

Agenda Item:

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Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	19 November 2013
Officer	Director for Adult and Community Services
Subject of Report	Dorset Health Scrutiny Committee Annual Report 2012/13
Executive Summary	<p>Each year an annual report is produced which summarises the work undertaken by the Dorset Health Scrutiny Committee for the previous year.</p> <p>Thanks are extended to the people within all of the local NHS organisations who have taken the time to produce reports, attend Committee meetings or Task and Finish Groups and submit evidence which has enabled the Committee to carry out its scrutiny function.</p> <p>An electronic version of this document is available via: www.dorsetforyou.com/healthscrutiny</p>
Impact Assessment:	<p><u>Equalities Impact Assessment</u></p> <p>Not applicable as this document is a summary record of work undertaken.</p>
	<p><u>Use of Evidence</u></p> <p>This report has been drafted using minutes, agenda papers and reports from meetings of the Dorset Health Scrutiny Committee and other relevant Task and Finish Groups convened during the year.</p>

	<p><u>Budget/</u> None. The report will not be printed. It will be made available on-line at www.dorsetforyou.com/healthscrutiny</p>
	<p><u>Risk Assessment</u> None</p>
	<p><u>Other considerations</u> None</p>
Recommendation	<p>That the Committee:</p> <ul style="list-style-type: none"> i. endorses the Annual Report for 2012-13; and ii. agrees to hold a workshop to plan the work programme for the year April 2014 to March 2015.
Reason for Recommendation	<p>The work of the Committee contributes to the County Council's aims to protect and enrich the health and well-being of Dorset's most vulnerable adults and children.</p>
Appendices	<p>None.</p>
Background Papers	<p>Minutes of the Dorset Health Scrutiny Committee for the municipal year 1 April 2012 to 31 March 2013.</p>
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**Dorset Health Scrutiny Committee
Annual Report 1 April 2012 – 31 March 2013**

1. The Role and Purpose of Dorset Health Scrutiny Committee

- 1.1 The Committee was set up in 2003 under the provisions of the Health and Social Care Act 2000. It is made up of councillors from Dorset County Council, Christchurch Borough Council, East Dorset District Council, North Dorset District Council, Purbeck District Council, West Dorset District Council and Weymouth and Portland Borough Council.
- 1.2 The Committee's role is to:
- work with local NHS commissioners and local health service providers and the public to improve health and well-being in Dorset;
 - make constructive recommendations for improvement; look at areas or groups of people in the community who suffer from worse health than others and consider how this inequality can be improved; and
 - consider and comment on major developments or changes by the local NHS that will affect people in Dorset.
- 1.3 This is the sixth annual report to have been produced by the Dorset Health Scrutiny Committee. It is not practical to include all the issues that the Committee has looked at over the past year so the intention of this report is to provide a selection that reflects the type of work the Committee undertakes. An electronic version of this document can be downloaded via: www.dorsetforyou.com/healthscrutiny

2. Task and Finish Groups

2.1 Quality Accounts

Under the Health Act 2009 all NHS trusts are required to provide an annual Quality Account to report publicly about the quality of the services that they provide. Health Scrutiny Committees are invited to comment on the quality accounts produced by any of the NHS Trusts with whom they have dealings. The Dorset Health Scrutiny Committee contributes to the Quality Accounts for Dorset County Hospital NHS Foundation Trust (DCHFT) and Dorset Healthcare University NHS Foundation Trust (DHUFT) and considers the Quality Account for the Weldmar Hospicecare Trust.

- 2.2 A Task and Finish Group periodically met with representatives of both Dorset County Hospital and Dorset HealthCare which provided ample opportunity to discuss and understand how the Trusts have performed in relation to the priorities set for improving quality. The meetings also allowed discussions around priorities for inclusion in the Trusts' Quality Accounts for 2013-14

- 2.3 The Quality Accounts for both Trusts, which include the comments made by the Task and Finish Group on behalf of the Committee can be found using the links:

[http://www1.dorsetforyou.com/COUNCIL/commis2013.nsf/41A10F0B627EACDB80257B730053B053/\\$file/Item%2013%20300513.pdf](http://www1.dorsetforyou.com/COUNCIL/commis2013.nsf/41A10F0B627EACDB80257B730053B053/$file/Item%2013%20300513.pdf)

- 2.4 The Weldmar Hospicecare Trust also involved the Committee in their Quality Account work and gave a presentation to the full Committee on their Quality Account for 2011-12. Members noted the high standards of provision of services by the Trust.

[http://www1.dorsetforyou.com/COUNCIL/commis2009.nsf/66395EBD2B6C728880257ABC0036CFD6/\\$file/Nov1206full.pdf](http://www1.dorsetforyou.com/COUNCIL/commis2009.nsf/66395EBD2B6C728880257ABC0036CFD6/$file/Nov1206full.pdf)

2.6 **Safe and Sustainable review of children's congenital heart services in England**

Last year we reported on the national review of children's congenital heart services in England that looked at services and undertook an extensive consultation setting out four options for the way services might be configured in the future. The Committee responded to that consultation, made further representations to the review group and kept a watching brief on the outcome. In July 2012 it was announced that the national review group had adopted option B which included Southampton Hospital and that all patients with DT postcodes would be aligned with the Southampton Network. This was the option that the Committee had actively supported.

- 2.7 Subsequently this decision was challenged in the High Court by some of the hospital trusts that were going to see their children's cardiac services cease and Jeremy Hunt, Minister for Health referred the matter to the Independent Reconfiguration Panel. The Panel endorsed the case for children's heart surgery and interventional cardiology to be provided only by well-resourced, specialist teams and the use of national standards for commissioning the pathway of care but raised some issues that mean the planned changes cannot be implemented immediately. From April 2013, NHS England is the new national commissioner for these services and will now lead the process of reconfiguration.

2.8 **Scrutiny Review of the Domestic Violence Outreach Service**

A task and finish group including members from Weymouth and Portland Borough Council was established in 2011 to undertake a review of the effectiveness of the Domestic Violence Outreach Service which had been introduced following the closure of the Women's Refuge in Weymouth. The Outreach Service began operating in July 2010. The Group met for the first time in October 2011 and reported its findings to the November 2012 meeting of the Committee. The Groups findings were that the Outreach service was working well, fulfilled its purpose and was valued by those who used it. The report can be found at:
<http://www.dorsetforyou.com/media.jsp?mediaid=181738&filetype=pdf>

2.9 **Proposed changes to Health Services in Purbeck**

In May 2012 the Committee established a Task and Finish Group to consider the proposed changes to NHS services in Purbeck and respond on the Committee's behalf to the consultation that NHS colleagues were undertaking about this. This group met in the summer of 2012, undertook a site visit to the properties that were within the scope of the review and attended a public engagement event held in the Mowlem Theatre Swanage. The Task and Finish Group received a progress report in October 2012 that provided detail of the engagement activity undertaken between 10 May and 31 August 2012. In January 2013 the Shadow Clinical Commissioning Group acknowledged that plans needed to be more structured than they were originally and reported to the Task and Finish Group that they had engaged the Folio Partnership, which had proven experience of managing similar projects to help. It was confirmed that a formal project method was now in place, with a project Board and a project team. The Task and Finish Group requested that they were involved during each stage of the project process and this was agreed. The work of this Task and Finish Group is ongoing.

2.10 **Joint Health and Wellbeing Strategy**

At the September 2012 meeting of the Committee members were consulted on the draft Joint Health and Wellbeing Strategy for Dorset being developed through the Shadow Health and Wellbeing Board. A formal response to consultation was made on behalf of the Committee by a small Task and Finish Group convened for that specific purpose.

3. **Issues discussed at Committee**

3.1 **Implementation of Health Reforms**

2012 was a significant year in terms of the preparations by NHS and County Council staff to implement the government's health reforms, effective from 1 April 2013. The Committee considered a briefing which outlined the role and responsibilities of: the new NHS Dorset Clinical Commissioning Group; NHS England; Healthwatch England; Local Healthwatch; Health and Wellbeing Boards; Public Health England and the transfer of some Public Health functions into the local authority. In March 2013 the Committee received a presentation on the development of Local Healthwatch from representatives from the three organisations, working collaboratively, that had been awarded the contract. This was followed by a presentation on the formation of Help with NHS Complaints by Dorset Advocacy who were awarded the contract to provide the Independent Complaints Advocacy Service (ICAS). Both contracts became effective from 1 April 2013.

3.2 **Dorset Local Involvement Network (LINK)**

Help and Care facilitated and supported the LINK in Dorset since 1 April 2008. As a result of the health reforms 2012 was the last year of the LINK. Throughout the year the LINK Development Officer for Dorset regularly attended meetings of the Committee and submitted reports to update members on the LINK's activities. Of particular interest to the Committee was the project that Dorset County Hospital had asked the LINK to undertake to examine people's experience of staying in a side room whilst being a patient within the Hospital. The final report produced by Dorset LINK can be found via:
[http://www1.dorsetforyou.com/COUNCIL/commis2009.nsf/0091E62F73A6BC3080257ABC0375FDE/\\$file/Nov1207full.pdf](http://www1.dorsetforyou.com/COUNCIL/commis2009.nsf/0091E62F73A6BC3080257ABC0375FDE/$file/Nov1207full.pdf)

3.3 **Short Term Breaks for Children with Complex Health Needs**

In last year's report it was noted that members welcomed the development of the short term break programme for children with complex needs and asked to be updated on progress. Updates were provided to both the May 2012 and November 2012 meetings of the Committee. It was reported that 430 children had received short break services in 2009/10 and this had increased to 950 children in 2011/12. Members examined aspects of the further consultation undertaken with five families who were still receiving services at Digby Court and noted that services would continue to be provided at Digby Court into January 2013 to support families with the transition to the new arrangements.

3.4 **Procurement of Patient Transport Services**

The Committee were briefed on the commissioning arrangements and procurement of patient transport provision across Dorset. The aim of the procurement process was to have a consistent service across Bournemouth, Poole and Dorset. It was noted in March 2013 that the procurement process was taking longer than anticipated but tenders were soon to be short-listed and the Committee would be kept updated in the year ahead.

3.5 **Paediatric Speech and Language Therapy Services**

Members were apprised of a pan-Dorset review of Paediatric Speech and Language Therapy Services and the service developments that had come from this. The review had highlighted three areas of concern – the service could not provide extended periods of block therapy for the majority of children within the time frame needed, there was limited specialised skill to undertake Autistic Spectrum Disorder diagnostic assessments, and although neonatal services were provided to the acute hospitals in Poole and Dorchester funding was not clearly specified. As a result of the review the Primary Care Trust Cluster

had provided £244,000 for the current year to address these gaps. The National Deaf Children's Society had drawn attention to insufficient provision of specialist speech and language therapy for Deaf Children in Dorset. As a result of the review, services would now be able to meet children's needs. Members welcomed the additional investment.

3.7 Care Quality Commission Visits and Reports concerning Minterne Ward, Forston Clinic – Dorset HealthCare University NHS Foundation Trust.

In March 2013 the Committee scrutinised the inspection report by the Care Quality Commission in respect of Minterne Ward (now called Waterston) at Forston Clinic, Charminster, near Dorchester, which identified a number of failings. Members were briefed about work the Trust was undertaking to rectify the situation, including refurbishment of the ward environment, changes in clinical leadership, including a new senior team and staff training. Members were very concerned that the situation had continued and perhaps deteriorated between 2011 and 2012 even though an action plan had been in place to address the issues. The Committee questioned why the Trust's Board had not been monitoring the situation on a regular basis and whether the Trust's management were confident that they could appropriately manage the enlarged Trust effectively. The Committee recognised that this required further scrutiny and requested a site visit for members to view the refurbished ward and that the Trust provide them with a copy of the updated action plan at the next meeting of the Committee in May 2013. This issue has been subject to further scrutiny and is ongoing.

4. Joint Health Scrutiny Committees

4.1 For issues that affect the population of Bournemouth Borough Council, Dorset County Council and the Borough of Poole health scrutiny is undertaken on a joint basis. Some of the joint work undertaken during 2012 is highlighted here.

4.2 Campus Reprovision – Final Report

The Committee received a final report that signified the conclusion of this piece of joint scrutiny work that had been conducted over a five year period. The Project moved 133 people out of NHS accommodation to live in the community with appropriate levels of support. The Project had run from January 2006 until December 2011 and involved the Bournemouth, Dorset and Poole local authorities, NHS Bournemouth, Dorset and Poole Primary Care Trust Cluster and Dorset Healthcare University NHS Foundation Trust. As a result of the moves, quality of life for all involved had improved and virtually no safeguarding incidents had been recorded. Members heard that the lessons that had been learned from this project had related to the difficulty of working across six different organisations. However, this learning would help inform future multi-organisational projects.

4.3 NHS Transformation Programme – Better Health Better Value

This Joint Committee was established to scrutinise future service changes arising from the NHS Transformation Programme (previously Better Health, Better Value). The meetings were held in rotation in the three participating local authority areas (i.e. Bournemouth, Poole and Dorset) and the Chairmanship rotated in accordance with the authority hosting the meeting.

4.4 However, due to the dominance of the structural changes with health service commissioning being introduced through the implementation of the health reforms the number of service changes coming through for consideration by this joint body declined and the joint committee met for the last time in June 2012. At this final meeting the only issue considered was the transformation of older people's mental health services in Bournemouth, Dorset and Poole. Members considered a report that set out the feedback obtained from key stakeholder groups, which was taken into account in formalising the proposals. It also included the Equality Impact Assessment and the outcome of the assessment of the impact on social services.

- 4.5 This joint committee has ceased to meet but Dorset Health Scrutiny Committee decided to maintain a watching brief on the work to transform older people's mental health services in relation to Dorset's population.

Securing Services at Christchurch Hospital

This Joint Committee was convened to consider and contribute to the consultation on the plans for the long term future of Christchurch Hospital proposed by the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust. The Joint Committee met in October 2012 and were given an overview of the comprehensive consultation process that the Trust had undertaken and the refined proposals that had resulted from that. The Joint Committee was satisfied with the consultation that had taken place and considered the proposals to be in the public interest but did raise some specific concerns around the retention of pathology services, the provision of car parking and nursing home provision. Members noted that the finalised business case and planning consent was anticipated in early 2013 and asked that should the business case change substantially, the joint Committee would be informed of such changes and given the opportunity to scrutinise any revised proposals.

5. Work Programme 2012-13

- 5.1 The work programme for April 2013 to March 2014 was approved by the Committee in March 2013 and can be found via: www.dorsetforyou.com/healthscrutiny

6. Minutes, Agendas and Committee's membership

- 6.1 These can be found via:

For 2009-2013

<http://www1.dorsetforyou.com/Council/COMMIS2009.nsf/COM/FC9CB0CFAB563A4F80257420004CD3BA?OpenDocument>

For 2013 – 2017

<http://www1.dorsetforyou.com/Council/COMMIS2013.nsf/MOC/Dorset%20Health%20Scrutiny%20Committee?OpenDocument>

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November 2013