue opposing the Dorset Clinical Commissioning Group's Clinical Services Review."

Arising from the concerns raised about ambulance waiting times, the scrutiny of services provided by the South Western Ambulance Service NHS Trust (SWAST) including the ambulance service was being dealt with by another Joint Health Scrutiny Committee that was being co-ordinated by the Borough of Poole. It was agreed that the concerns of the Dorset Health Scrutiny Committee regarding the delay in arranging a second meeting of the Joint Committee would be conveyed.

### **Petitions**

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

## **Integrated Care System**

22 The Committee received a presentation concerning the Integrated Care Systems by the NHS Dorset Clinical Commissioning Group. The presentation had been published with the agenda. It was emphasised that Dorset was one of the top ten areas in the country for progress with integrated care and that this gave greater freedom to develop the partnership work. There would not be a decision about setting up the system as this was a national mandate and decisions would be around how it would work locally, linked to wider plans such as the Sustainability and Transformation Plan.

Members asked about services in their areas and it was confirmed that the approach used started with the assessment of local need in all of the different areas of Dorset,

starting with the provision of services at a person's home. Progress within the different localities could be reported at a future meeting if requested.

Members asked whether the budget was sufficient to implement an Integrated Care System and were informed that nationally £450m had been set aside to support changes. Additional funding had also been granted to Dorset as the changes that were proposed had been viewed in a positive light and Dorset was one of three areas that had been awarded funding of £7.5m to move forward digital work with Hampshire.

In terms of the CSR, £147m of funding had been allocated for the capital costs associated with Bournemouth and Poole Hospitals, representing almost a half of the entire national funding pot. An offer was made for members of the Committee to visit facilities and talk to staff members on the ground, if this would be of interest.

Councillors were viewed as having a significant role to play in explaining the changes to the public and CCG officers had been liaising with the Leader and Cabinet Member for Health and Care about a collective approach locally.

### **Noted**

#### **Dementia Services Review Update**

23 The Committee considered a report by the Dementia Services Review Project Manager of the NHS Dorset Clinical Commissioning Group, that was also the subject of a presentation at the meeting. The CCG had worked with the Dorset Dementia Partnership and the review would focus on supporting people better.

Following the presentation it was confirmed that the strategic outline case would be considered by the committee during the consultation period in the Autumn of 2018.

Members asked about the below average rate of referrals to the Memory Support and Advisory Service from the Weymouth & Portland area and were informed that there was variation across the localities for this and other specialist services and, in this particular instance, could be due to a lack of accurate statistical information.

It was suggested that the relevant helpline numbers were circulated to members of the Committee.

Funding of Admiral Nurses was also discussed and members heard that, although this was an excellent service, it had a specific patented model to upskill professionals and support families and carers, some of which was already provided by the Dementia Service. In addition, Admiral nurses were unable to support people with no family or carers, leaving a gap in care for this vulnerable group. The employment of Admiral Nurses was expensive and this money could be used in a better way to employ dementia co-ordinators that could support people from diagnosis to end of life care.

It was confirmed that representatives of the Dementia Service accepted invitations to speak to groups.

### **Noted**

#### **Integrated Transport Programme - Update Report**

24 The Committee considered a report by the Service Director - Economy, Natural and Built Environment providing an update on the Integrated Transport Programme (ITP). He updated members on the recent Inquiry Day and work with communities to inform residents of services, integrated planning of transport services, the implementation of community schemes to allow access to health services and green travel plans to

address parking at the acute hospitals. The vision and challenge would be to have an integrated transport system for the new Dorset Council.

Members commented on the development of a multi-storey car park at Yeovil Hospital to address parking issues and asked about the timeline for implementation of some of the transport proposals.

The Service Director advised that use of the Local Authority's fleet and green transport plans to alleviate parking at acute hospitals were two of the areas currently being investigated. It was anticipated that a review over the next 12 months would put in place an integrated solution followed by pilot projects in some local areas.

There was an overall aim to increase the use of local buses to make them commercially viable and sustainable. The concessionary fare scheme was also being challenged both nationally and regionally as bus companies received a higher payment for urban than rural services.

An update to the Committee would be provided in 6-12 months' time.

### **Noted**

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

25 The Committee considered a report by the Chief Operating Officer of the Dorset Healthcare University NHS Foundation Trust presenting the Care Quality Commission (CQC) 2017 inspection outcome report findings for the Trust. The Trust's overall rating had improved from "required improvement" to "good"

This was the second comprehensive inspection by the CQC and the report had also highlighted the three areas where the regulations had been breached that had contributed to the judgement of requiring improvement in the area of safety.

The issue of numbers of mental health beds was being addressed through the acute care pathway, with additional beds having been made available at Forston Clinic recently and there were more planned for the East of Dorset over coming months.

### **Noted**

## **Appointments to Committees and Other Bodies**

26 The Committee considered a report further to a review of appointments by the Committee on 8 March 2018. Since the last meeting a vacancy for a reserve member had arisen on the Joint Health Scrutiny Committee on the NHS 111 Service provided by the South Western Ambulance Service NHS Foundation Trust (SWAST) as the appointed person was no longer a member of the Dorset Health Scrutiny Committee.

### **Resolved**

That Kevin Brookes be nominated as the reserve member on the Joint Health Scrutiny Committee for the NHS 111 Service provided by SWAST - future remit to include emergency transport provision.

## **Forward Work Programme**

27 The Committee noted its work programme.

A report by the Task and Finish Group (Clinical Services Review) would be included in the regular agenda item on the "Clinical Services Review and Mental Health Acute Care Pathway Review - Update".

### **Briefings for Information/Noting**

- 28 The Committee considered a report containing briefings for information concerning the responses to Annual Quality Accounts for
- Dorset County Hospital NHS Foundation Trust
  - Dorset Healthcare University NHS Foundation Trust
  - South Western Ambulance Service NHS Foundation Trust.

The second briefing contained notes following a visit to the Melstock and Waterston Units at Forston Clinic, Charlton Down by the Quality Account Panel aligned to the Dorset Healthcare University NHS Foundation Trust.

### **Noted**

### **Liaison Member Updates**

- 29 Nick Ireland had attended a Dorset Healthcare NHS Trust Board meeting at the end of May 2018 and reported on the budget, the appointments of a new Medical Director and Head of Nursing, major issues in recruiting and retaining staff and the closure of the final ward of St Leonards Hospital in September 2018 with staff moving to the Royal Bournemouth Hospital in line with TUPE Regulations. There was a budget underspend for the current financial year, but areas of overspend due to higher out of area placements in mental health and the Trust would therefore struggle to meet its overall savings targets. Although there had been an increase in the number of beds at Forston Clinic and the suggestion of building a new unit at Forston, overall there were less mental health beds in the west of the County and more in the conurbation.

Reports presented by Peter Shorland, Liaison Member for Dorset County Hospital and Beryl Ezzard, Liaison Member for SWAST were based upon the meetings relating to the Quality Accounts Panels and reflected in the item on Briefings for Information.

### **Glossary of Abbreviations**

- 30 The glossary had been provided for information.

### **Questions from County Councillors**

- 31 There were no questions submitted under Standing Order 20 (2).

Meeting Duration: 10.00 am - 1.10 pm