

Agenda Item:

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Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	23 May 2014
Officer	Director for Adult and Community Services
Subject of Report	Dorset Health Scrutiny Committee Annual Work Programme - April 2014 to March 2015
Executive Summary	<p>This report summarises the key work to be undertaken by Dorset Health Scrutiny Committee between April 2014 and March 2015. The work falls under five headings: task and finish groups; joint health scrutiny work; reports to Committee; in-depth scrutiny review; and 'other' work.</p> <p>Broad agreement as to the scope of this Work Programme was reached at a Health Scrutiny Members workshop held on 26 March 2014, and this is laid out in the table at Appendix 1. Whilst it is not possible to anticipate all the work which may arise during the year, it is recognised that setting out the known commitments can be helpful with regard to planning. However, additional discussion at the Members workshop suggested two further potential areas of work, consideration of which will be needed: an exploration of GP's experiences of new locality working practices; and an update review of delayed discharges in hospital settings.</p>
Impact Assessment:	<p>Equalities Impact Assessment: N/A</p> <p>Use of Evidence: The Work Programme is based on the record of Committee meetings, the need to continue with key scrutiny tasks and the outcome of discussions at the Member's workshop held on 26 March 2014.</p>

	<p>Budget: Members' expenses in attending Committee meetings, ad hoc task and finish groups and any Joint Committee meetings.</p> <hr/> <p>Risk Assessment: Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: HIGH/MEDIUM/LOW (Delete as appropriate) Residual Risk HIGH/MEDIUM/LOW (Delete as appropriate) <i>(i.e. reflecting the recommendations in this report and mitigating actions proposed)</i></p> <hr/> <p>Other Implications: None. (Note: Please consider if any of the following issues apply: Sustainability; Property and Assets; Voluntary Organisations; Community Safety; Corporate Parenting; or Safeguarding Children and Adults.)</p>
<p>Recommendation</p>	<p>That the Committee consider the draft Programme and agree a final version, and that the final version be published on the Health Scrutiny page on Dorset for You.</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 wellbeing of Dorset's most vulnerable adults.</p>
<p>Appendices</p>	<p>1 Dorset Health Scrutiny Committee – Proposed Work Programme April 2014 to March 2015</p>
<p>Background Papers</p>	<p>1 Report to Dorset Health Scrutiny Committee by Director for Adult and Community Services, 11 March 2013 – Annual Work Programme April 2013 to March 2014: http://www1.dorsetforyou.com/COUNCIL/commis2009.nsf/MIN/FEC949271372F0BB80257B210045D105?OpenDocument</p>
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DORSET HEALTH SCRUTINY COMMITTEE – Work Programme April 2014 to March 2015**APPENDIX 1**

1. SCRUTINY TASK AND FINISH GROUPS				
TOPIC	OBJECTIVE	Proposed TYPE OF EXERCISE	Proposed TIMESCALE	Comment / actions
Quality Accounts	<p>To formulate the commentary from the Committee for the Quality Accounts from</p> <ul style="list-style-type: none"> • Dorset County Hospital NHS Foundation Trust and • Dorset HealthCare University NHS Foundation Trust. <p>In addition the Quality Account for the Weldmar Hospice Care Trust will be considered on an annual basis.</p>	<p>Task and Finish Group comprised of the Chairman and Vice-Chairman. The relevant liaison member for each Trust will be called upon to contribute in respect of the Trust to which they are linked.</p>	<p>Ongoing annual process.</p>	<p>Task and Finish Groups have been meeting throughout 2013/14 to formulate commentary for Dorset County Hospital NHS Foundation Trust and Dorset HealthCare University NHS Foundation Trust so that the process can be concluded in a timely fashion.</p> <p>This will need to be repeated in 2014/15.</p> <p>In addition, the process of incorporating any relevant feedback from the CQC, Monitor, Healthwatch, Help with NHS Complaints or the Trusts' own complaints services needs to be formalised.</p>
Changes to NHS Services in Purbeck	<p>To consider the proposed changes to NHS services in Purbeck in detail.</p>	<p>Task and Finish Group established in May 2012 and given delegated authority to respond on behalf of the Committee to the first phase of consultation.</p>	<p>On going process. The Group may need to continue to meet as and when required. A report for Committee is likely in autumn 2014.</p>	<p>The Task and Finish Group met in 2012 and 2013.</p> <p>Work continues in 2014 in the Purbeck locality under a multi-agency 'Futures Group', led by a local GP. This group will appraise and report on options for delivering services in the future and will work with a Resources Group.</p>

<p>Joint Health and Wellbeing Strategy</p>	<p>To respond on behalf of the Committee to any further consultation on the development of the Joint Health and Wellbeing Strategy by the Dorset Health and Wellbeing Board.</p>	<p>Task and Finish Group consisting of three members already identified.</p>	<p>As and when required.</p>	<p>This Task and Finish Group met once and responded to the first phase of consultation. The group remains constituted and can reconvene as and when required.</p> <p>The Strategy was formally adopted by the Dorset Health and Wellbeing Board in June 2013 and will be reviewed in 2016. However, the Board may choose to revise the priorities identified within the Strategy before 2016.</p>
<p>Review of all protocols that the Committee has</p>	<p>To review all protocols that the Committee has in place in light of the implementation of the Health and Social Care Act 2012 and new guidance to be issued by the Department of Health, and update / replace protocols as appropriate.</p>	<p>Task and Finish Group to be established to review protocols with Health Partnerships Officer.</p>	<p>To be completed by the Autumn of 2014.</p>	<p>Timing of work is dependent on the publishing and agreement by the Department of Health of regulations pertinent to scrutiny and other relevant health reforms, as the regulations are likely to have a bearing on the content of the protocols.</p> <p>Protocols to be reviewed and /or replaced:</p> <ul style="list-style-type: none"> • Protocol for the Dorset Health Scrutiny Committee • Protocol for Joint Health Scrutiny in Bournemouth, Poole and Dorset • South West / Wessex Regional Joint Health Scrutiny Protocol • Joint Protocol for Dorset Health Scrutiny committee and Dorset Local Involvement Network (now Healthwatch Dorset).

2. JOINT HEALTH SCRUTINY WORK				
TOPIC	OBJECTIVE	Proposed TYPE OF EXERCISE	Proposed TIMESCALE	Comment /action taken
Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust: Inpatient Oncology Services – transfer to Poole Hospital	To scrutinise and comment on the proposals of the Trust.	Establish Joint Committee with Bournemouth Borough Council and the Borough of Poole. (Lead Authority Bournemouth Borough Council)	The Trust requests a review by June 2014.	Three Members invited to join Joint Committee; agreed meeting date on 10 June 2014.
NHS Dorset Clinical Commissioning Group: Fertility / Assisted Conception Policy and future commissioning changes	To scrutinise and comment on proposals to change commissioning practice by the CCG.	It is proposed that changes are scrutinised on a joint Local Authority basis (Lead to be decided on case by case basis).	To be confirmed (Summer 2014).	A paper presented to the CCG's Governing Body on 15 January 2014 agreed to consult on a change to the age range for accessing fertility services and a reduction in the number of treatment cycles funded (from two to one).
NHS Dorset Clinical Commissioning Group: Clinical Services Review	To scrutinise and comment on proposals likely to emerge following a pan-Dorset review of clinical services.	It is proposed that changes are scrutinised on a joint Local Authority basis (Lead to be decided on case by case basis).	To be confirmed (possibly July 2014).	Preparatory work within the CCG has already commenced and an Assurance Group meets fortnightly. The review will provide a 'blueprint' for health (and social care) and assist in designing services for the future. The review is likely to be carried out by an external consultancy firm, with a proposed start date of April/May, to last for 6 months.

<p>Better Together Programme: Transforming health and social care services across Dorset, Bournemouth and Poole</p>	<p>To scrutinise and comment on proposals which may emerge as a result of service reviews.</p>	<p>It is proposed that changes are scrutinised on a joint Local Authority basis (Lead to be decided on case by case basis).</p>	<p>To be confirmed.</p>	<p>The three Local Authorities have agreed to a programme of work alongside the CCG and the four Foundation Trusts, and, in addition to a redistribution of monies under the Better Care Fund initiative, have been awarded £750,000 via a Communities and Local Government grant.</p> <p>Work is already underway in four key areas: Information and advice; Early intervention and prevention; Co-ordinated care; and Person centred care.</p>
<p>NHS Somerset CCG</p>	<p>To scrutinise and comment on proposals to make changes to the provision of acute stroke services.</p>	<p>It is proposed that changes are scrutinised on a joint Local Authority basis (Lead to be decided on case by case basis).</p>	<p>To be confirmed.</p> <p>Initial briefing going to Dorset Health Scrutiny Committee on 23 May 2014.</p> <p>Business case will be considered by the CCG on 4 June 2014.</p>	<p>Somerset CCG Governing Body are considering a business case and clinical evidence to support proposals to move acute stroke services from two current centres (Yeovil and Taunton) to one (Taunton). The business case will be considered on 4 June 2014 and if it receives support there will be a public consultation.</p> <p>As the proposed changes would impact on residents living in North Dorset, the CCG request a joint committee is convened, when appropriate.</p>

3. REPORTS TO COMMITTEE				
a. Standing items				
TOPIC	OBJECTIVE	Proposed TYPE OF EXERCISE	Proposed TIMESCALE	Comment / actions
Comments / submissions to the Care Quality Commission (CQC)	To provide input from the Committee to inform the work of the Care Quality Commission.	To be guided by discussion with the Care Quality Commission (CQC).	To be guided by CQC.	Review reports submitted to the CQC and regular six monthly liaison meetings held with the Health Partnerships Officer and/or Chairman. On-going.
Comments / submissions to Monitor	To provide input from the Committee to inform the work of Monitor.	To be guided by discussion with Monitor.	To be guided by Monitor.	Monitor to be invited to attend Committee to explain their role in the regulation of Health Services.
Matters for consultation (merger, structural change, joint commissioning, substantial variations to services)	To consider and respond to matters raised for consultation by local NHS bodies, NHS Commissioning Board or Department of Health/other bodies.	As appropriate <ul style="list-style-type: none"> • Through Officers' Reference Group and officer report. • Through ad hoc Task and Finish Groups. 	As required.	Substantial variations and formal consultations to be raised by NHS partners, discussed within Officers Reference Group and reported to Committee as and when they arise.
Operational / Commissioning Plan of Dorset Clinical Commissioning Group	To ensure that the Committee is fully engaged in the planning of NHS Dorset services in the community.	Presentation to Committee by NHS Dorset to facilitate member comment and discussion on the plan.	To be programmed in the early part of each financial year.	An overview of the CCG annual commissioning Plan to be included in forward plan around May each year.

Local Healthwatch	To ensure the Committee is fully aware of Local Healthwatch and the new model of service delivery.	Consider any issues raised by Local Healthwatch as agenda programme allows.	Feedback at every meeting as Local Healthwatch becomes established.	Representatives from the Local Healthwatch to be invited to attend all meetings of the Committee.
Feedback from Children and Young People's Plan	To ensure the Committee is able to make appropriate links with the health priorities, targets and issues arising from this. To include update on Short-breaks for Children.	Regular update reports and briefings raising any items of interest and concern. Any issues arising to be examined as programme allows.	To check before every meeting -standing item.	Items would be submitted via Joint Strategic Commissioning Manager Children's Services DCC who attends Officers Reference Group prior to each meeting. Health Partnerships Officer to liaise with Head of Strategic Planning, Commissioning and Performance within DCC Children's Service for this update.

b. Briefings for information within meetings				
TOPIC	OBJECTIVE	Proposed TYPE OF EXERCISE	Proposed TIMESCALE	Comment / actions
Changes within the NHS for information	To ensure the Committee is kept informed and up to date with changes that are of relevance to the Committee.	Regular update reports and briefings from the Dorset Clinical Commissioning Group NHS Commissioning Board and Dorset Health and Wellbeing Board.	To check before every meeting- standing item.	Items from NHS would be submitted via a representative from relevant staff within NHS bodies to the Officers Reference Agenda Planning Group prior to each meeting.

4. IN-DEPTH SCRUTINY REVIEW (long term review)				
TOPIC	OBJECTIVE	Proposed TYPE OF EXERCISE	Proposed TIMESCALE	Comment / actions
Provision of non-emergency patient transport services	To review the provision of non-emergency patient transport commissioned by NHS Dorset CCG, following a report to Committee on 10 March 2014.	Full review using a Scrutiny Review Panel of members and others to undertake scrutiny process.	Committee to meet on 24 June 2014.	A report submitted to DHSC on 10 March 2014 by NHS Dorset CCG, and supplemented by feedback from South West Ambulance Service and Dorset County Hospital, identified widespread problems when a new provider (E-zec Medical) began operating in October 2013. The Committee agreed that a select committee should be convened to further examine the issues, with input from all stakeholders. The select committee will meet on 24 June 2014.

5. OTHER WORK				
a. Definite tasks/areas of work				
TASK / AREA OF WORK	OBJECTIVE	Proposed TYPE OF EXERCISE	Proposed TIMESCALE	Comment / actions
Annual Report	To publicise the work of the Committee across the health community and the general public.	Production of an annual report.	September 2014.	Draft Report to be approved by Committee. Will be produced each autumn.
Compilation of organisational health-related workstreams	To provide a 'grid' of areas of work being undertaken across local organisations, for	Documentary analysis to enable compilation of a spreadsheet.	June 2014.	Spreadsheet to be produced by Health Partnerships Officer and circulated to Members.

	information purposes and to prevent duplication of work.			
Guidance on regulations for health scrutiny	To update Members on guidance to be issued by the Department of Health and to ensure that DCC is compliant with any changes identified.	Report for Committee.	When the guidance is available (due Summer 2014).	Report to be produced for Committee by Principal Solicitor.
Reducing the incidence of and treating diabetes	To provide Members with an update regarding work being undertaken around the treatment and reduction of diabetes incidence in Dorset.	Report or presentation for Committee.	September 2014.	This is one of the Dorset Health and Wellbeing Board's six priorities. The Lead for this priority is based within the CCG.

b. Possible tasks/areas of work				
TASK / AREA OF WORK	OBJECTIVE	Proposed TYPE OF EXERCISE	Proposed TIMESCALE	Comment / actions
GPs experiences of new locality working practices	To provide an insight into achievements and challenges faced.	Report or presentation for Committee.	November 2014	Need to further explore the focus of this report prior to request via the CCG.
Delayed discharges in hospital settings	To provide an update to the current situation.	Report or presentation for Committee.	To be confirmed.	This piece of work would form a follow up to a review by the Committee undertaken in 2008 to consider inappropriate admissions and discharge practices from hospital.