

Dorset Health Scrutiny Committee

Minutes of a meeting held at County Hall,
Colliton Park, Dorchester on 8 September 2015.

Present:

Ronald Coatsworth (Chairman – Dorset County Council)
Bill Batty-Smith (Vice-Chairman – North Dorset District Council)

Dorset County Council

Mike Lovell and William Trite

North Dorset District Council

Bill Batty-Smith

Purbeck District Council

Dr Tim Morris

West Dorset District Council

Peter Shorland

Weymouth & Portland Borough Council

Alison Reed

External Representatives:

Dorset Healthcare University NHS Foundation Trust: Jane Elson (Locality Manager - North Dorset)

NHS Dorset Clinical Commissioning Group: Kath Florey-Saunders (Head of Review Design and Delivery)

Dorset Advocacy: Nicki Mann (Chief Executive Officer)

Healthwatch: Dr Margaret Guy (Vice-Chairman)

Dorset County Council Officers: Ann Harris (Health Partnerships Officer), Denise Hunt (Senior Democratic Services Officer) and Ali Waller (Head of Partnerships and Performance)

(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 **16 November 2015**.)

Apology for Absence

51. Apologies for absence were received from Michael Bevan, Mike Byatt and Ros Kayes (Dorset County Council) and David Jones (Christchurch Borough Council).

Code of Conduct

52. Councillor Alison Reed declared a non-pecuniary interest as she was employed by Dorset Healthcare University NHS Foundation Trust.

Minutes

53. The minutes of the meeting held on 22 May 2015 were confirmed and signed.

Matters Arising

Minute No. 34.4 – Mental Health Urgent Care Services Independent Evaluation Report

54.1 It was confirmed that feedback was awaited with regard to the development of a communications plan to ensure that GP links to the crisis home response treatment service was improved and that an update could be circulated to members that week.

54.2 An update was provided on the pilot to increase the use of the Rethink Recovery House and the Committee was informed that there had been an increase in occupation to 62% in June 2015 following a change in how the facility was used. This trend had continued throughout the summer period and had risen from 18 users in June 2015 to 29 users in July 2015. The community mental health teams were now using the Rethink Recovery House for people heading towards crisis. However, use of this facility had not always been taken up by residents in East Dorset.

54.3 It was confirmed that an update on the street triage service could be provided at a future date if necessary.

Public Participation

Public Speaking

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

55.2 There were no public statements received at the meeting in accordance with Standing Order 21(2).

Petitions

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

Dorset HealthCare University NHS Foundation Trust – Care Quality Commission (CQC) Inspection

57.1 The Committee received a verbal update from the Locality Manager - North Dorset, following the CQC inspection of the Dorset Healthcare University NHS Foundation Trust in June 2015 involving 140 inspectors. The inspection had focussed on quality and safety, using 5 Key Lines of Enquiry (KLOEs) framework: Safe, Effective, Responsive, Caring and Well-Led. The CQC would decide on a rating for each of the Trust's 11 core services as well as rating it as an organisation overall. The ratings were outstanding, good, requires improvement or inadequate. The outcome of the inspection was not yet known, however, high level feedback had been very positive, and in particular, praised the enthusiasm of staff and their willingness to talk about their work and services.

57.2 The Trust was currently awaiting receipt of the confidential draft report for factual accuracy checking and a senior representative from one of the stakeholder organisations would be invited to receive the inspector's formal report at a Quality Summit meeting on 9 October 2015. Shortly afterwards, the report would be published on the CQC website and more detail would be available at the next meeting of the Committee.

57.3 The Vice-Chairman asked how much the inspection had cost and how this had been funded. This was not known, but it was acknowledged that the inspection had to cover a large geographical area and many types health service provision.

Noted

Mental Health Acute Care Pathway Review

58.1 The Committee considered a report by the Director for Adult and Community Services which outlined the engagement and consultation plans associated with the Mental Health Acute Care Pathway Review. This was further to concern expressed by the Committee at its meeting on 22 May 2015 following the independent evaluation conducted by a team from the University of the West of England (UWE), that additional feedback be sought from stakeholders, particularly service users and carers.

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58.2 Members were informed that 180 people had attended the 22 events held across Dorset, Bournemouth and Poole and that 204 responses were received as a result of the online survey and 83 feedback postcards. Emerging themes included consistency of care by a single psychiatrist and the need for greater social support including transport and support on discharge from hospital and during the weekend period when people often experienced increased anxiety. Concerns had also been expressed regarding the out of hours crisis service and the availability of specialist peer support, not necessarily clinical support.

58.3 A report would be available at the end of October 2015 and published on the Dorset Clinical Commissioning Group's website. It was anticipated that different models of care would be proposed by the end of December 2015, followed by an NHS assurance process and public consultation, the latter depending on whether substantial changes were under consideration.

58.4 In response to questions, the Committee was informed that the review demographic was 18 years of age and above, but would include the 16 to 24 age group whose support needs were different to older age groups. The link between mental and physical health would also be investigated in terms of access to primary care, including additional support for GPs.

58.5 The Chairman was pleased that the engagement phase had sought views on how the service could be improved from a patient perspective, rather than the convenience of the service. He expressed concern that the views of the Hughes Unit Group Supporters (HUGS) had not been reflected in the report even though they had been proactive in circulating information about the review. It was confirmed this group had been included on the review distribution list.

Noted

Seven Day Services Update, Dorset County Hospital NHS Foundation Trust

59.1 The Committee considered a report by the Director for Adult and Community Services following a previous report to the Committee on 10 March 2015. Since that time the Dorset Clinical Commissioning Group (DCCG) had included some provision of seven day services into the annual contract for 2015-16 that required Dorset County Hospital NHS Foundation Trust to deliver any 5 of the 10 clinical standards. The report outlined progress against these 5 standards.

59.2 The Partnerships Officer advised that no representative from the Dorset County Hospital NHS Foundation Trust had been available to attend the meeting. As it was felt that the report contained insufficient detail she suggested that this item be deferred until the next meeting and, in the meantime, that a request be made for more detail. This was supported by the Committee who considered the report to be inadequate. In particular it was noted that the clinical standard in relation to the transfer of patients to community, primary and social care was clearly not working and that this element would need to be expanded further in a future report.

Resolved

60. That the report be deferred and that the Dorset County Hospital NHS Foundation Trust be asked to provide a revised report containing more detailed information for the next meeting on 16 November 2015.

Help with NHS Complaints Annual Report, April 2014 to March 2015

61.1 The Committee considered a report by the Director for Adult and Community Services which set out the number of referrals received, the type of complaints and

outcomes achieved by Dorset Advocacy's Help with the NHS Complaints service, either with or on behalf of the complainants.

61.2 The Committee heard that assistance with NHS complaints provided by Dorset Advocacy was continuing to work well and that the service would continue to visit GP surgeries and opticians. Visits to GP surgeries had revealed that display of information regarding making a complaint was very patchy and that dealing with complaints was not generally viewed as a positive opportunity for improvement and change. The leaflets were often stored behind reception counters, making it difficult for patients to access this type of information.

61.3 During consideration of the report, the Committee was advised that any person in receipt of services provided or funded by the NHS was eligible for advocacy support, regardless of whether they paid for their own care. The majority of complaints originated from acute settings or GP surgeries. Although there were equal numbers of complaints being made by men and women, the majority were white British. Dorset Advocacy was working with the Race Equality Council and the Dorset Race Equality Group to find ways of engaging more widely with other groups of people. It was also working with the advocacy network to increase awareness of the service so that it became recognised as a route to making complaints.

61.4 The Committee requested that some examples of complaints were included in future. Members were informed that the information contained in the report had been taken from a much fuller report. This could be shared with the Head of Partnerships and Performance to assess which information to provide to the Committee in future. In this way the Committee could be reassured that the work achieved by Dorset Advocacy was having a positive impact in practice.

Resolved

62. That the full report be shared with the Head of Partnerships and Performance in order to assess what could be included in future reports.

Changes to the Provision of Services at Portland Minor Injury Unit

63.1 The Committee considered a report by the Director for Adult and Community Services outlining the reasons for the current temporary changes to opening hours of the Portland Community Hospital Minor Injuries Unit (MIU) provided by the Dorset Healthcare University NHS Foundation Trust (DHC) and the plans for future provision.

63.2 The Locality Manager outlined the reasons for the restriction in opening hours of the Portland MIU to Monday to Friday 9am to 5pm due to the difficulty in recruiting staff and providing a safe service for patients. Whilst efforts would continue to attract staff for the MIU, different ways of exploring provision would also take place as part of the Clinical Services Review.

63.3 The Committee considered comments submitted by the County Council members for Portland Tophill and Portland Harbour, which had been included in an appendix to the report. Members took account of the MIU facility in Weymouth and recognised that, whilst the bus service between Portland and Weymouth was good, the road had been subject to closure due to flooding in the recent past. The view was also expressed that if a facility was not being used to full capacity then how it was operated should be questioned, irrespective of the difficulty in recruitment.

63.4 Overall, the Committee concluded that whilst it was supportive of the reasons behind the temporary closure at weekends, the MIU facility should continue to operate on

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Portland and that alternative ways of providing a service with different partners should be explored as part of the Clinical Services Review.

Resolved

64. That the Committee regretted the temporary reduction in hours at the Portland Minor Injuries Unit and recommended that the Dorset Healthcare University NHS Foundation Trust (DHC) explore this matter further as part of the Clinical Services Review.

Memorandum of Understanding between Dorset Health and Wellbeing Board and Dorset Health Scrutiny Committee

65.1 The Committee considered a report by the Director for Adult and Community Services outlining a Memorandum of Understanding between the Dorset Health and Wellbeing Board and Dorset Health Scrutiny Committee which set out the principles of cooperation and relationship.

Resolved

66.1 That the memorandum of understanding between the Dorset Health and Wellbeing Board and Dorset Health Scrutiny Committee be adopted;

RECOMMENDED

66.2 That, subject to approval by the Standards and Governance Committee (26 October 2015) and County Council, the Terms of Reference of the Dorset Health Scrutiny Committee be amended to include “Liaise and cooperate with the Dorset Health and Wellbeing Board as set out under the Memorandum of Understanding agreed by both parties in September 2015”.

Dorset Health Scrutiny Committee Annual Report 2014/15

67. The Committee considered its annual report for 2015/16.

Resolved

68.1 That the Annual Report for 2014/15 be endorsed.

68.2 That the Annual Report be shared with the Dorset Health and Wellbeing Board and published on the Health Scrutiny web page on DorsetforYou.com.

Joint Health Scrutiny Committee on the Clinical Services Review (CSR)

69.1 The Committee received the minutes of the Joint Committee meeting held on 20 July 2015. The Health Partnerships Officer advised that due to the revised consultation timeframe a further Joint Committee meeting would not be convened until 2016 and that the plans with regard to the Clinical Services Review (CSR) consultation remained unclear at this stage.

69.2 The Committee highlighted the importance of scrutinising the consultation document before it reached the final sign off stage. It was noted that Dorset Clinical Commissioning Group (DCCG) had given a commitment to meet with District and Borough Councillors at the Joint Committee meeting, but a briefing had not yet been arranged with Weymouth and Portland Borough Councillors. Members were advised to speak to Frances Aviss as the person responsible for co-ordinating engagement activity at the DCCG.

69.3 The Committee discussed the “hub” model of treatment proposed in the CSR, and in particular whether this model would be suitable in rural areas. Also discussed was the extent to which local hospitals would be used as “hubs”, the number of people it would serve and its hours of operation. The point was made that whilst the tendency was to centralise services at larger hospitals, minor hospitals were better placed to assist people in moving

back home and that a certain amount of services should be retained in the community hospitals.

69.4 The Chairman stated that the Committee must continue to liaise closely with the DCCG and carefully coordinate its activity with the Health and Wellbeing Board with regard to the CSR. A further meeting of the Joint Committee would be arranged when appropriate.

Noted

Appointments to Committees and Other Bodies

70.1 The Committee considered a report by the Director for Adult and Community Services asking the Committee to re-confirm or appoint members to the committees and bodies set out in the report appendix. The Chairman advised that a vacancy existed for a Liaison Member for the Dorset County Hospital NHS Foundation Trust.

Resolved

71.1 That the appointments set out in the annexure to the minutes be approved;

71.2 That an e-mail be circulated to the Committee attaching information describing the role of the Liaison Member and requesting a nomination to fulfil the Dorset County Hospital NHS Foundation Trust Liaison Member position.

Briefings for Information/noting

Primary Care Dental Services in Weymouth

72.1 The Committee considered a report by the Director for Adult and Community Services on primary care dental services in Weymouth.

72.2 The Health Partnerships Officer advised that, as a result of circulating information provided by Healthwatch regarding its findings of an investigation into Primary Care Dental Services in Dorset, a GP in Weymouth had relayed the problems associated with acute dental pain being referred to GPs rather than dental practitioners. On-going work was now taking place to assess the size of the problem and what could be done to provide a resolution.

72.3 The Healthwatch representative provided further information on inappropriate referrals to GPs and via the 111 telephone service and advised that NHS England was in the process of contacting dentists regarding their service contracts. Healthwatch had also contacted the South West Ambulance Service NHS Foundation Trust (SWAST), who were operators of the 111 telephone service and it was confirmed that additional training for call handlers was being arranged to include effective signposting of dental enquiries.

Noted

Updates from Liaison Members

73. There were no updates from Liaison Members.

Item for Future Discussion

74. A suggestion was made to look at the transfer of commissioning of 0-5 years services to the Local Authority under Public Health in future.

Questions from Members of the Council

75. No questions were asked by members under Standing Order 20(2).