

Dorset Health Scrutiny Committee

Minutes of a meeting held at County Hall,
Colliton Park, Dorchester on 23 May 2014.

Present:

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

Dorset County Council

Michael Bevan and Ros Kayes.

East Dorset District Council

Sally Elliot.

External Representatives:

Care Quality Commission: Kirsten Watson (Inspector, Hospitals Directorate – Mental Health).

Dorset County Hospital NHS Foundation Trust: Neal Cleaver (Deputy Director of Nursing).

Dorset Healthcare University NHS Foundation Trust: Deborah Howard (Associate Director of Community Mental Health Services) and Sally O'Donnell (Interim Director of Community Services).

NHS Dorset Clinical Commissioning Group: Dr Craig Wakeham (Clinical Lead for Cardiovascular Disease, Stroke and Diabetes).

NHS Somerset Clinical Commissioning Group: Tim Archer (Associate Director of Strategic Development) and Dr Matthew Dolman (Chairman of the Governing Body).

Dorset County Council Officers:

Andrew Archibald (Head of Adult Services), Glen Gocoul (Head of Specialist Adult Services), Ann Harris (Health Partnerships Officer), Dan Menaldino (Principal Solicitor), Patrick Myers (Senior Manager for Strategy, Planning and Commissioning) and Paul Goodchild (Senior Democratic Services Officer).

(Note: These minutes have been prepared by officers as a record of the meeting and of any decisions reached. They are to be considered and confirmed at the next meeting of the Committee to be held on **24 June 2014.**)

Election of Chairman

Resolved

21. That Ronald Coatsworth be elected Chairman of the Committee for the remainder of the year 2014/15.

Appointment of Vice-Chairman

Resolved

22. That Bill Batty-Smith be appointed Vice-Chairman of the Committee for the remainder of the year 2014/15.

Apologies for Absence

23. Apologies for absence were received from Mike Byatt, Mike Lovell (Dorset County Council), David Jones (Christchurch Borough Council), Beryl Ezzard (Purbeck District Council), Gillian Summers (West Dorset District Council) and Jane Hall (Weymouth and Portland Borough Council).

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

25.1 The Committee noted their Terms of Reference.

25.2 The Chairman commented that some parts of the Committee's Terms of Reference were out of date following publication of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. The Principal Solicitor confirmed that a report to refresh the Terms of Reference would be considered by the Committee in September 2014, before consideration by the County Council's Standards and Governance Committee.

Noted**Minutes**

26. The minutes of the Dorset Health Scrutiny Committee held on 10 March 2014 were confirmed and signed.

Public Participation**Public Speaking**

27.1 There were no public questions received at the meeting in accordance with Standing Order 21(1).

27.2 There were no public statements received at the meeting in accordance with Standing Order 21(1).

Petitions

27.3 There were no petitions received in accordance with the County Council's petition scheme at this meeting.

Approved Mental Health Professional Service – Dorset HealthCare University NHS Foundation Trust and Dorset County Council Report following Monitoring Visit by the Care Quality Commission in December 2013

28.1 The Committee considered a report by the Director for Adult and Community Services which outlined the response and progress made by Dorset HealthCare University NHS Foundation Trust (DHUFT) and Dorset County Council (DCC) following an announced Care Quality Commission (CQC) visit to provider services on 12 and 13 December 2013.

28.2 In response to a question, the Head of Specialist Adult Services explained that an Approved Mental Health Professional (AMPH) was a qualified mental health professional who was usually a social worker, nurse or other health care professional but they would be required to gain additional qualification to practice as an AMPH. In Dorset, most AMPH's were social workers. The positions were required under the Mental Health Act and their role amongst other duties was to undertake mental health assessments.

28.3 The Head of Adult Services explained the context of the report and clarified the timeline of events for the Committee. He explained that the CQC mental health inspection report was different from the CQC reports which were usually considered by the Committee and drew attention to particular areas, including the overall findings.

28.4 The Associate Director of Community Mental Health Services for the Trust explained that the CQC had required the Trust to demonstrate that alternatives to hospital admission were considered prior to admission and that decisions made about crisis services

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did not disadvantage people living in rural areas. In response the Trust had spoken to stakeholders and members of the Crisis Team would attend DCC AMPH meetings in future. Members noted that the Recovery House in Weymouth was used as an alternative to hospital admission. The Trust had also arranged a review of the Crisis service and a report on this was expected soon.

28.5 The Head of Specialist Adult Services highlighted that the County Council was responsible for the AMPH service and that DHUFT were responsible for all other areas of mental health care. Regarding the AMPH service, although the CQC had identified a number of areas of good practice there were also a number of areas for improvement, including the management of the service, staff morale, recruitment, leave, risk management, supervision, training and quality assurance. The Director for Adult and Community Services had responded to the CQC in February 2014 to report that all of these issues were either being addressed or had been resolved.

28.6 Members noted that remuneration for AMPHs was currently under consideration. A discrete AMPH job description would be created, and the intention was to send this to the Job Evaluation Panel in June 2014. All other areas for improvement had been addressed or would be through the AMPH Hub pilot scheme which had been in progress since March 2014. The Hub pilot had proved popular with staff and would be rolled out further if progress continued.

28.7 In response to a question on recruitment, the Head of Specialist Adult Services explained that legislation did not specify the number of AMPHs a local authority was required to have. For DCC it had been decided that 1 AMPH for every 7,600 head of population was appropriate. 29 were currently employed, and a further 3 were to be trained. The AMPH Hub pilot scheme would help to determine the exact number required in future.

28.8 It was highlighted that the CQC had noted that there was no longer a Section 136 suite (known as a 'place of safety') at Forston Clinic and that patients and staff reported lengthy travelling times to the designated 'place of safety' at St Ann's Hospital. The Associate Director explained that the CQC had not taken a view on this arrangement. The 'place of safety' had been removed from Forston Clinic as it impacted on staffing levels on wards. The use of one 'place of safety' at St Ann's Hospital was a safer provision, and the Police had indicated that they were happy with the use of one location for this.

28.9 One member asked if there had been any changes to recommendations or action points as the CQC inspection report had been received in January 2014. The Head of Specialist Adult Services explained that the actions regarding the AMPH service were up to date. In the first six weeks of the Hub pilot 90 Mental Health Act assessments had been undertaken, and most of these had been carried out via the Hub. This had resulted in locality teams being less pressured.

28.10 In response to a question on joint working with the Police, the Associate Director explained that there was now a qualified mental health professional working with the Police with the aim of having less people detained under Section 136 by dealing with the individual at the time. This service, known as 'street triage', would commence in June 2014 and was joint funded by local authorities, NHS Dorset Clinical Commissioning Group (CCG) and the Dorset Police Commissioner. The service would be in place over weekends and would also link with normal daytime services and the joint out of hours service.

28.11 One member asked if there were currently any plans to reopen the Hughes Unit or Stewart Lodge to stop patients having to travel long distances to Forston Clinic. The Associate Director explained that the Trust had been forced to move from Stewart Lodge as the lease could not be renewed. An appropriate level of care was in place and there were

currently no plans to reopen Stewart Lodge. The Head of Adult Services asked about the provision of beds for older people with mental health issues following the closure of the Betty Highwood Unit in Blandford. As a result there were no NHS beds for inpatient care for older people with mental health issues in North Dorset. Patients would have to travel to Forston Clinic or the Chalbury Unit in Weymouth. The Associate Director reported that no decision had yet been made as to whether the Betty Highwood Unit would reopen.

28.12 In response to a question on calls to the crisis phone line, the Associate Director highlighted that she did not have exact figures on call responses, but no issues had been raised.

28.13 The Chairman asked how the Committee could be assured that the actions and solutions put in place by the Trust and DCC would be successful. The Associate Director commented that a further update on actions would be provided for a future meeting. The Principal Solicitor commented that it was unclear from the action plan what progress had been made and if any actions were outstanding. He suggested that any update report contain a clear picture of progress within each domain, and make clear who had responsibility for each area.

Resolved

29. That the Committee be provided with a further update on progress with actions arising from the CQC inspection in December 2013 at the September 2014 meeting.

Dorset HealthCare University NHS Foundation Trust – Further Update on Progress against Action Plans following CQC and Monitor Involvement

30.1 The Committee considered a report by the Director for Adult and Community Services which provided an update on progress made by Dorset HealthCare University NHS Foundation Trust against action plans put in place following Care Quality Commission (CQC) and Monitor involvement in 2013. The report included an outline of the Trust's Recovery Plan, as well as outstanding actions and how they were being taken forward.

30.2 The Interim Director of Community Services explained that Deloitte had been commissioned by the Trust to make recommendations which would form the Recovery Plan. 61 recommendations had been made and 331 actions had been identified. 15 actions were currently not yet complete as they were focused on long term goals. The Recovery Plan had been rolled forward to form the Trust Blueprint, a five-year strategic plan which the Trust had been obliged to produce for Monitor. The Blueprint was based around the themes of governance, quality and risk management, organisational development, Board and leadership development, performance and information reporting, staffing, stakeholder management and patient participation.

30.3 Members noted that the Trust had met with Monitor to review progress in April 2014. Monitor had recognised that progress had been made and positive steps had been taken. The Trust Blueprint would be presented to Monitor at the end of May 2014. In addition to this, PricewaterhouseCoopers had been commissioned to undertake an audit of services which would also be presented to Monitor. An inspection by the CQC was expected in the near future.

30.4 Regarding governance, it was highlighted that the Trust had a new Board, Board Chairman, Chief Executive and Council of Governors. It was anticipated that the Trust's management structure would be refreshed to better align with local authority boundaries and GP localities. It was recognised that mental health and physical health services needed to work better together.

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30.5 One member expressed regret that members of the Committee who were also on the Trust's Council of Governors were bound by confidentiality and not able to reveal the details of the recommendations in the Deloitte report. He asked what actions the Trust were undertaking to implement the recommendations. Another member added that it was difficult for the Committee to undertake scrutiny of the Trust without consideration of the recommendations and actions in the Deloitte report. Following the Francis Inquiry there was a greater emphasis on Health Scrutiny Committees not taking the reports of NHS Trusts at face value. The Interim Director explained that she would clarify the position on the confidentiality of the Deloitte report outside of the meeting, and commented that more information would be available in due course.

30.6 It was suggested that if the Deloitte report contained sensitive or confidential information which could not be discussed in a public meeting, it could be considered by the Committee under exempt business. Members would be bound under their own Code of Conduct not to release information to the public. The Principal Solicitor explained that the Committee could not force the Trust to release the report by way of a recommendation or resolution. The Trust could be asked to provide the report, subject to clarification of confidentiality issues by the Interim Director. The Interim Director commented that she would take the request back to the Trust's Board, but that the report contained very sensitive information about named individuals and so could not be considered in public. She highlighted that Monitor were satisfied with the Trust's progress, and would make a decision within six weeks as to whether the Trust was to come out of special measures. The Chairman added that he understood the confidentiality issues, and that names in the report could be redacted if necessary.

30.7 The Chairman suggested that representatives of the Trust be invited back to the September 2014 meeting when the Deloitte report and actions arising could be considered, potentially under exempt business. Members agreed to this approach. The Committee also requested that the Trust Blueprint be considered, as well as the response to the Blueprint by Monitor. The Interim Director explained that the blueprint would soon be published.

30.8 In response to a question on service changes, the Interim Director explained that it would be better to organise services locally around patients as proposed by NHS Dorset Clinical Commissioning Group (CCG) instead of services being based around specialities.

30.9 The Principal Solicitor highlighted that at previous meetings of the Committee representatives of the Trust had agreed that Board minutes should be made available to Liaison Members or the full Dorset Health Scrutiny Committee. Consideration of Board minutes would provide an early alert to particular concerns. This transparency could provide the Committee with some reassurance. The Interim Director explained that Board minutes were published on the Trust's website. As much Board business as possible was included in open session and was made available. One member commented that Liaison Members should be included on the distribution list for Board minutes.

30.10 The Head of Adult Services asked if there was a feedback mechanism for the Board to hear about what the Committee had considered. The Interim Director explained that following the Committee she would report back to the Chief Executive on 27 May 2014. She would agree with the Chief Executive how to respond to any issues and, if appropriate, the Chief Executive would report issues to the Board.

Resolved

31. That the Committee request that Dorset HealthCare University NHS Foundation Trust provide the Deloitte assessment into governance arrangements at

the Trust, the Trust Recovery Plan and the Trust Blueprint, together with any response by Monitor, for consideration at the September 2014 meeting.

Quality Accounts – Submitted Commentaries 2013/14

32.1 The Committee considered a report by the Director for Adult and Community Services which provided the Quality Account commentaries for Dorset County Hospital and Dorset HealthCare University NHS Foundation Trusts.

32.2 Members noted that the Commentaries had been agreed by the Task and Finish Group on Quality Accounts following a number of meetings with the Trusts throughout the year, and had been submitted to the Trusts on behalf of the Committee. The Chairman of the Committee had also been invited to comment on the Quality Account of South Western Ambulance Service NHS Foundation Trust in his capacity as Liaison Member, and his response was also included.

32.3 The Deputy Director of Nursing for Dorset County Hospital NHS Foundation Trust thanked the Committee for their submission. The Chairman commented that scrutiny of the Quality Accounts through a Task and Finish Group, which included the Chairman and Vice-Chairman of the Committee together with the appropriate Liaison Member, was effective and he supported the recommendation that it continue for 2014/15.

Resolved

33. That the Committee:

- (a) agreed that the task and finish group approach to working with the relevant Trusts continue in 2014/15; and
- (b) appoint the Chairman, Vice-Chairman and appropriate Liaison Member to the task and finish groups for 2014/15.

Dorset Children's Trust and Refreshed Children and Young People's Plan

34.1 The Committee considered a report by the Director for Children's Services which provided an overview of the Dorset Children's Trust activity during 2013/14 and explained the overarching aims contained within the refreshed Children and Young People's Plan (CYPP).

34.2 The Senior Manager for Strategy, Planning and Commissioning introduced the report and explained that the Dorset Children's Trust met four times per annum and considered the general themes of Universal Services, worklessness and child poverty, vulnerable children and young people, and workforce development. At each themed meeting the health and wellbeing of children and young people was discussed and included early help and early action, the Healthy Child programme and the role of Children's Centres in the delivery of help.

34.3 Members noted that the aims of the refreshed CYPP 2014-18 demonstrated the commitment to early help by all Dorset partner authorities. The Dorset Children's Trust acted as the sponsor for work with the Early Intervention Foundation. The workstreams supported the wider aims of the CYPP which were linked to the improvement of strategic planning, the measurement of investment and outcomes, early years integration and social finance. There would also be a Pan Dorset Joint Commissioning Partnership for Children and Young People which brought together the five commissioning bodies (NHS Dorset Clinical Commissioning Group, Dorset County Council, the Borough of Poole, Bournemouth Borough Council and Public Health). The current priorities of the Partnership were responding to legislative reforms for Special Educational Needs, developing pathways for Autism and Attention Deficit Hyperactivity Disorder, refreshing the Child Adolescent Mental Health Services strategy, strategic oversight of Continuing Health Care and improvement of participation.

Noted**Briefings for Information / Noting**

35.1 The Committee considered a report by the Director for Adult and Community Services which set out a number of short briefings on issues related to Health Services in Dorset.

Pathology Services Tendering Project

35.2 The Health Partnerships Officer explained that Dorset County Hospital NHS Foundation Trust's (DCH) plan to use a tender process to compare pathology services against other interested providers to determine if they were providing the best value service continued to progress against the milestone plan. A total of 29 different potential suppliers had expressed an interest in tendering for the service, and of those 4 had been shortlisted. Work was underway to prepare the service specification which described the service in detail. This underpinned the tender which was due for completion by the end of June 2014. A final decision was expected in September 2014.

35.3 One member raised concern that the project seemed to be designed so that the services would not remain at DCH. The Health Partnerships Officer explained that the Trust may not accept any of the bids if, following the tender process, it was clear that DCH currently provided the best value service. Members requested that the position be clarified with DCH and a short update be emailed to members. A further update would be provided in September 2014.

Review of Acute Stroke Services by NHS Somerset Clinical Commissioning Group

35.4 Tim Archer, Associate Director of Strategic Development for NHS Somerset Clinical Commissioning Group (SCCG), and Dr Matthew Dolman, Chairman of SCCG's Governing Body, introduced the briefing and explained the context of the review. Dr Dolwin explained that the briefing was part of SCCG's engagement with communities and neighbouring authorities on their review of stroke services. Although the review concerned services in Somerset, this would have an impact on communities in North Dorset.

35.5 Members noted that SCCG had an ambition to improve stroke care across the spectrum of treatment and prevention. The hyper acute phase, i.e. the first four and a half hours following a stroke, were important to consider but a patient's life after a stroke was also important. An independent expert stroke panel chaired by Sir Roger Boyle had recommended that SCCG centralise hyper acute stroke services in Taunton and the Governing Body had asked that work be done to examine the implications of this due to the significant impact on patients. The business case for the service changes would be considered by the Governing Body on 4 June 2014, and it recommended that SCCG conduct a three month consultation. It was highlighted that discussions with NHS Dorset Clinical Commissioning Group had been held and it was their view that the current service provision should remain.

35.6 In response to a question it was confirmed that the business case would recommend four options, the fourth option being a single site service with acute care based at Taunton. One member commented that people in North Dorset currently received acute stroke care at Yeovil Hospital due to travel times. Dr Dolman explained that transport to hospital in the hyper acute phase was vitally important and work had been undertaken to map ambulance times.

35.7 One member asked if Dorset CCG would move to a centralised model if SCCG changed their services following consultation. If services were based in the East of Dorset or Bournemouth this would impact on people in West Dorset. The Associate Director explained that the centralised model was based on evidence from London NHS Trusts, but work would have to be done to see how this linked with a more rural area. Dr Craig

Wakeham, Clinical Lead for Cardiovascular Disease, Stroke and Diabetes for Dorset CCG, explained that there were currently no plans to centralise stroke services in Dorset and that it would be a challenge to take the London model and make it work in a rural area.

35.8 Members noted that the final business case would be shared with the Committee following consultation. A presentation on the review had already been made to Somerset County Council's Health Overview and Scrutiny Committee. There was the potential for Somerset County Council and Dorset County Council to form a Joint Health Scrutiny Committee to consider the issue as part of the consultation and members agreed that the Director for Adult and Community Services, after consultation with the Chairman of the Committee, be given delegated authority to appoint members to this if one was formed.

Independent Evaluation of the Mental Health Urgent Care Services in the West of Dorset

35.9 The Committee noted that NHS Dorset Clinical Commissioning Group (CCG) was currently undertaking procurement for an independent organisation to carry out the independent review of Mental Health Urgent Care services in the west of Dorset. Only one bid had been received and this was currently being evaluated by the CCG. The Committee would be informed when a decision on the proposal had been made. One member commented that it would not be appropriate for the CCG to undertake the review themselves.

Resolved

36. That the Director for Adult and Community Services, after consultation with the Chairman of the Committee, be asked to appoint members to a Joint Scrutiny Committee to consider the review of stroke services by NHS Somerset Clinical Commissioning Group, should one be formed.

Dorset Health Scrutiny Committee Annual Work Programme – April 2014 to March 2015

37.1 The Committee considered a report by the Director for Adult and Community Services which summarised the key work to be undertaken by the Committee in 2014/15 following a members' workshop held on 26 March 2014. In addition to work currently in progress, two other potential areas of work had been suggested: an exploration of GP's experiences of new locality working practices and an update review of delayed discharges in hospital settings.

37.2 The Chairman commented that it was worrying that patients who were admitted to hospital were in a poorer condition than in previous years. One member highlighted that the County Council's Adult and Community Services Overview Committee was looking at the needs of all adults following the publication of the Care Bill, and this would include the discharge of patients into the community. The Health Partnerships Officer added that the issue could also be considered by the Urgent Care Board.

Resolved

38. That the Dorset Health Scrutiny Committee Annual Work Programme 2014/15 be agreed and published on the Health Scrutiny page on the Dorset For you website.

Updates from Liaison Members

39.1 The Health Partnerships Officer reported the receipt of an email from Gillian Summers, Dorset Health Scrutiny Committee Liaison Member to Dorset County Hospital NHS Foundation Trust. Mrs Summers reported that she was sorry to hear that Jean O'Callaghan, Chief Executive of the Trust, would soon be leaving to take up a new post in Reading. She paid tribute to the Chief Executive's enthusiasm and hard work, and the changes and reorganisation which had taken place during her tenure which had led to Dorset County Hospital now being one of the top forty hospitals in the country. The

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Chairman added his thanks and said that he would write a letter of thanks to the Chief Executive on behalf of the Committee.

39.2 The Principal Solicitor highlighted that a report to confirm appointments from the Committee to Liaison Member positions, as well as Joint Committee and Task and Finish Group memberships, would be considered in September 2014. Current Liaison Members had indicated that they were happy to continue in their roles at present.

Noted

Items for Future Discussion

40. The Chairman drew members' attention to two matters for information from NHS Dorset Clinical Commissioning Group (CCG). A presentation on the Big Ask would be held at a future meeting of the Committee, and information on the CCG's five year strategy would be sent to members by email following the meeting. Members were asked to send any comments on the strategy to the clerk to be collated and forwarded to the CCG.

Noted

Questions from Members of the Council

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

Meeting Duration: 10.00am to 12.30pm