

Agenda Item:

15

Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	22 May 2015
Officer	Director for Adult and Community Services
Subject of Report	Annual Work Programme April 2015 to March 2016
Executive Summary	<p>This report summarises the work programme for the Dorset Health Scrutiny Committee between April 2015 and March 2016. The work falls under five headings: task and finish groups; joint health scrutiny work; reports to Committee; in-depth scrutiny review; and 'other' work.</p> <p>Broad agreement as to the scope of this Work Programme was given at a Health Scrutiny Members workshop held on 25 February 2015, and this is laid out in the table at Appendix 1. Whilst it is not possible to anticipate all the work which may arise during the year, setting out the known commitments can be helpful with regard to planning.</p> <p>However, additional discussion at the Members workshop suggested a number of further potential areas of work. These items are listed within the final section of the draft work programme and consideration will be needed as to the resources available to progress these areas of work, or the possibility of accessing existing data which might fulfil the requirements of members.</p>
Impact Assessment:	Equalities Impact Assessment: N/A
<i>Please refer to the protocol for writing reports.</i>	Use of Evidence: The Work Programme is based on the record of Committee meetings, the need to continue with key scrutiny tasks and the

	<p>outcome of discussions at the Member’s workshop held on 25 February 2015.</p>
	<p>Budget: Members’ expenses in attending Committee meetings, ad hoc task and finish groups and any Joint Committee meetings.</p>
	<p>Risk Assessment:</p> <p>Having considered the risks associated with this decision using the County Council’s approved risk management methodology, the level of risk has been identified as: Current Risk: HIGH/MEDIUM/LOW (Delete as appropriate) Residual Risk HIGH/MEDIUM/LOW (Delete as appropriate) <i>(i.e. reflecting the recommendations in this report and mitigating actions proposed)</i></p>
	<p>Other Implications: None.</p>
Recommendation	<p>That the Committee consider the draft Work Programme and agree a final version, and that the final version be published on the Health Scrutiny page on Dorset for You.</p>
Reason for Recommendation	<p>The work of the Committee contributes to the County Council’s aim to protect and improve the health, wellbeing and safeguarding of Dorset’s citizens.</p>
Appendices	<p>1 Dorset Health Scrutiny Committee – Proposed Work Programme April 2015 to March 2016</p>
Background Papers	<p>1 Report to Dorset Health Scrutiny Committee by Director for Adult and Community Services, 23 May 2014 – Annual Work Programme April 2014 to March 2015: http://www1.dorsetforyou.com/COUNCIL/commis2013.nsf/MIN/838C38E5F6F961C280257CD900524028?OpenDocument</p>
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DORSET HEALTH SCRUTINY COMMITTEE – Draft Work Programme April 2015 to March 2016

1. SCRUTINY TASK AND FINISH GROUPS				
TOPIC	OBJECTIVE	Proposed TYPE OF EXERCISE	Proposed TIMESCALE	Comment / actions
Quality Accounts	<p>To formulate the commentary from the Committee for the Quality Accounts from</p> <ul style="list-style-type: none"> • Dorset County Hospital NHS Foundation Trust and • Dorset HealthCare University NHS Foundation Trust. <p>In addition the Quality Account for the Weldmar Hospice Care Trust will be considered on an annual basis.</p>	<p>Task and Finish Group comprised of the Chairman and Vice-Chairman. The relevant liaison member for each Trust will be called upon to contribute in respect of the Trust to which they are linked.</p>	<p>Ongoing annual process.</p>	<p>Task and Finish Groups have been meeting throughout 2014/15 to formulate commentary for Dorset County Hospital NHS Foundation Trust and Dorset HealthCare University NHS Foundation Trust so that the process can be concluded in a timely fashion.</p> <p>This will need to be repeated in 2015/16. In addition, the process of incorporating any relevant feedback from the CQC, Monitor, Healthwatch, Help with NHS Complaints or the Trusts' own complaints services has been formalised.</p> <p>The number of Quality Account meetings will be reduced from three to two in 2015/16 – at a half-year (October) and end of year point (April).</p>
Joint Health and Wellbeing Strategy	<p>To respond on behalf of the Committee to any further consultation on the development of the Joint Health and Wellbeing Strategy by the Dorset Health and Wellbeing Board.</p>	<p>Task and Finish Group consisting of three members previously identified; may need to be reviewed.</p>	<p>Consultation on the 2016 Strategy will commence in autumn/winter 2015.</p>	<p>This Task and Finish Group responded to the first phase of consultation; it remains constituted and can reconvene as and when required.</p> <p>The Strategy was formally adopted by the Dorset Health and Wellbeing Board in June 2013 and will be reviewed on a pan-Dorset basis by 2016. However, the Board may choose to revise the priorities identified within the Strategy before 2016.</p>

<p>Review of all protocols relating to the Committee</p>	<p>To review and update all protocols that the Committee has in place in light of the implementation of the Health and Social Care Act 2012 and guidance issued by the Department of Health.</p>	<p>Task and Finish Group established to review protocols with Health Partnerships Officer.</p> <p>Specific Task and Finish Group convened to review Joint Committee arrangements.</p>	<p>To be completed by the Autumn of 2015.</p>	<p>Department of Health regulations were published in 2013 and guidance was published in June 2014. The Protocol with Healthwatch has been revised, but the following are still to be formally reviewed:</p> <ul style="list-style-type: none"> • Protocol for the Dorset Health Scrutiny Committee • Protocol for Joint Health Scrutiny in Bournemouth, Poole and Dorset • South West / Wessex Regional Joint Health Scrutiny Protocol
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2. JOINT HEALTH SCRUTINY WORK				
TOPIC	OBJECTIVE	Proposed TYPE OF EXERCISE	Proposed TIMESCALE	Comment /action taken
<p>NHS Dorset Clinical Commissioning Group: Clinical Services Review</p>	<p>To scrutinise and comment on proposals likely to emerge following a pan-Dorset review of clinical services.</p>	<p>Changes will need to be scrutinised on a joint Local Authority basis (Lead to be decided on case by case basis).</p>	<p>First meeting likely to be in July 2015.</p> <p>Consultation likely to commence in August 2015.</p>	<p>The review will provide a 'blueprint' for health (and social care) and assist in designing services for the future.</p> <p>The initial review has been carried out by an external consultancy firm; options are now being drawn up prior to full consultation.</p>
<p>Better Together Programme / Better Care Fund: Transforming health and social care services across Dorset, Bournemouth and Poole</p>	<p>To scrutinise and comment on proposals which may emerge as a result of service reviews.</p>	<p>Changes may need to be scrutinised on a joint Local Authority basis (Lead to be decided on case by case basis).</p>	<p>To be confirmed.</p>	<p>The three Local Authorities have agreed to a programme of work alongside the CCG and the four Foundation Trusts; the Better Care Fund programme is overseen by a Programme Board and provides update reports to the two Health and Wellbeing Boards (who sign off the plans).</p> <p>Work continues in four key areas: Information and advice; Early intervention and prevention; Co-ordinated care; and Person centred care.</p>

3. REPORTS TO COMMITTEE				
a. Standing items				
TOPIC	OBJECTIVE	Proposed TYPE OF EXERCISE	Proposed TIMESCALE	Comment / actions
Comments / submissions to the Care Quality Commission (CQC)	To provide input from the Committee to inform the work of the Care Quality Commission.	To be guided by discussion with the Care Quality Commission (CQC).	To be guided by CQC.	Review reports submitted to the CQC; regular six monthly liaison meetings or telephone contact to be re-established with the Health Partnerships Officer and/or Chairman.
Comments / submissions to Monitor	To provide input from the Committee to inform the work of Monitor.	To be guided by discussion with Monitor.	To be guided by Monitor.	Monitor to be invited to attend Committee to explain their role in the regulation of Health Services.
Matters for consultation (merger, structural change, joint commissioning, substantial variations to services)	To consider and respond to matters raised for consultation by local NHS bodies, NHS Commissioners or Department of Health / other bodies.	As appropriate <ul style="list-style-type: none"> • Through Officers' Reference Group and officer report. • Through ad hoc Task and Finish Groups. 	As required.	Substantial variations and formal consultations to be raised by NHS partners, discussed within Officers Reference Group and reported to Committee as and when they arise.
Operational / Commissioning Plan of Dorset Clinical Commissioning Group	To ensure that the Committee is fully engaged in the planning of NHS Dorset services in the community.	Presentation to Committee by NHS Dorset CCG to facilitate member comment and discussion on the plan.	To be programmed in the early part of each financial year.	An overview of the CCG annual commissioning Plan to be included in the forward plan around May each year. (The Plan will not be fully revised in 2015 due to the Clinical Services Review, but will be refreshed) NHS England are responsible for ensuring that commissioning plans are aligned.

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

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

4. OTHER WORK				
a. Definite tasks/areas of work				
TASK / AREA OF WORK	OBJECTIVE	Proposed TYPE OF EXERCISE	Proposed TIMESCALE	Comment / actions
Annual Report	To publicise the work of the Committee across the health community and the general public.	Production of an annual report.	September 2015.	Draft Report to be approved by Committee; to be produced each autumn.
Compilation of organisational health-related workstreams	To provide a 'grid' of areas of work being undertaken across local organisations, for information purposes and to prevent duplication of work.	Documentary analysis to enable compilation of a spreadsheet.	April 2015.	Spreadsheet to be produced by Health Partnerships Officer and circulated to Members.
Reducing the incidence of and treating diabetes	To provide Members with an update regarding work being undertaken around the treatment and reduction of diabetes incidence in Dorset.	Report or presentation for Committee.	Report will be presented to Dorset Health and Wellbeing Board on 10 June 2015.	This is one of the Dorset Health and Wellbeing Board's six priorities. The Lead for this priority is based within the CCG. A workshop regarding healthy eating, obesity and diabetes was held by the HWB on 14 April 2015. All DHSC members were invited.

b. Possible tasks/areas of work				
TASK / AREA OF WORK	OBJECTIVE	Proposed TYPE OF EXERCISE	Proposed TIMESCALE	Comment / actions
GPs experiences of new locality working practices	To provide an insight into achievements and challenges faced.	Report or presentation for Committee.	To be confirmed.	Need to further explore the focus of this report prior to request via the CCG.
Delayed discharges /transfers of care from hospital settings	To provide an update to the current situation.	Report or presentation for Committee.	To be confirmed.	This piece of work would form a follow up to a review by the Committee undertaken in 2008 to consider inappropriate admissions and discharge practices from hospital. The Better Together Programme includes a workstream which is looking at this issue: the Committee could request a report.
Waiting times for NHS appointments	To identify areas of pressure and current performance.			The Clinical Services Review is likely to include data on this issue: request confirmation.
Communication and staff attitudes	To provide insight into findings from complaints reports.			Need to further explore the focus of this report.
Communication between Dorset HealthCare and acute health trusts	To understand how the Trusts work together.			Need to further explore the focus of this report; the CCG or NHS England may already consider this issue.
Children and young people's mental health	To understand service provision and gaps.			The Health and Wellbeing Board have recently explored mental health services: their report may provide the information required.
Children and young people's dental services	To understand service provision and gaps.			Need to further explore the focus of this report.
Community hospitals	To understand service provision, capacity and usage.			The Clinical Services Review is likely to include data on this issue: request confirmation.