Agenda Item:

6

Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	10 September 2014
Officer	Director for Adult and Community Services
Subject of Report	**Briefings for Information / Noting**
Executive Summary	As agreed, briefings are now presented collectively under one report on items that are predominantly for information, but nevertheless are important for members to be aware of. For the current meeting the following updates/briefings have been prepared: • A briefing from Somerset Clinical Commissioning Group regarding decisions made following proposals to change the provision of acute stroke services; • An update on Mental Health Urgent Care Services Review (independent evaluation) being commissioned by NHS Dorset Clinical Commissioning Group; • A briefing regarding two planned reviews by NHS Dorset Clinical Commissioning Group: Acute care pathways in mental health and Organic (Dementia) specialist pathways in mental health; • An update from NHS Dorset Clinical Commissioning Group regarding the Clinical Services Review. Members may have questions about the information contained in these briefings, so a contact point for the relevant officer is provided. If a briefing raises a number of issues then it may be appropriate for this item to be considered as a separate report at a future meeting of the Committee.

Impact Assessment:	Equalities Impact Assessment: Not applicable.
	Use of Evidence: Briefings provided by Somerset Clinical Commissioning Group and Dorset Clinical Commissioning Group.
	Budget: Not applicable.
	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: LOW Residual Risk LOW
	Other Implications: None.
Recommendation	That the Committee notes and comments on the content of the briefing reports and considers whether it wishes to scrutinise any of the issues in more detail at a future date.
Reason for Recommendation	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 and children.
Appendices	1 NHS Somerset Clinical Commissioning Group – Decisions made following proposals to change the provision of acute stroke services. 2 NHS Dorset Clinical Commissioning Group – Update on the commissioning of a Mental Health Urgent Care Services Review (independent evaluation). 3 NHS Dorset Clinical Commissioning Group – Briefing regarding two planned reviews: Acute care pathways in mental health and Organic (Dementia) specialist pathways in mental health. 4 NHS Dorset Clinical Commissioning Group – Update regarding Clinical Services Review.
Background Papers	Dorset Health Scrutiny Committee, 23 May 2014, Briefing from Somerset Clinical Commissioning Group re proposals for changes

	to acute stroke services: http://www1.dorsetforyou.com/COUNCIL/commis2013.nsf/MIN/E8DCEA6BF2220C0D80257CE800346D26?OpenDocument
Report Originator and Contact	Name: Ann Harris, Health Partnerships Officer Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk

Appendix 1

Dorset County Council

Briefing for Dorset Health Scrutiny Committee
10 September 2014

Somerset Clinical Commissioning Group response to the Stroke Services Business case.	Contact Name; **Tim Archer, Associate Director of Strategic Development** Email: **tim.archer@somersetccg.nhs.uk** Tel: **01935385077**

Somerset Clinical Commissioning Group response to the Stroke Services Business Case.

Summary

The purpose of this brief report is to advise the committee of the decision by Somerset Clinical Commissioning Group's Governing Body, on 4 June, to accept proposals to invest more than £1 million in improvements to acute and rehabilitation stroke services across the county.

Background

In the last two years, a programme of improvements have been made by the dedicated acute stroke services teams based at Yeovil District Hospital and Musgrove Park Hospital in Taunton, and our stroke services compare well with other rural areas of the country. That said, we could still be doing more if stroke patients are to get the best possible outcomes.

Issues for Consideration

Last year, an expert review made recommendations to centralise the acute stroke services on to one hospital site in Taunton creating a hub of skilled stroke clinicians and staff and ensuring a robust service, rather than maintaining two sites with small numbers of staff.

Given Somerset's large, rural geography and the potential increase in travel times to Taunton for some patients, the CCG needed to test this. The development of a consultation Business case has previously been presented to Scrutiny. The CCG also needed to look at creating more holistic rehabilitation services for patients once discharged from hospital for the whole of Somerset.

A business case was developed to test the different options and where best to invest to drive through the level of improvements required. You can read the full business case on Somerset CCGs website at:

Somerset Stroke Services Review Business Case

http://www.somersetccg.nhs.uk/somerset-clinical-commissioning-group/about-us/publications/governing-body-papers/2014/4-june-2014/?4-june-2014

The purpose of the business case was to enable the CCG to determine if it was appropriate to commence on a formal public consultation including the option of moving

to a single site hyper acute service at Musgrove Park Hospital, and closing the hyper acute service at Yeovil District Hospital.

The Governing Body accepted the key findings of the business case which included the conclusion that option 3 in the business case (enhancing the current 2 site hyper acute service alongside developing county wide "full" ESD represented the best way forward. This option does not require a consultation. It mandated the Project Board to commence negotiations with providers to achieve the benefits possible under option 3 while ensuring full value for money in terms of service cost.

This position was influenced by the independent clinical expert challenging the findings of the original panel, and reflected that the evidence base for centralisation of Hyper – Acute Stroke services was built around a large metropolitan area and that there was not the evidence to support the model successfully transferring to a rural area.

It was further supported by detailed travel isochrones for the county.
The following key recommendations were also agreed.

1. To move forward with country wide ESD. It is anticipated that this will be done through a procurement which allows proposals for both inreach and outreach models.
2. To review the options for improving inpatient stroke rehabilitation in the community and to build this into the wider review of community services including community hospitals.
3. To challenge the Trusts to make a step change in the delivery of stroke care within a two site hyper-acute configuration through
    - 3.1. Addressing the detailed points identified by Dr Warburton in her report on services
    - 3.2. Recruiting additional consultant staff as planned
    - 3.3. Working towards operating much more as a single stroke team supporting Somerset, and in particular in proposals for improving out of hours and weekend care over the two sites. This should aim to avoid the transfer of patients between sites, and be based on the maintenance of a consultant rota that covers weekends, staffed by consultants from both Trusts
    - 3.4. Considering the development of county wide clinical service with an identified clinical lead that would ensure services developed and improved at both sites.
4. To address the identified fragility of the current system by
    - 4.1. Establishing a clear work programme to be driven by the CCG to ensure providers deliver on the above elements in order to improve care for patients. Establishing clear targets on the critical success factors for continuing to operate a high quality two site hyper-acute services – such as recruitment and retention of consultants and other key staff, purchase of a second scanner at YDH, two site co-operative working, and continued improvement on outcomes.

The Governing Body noted that failure to deliver on these critical success factors would demand a reconsideration of the need to centralise but otherwise the CCG does not

intend to revisit the issue ahead of further evidence becoming available or NHS England seeking to develop wider plans for the South West.

Conclusion

Somerset CCG has consulted and engaged widely in the development of its Stroke Services Business Case. The agreed model retains a Hyper- Acute centre at both Yeovil and Taunton, alongside significant investment in early supported Discharge services for the people of Somerset. This means that for the North Dorset population their access to Hyper-acute services is unaffected.

This model is challenging to deliver and to maintain in a sustainable way and will remain under close scrutiny by both the Somerset CCG and the Somerset Health Overview and Scrutiny Committee.

Appendix 2

Dorset County Council

Briefing for Dorset Health Scrutiny Committee
10 September 2014

Title of Update **Independent Evaluation of the Mental Health Urgent Care Services in the west of Dorset:**	Contact Name: Kath Florey-Saunders NHS Dorset Clinical Commissioning Group Canford House, Discovery Court Business Centre, 551-553 Wallisdown Road, Poole, Dorset BH12 5AG Tel: 01202 541650 Mobile: 07750 225671 Email: kath.florey-saunders@dorsetccg.nhs.uk

The CCG has awarded a contract to undertake an independent evaluation of the new model of care for mental health urgent care service in the West of Dorset to the University of the West of England. The contract has been signed and work has commenced – the project is due for completion by the end February 2015.
The project will be led by Professor Pam Moule who is professor of Health Services Research (Service Evaluation) and Director of the Centre for Health and Clinical Research in the Faculty of Health and Applied Sciences. The evaluation team are also being advised by a professional with lived experience.

The project started in July 2014 and will finish in February 2015. The results of the evaluation will also inform the review of the Acute Care Pathway across Dorset.
To reiterate, the evaluation is to:

1. Support the assurance process which will, in turn, evidence how the new service model is performing. The evaluation needs to show whether or not the new service is:

    - Responsive to needs
    - Timely
    - Effective
    - Recovery focussed
    - Delivering the agreed outcomes and aims

2. The evaluation will also identify service user and carer views of the service.

3. The evaluation will also seek to identify whether or not the service is:

- Delivering in accordance with the service user agreed goals and recovery plan.
- Providing a positive and timely experience for those service users who are experiencing acute mental health crisis.
- Having a more positive impact on service users and carers who use the new service compared to the old service.

The CCG will consider the outcomes of the evaluation and use these to inform how best to commission mental health urgent care services, in line with our population's need to deliver service sustainability within our financial envelope across the whole of Dorset.

Appendix 3

Dorset County Council

Briefing for Dorset Health Scrutiny Committee
10 September 2014

Title of Update **Pan Dorset Mental Health Pathway Reviews: Briefing**	Contact Name: Kath Florey-Saunders NHS Dorset Clinical Commissioning Group (CCG) Canford House, Discovery Court Business Centre, 551-553 Wallisdown Road, Poole, Dorset BH12 5AG Tel: 01202 541650 Mobile: 07750 225671 Email: kath.florey-saunders@dorsetccg.nhs.uk

The national **NHS Mandate** clearly outlines the objectives for the NHS as a whole:

- Preventing people from dying early
- Enhancing quality of life for people with long-term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm

The first NHS mandate, published in November 2012, stated that there should be "parity of esteem" between physical and mental healthcare. The NHS' vision is:

" to ensure that everyone has access to services which enable them to maintain both their mental and physical wellbeing; nowhere in the NHS will a person's mental health needs be neglected, or professionals lack confidence in dealing with a patient's emotional or psychological needs; and in our communities our attitude to a person with a mental illness will be exactly the same as a person with a physical illness."

This is important because:

- Mental illnesses are very common
- Among people under 65, nearly half of all ill health is mental illness
- Mental illness is generally more debilitating than most chronic physical conditions
- Mental health problems impose a total economic and social cost of over £105bn a year

- Yet, only a quarter of all those with mental illness such as depression are in treatment
- The NHS tends to view physical and mental health treatment in separate silos in health services
- People with poor physical health are at higher risk of experiencing mental health problems
- and people with poor mental health are more likely to have poor physical health.

Mental illness is responsible for the largest proportion of the disease burden in the UK (22.8%), larger than cardiovascular disease (16.2%) or cancer (15.9%). Overall, the economic and social costs of mental health problems were estimated at £105 billion in 2010. In comparison, the wider annual UK cost of obesity is £15.8 billion and the wider annual UK cost of cardiovascular disease is £30.7 billion. Only 11.1% of the NHS budget – £11.9 billion – was spent on NHS services to treat mental health problems for all ages during 2010/11.

The CCG's Mental Health and Learning Disabilities Clinical Commissioning Programme (CCP) aims to identify where best to invest its finite resources to ensure the best outcomes for its population and to support the delivery of the CCG's mission, aims, values and strategic principles. Any proposed redesigns must be cost neutral.

The CCP's vision is to value mental health equally with physical health to achieve "Parity of Esteem" and to provide equitable services across Dorset for people with learning disabilites and mental health conditions.

Members of the CCP are responsible for reviewing, redesigning and commissioning services for people with learning disabilities and Mental Health conditions. The reviews that this briefing relates to are mental health services and Dementia services: a description of the condition areas is outlined below:

Mental Health: includes acute mental health services, rehabilitation, Steps to Wellbeing, employment support, and some more specialised services such as adult eating disorders and Asperger's assessment and diagnosis. A more generic term is functional mental health. Children's mental health services are commissioned through the Maternity, Reproductive and Family Health CCP.

Dementia: The term 'dementia' is used to describe a syndrome which may be caused by a number of illnesses in which there is progressive decline in many areas of function, including decline in memory, reasoning, communication skills and the ability to carry out daily activities. Alongside this decline, individuals may develop behavioural and psychological symptoms such as depression, psychosis, aggression and wandering. The majority of people who are diagnosed with dementia have either Alzheimer's disease or vascular dementia, or a combination of the two. The CCG commissions services, often in partnership, for people living with dementia and their carers. This includes inpatient services, memory assessment services and memory support and advice services. This area is also called organic mental illness.

Reviews

Acute Care Pathway Review

The acute care pathway and mental health crisis management have been identified

as high priorities.

This is further supported by the Crisis Care Concordat that was launched by Norman Lamb in February 2014. The aim of the Concordat is to deliver dramatic improvements in emergency support for people in mental health crisis. The agreement has been signed by more than 20 national organisations in a bid to drive up standards of care for people experiencing a crisis such as suicidal thoughts or significant anxiety.

The objectives of this acute care pathway review, which incorporates crisis management, are:

1. To identify the needs and demand profile of the local population for acute mental health services to ascertain the levels of service that need to be commissioned for the Dorset population.

2. To review the current services in line with performance requirements, usage patterns, local need, carer and client experience, nationally benchmarked data and services, clinical / NICE guidance and usage of the Mental Health Act.

3. To develop a clinically-led pan-Dorset pathway and care model based on recovery principles for people who are, or are at risk of becoming, acutely mentally unwell.

4. To commission an effective pathway to improve physical and mental health outcomes for people who have or who are at risk of becoming acutely mentally unwell.

The project is currently in planning stages and it is envisaged at this point that Stages 1 and 2 will be completed by the end of the financial year. Only once there has been full analysis of this information and data will activity start on the development of options for a model of care.

The pan-Dorset pathway review will incorporate a number of services including inpatient units, crisis response and home treatment, day hospital, and psychiatric intensive care. It will include engagement with service users and supporters to gain views on the current services and ideas to be considered in the development of the clinically-led model. This will be defined in more detail in a stakeholder engagement plan. Should significant change be indicated there will be formal consultation with both patients and the public and Health Scrutiny across the three local authorities.

Organic (Dementia) Specialist Pathway Review

Stakeholders wanted to see an increased focus on dementia crisis management to keep people in their own home, and focus on care/residential homes to enable earlier diagnoses to be made which will ensure timely access to support services and a reduction in inappropriate admissions to hospitals.

As a result of this the CCP prioritised the evaluation of the transformation of older peoples specialist organic services in east of Dorset and subsequent development of a pan- Dorset older persons specialist organic mental health pathway. This review primarily includes the organic inpatient units, the intermediate care service for people with dementia, aspects of the older people's CMHTs and the crisis response home treatment team. Should significant change be indicated there will be formal consultation with both patients and the public and Health Scrutiny across the three

local authorities.

The objectives of the project are:

1. To review the current services in the east and west of the county including evaluating the new service model in the east of the county against the agreed outcomes in the service specifications;

2. To develop a demand model based on need and forecast prevalence of dementia in the different localities across Dorset;

3. To undertake a gap analysis against forecast need and current provision and develop a range of options to be modelled, involving carers, service users and stakeholders;

4. To commission a clinically-led pan-Dorset pathway to deliver equitable services.

The initial 2 objectives are scheduled to be completed this financial year.

Dorset CCG recommends that it updates the health scrutiny committees on the outcome of the first two stages of each review and subsequently shares plans for the development of potential options.

Appendix 4

Dorset County Council

Briefing for Dorset Health Scrutiny Committee
10 September 2014

Title of Update: **NHS Dorset Clinical Commissioning Group: Clinical Services Review**	**Contact Name:** Jean Eksteen **Contact address:** NHS Dorset CCG, Canford House, Discovery Court Business Centre, 551-553 Wallisdown Road, Poole, BH12 5AG **Email:** jean.eksteen@dorsetccg.nhs.uk **Tel:** 01202 541402

1 Introduction

NHS Dorset Clinical Commissioning Group (DCCG) is proposing a Dorset Clinical Services Review (CSR) that has no predetermined solutions or options. Bold, new thinking is needed and a wide range of options needs to be considered. However, there are two options that will not be considered:

• **Do nothing.** The evidence (nationally and locally), is clear that doing nothing is not a realistic option, nor one that is consistent with our duties. If we are to ensure sustainable health and care services we cannot do this without fundamental change.

• **Assume significant increased NHS funding.** In the 2010 spending review, the Government reduced spending on almost all public services, although health funding was maintained. We do not believe it would be realistic or responsible to expect significant growth in funding in the coming years.

It is also clear that the scale of the challenges, and the system-wide services that will need to be included in the Dorset Clinical Services Review, will require expert involvement.

In order to ensure that the review and the "blueprint for Dorset", are based on best practice and objective methodology, and to respond appropriately to Government direction on health and care services, we would aim to engage an external partner to conduct and facilitate the review on behalf of the health and social care community in the county.

2 The case for change

The following points succinctly outline the case for change and the need for a Clinical Services Review:

- The health needs of our population are significant and changing.
- We need to do more to support people to manage their own health and care requirements, in a way that is personalised and tailored to the individual's own objectives.
- Our services are not always organised in the best way for people. We need to ensure it is as easy to access support to maintain people at home (where clinically appropriate), as it is to make a single phone call to admit them to

hospital.
- We need to do more to make sure that care is always provided in the most appropriate setting.
- There is growing demand for primary, acute and community services.
- We need to provide the highest quality specialist care.
- Increasing specialisation needs to be balanced with the need for co-ordinated health and social care that takes an overview of the person's situation and needs.
- Healthcare is changing and we need to keep pace with best practice and standards.
- We need to support our workforce to meet future changes.
- Pressures on the public purse mean that the health and social care economies need to consider very carefully how and where services are delivered.

The basis of the review will be to engage with patients, the public, provider organisations and partners to address some of the fundamental questions about the demand on, and supply of, health services across the county. This will follow NHS England consultation guidelines.

Principles underpinning the CSR have been identified as:

- Putting Patients and the Public first: the review should provide proposals that lead directly to improved outcomes, reduced health inequalities and more efficient models of care.
- Change must be clinically led: Underpinned by a clear, clinical evidence-base. Clinicians have a key responsibility to build support within the local clinical community on the case for change.
- Each proposal or recommendation should be tailored to local circumstances.
- Commissioners have a leading role in the design and development of proposals coming from the CSR and must decide how best to secure services that meet patients' needs including whether to use choice and competition.
- Local authorities are essential stakeholders; through Health & Wellbeing Boards, joint Health & Wellbeing Strategies, Health Overview Scrutiny Committees and the integration agenda (Better Together programme).
- Effective partnership working between commissioners and providers will underpin the success of the review.

Expected outcomes from the CSR include:

- A 'blueprint' for future services in Dorset.
- Clinical and Local Authority ownership of the 'blueprint' and subsequent decisions on implementation.
- Delivery of clinical and financial sustainability for the medium and long term.
- Maintenance of access to the highest quality care.

3 Delivery Partners

The list below shows some of the organisations that will assist the CCG in delivering the Review:

Dorset County Council, Bournemouth Borough Council, Poole Borough Council, Dorset District Councils, NHS Dorset Healthcare University Foundation Trust, NHS Poole General Hospital Foundation Trust, NHS Royal Bournemouth and Christchurch Hospitals Foundation Trust, South West Ambulance Foundation Trust, Healthwatch Dorset, Public Health England, Dorset Health and Wellbeing Board, Bournemouth

and Poole Health and Wellbeing Board, NHS England, Monitor, Care Quality Commission.

External Partner to be procured.

4 Timescales

The Review will comprise three distinct phases:

Phase 1: Design – needs and demand analysis, and development of the 'blueprint', due for completion in Spring 2015.

Phase 2: Public Consultation – formal consultation on the changes proposed in the 'blueprint' during the Summer/Autumn 2015

Phase 3: Implementation of the changes agreed following the Public Consultation to commence in Autumn/Winter 2015.

A specification has gone out to tender and as part of the evaluation process shortlisted bidders will be presenting to key stakeholders on 4 September 2014.

More detailed information setting out the case for the Clinical Services Review can be found in this paper to the DCCG Board, 19/03/14, item 10.1:

http://www.dorsetccg.nhs.uk/aboutus/19-march-2014.htm