

Agenda Item:

11

Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	8 September 2015
Officer	Director for Adult and Community Services
Subject of Report	Dorset Health Scrutiny Committee Annual Report 2014/15
Executive Summary	<p>The Dorset Health Scrutiny Committee (DHSC) was set up in 2003 under the provisions of the Health and Social Care Act 2000. It is made up of 12 elected councillors, six representing Dorset County Council and one from each of the District and Borough Councils.</p> <p>The DHSC met four times during the year April 2014 to March 2015: 23 May 2014, 10 September 2014, 17 November 2014 and 10 March 2015. The meetings included a wide range of formal reports, presentations and briefings from organisations such as NHS Provider Trusts and Commissioners, Healthwatch Dorset and Dorset County Council.</p> <p>In addition to the scheduled Committee meetings, an additional one was held on 24 June 2014 to look in detail at Non-emergency Patient Transport Services, in response to concerns raised following the implementation of a new contract.</p> <p>Task and Finish Groups met three times during the year to consider Quality Accounts produced by the local NHS Provider Trusts and three further Task and Finish Groups were convened to discuss specific issues: services in the Purbeck area, proposed changes to Pathology Services at Dorset County Hospital and the setting up of a Standing Joint Health Scrutiny Committee.</p> <p>The Committee held a members workshop in February 2015 to plan their work programme for the coming year.</p>

	<p>This report presents an overview of the work of the DHSC for the year 1 April 2014 to 31 March 2015, looking at some of the key agenda items that were scrutinised and the outcomes achieved.</p>
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>Not applicable.</p>
	<p>Use of Evidence:</p> <p>Minutes of Dorset Health Scrutiny Committee meetings for the municipal year 1 April 2014 to 31 March 2015.</p>
	<p>Budget:</p> <p>Not applicable.</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)</p>
	<p>Other Implications:</p> <p>None.</p>
Recommendation	<p>That the Committee endorse the Annual Report for 2014/15.</p> <p>That the Committee agree to the sharing of this report with the Dorset Health and Wellbeing Board and its publication on the Health Scrutiny web-page on Dorset for You.</p>
Reason for Recommendation	<p>The work of the Committee contributes to the County Council's aims to promote the health, wellbeing and safeguarding of all Dorset's citizens.</p>
Appendices	<p>None.</p>
Background Papers	<p>Minutes of the Dorset Health Scrutiny Committee for the year 1 April 2014 to 31 March 2015:</p> <p>http://www1.dorsetforyou.com/Council/COMMIS2013.nsf/MOC/Dorset%20Health%20Scrutiny%20Committee?OpenDocument</p>
Report Originator and Contact	<p>Name: Ann Harris, Health Partnerships Officer Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk</p>

1. The role of the Dorset Health Scrutiny Committee

- 1.1 The Dorset Health Scrutiny Committee (DHSC) was set up in 2003 under the provisions of the Health and Social Care Act 2000. It is made up of 12 elected councillors, six representing Dorset County Council and one from each of Christchurch Borough Council, East Dorset District Council, North Dorset District Council, Purbeck District Council, West Dorset District Council and Weymouth and Portland Borough Council.
- 1.2 The terms of reference for the Committee have recently (September 2014) been revised in the light of changes to the Regulations for Health Scrutiny and the issuing of new Guidance by the Department of Health¹. However the broad remit of the Committee continues to be that it:
- Works in partnership with local health service providers and the public to improve health and wellbeing in Dorset;
 - Makes constructive recommendations for improvement;
 - Looks at areas or groups of people in the community who suffer from worse health than others and considers how this inequality can be improved;
 - Considers and comments on major developments or changes (substantial variations) by the local NHS that will affect people in Dorset.
- 1.3 This report provides a summary of the work undertaken by DHSC over the year 1 April 2014 to 31 March 2015, reflecting on what has been achieved.

2. Dorset Health Scrutiny Committee meetings

- 2.1 The Dorset Health Scrutiny Committee met four times during the year April 2014 to March 2015: 23 May 2014, 10 September 2014, 17 November 2014 and 10 March 2015. The meetings considered a wide range of formal reports, presentations and briefings from organisations such as NHS Provider Trusts and Commissioners, Healthwatch Dorset and Dorset County Council. Some of the key items discussed are highlighted below.

2.2 Dorset Healthcare University NHS Foundation Trust

As in the previous year, DHSC received a number of reports regarding governance and operational issues at Dorset Healthcare University NHS Foundation Trust, including actions following inspections by the Care Quality Commission and the conclusion of interventions by the NHS regulator Monitor. Mental health services were under particular scrutiny and representatives of the Trust updated the Committee at each of the four meetings with regard to progress against action plans and their overall 'Blueprint' for the future delivery of services. The Committee recognised the challenges that the Trust faces, particularly in the area of recruitment, and welcomed the constructive dialogue that has been achieved.

¹ Local Authority Health Scrutiny: Guidance to support Local Authorities and their partners to deliver effective health scrutiny:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324965/Local_authority_health_scrutiny.pdf

2.3 Dorset County Hospital NHS Foundation Trust

During the year Dorset County Hospital was also subject to a (largely positive) CQC inspection, on which the Trust reported to the Committee in September. The Trust presented their Strategic Plan for discussion in November, with a particular focus on community integration, and provided a brief report on the introduction of 7-Day services in March 2015. This was of particular interest to DHSC and will be the subject of a further update in September 2015.

One agenda item relating to Dorset County Hospital which caused concern to DHSC was a proposal regarding potential changes to pathology services, which was first raised in November 2013. This resulted in a Task and Finish Group being convened in October 2014, the detail of which is outlined later in this report.

2.4 NHS Dorset Clinical Commissioning Group

NHS Dorset Clinical Commissioning Group provided a number of reports and presentations to DHSC in the year 2014/15, and in September shared the results of a survey of Dorset residents' views of local health services entitled The Big Ask. The findings demonstrated generally high levels of satisfaction with services, but also identified areas for improvement. The CCG explained that the survey results would contribute to a wider project on which they were embarking – a Clinical Services Review. Given the pan-Dorset nature of this Review, the matter has since been transferred to a Joint Health Scrutiny Committee between Dorset, Bournemouth, Poole and Hampshire Local Authorities.

Another matter concerning the CCG which was carried over from the previous year was the new contract for the provision of non-emergency patient transport services. As a result of the level of concern arising from this issue, an additional Committee meeting was held in June 2014, which is reported on separately below.

2.5 NHS Dorset Clinical Commissioning Group – Non-emergency patient transport services

Changes to the provision of Non-emergency patient transport services were first reported to DHSC in May 2013, but following the transfer of the service to a new provider, E-Zec Medical Services Ltd, in October 2013, widespread problems were reported. Members requested a further report in March 2014, the contents of which (including the need for a substantial additional investment in the contract) raised sufficient concern that an additional dedicated Committee meeting was convened on 24 June 2014.

The report had highlighted failures in the planning and handover of the services and the dedicated meeting sought to explore the reasons for this from the perspective of a range of stakeholders, including patients and carers. The Committee found that the main cause of the problems which occurred resulted from an under-estimation of the number of patient journeys which would need to be provided. It was felt that the CCG had shown an over-reliance on data which had been provided prior to putting the service out to tender, and that both the previous provider and the Trusts who used the service had failed to provide all the data required in a timely fashion. In addition, publicity surrounding the change of provider had raised awareness of the service, generating new demand. Members requested that further information be presented at their next Committee meeting and that an improvement plan setting out performance targets be provided. It was also emphasised that lessons should be learned for future tender exercises.

The update report which was considered by members in March 2015 set out an improving picture, but raised further concerns as to whether eligibility criteria for the service was being applied too rigorously. It was therefore agreed that the matter of eligibility should be explored at the next Committee meeting in May 2015.

2.6 Healthwatch Dorset

Healthwatch Dorset continue to play a key role in representing the user voice at DHSC meetings and, in addition to the presentation of their annual report, provided a detailed report on complaints procedures within GP services. Members heard about the gaps in information provided by some Practices and the way in which Healthwatch was working with them to make improvements. A further report entitled 'Every One Matters' offered insight into the feedback, both positive and negative, received by Healthwatch over the previous year in relation to Dorset's hospitals. The report illustrated wide variations in care and had been shared with the hospitals with a view to identifying areas for action. Of particular note was the fact that patients and their carers were often reluctant to complain to the hospitals themselves, but were willing to talk candidly to Healthwatch, highlighting the importance of an independent voice.

3 Task and Finish Groups

3.1 Pathology services at Dorset County Hospital NHS Foundation Trust

In November 2013 Dorset County Hospital Foundation Trust reported to the Committee that they were looking for a service model for pathology services which would be high quality, cost effective and financially sustainable. To this end, the Trust would be offering the service out to tender, but would not necessarily award the tender if it was found that the current in-house model offered the best service at the best price. An update to the Committee provided in March 2014 outlined progress and timescales, but members questioned why the in-house service had not been allowed to tender. Further updates provided in May 2014 and September 2014, supplemented by information provided by a local campaign group and pathology staff, led to the raising of concerns as to the openness (and ultimate legitimacy) of the tender process. It was therefore decided that a Task and Finish Group would examine the matter in more detail in October 2014.

When the Task and Finish Group met the intention had been to examine documents associated with the tender process to ascertain whether it had been done in a fair and open manner. Unfortunately some of the documents necessary to do this were not provided, but members did make a number of recommendations to the Trust for future reference, such as the value of benchmarking prior to service specification and the need to retain records of all communications relating to the tendering process.

The final outcome of the tender exercise was that the Trust decided to retain the in-house model of delivery and to invest £500,000 in the service. Members welcomed this and were reassured via a final report to Committee in March 2015 that the process had been conducted fairly and that lessons had been learnt.

3.2 Changes to Health Services in Purbeck

September 2014 saw the final meeting of a Task and Finish Group which was convened in May 2012 to consider changes to NHS services in Purbeck and to respond on the Committee's behalf to the consultation that NHS (CCG) colleagues

were carrying out regarding this. The Group heard 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.

An 'end of project' report would be produced for the Project Board at the end of November 2014, setting out the key elements of the model to be adopted: integrated locality teams, a range of new services, community hospital services to meet local demand and a stronger network of third sector services. It was also confirmed that in future the work of this Project would be aligned with the Better Together Programme and that the report would be used to inform the CCG's Clinical Services Review.

3.3 Quality Accounts

Task and Finish groups met three times during the year to consider Quality Account reporting by the two main provider Trusts operating within the County: Dorset Healthcare University NHS Foundation Trust and Dorset County Hospital NHS Foundation Trust. These meetings offer an informal opportunity for the Trusts to share information and to report progress against national and local performance targets. Ultimately the Trusts are required, under the Health Act 2009 and under amendments within the Health and Social Care Act 2012, to submit their Accounts to the Secretary of State (Department of Health) and the submission must be shared with local Scrutiny Committees, who are invited to comment. In May 2014 the DHSC received a report regarding the final submissions, sharing with the Committee the commentary provided by the Task and Finish Groups. The content of that report and the full commentary can be found at:

<http://www1.dorsetforyou.com/COUNCIL/commis2013.nsf/MIN/6512C24148EF9F5A80257CD9005233EC?OpenDocument>

- 3.4 In addition to meeting with the two main provider Trusts, DHSC members received a presentation from the Weldmar Hospicecare Trust in November 2014 on their Quality Account. The presentation highlighted the services provided by the Trust across Dorset, its financial arrangements and the key issues and challenges faced.

4. Joint Committees

- 4.1 When matters arise that concern health services provided across more than one local authority area, it is now mandatory to form a Joint Health Scrutiny Committee. During the year 2014/15 DHSC members participated in two Joint Committees and embarked on discussions regarding the setting up of a Standing Joint Committee to consider all future pan-Dorset matters.

4.2 In-patient Oncology Services

In 2013 the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH) wrote to local authorities to inform them that the temporary relocation of inpatient oncology service run by them to Poole Hospital had resulted in a number of benefits. The relocation was due to major difficulties the hospital had in recruiting enough appropriately trained medical staff needed to look after patients requiring complex oncology inpatient care on both sites, because of a national shortage of suitably qualified staff. Following the Competition Commission's decision not to approve the merger of RBCH and Poole Hospital NHS Foundation Trust, RBCH

subsequently asked health scrutiny committees in Dorset and Hampshire to agree this as a permanent change.

A joint scrutiny committee (made up of members from Bournemouth, Poole and Dorset Councils) was therefore held in June 2014, aligning with the Trust's wider consultation timescale. The Joint Committee was satisfied with the case made by representatives from both Bournemouth and Poole hospitals and agreed that the proposed permanent relocation of the inpatient oncology service was in the best interest of patients.

4.3 **Assisted Conception Services**

NHS Dorset Clinical Commissioning Group (CCG) notified DHSC in the spring of 2014 of their intentions to review the provision of Assisted Conception Services and commenced a formal consultation process in June 2014. The DHSC submitted a response to that consultation, recognising the pressures faced by the CCG but expressing some concern that the proposed changes would result in a reduction to services, against current NICE recommendations. As the services in question are pan-Dorset, it was agreed that a Joint Health Scrutiny Committee meeting would be held on 1 December 2014 in Poole, to discuss the rationale behind the proposals and the outcome of the formal consultation.

The Joint Committee recommended support for the proposal to reduce the number of IVF cycles funded from two to one and to amend the eligibility criteria to enable more women to access the service, but on the following proviso:

“One cycle of Assisted Conception Treatment be commissioned by the Clinical Commissioning Group, if a discussion takes place with the current provider that a second cycle could be made available at the same cost as that paid by the NHS.”

Following this meeting, the CCG made a request to the current service provider who indicated that this would be an "unusual conversation and very uncomfortable query" due to the following reasons:

- when it is patient choice to go private this becomes a different relationship with the provider and falls outside the NHS;
- the provider has to be fair with all their privately/self-funded patients.

The CCG also confirmed that, as an NHS commissioner, it had no control over private healthcare arrangements (and was therefore not in a position to enforce the recommendation made by the Joint Committee).

4.4 **Standing Joint Scrutiny Committee**

Following changes to the legislation regarding Health Scrutiny in 2013, it became mandatory to set up Joint Committees in cases where the health services under scrutiny operate across local authority boundaries. Given the pan-Dorset remit of NHS Dorset Clinical Commissioning Group and local health providers, the current and future demand for Joint Committees was clear and in November 2014 Dorset members agreed to set up a Task and Finish Group to take this forward. The Task and Finish Group met in February 2015 and considered the terms of reference of a Joint Committee, the size and membership, administrative arrangements and Chairmanship. The Group recognised the need for consensus with Bournemouth and Poole Councils on this matter and agreed to share their recommendations as a basis on which to commence more detailed discussions.

4.5 **Clinical Services Review**

NHS Dorset Clinical Commissioning Group commenced a Clinical Services Review in October 2014 and has provided a number of briefings and reports for DHSC since that time. The Review will examine how hospitals, GPs and community services could deliver greater benefits to patients, with more consistent services that can meet demand. Following a period of data collation, engagement and analysis, they requested a meeting with Health Scrutiny Chairs from Dorset, Bournemouth, Poole and Hampshire in March 2015, to outline their case for change and their plans for public consultation over potential options for change. As the Review affects all four local authorities, a Joint Committee was convened and met for the first time in July 2015. The work of this Committee will continue throughout 2015 and 2016.

5. **Annual Workshop and Work Programme for 2015-16**

- 5.1 In February 2015 DHSC members held their annual workshop. The topics included: the changing role of CQC; complaints reporting in local NHS Trusts; the work of the Better Together Programme and Better Care Fund; and a session within which to agree a programme of work for the coming year. The final version of the programme was agreed by the Committee at their meeting on 22 May 2015, and can be found at:

<http://www1.dorsetforyou.com/COUNCIL/commis2013.nsf/MIN/97EC7B74CD0A518B80257E450046155E?OpenDocument>

6. **Minutes, agendas and Committee membership**

- 6.1 The minutes for all Dorset Health Scrutiny Committee meetings can be found at:

<http://www1.dorsetforyou.com/Council/COMMIS2013.nsf/MIN?OpenView&Count=1000&id=0B770E9D6FA85CCA62840575DE848DF3>

- 6.2 Details of the current membership of the Committee and terms of reference can be found at:

<http://www1.dorsetforyou.com/Council/COMMIS2013.nsf/MOC/Dorset%20Health%20Scrutiny%20Committee?OpenDocument>

Ann Harris
September 2015