

Dorset Health Scrutiny Committee

Minutes of a meeting held at County Hall,
Colliton Park, Dorchester on 10 September 2014.

Present:

Ronald Coatsworth (Chairman – Dorset County Council)

Dorset County Council

Michael Bevan, Mike Byatt, Ros Kayes, Mike Lovell and William Trite.

North Dorset District Council

Bill Batty-Smith (Vice-Chairman)

Purbeck District Council

Beryl Ezzard

West Dorset District Council

Gillian Summers

Weymouth and Portland Borough Council

Jane Hall

External Representatives:

NHS Dorset Clinical Commissioning Group: Jane Pike (Director of Review Design and Delivery), Liane Jennings (Deputy Director – Strategic Development and Engagement), David Way (Deputy Director of Procurement) and Faye Brooks (Business and Projects Development Lead).

NHS Somerset Clinical Commissioning Group: Tim Archer (Associate Director of Strategic Development).

Dorset County Hospital NHS Foundation Trust: Neal Cleaver (Deputy Director of Nursing) and Paul Lewis (Project Manager).

Dorset Healthcare University NHS Foundation Trust: Ron Shields (Chief Executive), Jane Elson (Director of Mental Health), Kath Florey-Saunders (Head of Review Design and Delivery) and Deborah Howard (Associate Director of Community Mental Health Services).

Healthwatch: Annie Dimmick (Research Officer)

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) and Paul Goodchild (Senior Democratic Services Officer).

(Note: (a) 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 **17 November 2014**.

(b) **RECOMMENDED** in this type denotes that the approval of the County Council is required.)

Apologies for Absence

57. Apologies for absence were received from Sally Elliot (East Dorset District Council) and David Jones (Christchurch Borough Council).

Code of Conduct

58. There were no declarations by members of disclosable pecuniary interests under the Code of Conduct of each local authority.

Minutes

59. The minutes of the meeting held on 24 June 2014 were confirmed and signed.

Matters ArisingMinute 28.11 – 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

60. The Associate Director of Community Mental Health Services commented that there was an error in minute 28.11 of the meeting held on 23 May 2014. The reference to Waterloo Lodge should read Stewart Lodge. It was highlighted that these minutes had been confirmed and signed at the previous meeting of the Committee, but that the error would be recorded for reference.

Public ParticipationPublic Speaking

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

61.2 The Chairman noted that public statements in accordance with Standing Order 21(2) would be made by Simon Williams (Hughes Unit Group Supporters) on minutes 66 to 67, 73 and 74, and by Bob Owen (Dorset Healthcare Campaign) on minutes 70 to 71.

Petitions

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

Draft Revised Terms of Reference for the Dorset Health Scrutiny Committee

62.1 The Committee considered a report by the Director for Corporate Resources which set out draft revised Terms of Reference which reflected the Committee's overarching powers and the terminology reflected in the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

62.2 Regarding the wording of paragraph (a) in the draft revised Terms of Reference, one member asked if "commissioning" could be added to the list of areas to be reviewed and scrutinised by the Committee. The Principal Solicitor commented that the draft revised Terms of Reference as set out in the report exactly reflected the wording of the new regulations. Following discussion members agreed that paragraph (a) should be amended to read "to review and scrutinise matters pertaining to the planning (including commissioning), provision and operation of health services in the area of the County Council."

RECOMMENDED

63. That the draft revised Dorset Health Scrutiny Committee Terms of Reference, as amended and included in Annexure 1 to these minutes, be recommended for approval by the County Council following consideration by the Standards and Governance Committee.

Briefings for Information / Noting

64.1 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.

Somerset Clinical Commissioning Group Response to the Stroke Services Business Case

64.2 The Director of Strategic Development for NHS Somerset Clinical Commissioning Group (SCCG) reminded members that he had attended the Committee in May 2014 to explain that SCCG were in the process of a wide consultation regarding the

development of their Stroke Services Business Case. Changes to the service would potentially affect North Dorset and so the views of the Committee had been sought. SCCG's governing body had reviewed the findings of the consultation and had agreed that Hyper-acute Stroke Services should remain at Yeovil and Taunton, alongside significant investment in early supported discharge services for the people of Somerset. Members welcomed the news that access to Hyper-acute services by the North Dorset population would therefore be unaffected.

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

64.3 The Head of Review Design and Delivery explained that NHS Dorset Clinical Commissioning Group (DCCG) had awarded a contract to undertake an independent evaluation of the new model of care for the mental health urgent care service in the West of Dorset to the University of the West of England. She thanked Committee members for their input into the terms of reference for the review and highlighted that the first surveys had been sent out. DCCG were currently working with the Dorset Mental Health Forum to gather data and in-depth interviews would be held in October 2014. It was anticipated that the review would be completed by February 2015 and would be able to feed into the acute pathway review. The Committee would receive further updates on the progress of the review in due course.

Pan Dorset Mental Health Pathway Reviews: Briefing

64.4 The Head of Review Design and Delivery explained that DCCG was also undertaking large scale reviews into mental health pathways with all partner organisations and local authorities. Outpatient crisis response across the whole of Dorset, including Bournemouth and Poole, would be considered. The reviews were at an early stage and DCCG were currently working on benchmarking as well as innovations and best clinical practice nationally and internationally. Members noted that discussions were underway to form a Joint Health Scrutiny Committee with representatives from Bournemouth, Dorset and Poole to consider any proposed changes.

64.5 One member asked if children's mental health services were in the scope of the review, particularly regarding services for children who were looked after by the local authority. The Head of Review Design and Delivery commented that she would speak to colleagues responsible for children's mental health to link in with the review where appropriate.

64.6 Regarding engagement with other organisations, the Head of Review Design and Delivery explained that the Dorset Mental Health Forum were involved in the review and representatives of Healthwatch Dorset were on the project board. One member commented that she was in contact with a number of smaller mental health service user groups who would be interested in being part of the consultation.

64.7 In response to a question on the consideration of rurality, the Head of Review Design and Delivery explained that the different needs of rural and urban Dorset would be taken into consideration.

64.8 One member commended DCCG for recognising that physical and mental health needs and services should be treated in the same way.

NHS Dorset Clinical Commissioning Group: Clinical Services Review

64.9 The Director of Review Design and Delivery explained that the clinical services review project had progressed since the last update to the Committee and that the design phase, with consideration of needs and demand and the development of a blueprint, would be completed by Spring 2015.

64.10 One member asked how services might change as a result of the review. The Director highlighted that this would not be known until the review was undertaken and

the results had been analysed. She commented that some services would be unsustainable, due to workforce and demographic changes and the needs of the population. No services would be out of scope and public and stakeholder engagement would be sought at all stages.

64.11 The Chairman commented that the influence of the Committee and a potential Joint Health Scrutiny Committee to feed into the review was vital. Discussions with DCCG would determine the best way for members to engage with the review.

Noted

The Big Ask – NHS Dorset Clinical Commissioning Group Survey of Public Views on Local NHS Services

65.1 The Committee received a presentation on The Big Ask by the Deputy Director for Strategic Development and Engagement for NHS Dorset Clinical Commissioning Group (DCCG). The Deputy Director explained that the aim of The Big Ask was to talk to patients and residents across Dorset and ask them to prioritise their healthcare needs and see to what extent they were aware of choice in service. The survey had been conducted in conjunction with Bournemouth University and the various Dorset NHS Foundation Trusts. 12,000 surveys had been sent to people by post, and more had been completed online.

65.2 Members noted that key areas of the survey related to hospital experience and location of hospitals. 84% of local people had responded that they were satisfied with local NHS services and were appreciative of the skills and attitude of NHS staff. Generally people had responded that they wanted local services for non-specialist treatments, but that they would be prepared to travel further for a high level specialist service. Areas of improvement which had been highlighted included opening times of GP surgeries, including opening for more hours on weekday evenings and Saturdays.

65.3 It was explained that the local GP was the most important window to NHS services for a majority of patients, and that people expected GPs to provide more information on choices. DCCG was using the survey information to influence patients to choose well and, for example, not go to emergency departments unless there was a definite need to do so. All of the findings were part of the clinical services review work in progress and would feed back into the commissioning of primary care and GPs. The Royal Bournemouth Hospital had already increased their radiology opening hours as a result of the findings.

65.4 One member commented that travel was an important factor in healthcare and that elderly people in rural areas were often unable to access services without the use of a car or bus. They would prefer more localised services in the first instance.

65.5 Another member highlighted that there were weaknesses in the survey regarding the low level of responses in certain areas. It was important for DCCG to engage with communities and also take into account the large number of tourists in some areas who would also access healthcare services. The Deputy Director explained that there was currently a lot of work underway through the Better Together Programme on how local health authorities engaged with communities. DCCG was reviewing effective patient participation and rolling this out across Dorset. The Director of Review Design and Delivery added that DCCG was aware of the demographic changes during the tourist season and that all practices were recompensed for temporary residents and the transient population (including students).

65.6 The Deputy Director confirmed that the summary report on the research would be circulated to the Committee following the meeting. Members thanked the Deputy Director for her presentation.

Noted**Dorset HealthCare University NHS Foundation trust – Update Report regarding Recovery Plan, Blueprint and response from Monitor**

66.1 The Committee considered a report by the Director for Adult and Community Services which provided a further update following concerns raised by the Care Quality Commission (CQC) and Monitor regarding Dorset HealthCare University NHS Foundation Trust (DHUFT). The report included the Trust's Recovery Plan, the Blueprint which summarised the key areas of work which would be undertaken by the Trust over the forthcoming two years, and letters from Monitor which confirmed that the Trust was no longer in breach of its Terms of Authorisation.

66.2 The Chief Executive of DHUFT introduced the report and thanked the Committee for the opportunity to provide an update on the Trust's progress. He explained that when the Trust had been put into special measures an interim Chairman had been appointed and Deloitte had been commissioned to produce a report, from which the Trust's Action Plan of 600 actions had been formed. DHUFT had now stopped using the Action Plan and had grouped the remaining actions into themes which were summarised in the Blueprint. Key actions were around the themes of governance and culture, organisational development, recruitment, support and development of staff and risk management. The Blueprint would provide the basis on which members of the Board and the Dorset Health Scrutiny Committee could challenge where the Trust was now and progress in the future.

66.3 The Chief Executive also highlighted that Monitor had formally written earlier in the year to say that the Trust was no longer in breach of its Terms of Authorisation. Recently there had been further inspections by the CQC to Waterston and Forston Clinic, and, although the Trust were awaiting the report, there had been verbal feedback that there had been problems regarding care planning. The CQC report would be shared with all parties in due course. Verbal reports regarding other areas about which the CQC had previously noted concerns had been positive.

66.4 Simon Williams, Chairman of the Hughes Unit Group Supporters, commented that it was his view that there was a high risk in many sections of the report that targets would not be achieved, and that rural areas were the areas which were most under resourced and most vulnerable. Mental health care in West Dorset was one of the most vulnerable areas, and was deprived in terms of transport services. Travel time by car had increased for staff and patients, despite the view that inpatient beds should be as close to home as possible. The Trust stated that it valued equality of treatment, but West Dorset had not received this even though staff had made good efforts. He asked the Committee to consider the vulnerability of mental health in West Dorset in their considerations of the report.

66.5 The Vice-Chairman commented that the recurrent theme seemed to be staffing and that care planning would improve when the right level of staffing was in place. He asked if there was a reason for the staffing problem, other than the national lack of qualified staff. The Chief Executive agreed that staffing was essential to care planning and the quality of observations. The Trust was conducting a root and branch review of the chain of employment. In partnership with Bournemouth University, the Trust would guarantee jobs to people who studied there. Work was underway to map how long it took to recruit and train staff and to review certain posts to ensure that pay was at the right level. In response to a further question, members noted that the Trust was working with educators to attract people to nursing, and mental health nursing specifically.

66.6 One member highlighted that outstanding risks appeared to be related to governance issues. Members had noted that the organisation and governance was being reformed but asked how changes at the top level of management would be rolled out throughout the staff structure. The Chief Executive explained that there was no disconnect

between staffing and governance issues. In previous years the Trust Board had not been fully aware of issues regarding care planning and staffing. Training and support of staff would be vital, as well as the need for capable clinical management. Staff agreed that care planning was very important but some care plans were deficient. The admitting nurse and the responsible nurse would be responsible for the care plan so that one person would monitor what would happen to the patient during their time in hospital.

66.7 Regarding mental health services in West Dorset, one member commented that the Trust should engage with the Dorset Mental Health Forum and services users so that the right range of services for people were delivered and service users did not become isolated. The Chief Executive explained that a review of mental health services in West and North Dorset had been commissioned, and would look at the full range of services, including the number of inpatient beds. If the review suggested that more beds were needed then that would be considered. He noted that engagement with the Dorset Mental Health Forum was a real asset to the Trust.

66.8 One member, who was also a member of the Trust's Council of Governors, stated that a great deal of changes and improvements had been achieved and that the Chief Executive had done an excellent job to put the Trust back on the right track. He had confidence in the management of the Board and that further issues would be addressed in due course. The Chairman asked that the latest CQC report be considered at the next meeting of the Committee in November 2014.

Resolved

67. That the most recent Care Quality Commission inspection report for Dorset HealthCare University NHS Foundation Trust be considered at the next meeting of the Committee in November 2014.

Follow up Report for Dorset Health Scrutiny Committee regarding Non-Emergency Patient Transport Services

68.1 The Committee considered a report by the Director for Adult and Community Services which provided an update on the position regarding Non-emergency Patient Transport Services (NEPTS) in Dorset from NHS Dorset Clinical Commissioning Group (DCCG) following an additional meeting of the Committee to consider the issue in June 2014. The update included the Service Development Improvement Plan and the recommendation report which had been presented to the DCCG Board in May 2013 to award the contract to E-zec Medical Transport Services Ltd.

68.2 The Director of Review Design and Delivery for DCCG introduced the report. She explained that changes had been made to the service since June 2014 and DCCG had noted significant improvements.

68.3 The Chairman highlighted that the update from DCCG stated that key performance indicators had improved and that quality standards were being met. The same report also stated that the target of ensuring that 95% of patients arrived by the appointment time was only being met in 72% of cases. The Director explained that quality standards related to infection control but that performance targets were currently not being met.

68.4 One member commented that the current rate of arrival times was not satisfactory, and that a number of mistakes had been highlighted in the award of the contract. The Director explained that information had been provided on how the contract had been awarded and finance was a small part of the weighting of the decision. She highlighted that E-zec Medical Transport Services Ltd had not been the cheapest service to bid for the contract. Lessons had been learnt from the process regarding the level of unmet need which had been difficult to quantify.

Dorset Health Scrutiny Committee – 10 September 2014

68.5 The Principal Solicitor highlighted that the Committee had been concerned about where responsibility lay for the mismatch in what level of need had been predicted and what had been delivered, and had therefore had an additional meeting to consider all the evidence. The resolution of the Committee had been that DCCG should be asked to provide comprehensive information on the tendering exercise. The Director commented that tender documentation had been provided at the previous meeting and that the recommendation report to the DCCG Board was included with the agenda papers. The Deputy Head of Procurement for DCCG added that the NEPTS now had more capacity and was much closer to the target level.

68.6 In response to further concerns from members the Director explained that the NEPTS was previously not as good as DCCG wanted it to be, which was why the change had taken place. Another member commented that the performance indicators seemed to be improving and DCCG was on the way to the provision of a good service. Members asked that a further update report be provided in approximately six months so that on-going progress could be monitored. It was hoped that the targets relating to arrival times would be much closer to being achieved by this time.

Resolved

69. That a further update report on Non-emergency Patient Transport Services be considered by the Committee in March 2015.

Dorset County Hospital: Update Regarding Pathology Services Tendering Project

70.1 The Committee considered a report by the Director for Adult and Community Services which provided a further update on the Dorset County Hospital (DCH) Pathology Service project.

70.2 The Project Manager introduced the report and highlighted the progress which had been made since the last update to the Committee in May 2014. All tenders had been received and had been evaluated by an Evaluation Panel. Members noted that the Panel had asked for further clarification on a number of clinical and non-clinical matters, and therefore scoring of the tenders was delayed by a month. The Evaluation Panel would reconvene in the following week to score the tenders and it was expected that the Project Board would consider the results and make a recommendation to the Trust Board in October 2014. The tenders would be compared against the current in-house service and the Board would therefore be able to take an informed decision on the future of pathology services at DCH.

70.3 In response to a question from the Chairman, the Project Manager clarified that staff involvement in the Project was vital, and that DCH staff formed a large part of the Evaluation Panel. He commented that if DCH had also bid for the service they would be criticised. The pathology services staff were busy and would not be able to put together a tender as well as conduct their day to day work. Members noted that medical diagnosis and consultants were not in the scope of the project and that only the non-patient facing service was under review.

70.4 Bob Owen, representing the Dorset Health Campaign, informed members that he had a great deal of experience of tender processes and that the statement by DCH that there were no service delivery risks was incorrect as there would always be risks involved in making changes to a complex service. He stated that the Committee had been deprived of information on the project, including the extent of the project, the precise requirements of DCH and analysis of the tenders. The reason to not provide this information on the grounds of commercial privacy was incorrect as the Trust were not required to keep the tender information confidential. He explained that the Committee could not undertake their role of scrutiny of healthcare provision without further information and that they should seek the entire tender documentation for consideration.

70.5 The Project Manager explained that the project had been initiated as DCH wanted to examine whether their current services provided the best value and to gather objective information on the future provision of services. Currently almost all tests were examined in-house. The result of the project may be that no changes were required, but the Trust would not know that until the tenders had been examined against the current arrangements to see if there were better ways to deliver the service.

70.6 One member commented that it was questionable whether the project was open and accountable. He suggested that all information on the project be drawn together for a Task and Finish Panel of members of the Committee to urgently consider.

70.7 Another member suggested that the Committee should write to the DCH Board to ask that the decision on the project be delayed until the Task and Finish Panel had considered all of the facts and were satisfied that the project had been fair and accountable. She reported that a letter had been circulated to some members of the Committee from pathology services staff which expressed their concerns about the process. It was the view of staff that the reason the in-house staff had not been allowed to bid was that they had too much information but information had been received anonymously that IPP, one of the organisations bidding for the tender, had been given information on the service long before the start of the process. She commented that the process was not legitimate if one of the bidders had been given preferential treatment. The Vice-Chairman commented that one of the main essences of any bidding process was that the maximum amount of information should be made available, providing that the tendering process was carried out correctly.

70.8 One member commented that enough concerns had been expressed for the Committee to recommend to the Trust that the process be stopped until further consideration and scrutiny was undertaken. Members supported the idea of a Task and Finish Group to consider the pathology services tendering project and a number of members volunteered to sit on the Group.

Resolved

71.1 That in view of the perceived procedural irregularities and conflicts of interest involved in the tendering process for pathology services at Dorset County Hospital the Committee recommended that the Trust Board reconsider the necessity of tendering and, if necessary, restart the process allowing the existing service to bid for the contract.

71.2 That a Task and Finish Group on the Dorset County Hospital Pathology Services Tendering Project be established to fully scrutinise the matter. The members of the Task and Finish Group would be Bill Batty-Smith, Jane Hall, Ros Kayes, Mike Lovell, Gillian Summers and Mike Byatt (Reserve).

Update Report from Dorset County Hospital NHS Foundation Trust following Care Quality Commission Unannounced Inspection in June/July 2013

72.1 The Committee considered a report by the Director for Adult and Community Services which provided an update on progress against actions identified in response to a Care Quality Commission unannounced inspection of Dorset County Hospital in June and July 2013. The report included the result of an external audit of the Trust's compliance and progress against the action plan developed by KPMG.

72.2 The Head of Adult Services explained that the Deputy Director of Nursing had been present at the meeting but had given his apologies as he had left for another commitment. He suggested that the Committee note the report and provide any questions by email to the Deputy Director.

Noted

Update from Dorset HealthCare University NHS Foundation Trust and Dorset County Council on the Actions Identified during the CQC Assessment and Admission Visit, December 2013 – Monitoring under Section 120 of the Mental Health Act 1983

73.1 The Committee considered a report by the Director for Adult and Community Services which provided an update on Dorset HealthCare University NHS Foundation Trust (DHUFT) and Dorset County Council's (DCC) progress regarding completion of actions identified following a Care Quality Commission (CQC) Assessment and Admission Visit on 12 and 13 December 2013.

73.2 The Associate Director of Community Mental Health Services for DHUFT explained that a whole systems review had been undertaken and identified separate actions for the Trust and for DCC. Teams were working effectively and a lot of work had been done to promote joint working and information sharing across teams. At the time of the inspection inpatient beds had been raised as an issue but improvements had been made since that time. There were currently no local female beds and the Trust was discussing with NHS Dorset Clinical Commissioning Group where these might be provided, as local services were a priority. There had been concerns over the provision of a 'place of safety' when this had been based at Forston Clinic. St Ann's Hospital was now the designated 'place of safety' as it had more suitable facilities within the Section 136 suite, as well as more flexible staffing.

73.3 The Head of Specialist Adult Services explained that the main concerns raised by the CQC regarding areas that DCC had responsibility for were the management of the service, morale, recruitment, time off, risk, supervision, training and quality assurance. Regarding the action plan, six actions had been completed, four were almost complete and two were areas where constant review was necessary. The main issues concerned the number of Approved Mental Health Professionals (AMPHs), remuneration and workload. The number of AMPHs had increased and further staff had been identified for AMPH training. The Job Evaluation panel had considered the job description of AMPHs and new contracts would be starting in October 2014. Members noted that all actions had been addressed very positively.

73.4 Simon Williams, Chairman of the Hughes Unit Group Supporters explained that it was clear from the CQC report that there were insufficient beds, and that travel distances were unacceptable, costly and mentally damaging. The distance to a place of safety was greater in West Dorset than in the East, and due to bed shortage there was a higher probability of a bed at St Ann's Hospital being available. He commented that the new model of care was not appropriate for the rurality of West Dorset. Small units in rural areas offered something that larger units could not: local facilities for local people with local inpatient beds, occupational therapy for in and out patients, day hospitals and staff who knew their patients. He asked for these local services to be reinstated.

73.5 In response to a number of questions, the Associate Director of Community Mental Health Services explained that AMPHs did not work in the Hughes Unit, which was a separate issue. The Head of Adult Services explained that an AMPH was employed to undertake assessments of individuals and make a compulsory admission. They were not direct care providers.

73.6 The Head of Specialist Adult Services agreed to provide a further update on the action plan at a future meeting. Members noted that there were currently 29 AMPHs employed by the County Council, and a target of 34 had been set. More were due to be trained and the Head of Specialist Adult Services was confident that the target would be achieved.

Noted

74.1 The Committee considered a report by the Director for Adult and Community Services which provided an update on Dorset HealthCare University NHS Foundation Trust's own review of Crisis and Home Treatment Services across the County in early 2014 which had been conducted to inform on going service developments and improvements. This was separate to the independent evaluation which had been commissioned by Dorset Clinical Commissioning Group (DCCG) in relation to Mental Health Urgent Care Services in the West of Dorset.

74.2 The Director of Mental Health introduced the report and explained that the majority of recommendations related to East Dorset. Where a lack of staffing and clinical leadership had been identified, staff had been recruited. A competency framework had been introduced and was now linked to annual appraisals. The team in East Dorset would be split into two locality teams from 1 October 2014, covering in patient and crisis staff. An overarching strategic steering group was considering standards across the service.

74.3 Simon Williams, Chairman of the Hughes Unit Group Supporters, commented that it was his view that the review aimed to give proportional weight to West Dorset but a number of questions were unaddressed. It was not enough to have a hub and spoke management model in front line care. There also needed to be a day hospital, occupational therapy and good transport access otherwise there would be severe impact on rural areas. Transport was crucial for patients, and transport hubs were a vital consideration in planning mental health facilities. These had been ignored in this case. Bed closures combined with the increased length of stay could result in occupancy levels returning to 100%. In West Dorset there were not enough beds to return to and this was exacerbated by rurality.

74.4 One member asked about the changes to the model of service delivery. He asked if there would be an increase or decrease in service and expenditure. The Director explained that the recommendations of the review were not related to reducing the budget, but only to the delivery model.

74.5 Regarding the crisis home in Weymouth, the Director explained that this was commissioned separately by Rethink Mental Health and DCCG. Her understanding was that the house was staffed by Rethink and that staff were in place and visited by DHUFT staff periodically. She did not have figures on the current usage of the house but access criteria had been reviewed to make sure they were not restrictive.

Noted

Something to Complain About? A look at how easy it is to find the right information and support to make a complaint about GP services

75.1 The Committee considered a report by the Director for Adult and Community Services which included a report by Healthwatch Dorset on a survey of complaints procedures in place at GP surgeries across Dorset which had been carried out between January and March 2014 by volunteers acting as 'mystery shoppers'.

75.2 The Research Officer for Healthwatch Dorset presented the report and invited members' questions. She explained that the mystery shopping exercise had been carried out at all 101 GP surgeries in Dorset. Volunteers asked for information from GP surgery staff on how to make a complaint about services and responses and the level of information provided was recorded. Healthwatch Dorset would be working with GP surgeries to develop a standard practice and set of documentation to ensure that information was consistent, current and equitable. The investigations would be repeated in six months time to assess progress.

75.3 In response to a question, the Research Officer explained that Dorset Advocacy had provided information to all GP surgeries on the complaints procedure and therefore all surgery staff should know about the particular complaints services provided by

Dorset Health Scrutiny Committee – 10 September 2014

Dorset Advocacy. If somebody wished to make a complaint they would be provided with a leaflet which contained all of the information required. They would also be referred to the website or told verbally how to make a complaint. People should be presented with all the options available to them at the first stage of the complaints process.

75.4 The Chairman suggested that an item be considered at a future meeting of the Committee on the number of complaints received about health services in Dorset.

Noted

Dorset Health Scrutiny Committee Annual Report 2013/14

76. The Committee considered a report by the Director for Adult and Community Services which included the Committee's Annual Report for 2013/14.

Resolved

77. That the Dorset Health Scrutiny Committee Annual Report for 2013/14 be endorsed.

Appointments to Committees and Outside Bodies

78.1 The Committee considered a report by the Director for Corporate Resources which set out appointments to various Committees, Task and Finish Groups and other bodies for the remainder of 2014/15.

78.2 Regarding the Joint Health Scrutiny Committee on Improving Rehabilitation Services and Facilities at Christchurch Hospital, the Chairman asked that members be contacted to ascertain if the Committee was still currently ongoing.

78.3 The Health Partnerships Officer explained that the Task and Finish Group on Developing Health Scrutiny Protocols had not yet met, but that the Healthwatch protocol had been redrafted. The newly formed Task and Finish Group on the Dorset County Hospital Pathology Services Tendering Project would also be added to the list of Task and Finish Groups.

Resolved

79. That the appointments set out in Annexure 2 to these minutes be approved for 2014/15.

Updates from Liaison Members

80.1 The Chairman reminded members that if they wished to visit a particular Trust they should contact the relevant Liaison Member to make them aware of this as a courtesy.

80.2 The Dorset County Hospital NHs Foundation Trust Liaison Member highlighted that she had not attended a meeting of the Trust Board since her last update but that there was a meeting of the Board at the same time as the Committee meeting. She asked that Dorset Health Scrutiny Committee meeting dates take into account when Trust Board meeting dates were planned so officers of the Trusts were able to attend meetings.

Noted

Items for Future Discussion

81.1 One member suggested that the Committee receive a report on changes regarding Adult Social Care currently ongoing at Dorset County Council and how these could impact upon the NHS and local healthcare provision. The Chairman reminded members that there should not be duplication of scrutiny, and that adult social care matters would be considered by the Adult and Community Services Overview Committee. He added that the County Council had previously agreed that County Council matters should be considered by

the relevant Overview Committee and that the role of the Dorset Health Scrutiny Committee was to consider external healthcare providers.

81.2 Arising from previous items, the Committee requested that further reports on the recent Care Quality Commission inspection of Dorset HealthCare University NHS Foundation Trust, Non-emergency Patient Transport Services, the Approved Mental Health Professional service, and the number of complaints received about health services in Dorset be considered at future meetings.

Noted

Questions from Members of the Council

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

Meeting Duration: 10.00am to 1.10pm

Draft Revised DHSC Terms of Reference**Dorset Health Scrutiny Committee**

(see also Article 11.19 of this Constitution)

Terms of Reference

- (a) To review and scrutinise matters pertaining to the planning (including commissioning), provision and operation of health services in the area of the County Council.
- (b) To make reports and recommendations to relevant NHS Bodies and/or relevant health service providers and also to the Cabinet and other relevant committees of the County Council on any matter which is reviewed or scrutinised.
- (c) To give notice to require the Cabinet or the County Council to consider and respond to any reports or recommendations arising from the committee's work within two months of receipt.
- (d) Where relevant NHS Bodies and/or relevant health service providers have under consideration any proposal for a substantial development of the health service in the area of the County Council or for a substantial variation in the provision of such service:
 - (i) to receive reports from the relevant NHS Bodies and/or relevant health service providers;
 - (ii) to comment on the proposal(s); and
 - (iii) to report in writing to the Secretary of State where any of the circumstances set out in paragraph 23(9) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 apply.
- (e) To arrange for its functions under the 2013 Regulations to be discharged by an Overview and Scrutiny Committee of another local authority where that Overview and Scrutiny Committee would be better placed to undertake the functions and the other authority agrees.
- (f) In accordance with regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, to appoint joint committees with other local authorities to exercise relevant functions under the said Regulations.
- (g) From time to time, as appropriate, to appoint a task and finish group consisting of members of the Committee to consider specific local issues relating to the overview and scrutiny of health.

Membership: 6 members of the County Council, or such higher minimum number which is necessary to achieve representation from the three main political groups based on the political balance rules. Every effort being made so that each represents an area of the county which coincides with the district/borough council area in which their County Council electoral division is located, ie one County Council member to represent each of the following areas:

Christchurch, East Dorset, North Dorset, Purbeck, West Dorset and Weymouth and Portland.

1 member representing each of the 6 District/Borough Councils in Dorset.

Appointments to Committees and Other Bodies

Committee or Body	Membership
Regional Committee	
Members to sit on a Regional Joint Health Scrutiny Committee for specialised commissioning	For each scrutiny exercise to be appointed from the Committee's membership by the Director for Adult and Community Services, after consultation with the Chairman.
Joint Health Scrutiny Committees	
Improving Rehabilitation Services and Facilities at Christchurch Hospital	Sally Elliot Beryl Ezzard David Jones
Pan Dorset issues to be considered by Joint Health Scrutiny Committees when appropriate	Membership to be agreed by Dorset Health Scrutiny Committee as and when required.
Scrutiny Review Panels	
Quality Accounts	Ronald Coatsworth Bill Batty-Smith Appropriate Liaison member
Changes to NHS Services in Purbeck	Ronald Coatsworth Beryl Ezzard David Jones Mike Lovell Gillian Summers William Trite
Developing Health Scrutiny Protocols	Bill Batty-Smith Michael Bevan Mike Byatt Ronald Coatsworth David Jones Ros Kayes
Dorset County Hospital Pathology Services Tendering Project	Bill Batty-Smith Jane Hall Ros Kayes Mike Lovell Gillian Summers Mike Byatt (Reserve)
Representation / Liaison	
Liaison Members (a) Dorset County Hospital NHS Foundation Trust (b) Dorset HealthCare University NHS Foundation Trust (c) NHS Dorset Clinical Commissioning Group (d) South Western Ambulance Service NHS Foundation Trust	Gillian Summers Ros Kayes Ronald Coatsworth Ronald Coatsworth