

Agenda Item:

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Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	22 May 2015
Officer	Director for Adult and Community Services
Subject of Report	NHS Dorset Clinical Commissioning Group Clinical Services Review update and convening of a Joint Committee
Executive Summary	<p>This report summarises discussions at a meeting held in March 2015 between the Chairs and Vice Chairs of the Health Scrutiny Committees of Dorset, Bournemouth and Poole Councils and NHS Dorset Clinical Commissioning Group (CCG).</p> <p>The purpose of the meeting was to provide the Chairs and Vice Chairs with an update regarding the progress of the Clinical Services Review, with particular reference to the consultation plans being drawn up for the next phase of the Review.</p> <p>The setting up of a Joint Health Scrutiny Committee to consider issues relating to the Clinical Services Review is now required and members of the DHSC are asked to consider who they wish to nominate for this task.</p>
Impact Assessment:	<p>Equalities Impact Assessment: N/A</p>
<i>Please refer to the protocol for writing reports.</i>	<p>Use of Evidence: Notes from meeting with Chairs and Vice Chairs of HOSCs with NHS Dorset Clinical Commissioning Group.</p>
	<p>Budget: N/A</p>
	<p>Risk Assessment: Having considered the risks associated with this decision using the County</p>

	<p>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>Members of DHSC are recommended to:</p> <ol style="list-style-type: none"> 1 Note the progress of the Clinical Services Review. 2 Nominate three individuals who will be available on 20 July at 2pm to join the ad-hoc Joint Health Scrutiny Committee to consider the proposals published for public consultation by NHS Dorset Clinical Commissioning Group as part of their Clinical Services Review. 3 Nominate a substitute, should one of the three agreed nominees subsequently not be available on the required dates.
Reason for Recommendation	<p>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.</p>
Appendices	<p>None.</p>
Background Papers	<p>Briefing to Dorset Health Scrutiny Committee, 17 November 2014: http://www1.dorsetforyou.com/COUNCIL/commis2013.nsf/DD0A3FFB2C7DED8480257D8C0043863C/\$file/12.Briefings%20report.pdf</p> <p>Briefing to Dorset Health Scrutiny Committee, 10 September 2014: http://www1.dorsetforyou.com/COUNCIL/commis2013.nsf/212A6CEB72AAED8F80257D47003955D2/\$file/06.%20Briefings%20for%20Information.pdf</p>
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1 Introduction

- 1.1 NHS Dorset Clinical Commissioning Group commenced a large scale review of Clinical Services in October 2014. In setting out the case for change, the CCG identified five key drivers for the Review:
- Growing elderly population with changing health needs;
 - Variable quality of out of hospital care with patients reporting difficulty accessing care;
 - Variable quality of hospital based care, particularly for some key speciality services;
 - Difficulty staffing services, particularly some key speciality services requiring consultants on site 24/7;
 - Growing financial challenge with a projected gap between costs and available funding in excess of £200m by 2020/21.
- 1.2 Since October 2014 (and indeed prior to that) a number of presentations and briefings regarding the progress of the Clinical Services Review (CSR) have been given to the Dorset Health Scrutiny Committee and corresponding committees within Bournemouth Borough Council and the Borough of Poole.
- 1.3 In March 2015 the CCG requested a joint meeting with the Chairs and Vice Chairs of the three Health Scrutiny Committees to outline the findings from the first stages of the CSR and the plans for public consultation, once a set of proposals has been finalised and approved by the CCG Governing Body, Health Gateway Programme and NHS England Wessex Clinical Senate.

2 Clinical Services Review update as at 25 March 2015

- 2.1 The presentation given to the Chairs and Vice Chairs of Bournemouth, Dorset and Poole Health Scrutiny Committees on 25 March highlighted the following:
- The Review has four stages: Review, analysis and design; formal public consultation; CCG decision making; and implementation;
 - Approximately 160 clinicians have been involved in the CSR via Clinical Working Groups, and have agreed core principles;
 - The public and other stakeholders have also been given opportunities to engage with the process in a variety of ways;
 - It is acknowledged that 'one size does not fit all' and there may be different service models in different areas;
 - Based on the three types of hospital identified in the Keogh report (Green – trauma, emergency and critical and complex care; Yellow – lower level emergency care, elective and major surgery; Purple – community type services), Dorset currently has three variations of 'yellow' hospital based services;
 - None of the three hospitals has 24/7 consultant delivered on site services across the range of key specialities where national quality standards identify this as important for best outcomes;
 - A wide range of options has been considered for future models of care and this has been narrowed down to a shortlist which will be further reduced to result in two to four models for public consultation;
 - Evaluation questions will be used to identify the shortlist of options: quality of care for all; access to care for all; affordability and value for money; workforce; deliverability; other factors (e.g. research and education).

2.2 The public consultation will commence in the summer (probably mid August) and will run for 12 weeks. The three key elements of the consultation will be to help people to understand the need to change, hear people's views on the options and find out whether there is any additional information that needs to be considered in the decision making process.

2.3 The consultation will take a number of approaches, including publicity via public events, an information vehicle which will visit communities across the County and materials:

- Full consultation document, which includes the consultation questionnaire with access to both physical and electronic versions;
- Briefing materials and supporting evidence;
- Dedicated dorsetvision website. <http://www.dorsetvision.nhs.uk/>

2.4 The Chairs and Vice Chairs raised a number of queries and made suggestions and observations regarding the consultation:

Q How much scope will there be for variation or flexibility with regard to the proposed options?

A Views will be taken into consideration, but the consultation cannot be fully open and un-bounded (as the Clinical Working Groups have already narrowed down what is safe and deliverable).

Q The public are mostly interested in having a good service that is near their homes. Has transport been considered (as it is likely to be raised during the consultation)?

A Access has been one of the evaluation criteria. The Travel Time Analysis document has been published on the Dorset Vision website.

Q Has there been liaison with Salisbury and Yeovil hospitals?

A The CCG is talking to neighbouring CCGs and will engage with them during the consultation process. Communications and Engagement leads are partners to the Pan Dorset Communications and Engagement Board.

Q With regard to public understanding – the term Clinical Services Review is not very clear and neither are the colour categories for the hospitals.

A This has been highlighted and acknowledged: this terminology will need to be changed by the CCG Assurance Board and the summary document will be checked by the Plain English society and all materials will be produced in a variety of formats.

Q Will you be setting out the consequences and parameters for each of the options (we need to be open about what can be afforded)?

A We will need to clarify all the dependencies [relationships and links between services] to be able to move any services.

3 Next steps

3.1 The CCG will be procuring a research company to work with throughout the consultation and they will analyse the findings by the end of 2015. These will be collated into a report that will be publicly available in March 2016.

- 3.2 The CCG Governing Body will then decide on the model of service to adopt and the long term planned implementation of changes will commence in 2016.

4 Joint Health Scrutiny Committee

- 4.1 As noted previously, the consultation around the CSR and the subsequent changes which are likely to arise will require the setting up of a Joint Health Scrutiny Committee, as the proposals involve Dorset, Bournemouth and Poole.
- 4.2 As discussions regarding the establishment of a Standing Joint Health Scrutiny Committee are still on-going (and are unlikely to be resolved until the autumn at the earliest), it is necessary to convene an ad-hoc Committee, based on the principles of the existing Joint Protocol. It is proposed that the first meeting of this ad-hoc Committee be held on Monday 20 July at 2pm at County Hall (subject to the CCG being able to proceed at that date). Clarification will be required as to which Local Authority will be taking the lead/chair on this process and whether this will rotate.
- 4.3 A second meeting will take place during the consultation period (mid August to mid November), at which members will have the opportunity to provide their views on the proposals under consideration.
- 4.4 It is anticipated that a further meeting will take place in February 2016 to discuss the outcomes and recommendations being presented to the CCG Governing Body and the extent to which the public consultation has influenced them.