

Joint Health Scrutiny Committee on the Clinical Services Review

Minutes of a meeting held at County Hall,
Colliton Park, Dorchester on 2 December 2015.

Present:

Michael Bevan (Vice-Chairman in the Chair – Dorset County Council)

Bournemouth Borough Council
Eddie Coope and Rae Stollard

Dorset County Council
Bill Batty-Smith, Michael Bevan and Mike Byatt

Hampshire County Council
Roger Huxstep

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) and Denise Hunt (Senior Democratic Services Officer)
Borough of Poole: Victoria Mainstone (Team Leader (Overview and Scrutiny))
Hampshire County Council: Katie Benton (Scrutiny Officer)

Appointment of Vice-Chairman

Resolved

10. That Michael Bevan be elected Vice-Chairman of the Joint Health Scrutiny Committee for the year 2015/16.

Apologies

11. Apologies for absence were received from Ron Coatsworth (Dorset County Council), Jennie Hodges (the Borough of Poole), David d'Orton-Gibson (Bournemouth Borough Council); Chris Carter and David Harrison (Hampshire County Council).

Code of Conduct

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

Minutes

13. The minutes of the meeting held on 20 July 2015 were confirmed and signed.

Public Participation

Public Speaking

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

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

Petitions

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

Clinical Services Review Programme Update

16.1 The Joint Committee received a presentation by Dr Phil Richardson of the Dorset Clinical Commissioning Group (DCCG). He informed members of the revised timetable for the Clinical Services Review (CSR) which included the development of clinical models to the end of January 2016; approval by the CCG in March 2016 and a number of assurance processes between April – June 2016 (including NHS England and Monitor). No specific date had yet been agreed for the public consultation on the proposals for services and models of care.

16.2 In response to a question in relation to cross border health services, the Joint Committee was informed that the DCCG worked collaboratively with neighbouring CCGs despite the requirement for each CCG to carry out its own public consultation.

16.3 Members asked how patients could be engaged in their healthcare pathway and have ownership of their information and were advised that ways in which this could be achieved included having a key point of access in the community and community teams working together. There was a need to look at all available technologies with regard to patient information and access, however, there were some effective systems that were already in place, such as the Dorset Care Record.

16.4 Members were advised that the Royal College had been engaged in medical training and that the shape of the workforce would change over the next 5-10 years due to multi-disciplinary teams blurring the edges between health and social care. It was requested that information about workforce and training issues be provided at a future meeting of the Joint Committee.

16.5 It was also confirmed that the DCCG was sharing information with similar Acute Vanguards and that there was a Vanguard group in the Wessex area. Some interesting models had been investigated in other areas including the Isle of Wight, Salford and London.

16.6 Members asked about transport in order to access health services and it was acknowledged that although this was a challenging factor, this could potentially be alleviated by bringing services such as chemotherapy into community settings.

Noted

Mental Health Acute Care Pathway: View Seeking Evaluation

17.1 The Joint Committee considered a report by the Director of Adult and Community Services on the review of the mental health acute care pathway which was being run in parallel with the CSR. An update on the mental health acute care pathway review had been provided to the Joint Committee in July 2015.

17.2 The Joint Committee received a presentation on progress of the review including the results of the view seeking phase undertaken from July to September 2015.

Joint Health Scrutiny Committee on the Clinical Services Review - 2 December 2015

17.3 The Chairman asked about the practical implementation of the emerging proposals given the lack of clinical workforce which was understaffed and under resourced. He asked whether sufficient numbers of staff would be in place before the new models were implemented. The Joint Committee was advised that the new models of care would create changes in the workforce. This would therefore require a staged implementation process in order to accommodate those changes

17.4 In response to a question regarding different pathways according to the needs of the individual, members were informed that the GP or nurse would tend to identify the start of the pathway, but it was everyone's responsibility to increase awareness and improve access. Additional training would be necessary to ensure that the pathway functioned correctly. Outreach working would also be brought into GP practices to provide specialist advice.

17.5 The increasing number of ex-servicemen coming forward with mental health issues was highlighted and it was confirmed that the service charities would be asked to comment on the proposals.

17.6 Members were informed that the review would take into account transition services which was the subject of a working group and that this aspect would be brought back to the Joint Committee. It was also stated that early diagnosis in childhood would stop serious problems in adulthood and that there would be investment in early intervention services. In response to a question it was confirmed that the DCCG did not commission dyslexia services as most were seen by an educational psychologist rather than a mental health practitioner.

17.7 In response to a question about issues relating to urban residents, it was acknowledged that ideally efforts were made to support individuals in their own community, but inpatient units were also being reviews.

Noted**Date of Next Meeting****Resolved**

18. That officers be asked to arrange the next meeting in March or April 2016.

Meeting duration: 10.00am to 12:30pm