

## Dorset Health Scrutiny Committee

Minutes of a meeting held at County Hall,  
Colliton Park, Dorchester on 22 May 2015.

### **Present:**

Ronald Coatsworth (Chairman – Dorset County Council)

#### Dorset County Council

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

#### Christchurch Borough Council

David Jones

#### External Representatives:

##### Dorset Healthcare University NHS Foundation Trust:

Ron Shields (Chief Executive) and Kath Florey-Saunders (Head of Review Design and Delivery)

NHS Dorset Clinical Commissioning Group: Dr Paul French (Clinical Chair CCP – Review Design Delivery (East) Mental Health), Mike Wood (Deputy Director Review Design and Delivery) and Sarah Turner (Head of Programme – Clinical Services Review)

#### Dorset County Council Officers:

Ann Harris (Health Partnerships Officer), Dan Menaldino (Principal Solicitor) and Denise Hunt (Senior Democratic Services Officer).

(Note: 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 **8 September 2015**.)

### **Election of Chairman**

#### **Resolved**

24. That Ronald Coatsworth be elected Chairman of the Committee for the year 2015/16.

### **Appointment of Vice-Chairman**

#### **Resolved**

25. That Bill Batty-Smith be appointed Vice-Chairman of the Committee for the year 2015/16, subject to North Dorset District Council confirming his re-appointment to the Committee.

### **Apology for Absence**

26. An apology for absence was received from Dr Tim Morris (Purbeck District Council).

### **Code of Conduct**

27. Councillor Ros Kayes declared an interest in the Harmony in Care drop in centre, a non-profit making organisation for mental health service users, as a member of the Board.

**Terms of Reference**

28. The Committee noted its Terms of Reference.

**Noted****Minutes**

29. The minutes of the meeting held on 10 March 2015 were confirmed and signed.

**Matters Arising****Minute No. 18.7 – Task and Finish Group on the Formation of a Standing Joint Health Scrutiny Committee**

30. It was confirmed that feedback was awaited on recommendations referred by the Committee in March 2015 to a meeting of the Dorset Leaders and Chief Executives Group(s).

**Public Participation****Public Speaking**

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

31.2 The Chairman noted that public statements in accordance with Standing Order 21(2) would be made by Simon Williams (Hughes Unit Group Supporters) and by Lesley Archibald which are referenced at minutes 34.5 and 34.6. The statement by Simon Williams is attached to these minutes at Annexure 1.

**Petitions**

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

**Dorset HealthCare University NHS Foundation Trust – Update on progress against the Blueprint, one year since implementation**

33.1 The Committee considered a report by the Director for Adult and Community Services that set out a review of progress made by Dorset Healthcare University NHS Foundation Trust (DHC) in implementing its Blueprint of improvements. The Blueprint had been published in May 2014 in order to record the Trust's response to failings identified in 2013.

33.2 The Chief Executive of the Trust introduced the report and stated that the Blueprint had been developed in response to include a breach of the Trust's licensing conditions that had been identified by the regulator Monitor. A series of changes had been made centred around 6 key themes which provided a framework for improvements. The Trust had not been in breach of its licence since June 2014 and there were no outstanding issues with Monitor. However, the 6 key themes remained important and would form part of the key objectives for 2015/16, although not in the same way as the recovery plan. He explained that the focus would now be on improving quality of care and relationships with the Trust's partners, but there was much more to do with regard to physical and mental health services. In response to a question, it was confirmed that the Care Quality Commission (CQC) had visited the units identified as being in difficulty, including the Waterston unit, and all of these were now fully compliant.

**Noted**

**Mental Health Urgent Care Services Independent Evaluation Report**

34.1 The Committee considered a report by the Director for Adult and Community Services which presented the findings and recommendations arising from an independent evaluation of the Mental Health Urgent Care Service in the West of Dorset. The evaluation had been commissioned by the NHS Dorset Clinical Commissioning Group (DCCG) and conducted by a team from the University of the West of England (UWE), Bristol.

34.2 A slide presentation was given jointly by the Head of Review, Design and Delivery (DCCG) and Professor Pam Moule, leader of the UWE research team, the latter via video link from Bristol. Members were given some background to the new model of care introduced in April 2013 which had included an increase in investment of £350k for a new recovery house in Weymouth containing seven beds, a 24/7 crisis response and home treatment service (CRHT) and 24/7 crisis line. The evaluation had been supported by the Dorset Health Scrutiny Committee and views had been sought from committee members and stakeholders, including the Chairman of the Hughes Unit Group Supporters. Following completion of the brief in January 2014 and an initial lack of quotations for this work, the project was discussed with the UWE who submitted a bid that was approved and work commenced in July 2014.

34.3 Professor Moule explained the aim of the evaluation had been to assess how the service had been implemented against the specification and how the new model of care had impacted on service user, carer and staff experience of accessing, receiving and delivering care between the period 1 May 2013 and 30 April 2014. She described the three phases of the evaluation in detail and reported that data between the period 23 April 2012 and 22 April 2013 had been unavailable, mainly due to changes in the IT system. Professor Moule outlined the key findings from the evaluation and set out a number of recommendations.

34.4 In response to the recommendations contained in the report, the Committee was advised that the DCCG would be working with DHC and that learning would be fed into a wider strategic review. Specific steps that were being taken included:-

- The development of a communications plan in the local area by September 2015 to ensure that GP links to the CRHT and community understanding of the service was improved;
- a review of CRHT and Crisis Line to include an improvement in IT systems to support remote working, thereby increasing time and productivity of staff when visiting service users;
- improvements to care planning, following set standards;
- further monitoring of self harm, which is being reported more frequently;
- work on the complaints culture, including more face to face dialogue and embedding of processes;
- further work on a more individual model of day treatment following poor uptake within centres;
- a pilot to increase the use of the Rethink Recovery House by the end of July 2015 including access to a “step up” service by CRHT and opening this facility to people in East Dorset;

- a pan-Dorset approach to the acute care pathway, taking account of the available budget and workforce, to include a review of Community Mental Health Teams, CRHT services, inpatient assessment and treatment services and recovery house with the aim of providing care as close to home as possible in the least restrictive setting. The review would be engaging with stakeholders in due course;
- an additional investment of £3M into mental health services, including a significant investment into psychiatric liaison services across Dorset;
- a street triage service that has led to a reduction of people held in police cells by 50% during its pilot phase;
- the signing of a Crisis Care Concordat on a multi-agency basis, which included an action plan.

34.5 Mrs Lesley Archibald addressed the Committee, stating that the evaluation, which was a comparison of aspects of the pre and post April 2013 service changes, had not reflected the original purpose of the evaluation and its results were inadequate. The evaluation had been based on 22 returned service user questionnaires and she questioned how acceptable this level of take-up was given that there were hundreds of service users in the area. The difficulties in getting replies should have been foreseen and more ways of reaching service users put in place. She felt that the questionnaire had not been widely distributed in a timely way and asked whether the UWE team had initiated the media publicity. She was also concerned at the lack of response to the evaluation by GPs and said that its conclusions did not reflect the service that was currently being delivered, which the majority of users thought was a worse service than that previously provided.

34.6 A public statement was also received from Simon Williams, Chairman of the Hughes Unit Group Supporters. The statement is attached to these minutes at Annexure 1.

34.7 Professor Moule stated that mixed methods of collating the data had been used and the response time for the survey questionnaire had been extended. The team had also been contacted directly by people who were sent paper copies of the forms, the design of which had been accepted and commissioned.

34.8 The Chairman drew attention to the small number of respondents to the survey and lack of availability of the forms which was of concern to the Committee. He questioned whether an accurate judgement could be made based on such a poor level of response and whether this would be adequate to provide a conclusion. He further commented that the recovery house was not in the right location or well served by transport links and that this had been previously highlighted by the Committee as a concern.

34.9 Whilst commending the work of the UWE and actions taken by the Trust in meeting the report recommendations, the Committee felt that the evaluation had not gone far enough. Members echoed comments made by the Chairman, saying that the lack of evidence from service users had flawed the evaluation process and that more ways of contacting service users should have been used. There was some surprise that service users had not been assisted by advocates and professionals, bearing in mind that some people found it difficult to complete the forms without this form of support. Members concluded that the evaluation had been inadequate due to the lack of contribution by service users and that further work should be carried out in order to address this aspect. Members also questioned whether the lack of use of the recovery house had been due to accessibility and whether other areas had been investigated in terms of its location.

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34.10 The increased incidences of self-harm were also discussed and it was suggested that this might be a result of the frustration experienced by users with a system that did not always provide immediate access to a member of staff in the community. Members noted the comment in the report that the Samaritans had proved more helpful than the Crisis Line service and that a quarter of respondents had indicated difficulties in accessing the service.

34.11 One Member highlighted that 9 out of 12 respondents had indicated that “their legal rights had not been respected”, representing a three-quarters of all respondents which was unacceptable. Although he acknowledged that the figures might not be statistically significant given the poor response, the Committee could only deal with what had been presented as a cause for concern. The methodology should also address those who could not or would not use the internet and the need for assistance for those completing the survey.

34.12 The Chief Executive (DHC) responded that whilst he understood the criticisms, trying to make a comparison with the service prior to April 2012 would not provide a clear way forward. The Trust was working with the DCCG to implement the recommendations and he suggested focussing on the existing service model in order to achieve improvements. However, this view was not shared by the Committee who considered that it would be appropriate to look at the past in order to see what worked well prior to implementation of the new service model.

33.13 The following motion was proposed and seconded:-

“That this Committee notes the work done on this subject, but expresses its concerns over:

- a) the response level which may not be sufficient to enable a valid judgement to be made
- b) the adverse responses which were made

This Committee therefore requires further work to be done on obtaining information from a much wider sample and seeks a further report in 6 months.”

Upon being put to a vote, the motion was agreed.

34.14 Dr French reassured the Committee that mental health was taken seriously by the DCCG and that a further £3m would be invested this year. He recognised that the delivery model in rural areas would not be the same as in the urban setting and the DCCG would work with service providers and the local community to address this.

34.15 The Chairman stated that out of the three recovery houses that had been promised, only one facility had opened in Weymouth. Closure of some smaller inpatient units had also taken place without prior consultation with the Committee and the new model of care had not been properly staffed as originally envisaged. In conclusion, he stated that there needed to be an evaluation of the success of the previous system in conjunction with the views of services users on the new model of care in order to plug any gaps in provision. He therefore hoped that a new survey of service users would be undertaken, the results of which would be reported to the Committee in order that it could work with the Trust to resolve some of the issues. He asked the Trust to engage the Committee in projects and to invite the Committee to view new facilities and thanked the UWE team for their work in undertaking the evaluation.

### **Resolved**

35.1 That this Committee notes the work done on this subject, but expresses its concerns over:

a) the response level which may not be sufficient to enable a valid judgement to be made; and

b) the adverse responses which were made

35.2 This Committee therefore requires further work to be done on obtaining information from a much wider sample and seeks a further report in 6 months.

### **Accident and Emergency and Out of Hours Services – Snapshot of current situation**

36.1 The Committee considered a report by the Director for Adult and Community Services which outlined a significant increase in numbers of patients attending A&E units and use of the Out of Hours services and resulting pressure across the system during the past year.

36.2 The report was introduced by the Deputy Director, Review Design and Delivery (DCCG), who explained that the headlines in the report demonstrated the inter-dependency of different elements of the system. This was a snapshot that was considered by the Trust's strategic board and used operationally on a monthly basis. He reported that the system was currently under less pressure than in March 2015 which would allow time to plan ahead for the winter period.

36.3 It was reported that the South West Ambulance Service NHS Foundation Trust (SWAST) had withdrawn its 111 service from Devon and Cornwall due to funding issues, but would continue to provide a service in Dorset where there was greater commitment to fund a service.

36.4 In response to a question, Members were informed that data was held on the origins of journeys and would be used to understand the future shape of services and inform a future hub model for urgent care services situated in localities.

### **Noted**

### **Podiatry Services – access and availability**

37.1 The Committee considered a report by the Director for Adult and Community Services which set out the responses received by Healthwatch to questions raised with commissioners and providers of podiatry services.

37.2 The report was presented by the Health Partnerships Officer who advised that it had been requested as a result of concern expressed by members of the public and a member of the Committee. The report included eligibility criteria for accessing the service and suggested next steps.

37.3 The Member who had expressed concern regarding the service stated that the tightening of eligibility criteria had led to a gap in service provision whereby people who did not meet the criteria were unable to access a service due to transport or affordability. She asked that toe nail cutting be co-ordinated with third party organisations that provided a service in order to achieve a joined up approach and ensure that this need was met in the community.

37.4 It was further suggested that the approach should be about informing people whether they were eligible to access the NHS foot care service or how to access an alternative service if they did not meet the criteria.

37.5 The Deputy Director, Review Design and Delivery (DCCG) advised the Committee that the NHS provided foot care and that toe nail cutting was only funded where there was a medical implication. However, he would take the message regarding

co-ordination with third party providers on board and advised that the logical route would be through the GP surgery.

### Noted

#### **NHS Dorset Clinical Commissioning Group – Further update report on Non-Emergency Patient Transport Services**

38.1 The Committee considered a report by the Director for Adult and Community Services on the non-emergency patient transport service eligibility criteria, the way in which this was applied in Dorset and performance data for the period ending March 2015. This report had been requested by the Committee on 10 March 2015.

38.2 The Committee was informed that the change in service provider had been a decision based on quality of the service rather than budget saving, however, the financial pressure of the £2m overspend was of concern. The previous service had been provided by the South West Ambulance NHS Foundation Trust (SWAST) between 8am-5pm during weekdays. However, E-Zec Medical Transport Service Ltd provided a service 24/7 to any facility that provided an NHS service. The service had been well advertised resulting in an unplanned need and there was now more robust data than previously available in order to understand the issues.

38.3 It was confirmed that the way in which the eligibility criteria was interpreted had changed, but the criteria was based on national guidance and had not altered since 2007. The criteria had been conveyed by posters, leaflets, in the media, in hospitals and to GPs to enable more consistent enforcement of the rules.

38.4 A Member of the Committee stated that patients should not be punished for the overspend by tightening eligibility and she noted that certain definitions in relation to medical need were loosely termed in the criteria. She suggested that further work was undertaken through the Partnership for Older People Programme (POPP) and volunteer transport to support people who did not fulfil the eligibility criteria but who had a transport need and that a task and finish group be convened to investigate this matter.

38.5 An alternative suggestion was made to refer the matter to the Holistic Transport Review. After some discussion and to avoid duplication of effort, it was agreed that the matter be referred to the Holistic Transport Review in the first instance and that a task and finish group be convened if the matter was not being addressed as part of this review.

38.6 With regard to performance, the Committee was particularly concerned regarding the high incidences of aborted journeys and it was confirmed that the majority of these arose through patients waiting for medications when being discharged from hospital, which had been recognised as a national problem. However, it was confirmed that the number of abortions had been less than that experienced by the previous provider. Members were advised that detailed data had not been available previously and that work could now commence to address the issues.

### Resolved

39. That the matter be referred to the Holistic Transport Review and a task and finish group be convened to look at this area in the event that it is not being addressed as part of this review.

#### **NHS Dorset Clinical Commissioning Group Delivery Plan Refresh**

40.1 The Committee considered a report by the Director for Adult and Community Services outlining the DCCG delivery plan refresh in order to reflect changes in national policy and local priorities.

40.2 One Member highlighted the lack of engagement with District and Borough Councillors, particularly with regard to the Clinical Services Review. He was concerned that the way in which NHS services were provided would change over the next 5-10 years and most people were not aware of either the DCCG or the potential changes.

40.3 It was confirmed that no firm decisions had been made and that there had been an unprecedented level of clinical involvement in developing some models of care on which to consult. The DCCG would fully engage with the Health Scrutiny Committee as well as District and Borough Councillors.

40.4 A Member asked whether local government could be included in the list of national bodies in the planning guidance and to engage with local members whose portfolios included mental health. The closure of a number of community hospitals and the removal of paediatric beds at Dorset County Hospital was also raised.

40.5 The Deputy Director Review, Design and Delivery confirmed that the list of national bodies was set out in the planning guidance and that the areas for focus listed in the report were not in priority order. He stated that no decisions had been made regarding the closure of facilities. However, it was clear that there would be changes to NHS services in Dorset during the course of the next 5-10 years and the Health Scrutiny Committee would be involved.

40.6 Further to this discussion, it was proposed that the Clinical Service Review should be a substantive item at a future meeting of the Dorset Health Scrutiny Committee in order for members to understand its implications in Dorset. The Principal Solicitor advised that the regulations stated that if proposals were referred to more than one local authority area, these had to be considered by a Joint Committee and that individual health scrutiny committees did not have the power to be consulted individually. The Committee would therefore have a local voice through its representatives on the Joint Committee. He advised that the Clinical Services Review could be the subject of a task & finish group, however, it would have no power other than to channel its views to the Joint Committee.

#### **Resolved**

41. That a future meeting of the Dorset Health Scrutiny Committee be convened to discuss the Clinical Services Review.

#### **Briefings for Information/noting**

##### **Weymouth Assessment and Treatment Services Project – Proposed changes to Weymouth MIU and associated services**

42.1 The Committee considered a report by the Director for Adult and Community Services which included an update on the Weymouth Integrated Assessment and Treatment Service Project which had been presented to the Committee on 10 March 2015.

#### **Noted**

#### **Dorset Health Scrutiny Committee Annual Work Programme**

43. The Committee considered its draft work programme for 2015/16.

#### **Resolved**

44. That the Dorset Health Scrutiny Committee Annual Work Programme 2015/16 be agreed and published on the Health Scrutiny page on the Dorset For You website.



**Update following meeting with HOSC Chairs re: Clinical Services Review Consultation and Joint Health Scrutiny Committee 20 July 2015**

45. The Committee considered a report by the Director for Adult and Community Services which summarised discussions at a meeting of the Chairmen and Vice-Chairmen of the Health Scrutiny Committees of Dorset, Bournemouth and Poole Councils and the DCCG and the setting up of a Joint Scrutiny Committee to consider issues relating to the Clinical Services Review.

**Resolved**

- 46.1 That Mike Byatt, Michael Bevan and Ronald Coatsworth be appointed to sit on the Joint Committee;
- 46.2 That Bill Batty-Smith be appointed as reserve member, subject to North Dorset District Council confirming his re-appointment to the Committee;
- 46.3 That a further member be appointed as a reserve member.

**Quality Accounts – Submitted Commentaries 2014/15**

47. The Committee considered a report by the Director for Adult and Community Services outlining the comments for inclusion in the 2014/15 end of year quality accounts.

**Noted****Updates from Liaison Members**

48. There were no updates from Liaison Members.

**Items for Future Discussion**

49. There were no items raised for future discussion.

**Questions from Members of the Council**

50. No questions were asked my members under Standing Order 20(2).

Meeting Duration: 10.00am to 12.35pm