

Dorset Health Scrutiny Committee

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Dorset County Council



Date of Meeting	13 September 2013
Officer	Director for Adult and Community Services
Subject of Report	Briefings for Information / Noting
Executive Summary	<p>At the last meeting of the Committee Members agreed that it was useful to have updates and briefings presented collectively under one report on items that are predominantly for information, but nevertheless are important for members to be aware of.</p> <p>For this meeting the following updates/ briefings have been prepared:</p> <ul style="list-style-type: none"> • Care Quality commission – Changes to inspection and regulation; • Transformation Challenge Award – the “Better Together” Programme; • Organ Donation – numbers on the register and increasing participation; and • Primary Care Mental Health pilots programme. <p>Members may have questions about the information contained within these briefings so a contact point for the relevant officer has been given within the briefing template. If a briefing raises a number of issues then it may be appropriate for this item to be considered at a future meeting of the Committee.</p>
Impact Assessment	<p><u>Equalities Impact Assessment</u></p> <p>Not applicable.</p>

	<p><u>Use of Evidence</u></p> <p>Briefing papers provided by officers within Dorset County Council, Care Quality Commission and Specialist Nurse in Organ Donation Southwest Team and Senior Programme Lead in NHS Dorset Clinical Commissioning Group.</p> <hr/> <p><u>Budget</u></p> <p>None.</p> <hr/> <p><u>Risk Assessment</u></p> <p>Not applicable.</p> <hr/> <p><u>Other considerations</u></p> <p>None.</p>
<p>Recommendation</p>	<p>That the Committee notes the briefing reports and identifies if it wishes to scrutinise any of the issues raised in more detail at a future date.</p>
<p>Reason for Recommendation</p>	<p>The work of the Committee contributes to the County Council's aim to protect and enrich the health and well-being of Dorset's most vulnerable adults and children.</p>
<p>Appendices</p>	<ol style="list-style-type: none"> 1. Briefing on Care Quality Commission – Changes to inspection and regulation. 2. Transformation Challenge Award- the Better Together Programme. 3. Organ Donation. 4. Primary Care Mental Health Pilots.
<p>Background Papers</p>	<p>None.</p>
<p>Report Originator and Contact</p>	<p>Name: Lucy Johns, Health Partnerships Officer Tel: 01305 224388 Email: lucy.johns@dorsetcc.gov.uk</p>



Briefing for Dorset Health Scrutiny Committee – 13 September 2013

<p>Care Quality Commission - Changes to inspection and regulation</p>	<p>Lucy Johns Email: lucy.johns@dorsetcc.gov.uk Tel: 01305 224388</p>
<ol style="list-style-type: none"> 1. The Care Quality Commission is the organisation charged with making sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage services to improve. Their role is to monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and they publish what is found, including performance ratings to help people choose care. 2. CQC are making significant changes to how they work. These changes are in response to: the recommendations of the report into the abuse of people with learning disabilities at Winterbourne View; the Robert Francis' report into the failings at Mid Staffordshire NHS Foundation Trust; and the government's response to those catastrophic failures of care set out in <i>Patients First and Foremost</i>. 3. The CQC recently issued a consultation document which was emailed to members on 4 July 2013. The closing date for responses was 12 August 2013 so members were invited to respond in an individual capacity as the consultation period fell outside of any meetings of the Committee. 4. The consultation set out the principles underlying how CQC will inspect all services and some more detailed proposals for how they will inspect NHS trusts and Foundation trusts and independent acute hospitals. It also includes some joint proposals between CQC and the Department of Health on changes to regulations that underpin their work, including some new responsibilities for CQC set out in the Care Bill 2013 -14. 5. The focus for future inspections will depend on the type of service and different services will be inspected and regulated in different ways based on what has the most impact on the quality of people's care. However, the CQC has set out some overarching principles that will guide inspections based on five key questions about care services: <ul style="list-style-type: none"> • Are they safe? • Are they effective? • Are they caring? • Are they responsive to people's needs? • Are they well-led? <p>The changes to inspection and regulation that are informed by the consultation process will be implemented at different times over the next</p> 	

three years.

- 6 Members will be aware that there has also been considerable national publicity in relation to the introduction of the Chief Inspector for Hospitals; Professor Sir Mike Richards. In a letter to local authorities sent from Professor Richards he sets out the approach that the new inspections will adopt, his letter included the following:
 - *“I will lead new hospital inspection teams, headed by a senior clinician or executive working alongside senior CQC inspectors. The teams will include professional and clinical staff and other experts, including trained members of the public who we call experts by experience.*
 - *Our teams will be significantly bigger than at present and will spend longer inspecting hospitals, covering every site that delivers acute services and eight key service areas: A&E; maternity; paediatrics; acute medical and surgical pathways; frail elderly; end of life care; and outpatients. They will look at additional specialities where necessary.*
 - *The inspections will be a mixture of unannounced and announced and they will include inspections in the evenings and weekends when we know people can experience poor care.*
 - *We are looking forward to working closely with each local Healthwatch and Overview and scrutiny committee to share information about these trusts as we plan and conduct our inspections.*
 - *Each inspection will provide the public with a clear picture of the quality of care in their hospitals, exposing poor and mediocre care and highlighting good care. I will decide whether hospitals are rated as outstanding; good; require improvement; or inadequate. If a hospital requires improvement or is inadequate we will expect it to improve”.*
6. In the first wave of these new inspections 18 hospitals were identified. Locally the Royal Bournemouth and Christchurch Hospital NHS Foundation Trust has been selected. The aim is for all acute hospitals to have been inspected under this new regime by 2015.
7. The Compliance Manager for the Dorset Area, Joyce Frederick, will attend the November meeting of the Committee to outline in more detail the changes being introduced to the inspection and regulation process.

Briefing for Dorset Health Scrutiny Committee – 13 September 2013

<p>Transformation Challenge Award – the “Better Together” Programme</p>	<p>John Alexander Policy and Performance Manager, Chief Executive’s Office, Dorset County Council Email: j.d.alexander@dorsetcc.gov.uk Phone: 01305 225096</p>
<ol style="list-style-type: none"> 1. At its meeting of 12 June 2013, the Dorset Health and Well-being Board gave support to the three upper tier local authorities in Dorset and the five NHS bodies to submit a joint bid to Department for Communities and Local Government (DCLG) for a share of its Transformation Challenge Award. Through the award, DCLG is seeking to provide support for radical innovations involving two or more local authorities combining their operations across all or a major part of their service delivery and back office, whilst maintaining their separate identity and political representation. The total fund is £9m, and single multi-authority awards could be up to £2m. 2. A Programme Board was formed, made up of senior representatives of the eight partner authorities. During a series of regular meetings through June and July the Board discussed and agreed a transformation programme – “Better Together” - comprised of a jointly owned vision, key principles and component projects to deliver whole system approaches for adult care and health in the Dorset area, cost reductions for all partners, improved health and social care outcomes for residents and greater personalised support for individuals and their families, in particular the frail elderly and people with long term conditions. A bid was submitted on 12 July which described the “Better Together” programme in detail. A copy of the bid is available on request. A reference copy has been placed in the members’ room. Final decisions about the Transformation Challenge Award will not be made by DCLG until October. 3. In summary, individual projects are being developed across four areas: <ul style="list-style-type: none"> • managing demand - universal front-end, information and advice (including for self-funders), reablement/ intermediate care, technology, accessible homes (with our district councils); • improving effectiveness - a new operating model and care management process across the three local authorities supported by one ICT system; • integrating commissioning - shared commissioning functions across the CCG and the three local authorities: use of resources, pooled and aligned budgets, common principles and priorities and market positioning; • integrating service delivery - integration for acute, community and primary health and social care, with enhanced community health and social care co- 	

located services which are fully integrated with all primary health services.

4. At the Local Government Association conference on 3 July, Eric Pickles, Secretary of State for Communities and Local Government, announced that the Dorset-area partnership would be one of the first nine areas to receive innovative support from DCLG's Public Transformation Network. The network is comprised of experts from across the public and private sectors, and will give the partnership access to dedicated support to help develop practical reforms and deliver improved services at reduced cost at a local level. Valuable input is already being received from the Network, including expert consultancy support for systems leadership development, cost-benefit analysis and financial modelling, customer engagement, ICT and information sharing governance and workforce development.
6. The original Programme Board now includes a representative from Healthwatch, who will be a key partner in defining, planning and delivering the programme's outcomes alongside other voluntary and community sector representatives. Healthwatch will also be part of a Consultation and Engagement Sub-group along with specialists in those areas from the partner organisations.
7. A cross agency finance officers group has been established, led by the Chief Finance Officer at the Bournemouth Borough Council, which will be responsible for assessing spending patterns and estimating the cost impacts of transformation. The group's membership and terms of reference is now being expanded to encompass performance specialists from the partner organisations and a close analysis of baseline performance and the future impact on performance of the transformation programme.
8. The "Better Together" Programme Board will coordinate and align a number of component projects. A number of these are already underway, including those looking at urgent care, information and advice, hospital screening services, the independent living work with the district and borough councils of Dorset, and shared ICT. Others are still being initiated, including those concerning self-funder services and shared reablement and intermediate care.
9. A facilitated workshop is currently being organised to consider a range of options for future delivery models for joint commissioning services. Options for directly provided services will be considered at a later stage once models for joint commissioning services have been agreed. A development group is also being established to pull together partnership-wide activity on integrated community and locality health and social care services under the umbrella of a single coordinated programme.
10. A Better Together programme launch event is planned with all stakeholders in October. Indications have previously been received from DH and DCLG that ministers from those departments would be willing to attend such an event and lend their support.
11. The Transformation Challenge Award bid has given genuine impetus to the three local authorities and their NHS partners in their drive towards integrated, person centred care at reduced cost in the Pan-Dorset area. The Chief Officers of all eight organisations have demonstrated a level of shared ownership and consensus for integrating and transforming health and social care that is hugely encouraging. This has been mirrored with dedication and enthusiasm at a series

of well attended Programme Board meetings, at which an innovative programme of work has been initiated. Inclusion on DCLG's Public Sector Transformation Network has increased the momentum further, and success with the Transformation Challenge Award bid would give the "Better Together" Programme a major boost.



Briefing for Dorset Health Scrutiny Committee – 13 September 2013

<p>Organ donor register</p>	<p>Lucy Roberts NHS Blood and Transplant Specialist Nurse in Organ Donation Southwest Team Tel: 03001231108 Email: lucy.roberts@nhsbt.nhs.uk</p>
<ol style="list-style-type: none"> 1. NHSBT is a Special Health Authority in the NHS with responsibility for optimising the supply of blood, organs and tissue and raising the quality, effectiveness and efficiency of blood and transplant services. 2. NHSBT is responsible for: <ul style="list-style-type: none"> ▪ encouraging people to donate organs, blood and tissues; ▪ optimising the safety and supply of blood, organs and tissues; ▪ helping to raise the quality, effectiveness and clinical outcomes of blood and transplant services; ▪ providing expert advice to other NHS organisations, the Department of Health and devolved administrations; ▪ providing advice and support to health services in other countries; and ▪ commissioning and conducting research and development implementing relevant EU statutory frameworks and guidance. 3. To help raise awareness NHS Blood and Transplant (NHSBT) works with partners to reach their target audiences through staff, customers and public networks. 4. NHSBT plan to work with local authorities to increase donation rates in their communities and have published blood and organ donation statistics for every council area to support local action plans. The figures for authorities in Dorset have been extracted from this data and are attached to this briefing. 5. 2012/13 was another record year for organ donation and transplantation in the UK, with more than 4,000 transplants (4,212) carried out for the first time ever. 6. The figures reflect a 6% increase on the number of transplants performed in 2011/12. 1,101 of the transplants were made possible by living donors who gave a kidney or part of their liver, while 3,111 patients benefited from organs donated after death. 7. Despite the increases in the number of people benefiting from transplantation, around three people die each day across the UK due to a shortage of organs. 8. NHS Blood and Transplant believes a change in public attitudes around donation is needed if more lives are going to be saved through organ transplantation. 9. The deceased donor transplant rate in the UK is currently 49 deceased donor 	

transplants per million population. The NHSBT recently published a strategy Taking Organ Transplantation to 2020: a UK Strategy set out an aim to increase the deceased donor transplant rate to 74 per million population to match the best countries in the world. If the UK can achieve this, it is thought that the lives of approximately 1,500 more patients could be saved by deceased donor transplants per year.*

10. Consent/authorisation for donation is vital to saving lives through transplantation, but NHSBT report that the percentage of families agreeing to organ donation in the UK still remains stubbornly low. Last year more than four out of ten families approached about organ donation refused to donate.
11. Figures published by the NHSBT in their Organ Donation and Transplantation Activity Report reveal that families are much more likely to agree to donation going ahead if they know it is what their loved one wanted.
12. Details of how to register to become a donor can be found at:
http://www.organdonation.nhs.uk/how_to_become_a_donor/questions/index.asp
13. Information about how to help promote organ donation can be found at http://www.organdonation.nhs.uk/campaigns/get_involved/. The site includes ideas about how to reach employees as well as local communities.

NHS Blood and Transplant Organ / blood donation statistics by local authority

Council Area	Organ Donation				Blood Donation ⁶		Population from 2011 census
	Number on the ODR ¹	Number of transplants ²	Number on the active tx list ³	Percentage of Population on the ODR ⁴	Active Donors ⁵	Percentage of population that gives blood ⁴	
Christchurch	17,133	14	6	35.92%	1313	2.75%	47,000
East Dorset	28,276	16	12	32.43%	2543	2.92%	87,200
North Dorset	24,413	19	5	35.59%	2780	4.05%	68,600
Purbeck	17,436	10	8	38.75%	1612	3.58%	45,000
West Dorset	44,787	26	14	45.10%	4638	4.67%	99,300
Weymouth and Portland	16,278	12	11	24.97%	1479	2.27%	65,200

¹ As at 3 January 2013

² solid organ transplants between 1 January 2008 and 31 December 2012

³ number on the current active waiting for a solid organ transplant as at 2 January 2013

⁴ Population figures taken from the ONS 2011 Population Estimates, rounded to the nearest 000. Percentages rounded to

<i>two decimal points. Figures do not show the eligible blood donation population.</i>
<i>5 As at 3 January 2013</i>
<i>⁶ NHSBT collects blood from Donors in England and North Wales only</i>
General Points:
First time blood donors should be aged between 17-65, weighing at least 50 kg (7 stone 12lbs) and in general good health
Blood donors living in areas not served by NHSBT (e.g. Scotland) are not included
The data is shown at Borough/District/Unitary level.



Briefing for Dorset Health Scrutiny Committee - 13 September 2013

Title of briefing Primary Care Mental Health Pilot	Mark Harris, Senior Programme Lead NHS Dorset CCG Mark.harris@dorsetccg.nhs.uk 01202 541499
<ul style="list-style-type: none"> • The Primary Care Mental Health Pilot programme has been developed following a number of engagement events involving services users, carers, GPs and service providers. The project is a jointly agreed initiative and collaboration between all three local authorities within Dorset, Dorset Healthcare (DHC) and the Clinical Commissioning Group. • The engagement events highlighted a range of issues that the pilot will seek to address including: <ul style="list-style-type: none"> • Lack of understanding amongst GPs of mental health problems • Lack of clarity in relation to access to mental health services • Poor management of co-morbid conditions (e.g. concurrent drug/alcohol use and depression/anxiety) • Too much emphasis on medical interventions • Inconsistent response from secondary care mental health services • Poor use of wider community resources and peer support • The aims of the pilot include developing greater confidence and competence amongst primary care practitioners in the management and identification of mental health problems. A health and social care approach will be adopted to ensure patients are viewed more holistically and recognise that mental health presentations are often linked to underlying physical or social factors. • The pilot will have an overarching preventive approach that relies on earlier identification and swift access to support for mental health problems. • Additional support and training within primary care will enable long term stable secondary care patients with low risk to be transferred back to primary care and free up capacity with community mental health teams to focus and work proactively with more complex cases. • The governance structure of the project includes a project board that oversees the overall development and implementation of the project. Membership of the board includes senior representation from each of the Local Authorities, Dorset HealthCare and the Clinical Commissioning Group. • A project team sits under the board with key members including the 3rd sector, local authorities, and the main secondary mental health provider (Dorset HealthCare). 	

- Three GP localities were chosen following submissions of expressions of interest to participate in the programme. These are Weymouth and Portland, Purbeck and Bournemouth (within the boundaries of Bournemouth West Community Mental Health Team (CMHT)). Each of these localities presents their own unique demographic characteristics.
- Non-recurrent funding to support the implementation of the pilot has been committed by the Clinical Commissioning Group. The pilot will identify the impact that the changes to working practices have on secondary care activity which will enable long term resource requirements to be understood.
- Anticipated patient benefits include swifter access to support and subsequent benefits and improvement to mental wellbeing. An approach that focuses on earlier intervention and looking at individuals as a whole will re-enforce opportunities for recovery.
- Key outcomes have been identified within a service specification that was produced by the project team, which includes service user representation. These outcomes focus on:
 - Demonstrating improved patient experience through the use of patient surveys within participating locality practices.
 - Improving identification and management of mental health problems through GP training, additional primary care based mental health workers and closer working relationships between primary and specialist secondary mental health services.
 - Improving access to mental health services by development of clear pathways and access criteria
 - Reducing referrals to acute hospitals for physical conditions, where mental health problems are an exacerbating factor.
 - Increasing capacity within specialist mental health secondary care services e.g. stable and appropriate patients are discharged to primary care in a more timely fashion
 - Increasing patient choice through the development of a directory of local resources for a patient to choose from.
 - Measuring improvement in the mental health and wellbeing of the population within the three pilot locality sites by utilising a validated wellbeing scale pre and post intervention. The Warwick-Edinburgh Mental Health Wellbeing Scale will be used for this purpose
 - Developing effective and accepted shared care protocols that outline clearly the responsibilities of the GP and specialist mental health service in the shared management of a patient.
 - Developing effective working relationships between primary care and a locality psychiatrist/ mental health team, and between primary care providers
 - Developing and managing a live directory of local community resources that can be used to support an individual's recovery from a mental health problem.

- Two new roles have been identified as being required to implement the pilot effectively:
 - Primary Care Mental Health Professional: this role will be used to facilitate training, improve general awareness and attitudes towards mental health within primary care and to provide holistic assessment of need with a view to developing and co-ordinating an appropriate recovery plan.
 - Primary Care Mental Health Support Worker: this role will be used to support the implementation and enablement of agreed recovery plans.
- The roles are scheduled to be advertised during the week commencing 19 August with a view to jobs being offered to successful candidates by 30 September. Dorset HealthCare will oversee the recruitment of the professional role.
 - Recruitment of suitably skilled professionals has been highlighted as a key project risk due to the current shortages of this staff type in the Dorset area.
- As the support worker role lends itself naturally to individuals with experience of living with a mental health condition, sub-contracting arrangements have been agreed with three local 3rd sector organisations to oversee recruitment to posts within each of the respective localities.
- Locality delivery groups will oversee the operation of the pilot at a local level. Terms of reference have been developed with membership including representation from a wide range of stakeholders including local clinicians, service users and carers. Each delivery group is expected to develop a directory of local resources that will support a wider holistic approach to managing mental health problems within that specific community.
- The academic unit within Dorset HealthCare, which is linked to Bournemouth University, have been approached and have agreed to oversee an independent evaluation of the project. Evaluation criteria and associated information and activity requirements are in the process of being agreed.
- The target operational start date is January 2014. Achieving this target date is dependent on successful recruitment to each of the roles outlined above.