Dorset Health Scrutiny Committee

Minutes of a meeting held at County Hall,
Colliton Park, Dorchester on 30 May 2013.

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

Christchurch Borough Council
David Jones

Dorset County Council
Michael Bevan, Mike Byatt, Ros Kayes, Mike Lovell and William Trite.

East Dorset District Council
Sally Elliot

Purbeck District Council
Beryl Ezzard

Health Representatives:
Dorset County Hospital NHS Foundation Trust: Alison Tong (Director of Nursing)
Dorset Healthcare University NHS Foundation Trust: James Barton (Director of Mental Health) and Tim Archer (Director of Nursing and Innovation)
NHS Dorset Clinical Commissioning Group: Jane Brennan (Principal Programme Lead Review – Design and Delivery), Liane Jennings (Deputy Director for Strategic Development and Planning) and Elise Ripley (Head of Engagement).

Officers:
Andrew Archibald (Head of Adult Services), Dr Jane Horne (Public Health Consultant), Lucy Johns (Health Partnerships Officer) and Paul Goodchild (Senior Democratic Services Officer).

Election of Chairman

Resolved

21. That Ronald Coatsworth be elected Chairman of the Committee for the remainder of the year 2013/14.

Appointment of Vice-Chairman

Resolved

22. That Bill Batty-Smith be appointed Vice-Chairman of the Committee for the remainder of the year 2013/14.

Apology for Absence

23. An apology for absence was received from Gillian Summers.

Code of Conduct

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

Terms of Reference

25. The Committee noted their Terms of Reference.

Noted

Minutes

26. The minutes of the meeting held on 11 March 2013 were confirmed and signed.

Matters Arising

Minute 5.5 – Care Quality Commission Visits and Reports Concerning Minterne Ward, Forston Clinic

27.1 One member asked that a visit be arranged to Forston Clinic for himself as Member Champion for Mental Health, the Local Member for Three Valleys and the Chairman of the Adult and Community Services Overview Committee. This had been agreed by representatives of Dorset HealthCare University NHS Foundation Trust at the previous meeting of the Committee. The Director of Mental Health for the Trust commented that an open day at the clinic had taken place, but that he would be happy to arrange a separate visit for the members in liaison with the Health Partnerships Officer.

Minute 7.5 – Healthwatch

27.2 One member asked if there had been any clarity with regards to the role of Local Healthwatch in terms of how it would link in with the work of the Committee. The Health Partnerships Officer informed members that she had set up a meeting with a member of Local Healthwatch to discuss the issue of how they could engage with the Committee, and how concerns could be reported back to Healthwatch England.

Joint Health and Wellbeing Strategy

28.1 The Committee received a presentation on the Joint Health and Wellbeing Strategy for Dorset 2013 – 2016 by the Public Health Consultant. Members had received a copy of the Strategy which was designed to improve the health and wellbeing of people in Dorset and to reduce the inequalities in health outcomes that existed between different parts of the population.

28.2 Dr Horne explained the role of the Dorset Health and Wellbeing Board, its roles, functions and membership. Members noted the vision, aims and principles of the Joint Health and Wellbeing Strategy, as well as how priorities were set. A scoring matrix was included which highlighted the top priorities for the Dorset Health and Wellbeing Board. These related to: road traffic collisions, circulatory disease, diabetes, harms caused by smoking, anxiety / depression and harms caused by inequalities in GCSE attainment. In response to a question it was confirmed that there was no top priority, and that all priorities were given equal weighting.

28.3 One member raised concern that public engagement should be conducted differently in different communities. The Public Health Consultant agreed that consultation response rates were lower in areas of greater deprivation. Targeted consultation would be required to gain a wide range of responses.

28.4 One member raised concern that dementia was not listed as a top priority in the Strategy, and that more should be included on the role of carers to make sure they had the support they needed. Dr Horne highlighted that dementia was on the long list of priorities and had scored highly, but not as high as the top priorities which had been referred to earlier. She acknowledged that the role of carers was important, but the Strategy was designed to give an overview and was kept purposefully brief. However, important issues could be added to the Strategy over time.

28.5 The Health Partnerships Officer reported the receipt of a letter from the Dementia Care Partnership. It was expected that this would be given consideration at the next meeting of the Dorset Health and Wellbeing Board due to take place on 12 June 2013.

28.6 In response to a question on the prioritisation of the strategy, it was highlighted that the strategy was not purely about health services, but was aimed at medium and long term outcomes and targets in five to ten years. It was acknowledged that it was unlikely that there would be any visible results in the first year of the Strategy, but that processes would begin to change.

28.7 One member raised concern that the Strategy focused too much on what the State could do for people and not enough on what people could do for themselves. It was his view that you could never get to the stage where everyone was educationally, socially and financially equal and that inequality should not be the focus. He suggested that excess winter deaths be a higher priority as many people were in the unfortunate position of having to choose between heating and food and that this could be altered relatively easily. He agreed that much of the Strategy had good intentions, but it was his view that the targets were wrong.

28.8 In response to a question it was explained that the priority relating to harms caused by smoking was primarily about education and tobacco control.

28.9 One member asked if dementia was not a higher priority because there were few measurable outcomes. She pointed out that it was possible to measure whether the number of admissions had increased or decreased, and that trends could be measured across the County. Dementia was particularly important given the high number of elderly people in Dorset. The Public Health Consultant agreed that dementia was an important issue and would be closely monitored by the Joint Health and Wellbeing Board.

28.10 Members thanked the Public Health Consultant for her presentation.

Noted

Dorset Clinical Commissioning Group Strategy and Annual Operating Plan

29.1 The Committee received a joint presentation on the Dorset Clinical Commissioning Group Strategy and Annual Operating Plan by the Deputy Director for Strategic Development and Planning and the Head of Engagement, NHS Dorset Clinical Commissioning Group (CCG). Copies of the NHS Dorset CCG Strategy for 2013-18 were distributed, along with information related to Dorset demographics and the annual budget for NHS Dorset CCG.

29.2 The Deputy Director for Strategic Development and Planning explained that on 1 April 2013 NHS Dorset CCG had replaced the Primary Care Trusts as the statutory responsible organisation for commissioning the majority of health services for the population of Dorset. The funding mechanisms of NHS Dorset CCG were explained, as well as the individual areas of commissioning responsibility and the mission, aims and values of the CCG. Members noted the strategic principles (services designed around patients, preventing ill health and reducing inequalities, sustainable healthcare services and care closer to home) and the initial priorities for 2013/14 (improving dementia diagnosis, reducing avoidable emergency admissions and reducing preventable deaths).

29.3 The Strategy and Annual Delivery Plan for 2013/14 was explained, as well as the seven priorities: maternity, reproductive and family health; cardiovascular disease, stroke, renal and diabetes; general medical and surgical; musculoskeletal and trauma; mental health and learning disabilities; cancer and end of life; and pan programme priorities. Finally the commissioning cycle in relation to stakeholder engagement and communications was explained, as well as how the various areas of this cycle related to the four directorates of NHS Dorset CCG.

29.4 The Head of Engagement informed members that there would be a focus on locality engagement. Wide consultation would be conducted across the thirteen localities of Dorset, with feedback from patient experience underpinning the development of the strategy.

29.5 In response to a question on localities, and how engagement with local councillors would be conducted, the Health Partnerships Officer explained that NHS Dorset CCG was organised into localities that were more or less conterminous with the District and Borough Council boundaries. In each CCG locality there was a lead GP who had a place on the CCG Board and on the Health and Wellbeing Board. In addition there was also an elected member representative for each of the District and Boroughs on the Health and Wellbeing Board. There was an expectation via the Health and Wellbeing Board that the GP lead and the respective elected member would work very closely together on a shared agenda for improving health and wellbeing in their location. In response to a question it was confirmed that the locality groups were not entities in their own right, but only geographic groups. They would enable people in a certain area to come together to look at local health and wellbeing needs.

29.6 One member highlighted that there was a possibility that the membership of the Health and Wellbeing Board would soon change so that District Councils would not be represented. She stated that having a District member on the Board was the only way local councillors could have their say as the County Council was represented by the relevant Cabinet brief holders. Officers confirmed that the membership of the Dorset Health and Wellbeing Board, which was very large, was under consideration but no decisions on this had yet been made.

29.7 The Head of Engagement highlighted that local councillors and other representatives of local communities would have the opportunity to engage with the NHS Dorset CCG. It was a new body which would take time to embed in local communities and it would take some time before the effects were seen. It was important that the views of members were taken into account, and communication methods and their strengths would be considered.

29.8 Members thanked the Deputy Director for Strategic Development and Planning and the Head of Engagement for their presentation.

Noted

The Francis Enquiry – Lessons for Health Scrutiny in Dorset

30.1 The Committee considered a report by the Director for Adult and Community Services which highlighted aspects of the Francis Enquiry Final Report which directly addressed the role of scrutiny committees in the failures of Mid-Staffordshire NHS Foundation Trust, with the aim of identifying specific learning that applied to the existing health scrutiny arrangements in Dorset, as well as any changes to practice that might be required as a result. The report included an action plan which suggested a way to begin putting learning into practice, and members were asked to comment and add to this.

30.2 Members noted that particular observations and comments in relation to health scrutiny included: the lack of detail in the notes of some scrutiny meetings, over dependency on information from the provider rather than other sources (particularly patients and the public) and the need to be more proactive in seeking information, the expertise of some health scrutiny committee members, the role of scrutiny as a 'critical friend' which could make challenging the quality of local health services more difficult, and fair representation of compliance and non-compliance with relevant Care Quality Commission (CQC) standards in Quality Accounts.

30.3 Regarding minutes of meetings, the Chairman commented that it was his view that they contained the right amount of detail and had historically been of a high standard. It was the view of many members of the Committee that members should be identified by ward, so that they could be held personally accountable for their comments. Regarding strengthening and developing the existing practice of the recording of meetings, the action plan stated that the Head of Legal and Democratic Services would review the current practice for recording health scrutiny meetings in light of the comments in the Francis Report.

30.4 Sarah, a concerned member of the public, explained that she had also written a document on the report which had been circulated to the Committee prior to the meeting. She highlighted that service users, as well as their friends, relatives and carers, often found it difficult to complain about health care which they had received or had failed to receive. She suggested that the Committee should speak more to the public, carers, patients and interest groups about their concerns. She also suggested that public and patients should be given more time to talk at Committee meetings, as there was a focus more on the views of County Council and NHS Trust officers. She stated that many members of the public were unaware of Safeguarding or Adult Safeguarding, and there should be a greater focus on this.

30.5 One member commented that there was currently an over dependence on information from the provider, and if the Committee received information from service users then problems could be addressed at an earlier stage. She proposed that another recommendation be added that stated that the Committee would have more of an outreach function to report issues of concern. The recommendation was not supported.

30.6 One member highlighted that the Francis Enquiry re-emphasised how important it was for the Committee to scrutinise areas where there were public concerns. He added that the role and functions of the Committee should be communicated to people, so that service users knew their voice could be heard. The Head of Adult Services agreed and highlighted that a good working relationship with Local Healthwatch would be a key aspect in the future.

30.7 The Director of Nursing for Dorset County Hospital NHS Foundation Trust highlighted that the NHS Choices Service was a good way for service users to provide feedback on care received from organisations. Feedback from users was received by the NHS Trusts on a quarterly basis.

30.8 The Health Partnerships Officer explained that officers met with the Care Quality Commission (CQC) twice a year. The CQC were given information on what issues were being scrutinised by the Committee.

30.9 In response to a member's suggestion, it was agreed that an extra action be added in relation to Recommendation 119 of the Francis Report, that Borough, District, Town and Parish Councils should be sent information on the role of the Committee, and a press release should also be issued to re-emphasise the role of the Committee.

30.10 Regarding Recommendation 149 of the Francis Report, the possibility of introducing pre-briefings for members to consider potential lines of enquiry to be used in scrutiny meetings, it was the view of members that this should not be progressed and all scrutiny should be done in a public meeting.

Resolved

31.1 That the amended action plan be agreed.

31.2 That the Committee monitor implementation of the action plan at the next meeting and thereafter keep the action plan under regular review.

Dorset HealthCare University Foundation trust – Care Quality Commission Visits and Reports Update and Implementation of Changes to Adult Mental Health Urgent Care Services in the West of Dorset

32.1 The Committee considered a report by the Director for Adult and Community Services which provided an update on the visits and reports of the Care Quality Commission (CQC) in respect of the Trust's services at Minterne Ward, Forston Clinic (renamed the Waterston Acute Assessment Unit), the Charlbury Ward, Weymouth and the Betty Highwood Unit, Blandford. The report detailed the concerns of the CQC and the actions taken by the Trust to address the concerns. The report also included a copy of the Trust's Audit Committee's Inquiry into the possible governance failings at Minterne Ward. The Trust had also provided an overview of the implementation of changes to services as a result of the review into Adult Mental Health Urgent Care Services in the west of Dorset.

32.2 The Director of Mental Health introduced the report and highlighted the conclusions and recommendations made by the Trust's Audit Committee regarding the failings at Minterne Ward which had been subsequently agreed by the Trust's Management Board. He stated that the inquiry had been taken very seriously and significant steps had been taken to rectify issues which had been raised. He added that the Trust had asked an external consultant, Deloitte, to conduct a review of the Trust's governance processes.

32.3 The Director of Mental Health also presented an update from the Trust on changes to Mental Health Urgent Care Services in the west of Dorset.

32.4 Ros Copson, a member of the Hughes Unit User Group, highlighted that the Trust had been taken to judicial review regarding the way consultation on the decision to close the Hughes Unit had been undertaken. She explained that she was concerned that the Trust had not responded to her initial concerns in a timely manner. She stated that the minutes of the Urgent Care Steering Group held on 11 March 2013 had not been available, and so legal representatives of the Hughes Unit User Group had been unable to submit them at the judicial review. She believed that the Trust had not responded within the agreed timeframe.

32.5 Simon Williams, Chairman of the Hughes Unit Support Group (HUGS), had also written a document on the report which had been circulated to the Committee prior to the meeting. He highlighted that £1.1m had recently been spent to improve Minterne Ward (now renamed the Waterston Acute Assessment Unit) and bring it up to national standards. Other services provided by the Trust would also have to be reviewed as patients should be treated as close to home as possible. Forston Clinic was inaccessible to many service users. He stated that the 2012 NHS Bill said that mental health should be treated in the same way as physical health and so the amount of local wards in the Bridport area should be increased dramatically. He asked that the Trust reopen the wards which had been closed as part of recent service changes.

32.6 Sarah, Secretary of HUGS, had also written a document on the report which had been circulated to the Committee prior to the meeting. She explained that patients and carers had been assured by the Trust that the day services at the Hughes Unit would be maintained. The services provided a safe environment for service users to spend their day on a flexible basis, as well as respite for carers. There had been no consultation on the closure of the Unit. There was now no facility of this nature in the Bridport area, and Rethink did not provide the same type of support. She asked if the Unit would reopen as an

addiction treatment ward, and who would provide and fund this service. She asked if service users would have to pay for day services in the future, and how day services urgently needed in the Bridport area would be provided in the future.

32.7 The Health Partnerships Officer reported the receipt of a letter from Becky Aldridge from the Dorset Mental Health Forum.

32.8 Regarding Minterne Ward, one member commented that the Trust may possibly have been ill-prepared when they became an enlarged organisation, and may have had insufficient resources to deal with potential issues.

32.9 Copies of a diagram showing how the revised Mental Health Urgent Care Services in the west of Dorset would work were circulated for members' information. The diagram had been considered by the Task and Finish Group established to scrutinise the reorganisation of mental health urgent care services in 2011/12. The Chairman stated that the Task and Finish Group and the Committee had been informed by the Trust that the revised services in the west of Dorset would not commence until all of the services were in place. As patients could not currently access day treatment centres in some areas the revised services were not in place. The Director of Mental Health highlighted that day treatment was available in some areas, for example, from the Linden Unit in Weymouth.

32.10 In response to a question, the Director of Mental Health commented that he did not know the total number of mental health service users in the Bridport area. This information could be provided outside of the meeting.

32.11 The Chairman commented that at a meeting of the Task and Finish Group on the Mental Health Urgent Care Services in the west of Dorset held on 14 October 2011, the Group had been informed by representatives of the Trust that there were no proposals to close Stewart Lodge and the Hughes Unit and it was only the inpatient beds at these locations which would be removed. The fact that both units had been closed was a major change in service provision. The Director of Mental Health highlighted that both units would remain as mental health sites and that the mental health crisis team would support a range of interventions that could provide care closer to patients' homes. He added that he would be happy to address the Committee at a future meeting on this issue, or circulate additional information outside of the meeting.

32.12 Regarding the timetable for providing treatments and how many patients had been treated, the Director for Mental Health explained that there were 18 places within the crisis service, and the amount of staff cover varied according to need. He stated that there was an issue regarding day treatment and those patients who would not fit under the current service and that the Trust were working to resolve this. The Director of Nursing and Innovation added that a view had been expressed that services were not working as well as hoped, but that the Mental Health Forum had advised that the model of care provided was appropriate. A 24 hour crisis unit was operational.

32.13 In response to a question on the Recovery House in Weymouth, the Principal Programme Lead Review – Design and Delivery explained that the house had been set up by the Trust in partnership with Rethink. The house was not run in the same way as a hospital, and patients who stayed at the house were encouraged to cook and clean for themselves. There were seven beds available at the house and it was currently not full. Members noted that the maximum length of stay was 14 days. Originally there were plans for three houses, including one in the Bridport area, but there was insufficient funding to allow this.

32.14 In response to a comment on consultation, Trust representatives agreed that consultation should be better on service changes, but that changes to the service were designed to provide a better standard of care and were not about cutting costs. The Trust aimed to consider issues regarding non-urgent care and day treatment in a constructive way. He apologised for not providing the level of detail required by the Committee.

32.15 A number of members expressed concern on the issues regarding mental health care provision in the west of Dorset, and stated that the current situation was unacceptable. Members took the view that assurances regarding the changes to the service which had been made to the Committee had not been met. The Committee requested that representatives of the Trust return to the Committee at a future meeting with an update on the position.

Resolved

33. That the Committee:

(i) noted with alarm the situation regarding the provision of critical mental health care in Bridport and Sherborne;

(ii) censured Dorset HealthCare University NHS Foundation Trust for its failure to keep the promises made to the Committee; and

(iii) seek a full explanation from the responsible officer of the Trust as to the problems and the most suitable solution.

Appointments to Committees and Other Bodies

34.1 The Committee considered a report by the Director for Corporate Resources which set out appointments to various Committees, Task and Finish Groups and other bodies for 2013/14.

34.2 The Health Partnerships Officer highlighted that in addition to the member appointments, it was recommended that the Joint Health Scrutiny Committee on the NHS Transformation Programme be disbanded as it had completed its work under its current Terms of Reference. The Committee had not met since June 2012. Bournemouth Borough Council's Health Overview and Scrutiny Panel and the Borough of Poole's Health and Social Care Overview and Scrutiny Committee had also been asked to agree to this. Members endorsed this approach.

34.3 A number of appointment changes were made, as set out in the annexure to these minutes. Appointments were also made to a new Task and Finish Group on Developing Health Scrutiny Protocols.

Resolved

35.1 That the appointments set out in the Annexure to these minutes be approved for 2013/14.

35.2 That the Joint Health Scrutiny Committee on the NHS Transformation Programme be disbanded.

Non-Emergency Patient Transport – Update

36.1 The Committee considered a report by the Director for Adult and Community Services which provided an update on the position regarding non-emergency patient transport following a procurement exercise for Patient Transport Provision. The report also provided an update on the work that NHS Dorset Clinical Commissioning Group (CCG) and Dorset Partnership for Older People's Programme (Dorset POPP) had undertaken to enhance volunteer car services including free parking for volunteer drivers taking patients to hospital appointments.

36.2 The Head of Engagement, NHS Dorset CCG, introduced the report and explained that the reprocurement exercise had been completed but as there had been a challenge NHS Dorset CCG was not in a position to announce the new provider. It was hoped that this would be announced to all stakeholders shortly, and that the new service would provide greater consistency for patients and a much more comprehensive service.

36.3 Sarah, a concerned member of the public, had also written a document on the report which had been circulated to the Committee prior to the meeting. She stated that it was not a good plan to send psychiatric patients further away from home for treatment as their family, friends and carers could not visit them regularly. She understood that carers would not get help from the NHS to visit mental health service users on psychiatric wards, however far away they were. She listed the journey times to Forston Clinic, the Linden Unit in Weymouth and St Ann's in Poole by car and public transport from locations in Bridport and Lyme Regis, and also the potential costs of these journeys. She noted that it would be important to monitor the way in which NHS non-urgent patient transport was handled following the changes. She also asked if voluntary transport groups had been consulted as to whether they had the capacity to meet an increased demand for services.

36.4 One member asked if the potential number of patients to be transported was known. The Head of Engagement responded that the number of potential service users, as well as costs of accessing psychiatric wards, was currently being considered.

36.5 It was confirmed that Dorset POPP did not charge for patient transport. Service users were advised to the fuel rate and asked to make a donation. Other volunteer transport schemes were not listed in the Director's report, but any groups who offered non-emergency patient transport were welcomed.

Noted

Quality Accounts – Submitted Commentaries 2012/13

37.1 The Committee considered a report by the Director for Adult and Community Services which set out the commentaries for the 2012/13 Quality Accounts for Dorset County Hospital NHS Foundation Trust and Dorset HealthCare University NHS Foundation Trust.

37.2 The Health Partnerships Officer reported that the Quality Account commentaries had been formulated on behalf of the Dorset Health Scrutiny Committee by the Task and Finish Group on Quality Accounts. It was recommended that the Committee continue to endorse this approach for the 2013/14 Quality Accounts.

Resolved

38.1 That the commentaries that have been submitted on behalf of the Committee be noted.

38.2 That the Task and Finish Group approach to working with the relevant NHS Trusts be approved for 2013/14.

Briefings for Information

39.1 The Committee considered a report by the Director for Adult and Community Services which set out a number of short briefings on short breaks for children with complex health needs, the NHS 111 implementation, the Urgent Care Services review, implementation of changes to outpatient clinics provided by Dorset County Hospital NHS Foundation Trust at community hospitals and changes in service for oncology patients. Contact details of the appropriate officer in respect of each briefing or update were included.

39.2 The Health Partnerships Officer explained that on occasion short briefings or updates on particular topics were requested by the Committee, or important information was received that the Committee should be aware of but which did not require a dedicated report. It was proposed that an overarching report on short briefings or updates on particular topics be included regularly on the Committee's agenda. Should the Committee subsequently decide that more information on a particular topic was required a more detailed report could be requested. Members welcomed and endorsed this approach.

Noted

Items for Future Discussion

40. Arising from the previous item, members requested that a report on the implementation of the NHS 111 service be considered at a future meeting.

Noted

Questions

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

Meeting Duration: 10.00am to 2.00pm

Annexure

Appointments to Committees and Other Bodies

Committee or Body	Membership
Regional Committee	
Members to sit on a Regional Joint Health Scrutiny Committee for specialised commissioning	For each scrutiny exercise to be appointed from the Committee's membership by the Director for Adult and Community Services, after consultation with the Chairman.
Joint Health Scrutiny Committees	
Improving Rehabilitation Services and Facilities at Christchurch Hospital	Sally Elliot Beryl Ezzard David Jones
Scrutiny Review Panels	
Quality Accounts	Ronald Coatsworth Bill Batty-Smith Appropriate Liaison member
Changes to NHS Services in Purbeck	Ronald Coatsworth Beryl Ezzard David Jones Mike Lovell Gillian Summers William Trite
Developing Health Scrutiny Protocols	Bill Batty-Smith Michael Bevan Mike Byatt Ronald Coatsworth David Jones Ros Kayes
Representation / Liaison	
Liaison Members (a) Dorset County Hospital NHS Foundation Trust (b) Dorset HealthCare University NHS Foundation Trust (c) NHS Dorset Clinical Commissioning Group (d) South Western Ambulance Service NHS Foundation Trust	 Gillian Summers Ros Kayes Ronald Coatsworth Ronald Coatsworth