Joint Health Scrutiny Committee onthe Clinical Services Review

Minutes of a meeting held at County Hall,
Colliton Park, Dorchester on 20 July 2015.

Present:
Ronald Coatsworth (Chairman – Dorset County Council)

Bournemouth Borough Council
Eddie Coope, David d'Orton-Gibson and Rae Stollard

Dorset County Council
Michael Bevan and Mike Byatt

Hampshire County Council
Ann Briggs and David Harrison

The Borough of Poole
Vishal Gupta and Marion Pope

Dorset Clinical Commissioning Group(DCCG) Representatives:
Dr Paul French (Locality Chair for East Bournemouth), Tim Goodson (Chief Officer), Dr Forbes Watson (DCCG Chairperson) and Charles Summers(Director)

Officers:
Dorset County Council: Ann Harris (Health Partnerships Officer), Denise Hunt (Senior Democratic Services Officer), Dan Menaldino (Principal Solicitor) and Alison Waller (Head of Partnerships and Performance)
Borough of Poole: Victoria Mainstone (Team Leader (Overview and Scrutiny))
Hampshire County Council: Marie Mannveille (Scrutiny Officer)

Election of Chairman

Resolved

1. That Ronald Coatsworth be elected Chairman of the Joint Health Scrutiny Committee for the year 2015/16.

Apologies

2. Apologies for absence were received from Jennie Hodges (the Borough of Poole), and Chris Carter and Roger Huxstep (Hampshire County Council).

Term of Reference

Resolved

3. That the Term of Reference be noted.

Code of Conduct

4. There were no declarations by members of disclosable pecuniary interests under the Code of Conduct of each local authority.

Public Participation

Public Speaking

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

5.2 The Chairman noted that a public statement had been received in accordance with StandingOrder 21(2) from Mr East and that a further representation would be made by Councillor Ros Kayes.

5.3 Mr East addressed the Joint Committee regarding the complexity and substantial risks associated with the Clinical Services Review (CSR) which looked in detail at the entire health economy in Dorset and also took account of the "Better Together" programme. He highlighted that the system would not function without staff with the right skills, and that the disproportionate number of people in Dorset in the older or younger age groups and access to transport were also important factors. He felt it was important that the implementation of the CSR was delayed until models had been implemented in other parts of the Country.

5.4 Councillor Ros Kayes asked that the Joint Committee delay its scrutiny until 2016 in light of the decision by the Dorset Clinical Commissioning Group (DCCG) to delay the public consultation. She spoke about the complexities of conurbations and rural areas, including the impact of transport, with 25% of West Dorset residents having no access to public transport and 40% without a car. She highlighted that only 365 residents in West Dorset had responded to the "Big Ask" which represented 11% of the 6,100 responses. As the consultation had been delayed the Joint Committee would be unable to come to a proper conclusion and therefore this work needed to start in January 2016.

Petitions

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

NHS Dorset Clinical Commissioning Group Clinical Services Review

7.1 The Joint Committee considered a report by the Director for Adult and Community Services, Dorset County Council, which set out the context for the Clinical Services Review (CSR) and the planned public consultation which had subsequently been delayed following publication of the report.

7.2 The DCCG informed the Joint Committee that the proposals were fairly generic and that a number of questions and concerns had been raised by stakeholders, in particular, in relation to the impact on the out of hospital and hospital models. The DCCG had therefore felt it would be better to delay the consultation in order that some of those questions could be answered and to go out to consultation on a preferred option in early 2016. In addition, assurance by NHS England was required before the DCCG could go out to consultation and,as part of this process, the clinical senate had identified a lack of detail in some areas and had advised the DCCG that it would be better to expand further on some of those points prior to consultation. The DCCG confirmed their intention that the public documents for consultation would be user friendly and that they would provide clarification around links with social care.

7.3 A presentation on the CSR "The story so far and next steps" was given by the representatives of the DCCG. The areas covered included the need for change, the benefits for local people, the review process, an explanation of the proposed models, the mental health care acute pathway review and the public consultation methodology.

7.4 The Joint Committee was informed that a review of the mental health acute care pathway in Dorset was running in parallel with the CSR and included inpatient assessment and treatment, psychiatric liaison, crisis response and home treatment, street triage and community mental health teams. This review would take account of the outcomes of the CSR, although it was not part of it.

7.5 It was explained that a delay in the consultation would provide an opportunity for further engagement with stakeholders, to build on public understanding and to undertake additional work to ensure a sustainable health system in Dorset. It would also be important to ensure that the right message was given to the 750,000 residents in Dorset.The consultation document would therefore look different in 2016 and would clearly articulate the proposals in plain English and provide greater detail. The thematic areas would inform the consultation question areas in order to gain the fullest replies from the public. An independent research company has been appointed to work with the DCCG throughout the consultation.

7.6 The Chairman noted that the Joint Committee did not have the benefit of knowing what would be in the public consultation document at this stage. The proposal to develop “hub” services for a catchment population of 60,000 people was of particular concern as numbers were not respected by geography, a fact that might have been missed. He also asked that the consultation document include scenarios that told a story and explained how a condition, such as a heart attack, might relate to the new models of care to make sure that people understood what the review was trying to achieve. He suggested that the DCCG attend a Joint Committee meeting with a finalised consultation document prior to the public consultation andthat this should include some firmer ideas expressed in a way that could be easily understood by the public.

7.7 Members were advised that the inclusion of clinical scenarios had been recognised and examples of how treatment for some conditions could change would be described using both the old and new systems. These would form part of the consultation document and would be used for public meetings. Assurance was also provided on the population size to support the “hub” model of care in that these were largely compatible with that of the existing community hospitals.

7.8 A member highlighted that mental health had not been fully integrated into the CSR and that it was hoped that this would be treated equally with physical health in regards to both treatment and funding as promised by Central Government. It was also important that there were sufficient numbers of GPs with knowledge of mental health to meet the growing needs of people with mental health problems.A specific concern was raised regarding mental health services in North Dorset and members were informed that different models of service provision would be necessary in rural and urban areas in order to meet similar outcomes for people, irrespective of where they lived.

7.9 The Joint Committee was advised that the DCCG was committed to parity of care of mental health and physical health and that mental health clinicians were included in the clinical working groups. Part of this work included early intervention and the prevention of mental health problems in childhood and mental health was becoming an increasing part of GP training.

7.10 The DCCG were asked if there were examples of successful models being implemented in other parts of the country and it was explained that different elements had been implemented in other places and, in some instances, were more progressive. An example was given of Torbay which was considered to be more forward thinking in joining up services. Members were advised that certain elements were already in place in Dorset such as the 111 service and focussing of services at the Royal Bournemouth Hospital as a way of achieving better outcomes for people who had heart attacks in Dorset. It was also confirmed that the DCCG was working closely with West Hampshire CCG with regard to services provided there.

7.11 The DCCG was asked about the timeline for the consultation and how local Councillors would be engaged in the process. It was suggested that the DCCG meet with

district and borough Councillors as a way of engaging with community representatives and to use modern communication methods in order to engage younger people. The lack of information in the data concerning age profiles, location and circumstances was highlighted.

7.12 The DCCG representatives confirmed that they would attend a meeting of the Joint Committee prior to the launch of the public consultation and would be willing to meet with borough and district Councillors. They also confirmed that the "Big Ask" survey had provided detailed information concerning the circumstances of the respondents and that a variety of communication methods would be used in order to engage a wide audience. Consultation branding would also be used as part of the campaign to ensure that it was easily recognisable for the public.

7.13 Members asked whether there would be sufficient cases for medical training to ensure that staff skills were maintained. It was confirmed that the DCCG had engaged Health Education England and the Wessex Clinical Senate, who hadresponsibility for shaping education for the future models of delivery of care, and that details of this work would be made availableonce it had been completed.

7.14 A member asked whether an impact assessment had been undertaken in respect of overcoming the shortage of staff in relation to the proposed 24/7 services. The Committee was informed that the biggest challenges lay around the workforce and finance and that a recruitment campaign was underway in Europe. It was hoped that joining up services across Dorset and sharing staff to concentrate services on one site would make 24/7 staff coverage easier and make better use of existing services, including that of voluntary and charitable organisations. There was currently a significant shortfall in trained nurses which was impacted by a long lead in time in terms of training which would take longer to address. It was also hoped to further develop the role of healthcare assistants. There was also pressure on allied health professionals such as physiotherapists, as well as a national shortage of consultants in A&E, geriatrics and pathology and insufficient junior medical staff due to changes in working practices.

7.15 The Chairman asked about public transport to hospitals for non urgent medical care and was informed that the proposed models created a system of care closer to where people lived. There had been misrepresentation of some proposals and whether changes would mean a shift of services from West to East Dorset. Services at Dorset County Hospital would remain largely unchanged with a proposal to increase consultant cover. Major illness could be treated in other centres, as was the existing arrangement.

7.16 A member highlighted that bus subsidies given by local authorities were decreasing and that money might not be available in future to protect rural services. Members were assured that this would be given due consideration and could be alleviated by using the hub model of care.The DCCG stated that it was their intention to undertake further modelling on transport issues.

7.17 Members considered when future meetings of the Joint Committee should be convened in order to consider the bullet points highlighted in the report which could not be considered atthe meeting due to the delay in the consultation.Members were informed that a firm date could not be provided prior to sign off of the consultation by NHS England and the Wessex Clinical Senate. However this would probably be during October / November 2015.

7.18 The Principal Solicitor advised the DCCG representatives that clarification was required as to whether the Joint Committee could feed comments into the consultation document and the timescale by which this could be achieved. He advised that it would not be possible for the Joint Committee to consider the bullet points listed in the report as the consultation document was not available and there was insufficient information to support

each of the bullet points. If feedback was still required on those points then a report would need to be provided ahead of finalisation of the consultation document which expanded on those bullet points.

7.19 The DCCG confirmed that it was the intention for the Joint Committee to comment on the consultation process rather than contribute to the consultation document itself.

7.20 The Health Partnerships Officer advised that, in addition to a meeting in advance of the public consultation, it had also been suggested that a further two meetings be convenedin order that the Joint Committee could feedback its views on the proposals during the consultation period and another to look at the consultation outcomes.

7.21 There was further discussion regarding whether the draft consultation documents should be scrutinised as exempt business due to the DCCG not wanting the documents to be publicly available prior to the start of the official launch of public consultation. It was agreed that this could be done if necessary.

7.22 Members were informed that the 6 month delay would provide an opportunity for the CCG to meet with key stakeholders and that the DCCG would also use this time as an opportunity for further discussions.

Resolved

8.1 That a meeting of the Joint Committee be arranged in October / November 2015 (dependent on the DCCG's schedules) to revisit the action specified in paragraph 5.1 of Appendix A the report outlined below:-

- the reason for change is clear;
- the scope of the consultation is appropriate;
- the consultation covers all equality and diversity aspects of Dorset CCG and West Hampshire's CCG's population;
- the proposed service change affects choice for patients, particularly with regard to quality and service improvement and this is clear;
- there are appropriate feedback mechanisms for Dorset CCG and West Hampshire's CCG population; the timeframefor consultation is appropriate;
- the outcome from the consultation will be shared with the JOSC for review. That the Joint Committee meeting is convened at a point when the DCCG are in a position to share the draft consultation document

8.2 That the report includes further information on each of the above bullet points;

8.3 That further meetings of the Joint Committee be convened as follows:-

- during the 12 week consultation period in order to feedback its views;
- toconsider the outcome of the public consultation.

Dates of Future Meeting

Resolved

9. That officers be asked to arrange dates for future meetings in accordance with minutes 8.1 and 8.3 above.

Meeting duration: 2.00pm to 4.20pm.