Agenda Item:

12

Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	17 November 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: • An update from NHS Dorset Clinical Commissioning Group regarding the Clinical Services Review. • A summary of recent discussions regarding the setting up of a Joint Health Scrutiny Committee to consider pan-Dorset issues. • An update following a meeting of the Task and Finish Group on Changes to NHS Services in Purbeck. 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: *Please refer to the protocol for writing reports.*	Equalities Impact Assessment: Not applicable.
	Use of Evidence:

	Briefings provided by NHS 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: ~~HIGH~~/~~MEDIUM~~/LOW (Delete as appropriate) Residual Risk ~~HIGH~~/~~MEDIUM~~/LOW (Delete as appropriate)
	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 Dorset Clinical Commissioning Group – Update regarding Clinical Services Review. 2 Summary of discussions regarding the setting up of a Joint Health Scrutiny Committee to consider pan-Dorset issues. 3 Changes to NHS Services in Purbeck – Update from Dorset Health Scrutiny Committee Task and Finish Group. 3a Notes from Task and Finish meeting on Changes to NHS Services in Purbeck. 3b Powerpoint presentation to Task and Finish meeting on Changes to NHS Services in Purbeck.
Background Papers	Briefing to Dorset Health Scrutiny Committee from NHS Dorset Clinical Commissioning Group re Clinical Services Review, 10 September 2014: http://www1.dorsetforyou.com/COUNCIL/commis2013.nsf/212A6CEB72AAED8F80257D47003955D2/$file/06.%20Briefings%20for%20Information.pdf

	Briefing to Dorset Health Scrutiny Committee re Proposed changes to NHS Services in Purbeck, 14 September 2012: http://www1.dorsetforyou.com/COUNCIL/commis2009.nsf/3D05B73EB8F645DE80257A720050F50F/$file/Sept1207full.pdf
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
17 November 2014

Title of Update: **NHS Dorset Clinical Commissioning Group: Clinical Services Review**	**Contact Name:** Dr Phil Richardson Programme Director (Transformation) **Contact address:** NHS Dorset Clinical Commissioning Group Vespasian House, Barrack Road Dorchester DT1 1TG **Email:** phil.richardson@dorsetccg.nhs.uk **Tel :** 01305 368028 / 07789 651396

1 Introduction

1.1 The purpose of this report is to provide members of the Dorset Health and Wellbeing Board with a further update on the NHS Dorset Clinical Commissioning Group (CCG) Clinical Services Review – *shaping your local NHS*.

1.2 This is the next stage in development of Dorset CCG's strategic thinking as it recognises that whilst Dorset health services have been performing well and have had a relatively sound financial position, projections show a changing picture over next 5 -10 years and beyond. This is why it is important that we are proactive and consider the implications now so that we can respond to these future changes in a planned way.

There are three main reasons for undertaking this review:

- Changing populations
- Changing patient needs and expectations
- Changing budgets

1.3 The demographic make-up of the population is changing with increasing numbers of elderly and young people who all need health services designed around their needs. There is also a 'squeezed middle' in terms of a changing workforce population and there are not enough people of working age available to help care for Dorset's ageing population.

1.4 Public and patients are telling us they want care closer to home; more joined up integrated care; safe high quality services and better use of technology which we must respond to as we put patients at the centre of our decision-making. In addition there are increasing quality standards to be met, and improved evidence to support increasing standards of care and treatments that people can reasonably expect to receive.

1.5 Increasing expenditure, expectation and demand means that the health and care system needs to look at how it can deliver services in new and different ways to ensure financial sustainability of services into the long-term. If this is

not reviewed there will be a predicted shortfall of about £167 million each year after 2021.

1.6 The main objectives of the Clinical Services Review include:

- Improving the health outcomes and health gains for people in Dorset
- Joining up working between health and social care as a cohesive system
- Ensuring the best use of acute, primary, community and out of hospital services for patients
- Developing a sustainable workforce fit for purpose to deliver the services where they are needed
- Efficiently using the estate
- Embracing technology and innovation
- Ensuring a financially sustainable and viable health and social care system offering the best for staff, patients and taxpayers

2 Stages and timescales

2.1 The Clinical Services Review consists of three stages which are scheduled over the coming months as follows:

• ***Design*** – analysis and solutions development	Oct 2014 – Spring 2015
• ***Consultation*** – public consultation and decision making by the CCG's Governing Body	June 2015 – September 2015
• ***Implementation***	Spring 2015 - 2017

2.2 Although the Design stage completes in the Spring 2015, the Public Consultation stage will not be able to commence until after the general election in May 2015. It is possible that some parts of the Implementation stage may start in the Spring 2015 if the changes don't affect the way that services are delivered.

2.3 The Design stage will do a thorough review of the health services currently offered by the NHS in Dorset. A plan of recommendations will then be drafted to show how the NHS in Dorset could work more effectively. This will be the 'blueprint' for health and social care in Dorset.

2.4 During the Consultation stage recommendations will be presented to the public for feedback. At the Implementation stage, when recommendations have been reviewed by the public, changes will be made to the services offered by the health and social care services in Dorset.

2.5 Following a competitive tender exercise involving stakeholders in the evaluation process, McKinsey have been selected to be the external delivery partner to support the CCG through the Design and Consultation stage.

2.6 The review is now entering the Design stage with a public launch event on Wednesday 22nd October 2014 to be held in the Bournemouth International Centre.

3 Specification and Outputs

3.1 The specification for the Design stage consists of six workstreams which are designed to address the following questions:

- What are people's needs?
- How are these services currently provided?
- What services can meet those needs?
- How should those services be configured?
- Who is willing to meet the future pattern of provision?
- How should the move to future services be managed?

Running through the heart of the Review and within each of these workstreams are comprehensive Engagement, Communication and Consultation plans.

3.2 The Design stage of the review will include delivery of the following outputs:

- Involvement, engagement, communication and consultation plan
- Provider engagement strategy
- Commissioner and provider financial and workforce baseline and map of current service provision
- Demand model of future health needs
- Defined models of care
- An evidence based Case for Change
- Future service financial model
- Models of care evaluation criteria
- Commissioning strategy
- Assessment of operational viability of incumbent providers
- Recommended service configuration model
- Proposed implementation plans
- Pre Consultation Business Case
- Full CCG Governing Body report
- Consultation plans

4 Governance and links to interdependent programmes

4.1 At the time of writing this report the final governance structure for the Review is still to be agreed. However, it is proposed that the Better Together Sponsor Board, whilst not a decision making body, will have a key role to play linking with the Review's Assurance Group and Operational Programme Group.

4.2 Work is underway to map how the Better Together programmes will link directly with the workstreams within the Clinical Services Review.

4.3 Additional information can be found throughout the review at http://www.dorsetsvision.nhs.uk/ (live 22nd October 2014)

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Appendix 2

Dorset County Council

Briefing for Dorset Health Scrutiny Committee
17 November 2014

Title of Update: Summary of discussions regarding the setting up of a Joint Health Scrutiny Committee to consider pan-Dorset issues.	**Contact Name:** Dan Menaldino Principal Solicitor **Contact address:** Legal & Democratic Services County Hall, Colliton Park, Dorchester, DT1 1XJ **Email:** d.menaldino@dorsetcc.gov.uk **Tel:** 01305 224184

1 Introduction

1.1 Regulation 30(1) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 empowers two or more local authorities to appoint a joint overview and scrutiny committee to exercise functions which are described in the regulations.

1.2 Regulation 30(5), however, goes one step further and renders mandatory the appointment of a joint committee for the purposes of consultation where a relevant NHS body or health service provider consults more than one local authority about a proposal for a substantial development of the health service in their area or a substantial variation in the provision of such service.

1.3 Department of Health guidance in relation to Local Authority Health Scrutiny issued in June 2014 states at paragraph 3.1.8 that councils "need to consider in advance how the members of a joint health scrutiny committee would be appointed from their council where the council was required to participate in a joint health scrutiny committee with other councils to respond to substantial reconfiguration proposals covering more than one council area".

1.4 Further guidance about joint health scrutiny arrangements is to be found at paragraphs 3.1.16 to 3.1.20 of the Department of Health guidance.

2 Background

2.1 From time to time over the last 10 years, joint committees have been appointed on an ad hoc basis to consider substantial reconfiguration proposals which have impacted on the populations of Dorset County Council, the Borough of Poole and Bournemouth Borough Council.

2.2 The implementation of regulation 30(5) of the 2013 Regulations gives birth to the concept of what is described in the regulations as "a mandatory joint health scrutiny committee".

2.3 The Dorset Clinical Commissioning Group (CCG) has advised that for the foreseeable future a significant number of reconfiguration proposals which will impact on the inhabitants of Dorset, Bournemouth and Poole will be referred for consultation.

2.4 Given the above, consideration is being given to the formation of a Standing Joint Health Scrutiny Committee to consider proposals which are referred by the CCG and other NHS Bodies or health service providers to all three local authorities.

3 The current position

3.1 On 24 October 2014 senior Departmental and Legal Officers from the three authorities met with a representative of the CCG to discuss constitutional and procedural implications and the practicalities. It was generally agreed that the historical ad hoc arrangements were no longer workable and that there would be a need for Dorset, Bournemouth and Poole Authorities to appoint a standing Joint Committee for consultation on matters referred to all three authorities under regulation 30.

3.2 The following matters were considered:-

3.2.1 A joint Committee's terms of reference need not be restricted exclusively to consultation on substantial reconfiguration proposals but may include other functions described in the regulations. There will be a need to achieve a common understanding of what would be referred to the Standing Joint Committee and what would remain with the three existing Health Scrutiny Committees.

3.2.2 In terms of size of Committee, it was suggested that the Standing Joint Committee should have a membership of no more than 12, with four members from each of the three authorities. For Dorset, this would enable the appointment of perhaps two County Councillors and two District/Borough Councillors.

3.2.3 It was recognised that there would be a need for flexibility in relation to membership to provide for all members of the three local Health Scrutiny Committees an opportunity to sit on the Standing Joint Committee to consider particular items which are of relevance to them or their communities.

3.2.4 There will also be a need to consider political balance and lead authority arrangements. Those present were favourably disposed towards a suggestion that the three authorities take it in turn to lead on arrangements for joint scrutiny for three years at a time.

3.2.5 It was also recognised that although scrutiny would be a joint function, engagement would still take place at local level. This point was raised in connection with the Clinical Services Review which clearly is of significance to all three authorities but would equally apply to other issues that are to be referred, whether for consultation or for general review.

3.2.6 The existing joint protocol would need to be revised.

4 Further consideration

4.1 It was of course recognised that the issues described in this report would require consideration by members of the three health Scrutiny Committees. Furthermore, any proposal to appoint a standing joint committee would require endorsement by the County Council and by members of the Borough of Poole and Bournemouth Borough Council.

4.2 Members of this Committee are therefore asked to comment on what is set out in this paper.

4.3 Members' observations will help to inform future discussions which relevant officers of the County Council will have with their colleagues in the Borough of Poole and Bournemouth Borough Council.

Appendix 3

Dorset County Council

Briefing for Dorset Health Scrutiny Committee
17 November 2014

Title of Update: **Changes to NHS Services in Purbeck – Update from Dorset Health Scrutiny Committee Task and Finish Panel (11 September 2014)**	**Contact Name:** Frances Stevens, Deputy Director Review Design and Delivery (West) **Contact address:** NHS Dorset Clinical Commissioning Group, First Floor West Vespasian House, Barrack Road DORCHESTER Dorset DT1 1TG **Email:** frances.stevens@dorsetccg.nhs.uk **Tel:** 01305 368921

In May 2012 Dorset Health Scrutiny Committee established a Task and Finish Group to consider proposed changes to NHS services in Purbeck and to respond on the Committee's behalf to the consultation that NHS colleagues were carrying out regarding this. The group met in the summer of 2012 and undertook a site visit to the properties that were within the scope of the review, as well as attending a public engagement event held in the Mowlem Theatre Swanage.

The Task and Finish Group received a progress report in October 2012 that provided detail of the engagement activity undertaken between 10 May and 31 August 2012. In January 2013 the Shadow Clinical Commissioning Group acknowledged that plans needed to be more structured than they were originally and reported to the Task and Finish Group that they had engaged the Folio Partnership, who had proven experience of managing similar projects, to help. It was confirmed that a formal project methodology was now in place, with a project Board and a project team. The Task and Finish Group requested that they were involved during each stage of the project process and met again in September 2014 to receive an update from the Project team.

This briefing provides a copy of the notes from the Task and Finish Group meeting which took place on 11 September 2014, along with the powerpoint presentation given by representatives of the NHS Dorset Clinical Commissioning Group and the Folio Partnership.

Appendix 2a	Notes from Task and Finish Group on Changes to NHS Services in Purbeck (11 September 2014)
Appendix 2b	Powerpoint presentation given to Task and Finish Group on Changes to NHS Services in Purbeck (11 September 2014)

Appendix 3a

Task and Finish Group on Changes to NHS Services in Purbeck

Notes of a meeting held at County Hall
Colliton Park, Dorchester on 11 September 2014.

Present:

Members of the Dorset Health Scrutiny Committee
Ronald Coatsworth (Chairman), Beryl Ezzard, Mike Lovell, Gillian Summers and William Trite.

NHS Dorset Clinical Commissioning Group
Frances Stevens (Deputy Director of Service Delivery (West)), Rosie Pitt-Watson (Project Manager) and Dr David Haines (Locality Chair).

Dorset County Council Officers
Ann Harris (Health Partnerships Officer) and Paul Goodchild (Senior Democratic Services Officer).

Election of Chairman

Resolved

1. That Ronald Coatsworth be elected Chairman of the Task and Finish Group for the year 2014/15.

Apologies for Absence

2. An apology for absence was received from David Jones.

Notes

3. The notes of the meeting held on 29 October 2013 were confirmed.

Making Purbeck Healthcare Fit For the Future Project - Update

4.1 The Group received a joint presentation by the Deputy Director of Service Delivery (West) and the Project Manager from NHS Dorset Clinical Commissioning Group (DCCG) on progress with the making Purbeck Healthcare Fit for the Future project.

4.2 The Project Manager reminded members that the last meeting in October 2013 had been held at the end of the first phase of the project which aimed to deliver better outcomes for patients through the delivery of care at home or closer to home, a stronger focus on frail and elderly patients, better integration of services and better discharge arrangements. This had been an information gathering exercise which had given DCCG a better understanding of the services available, clarity on which services were used and confirmation that a better service model could be created. It had been agreed that integrated teams and flexible budgets were required, as well as more resources in the community, additional support for carers and further staff development.

4.3 The Group noted that the aims of phase two of the project were to be clear about the benefits of the project, look at other associated services and set out how the new approach would work in practice. There would be wider engagement and involvement with the community and the best way forward for services in Purbeck would be agreed, including how and where these would be delivered. Two working groups had been formed; a Futures Working Group which would look at the practical implications of the new model of care, including the impact on staffing, quality, sustainability and deliverability, and a Resources

Working Group which would establish a resource baseline and model the impact of options in terms of finance, benefits, cost and affordability. A structured appraisal of options for benefit, cost and risk would be developed and preparation would be made for formal consultation, if necessary.

4.4 In response to a question, the Project Manager confirmed that a great deal of work was going on to consider how a new model for care in Purbeck would link with other current initiatives such as the Better Together programme, the Urgent Care programme, Pathways to Independence, the clinical services review and the Dorset HealthCare University Foundation Trust strategic review. The Project Board had agreed that they could not ignore other work which was going on across Dorset, but would refocus to be clear on what the Purbeck project could contribute to other ongoing work.

4.5 Members noted that conclusions on the new consolidated Purbeck project would be drawn by the end of 2014. The Project Board would be considering how integrated teams would work in Purbeck, how community hospital bed capacity would be planned, what additional services would be provided locally and how the potential of the third sector could be unlocked. In response to a question regarding concerns over the accuracy of data which had been gathered, the Project Manager explained that a lot of independent analysis had been done, and DCCG would examine this to see if similar results were shown. There was no precise answer to the areas under consideration by the Board, but a general direction of travel could be charted.

4.6 Regarding the timescale of the Project, it was highlighted that conclusions to all pieces of work had been gathered and would be considered by the Project Board in October 2014. Proposals had been developed for integrated teams in line with the Better Together programme. The geographical coverage of teams would include Upton and Lytchett, as currently there was a difference in the geographic localities between local councils and health authorities. The core of the integrated teams would be the existing teams, including older people's mental health teams.

4.7 The Group noted that there would be a proposal for an integrated team with single management for health and social care, which would cover four clusters of GP practices. In response to a question on the population increase in the area during the tourist season it was confirmed that the same number of staff would be able to cover any additional requirements. The Locality Chair added that clustering of teams was designed so that staff did not have to travel long distances. He also commented that patients who were visiting the area did not all need support at home.

4.8 Regarding staffing, the Project Manager explained that the proposals would reflect the existing number of approximately 70 to 75 staff. Modelling for each cluster had been conducted to show that this level would work in practice. Existing assessment forms had been reviewed, and it was proposed that in future a single assessment would be conducted so that patients did not have to fill out as much paperwork. Solutions for better information sharing were also being explored.

4.9 The Project Manager highlighted that the estate would be managed to balance co-location with the best use of time. A central administration base would be created, potentially at Purbeck District Council offices in Wareham. Mobile technologies would be used to minimise time waste. DCCG were confident that the proposals which had been outlined would meet the specification and would fit in with other service restructures across the County.

4.10 Regarding community bed capacity, members noted that various analyses had been conducted, including an independent review by Pricewaterhouse Coopers and an Oak Group audit of Dorset patients. The results had shown that a large number of patients

in Dorset in the acute sector could be in community hospitals or at home, and those in community hospitals could receive care in their own home or in a nursing home. The Project Board had concluded that more people should be cared for at home or more locally, and that many beds in Purbeck were used by people from outside of the locality.

4.11 The Locality Chair confirmed that the patients who stayed in Purbeck community beds the longest were from outside of the area as there was no motivation to move them. Often they had been transferred at times of stress in the system. The Project Manager highlighted that the number of Purbeck patients who could not get a bed in their community hospital was very small, approximately six per year. It was confirmed that patient choice was not the issue, but often patients were sent to Purbeck as there were no beds available elsewhere. There were currently 31 community beds in Purbeck, which was more per head of population than other areas in Dorset.

4.12 Members noted that bed capacity analyses confirmed what would be the right number of beds for Purbeck after the community team was in place and working well, when alternative provision was available for non-Purbeck residents and when capacity for future growth had begun to grow. After these arrangements were in place there would be a requirement for around 24 beds. Work still had to be done on community hospital staffing, but based on recommendations from the Francis Inquiry and the Royal College of Nursing the number should be one qualified nurse per eight beds in the daytime, and two qualified nurses per ward at night.

4.13 It was explained that a need for more local respite care and provision of end of life care had been identified, as a lot of people were currently leaving the area for these services. There was also a shortfall in local provision of care beds, and a need for short term, urgent care provision to avoid unnecessary hospital admissions. It was anticipated that the reshaping of community hospital bed capacity would offer opportunities to address these issues.

4.14 In response to a question it was confirmed that other services would continue in community hospitals, and in phase three DCCG would expand on the services offered at community hospitals. The priorities for this phase were related to endoscopy, end of life care, dialysis, respite care, intravenous therapies and other day treatment opportunities. Following an initial review it had been concluded that respite care and endoscopy were viable, and intravenous therapies could possibly be viable. Renal dialysis seemed to be unlikely to be viable, but more work would be done in that regard.

4.15 In response to a question on transport, it was confirmed that if a service could not be provided locally transport would be provided for patients. The Locality Chair added that as the numbers of patients who received dialysis were small it may be better to support them at home.

4.16 Regarding end of life care, members noted that DCCG were looking at the best way to provide care in the interest of the patient. Sometimes patients who received palliative care got worse if they were admitted into hospital, and would want to die in their own home.

4.17 The Project Manager reported that two workshops with third sector organisations had been held on the previous day, and many organisations had been represented. There was an understanding that there was not a large amount of funding available, but the workshops aimed to see what level of support was practical and what statutory agencies would do to support the third sector.

4.18 Members noted that public engagement on proposals would take place between 25 September and 20 October 2014, and the Project Board would receive the final

project report and the outcome of the engagement exercise at a meeting on 27 October 2014.

4.19 One member asked if district nurses would have more capacity through the grouping GP surgeries into clusters. The Locality Chair highlighted that primary care and community care worked well together, but local needs would have to be considered. More details on capacity would form part of phase three of the project.

4.20 One member, who was also the Chairman of the County Council's Adult and Community Services Overview Committee, commented that there had not been a reference to the County Council's proposals to form a Local Authority Trading Company (LATC) for adult social care. He would discuss the Purbeck project with the Director for Adult and Community Services to make sure she was aware of how it would fit in to the proposals. The Project Manager confirmed that the Project Board were aware of the LATC proposals.

4.21 It was confirmed that the work which had been done in Purbeck would inform the wider healthcare picture for Dorset. Members thanked the officers for the hard work which had been done so far, and it was noted that a great deal of support had been received from the people of Purbeck.

Noted

Date of Next Meeting

Resolved

5. That a final meeting of the Task and Finish Group be held in Spring 2015 on a date to be confirmed.

Meeting duration: 2.15pm to 3.45pm

NHS
Dorset Clinical Commissioning Group

Purbeck Fit for the Future - 2013

Report to HSC Task and Finish Group
September 2014

Outcomes of Phase One
Plan for Phase Two

Supporting people in Dorset to lead healthier lives

Project context

NHS
Dorset Clinical Commissioning Group

- Context
  - better outcomes for patients through
    - delivering care at home or closer to home
    - focus on frail elderly
    - better integration of services
    - better discharge arrangements

Supporting people in Dorset to lead healthier lives

Recap...

NHS
Dorset Clinical Commissioning Group

Phase One Outcomes (May 2013)

NHS
Dorset Clinical Commissioning Group

- clarity on what services are being used
- better understanding of how and why our services sometimes fail to deliver what we want for people
- confirmation of the need and the possibility of creating a better model of provision
- agreed what need to be put in place:
  - integrated teams (and flexible budgets)
  - more resources in the community and for social services – reshaping existing pattern of resources
  - additional support for carers
  - staff development

Supporting people in Dorset to lead healthier lives

Phase Two: its aims

NHS
Dorset Clinical Commissioning Group

- being clear about the benefits
- looking at other, associated services
- setting out how this new approach will work in practice – eg for patients, staff, carers, partners, facilities and finance
- wider engagement and involvement with the community
- agreeing the best way forward for services in Purbeck, including how and where they should be delivered



Phase Two: approach (Nov 2013)

NHS
Dorset Clinical Commissioning Group

- Four key workstreams:
  - **Future options**: a '*Futures Working Group*', led by a Purbeck GP and made up of clinicians, practitioners, carers and patient representatives, will work through the practical implications of implementing the new model of care, including the potential impact on staffing and facilities and issues of quality, sustainability and deliverability
  - **Resources**: a '*Resources Working Group*', led by CCG and made up of representatives from the CCG, DCC, and DHUFT, will support the Futures Working Group by establishing a clear resource baseline and then modelling the impact of emerging options in terms of financial impact, benefits, costs and affordability;
  - **Benefits**: a series of events to establish a comprehensive understanding of the benefits to be delivered by the project, and how they will be measured and realised.
  - **Engagement and Communications**: an *Engagement Working Group* is being established, led CCG with input from DCC, PDC and DHUFT, to coordinate and oversee the implementation of a comprehensive engagement and communications plan to support the project.
- Structured appraisal of options for benefit, cost and risk
- Recommendations and proposed implementation plan
- Prepare for formal consultation as necessary

The story since October 2013...

NHS
Dorset Clinical Commissioning Group

Futures Group: Four initial areas:

NHS
Dorset Clinical Commissioning Group

- How do we (i.e. health / social care) need to work together differently?
- What needs to be done to support carers better?
- What services could potentially be 'brought into' Purbeck – to avoid people having to travel out of the locality?
- Understanding transport issues better

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BUT WHAT ABOUT THE BIGGER PICTURE?

NHS
Dorset Clinical Commissioning Group

- "Better Together"
- The Urgent Care Programme
- "Pathways to Independence"
- The Clinical Services Review
- DHUFT Strategic Review

THE 'CONSOLIDATED' PURBECK PROJECT

NHS
Dorset Clinical Commissioning Group

- How do we make 'integrated teams' work in Purbeck?
- How do we bring all the analysis on community hospital beds together, to plan capacity in Purbeck?
- What additional services can we provide locally in Purbeck (in a sustainable and cost effective way)?
- How can we unlock the potential of the local 'third sector' in Purbeck?

THE 'CONSOLIDATED' PURBECK PROJECT

NHS
Dorset Clinical Commissioning Group

- How do we make 'integrated teams' work in Purbeck?

A 'worked example' to test the draft Dorset-wide specification at a locality level

- How do we bring all the analysis on community hospital beds together, to plan capacity in Purbeck?

The contribution of community beds – complementing community services

- What additional services can we provide locally in Purbeck (in a sustainable and cost effective way)?

Lessons for other localities? Sharing with other localities?

- How can we unlock the potential of the local 'third sector' in Purbeck?

A 'pathfinder' for a similar process in all local areas



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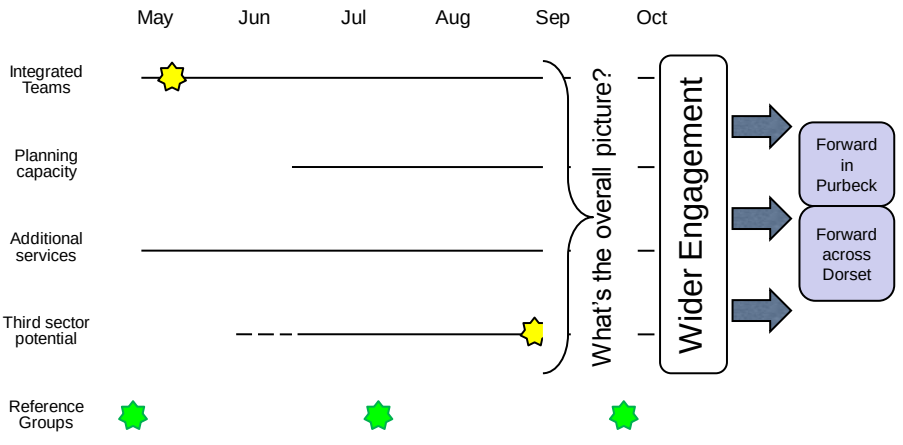
TIMELINE

NHS
Dorset Clinical Commissioning Group





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UPDATE: Proposed Integrated Teams (1)

NHS
Dorset Clinical Commissioning Group

- These proposals are what we would 'ideally' like to do in Purbeck. They need to be seen alongside the draft specification that the CCG and DCC have issued under 'Better Together'.
- Team Functions and Features
  - In line with B2G....*plus* intermediate care
  - Geographical coverage – to include Upton and Lytchett
  - The core will be existing teams (DN, ICRT, Social Care)
  - *Including* older people's mental health ('in practice', even if not structurally)
- Management structures
  - Single management for health and social care
  - One team
  - Four 'clusters' for day to day working
  - Specialist roles to cover locality – eg carers worker, falls assistant

UPDATE: Proposed Integrated Teams (2)

NHS
Dorset Clinical Commissioning Group

- Staffing numbers
  - Assumes existing numbers – approximately 70 – 75 staff
  - Model for each cluster developed – to test that it is workable
- Assessments
  - Existing forms reviewed – none suitable 'as they stand'
  - Work still underway – linking to B2G initiatives
  - Also exploring 'system' solutions for information sharing
- Estate issues
  - Balancing co-location with 'best use of time'
  - Single central admin base, but no expectation that everyone is there every day
  - Use of mobile technologies to minimise time waste
  - Central admin base should be Wareham – possibly Council offices.

UPDATE: Bed capacity (1)

Dorset Clinical Commissioning Group

- The aim is to reach a clear conclusion, based on best information, about the community bed capacity we should be moving towards.
-
- Various analyses:
  - Our 'phase one' work
  - Pricewaterhouse Coopers
  - Oak Group audit of Dorset patients
  - Dorset HealthCare utilisation study
- Consistent conclusions:
  - We should be able to care for more people at home
  - We should be able to care for more people locally (rather than in acute beds)
  - Many beds in Purbeck are used by people from out-of-locality

UPDATE: Bed capacity (2)

Dorset Clinical Commissioning Group

- All the analyses point at a similar assessment:
  - *When* community team is in place and working well...
  - ...and *when* alternative provision is available for 'non-Purbeck' residents...
  - ...and building in capacity for future growth....
  - Around 24 beds needed.
- Community hospital staffing:
  - Based on Francis and RCN recommendations
  - Days: one qualified nurse per eight beds
  - Nights: two qualified nurses per ward

UPDATE: Bed capacity (3)

Dorset Clinical Commissioning Group

- Other related issues:
  - 'New services' identified the need for local respite care provision and end of life care
  - There is a shortfall in local provision of care beds
  - There is a need for short-term, urgent care provision (especially out-of-hours) to avoid unnecessary hospital admissions
- Reshaping community hospital bed capacity could offer opportunities to address these issues

UPDATE: New services (1)

Dorset Clinical Commissioning Group

- Exploring which services can be provided locally in a clinically sustainable and cost effective way.
- Our priority list:
  - Endoscopy
  - End of life care
  - Dialysis
  - Respite
  - Intravenous therapies (including chemo)
  - Other 'day treatment' opportunities
- Already in hand:
  - Ophthalmology
  - Diabetes
  - ENT

UPDATE: New services (2)

NHS
Dorset Clinical Commissioning Group

Initial conclusions:

- Respite care – a significant opportunity
- Endoscopy – likely to be scope to increase
- IV therapies – possibly scope, especially if combined with a new model for chemotherapy
- Renal dialysis – seems unlikely to be viable (although work still continuing to explore innovative models). Instead, solutions must be found to transport issues.
- End of life care – considered high priority but more work needed to link with county-wide EOLC developments.

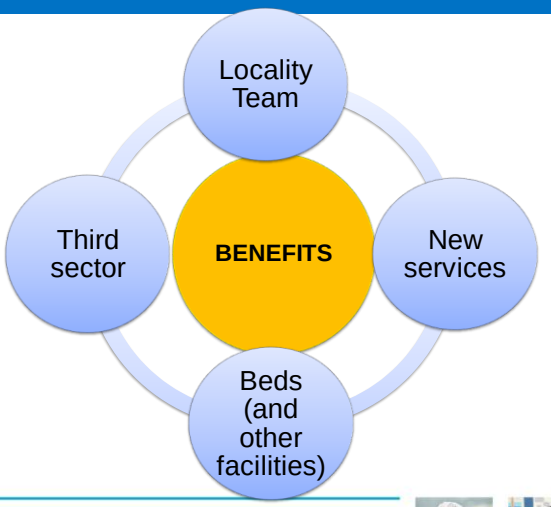
UPDATE: Third sector

NHS
Dorset Clinical Commissioning Group

- Workshops held on 10th September
- 'Hot off the press' update!

FITTING IT ALL TOGETHER

NHS
Dorset Clinical Commissioning Group



THE MODEL FOR PURBECK – its key elements

NHS
Dorset Clinical Commissioning Group

- Integrated locality teams, designed to provide best possible support to people at home
- A range of new services (and improved processes) to reduce the need to travel out of locality, and offer more support to carers locally
- Community hospital services designed to support local care, with the right number of beds for the locality
- A stronger network of third sector services, complementing statutory agencies and supported to deliver excellence and unlock the potential of the community itself.

NEXT STEPS

NHS
Dorset Clinical Commissioning Group

- Proposals to Project Board on 18 September.
- Proposals to Reference Group on 24 September.
- Wide public engagement: 25 Sept to 20 Oct
- Project Board receive final project report and outcome of engagement: 27 October

Supporting people in Dorset to lead healthier lives