Public Document Pack

Agenda

Dorset County Council

Meeting: Dorset Health Scrutiny Committee

Time: 10.00 am

Date: 7 June 2016

Venue: Committee Room 1, County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ

Ronald Coatsworth	Dorset County Council
Ros Kayes	Dorset County Council
Paul Kimber	Dorset County Council
Mike Lovell	Dorset County Council
William Trite	Dorset County Council
David Jones	Dorset County Council
Bill Batty-Smith	North Dorset District Council
Sarah Burns	East Dorset District Council
Tim Morris	Purbeck District Council
Peter Shorland	West Dorset District Council
Alison Reed	Weymouth & Portland Borough Council
Vacancy	Christchurch Borough Council

Notes:

- The reports with this agenda are available at www.dorsetforyou.com/countycommittees then click on the link "minutes, agendas and reports". Reports are normally available on this website within two working days of the agenda being sent out.
- We can provide this agenda and the reports as audio tape, CD, large print, Braille, or alternative languages on request.
- **Public Participation**

  Guidance on public participation at County Council meetings is available on request or at http://www.dorsetforyou.com/374629.

  (a) Public Speaking

  Members of the public can ask questions and make statements at the meeting. The closing date for us to receive questions is 10.00am on 2 June 2016, and statements by midday the day before the meeting.

  (b) Petitions

  The Committee will consider petitions submitted in accordance with the County Council's Petition Scheme.

Debbie Ward
Chief Executive

Contact: Jason Read, Democratic Services Officer
County Hall, Dorchester, DT1 1XJ
01305 224190 - j.read@dorsetcc.gov.uk

Date of Publication:
Friday, 27 May 2016

1. **Election of Chairman**

To elect a Chairman for the remainder of the year 2016/17.

2. **Appointment of Vice-Chairman**

To appoint a Vice-Chairman for the remainder of the year 2016/17.

3. **Apologies for Absence**

To receive any apologies for absence.

4. **Code of Conduct**

Councillors are required to comply with the requirements of the Localism Act 2011 regarding disclosable pecuniary interests.

- Check if there is an item of business on this agenda in which the member or other relevant person has a disclosable pecuniary interest.
- Check that the interest has been notified to the Monitoring Officer (in writing) and entered in the Register (if not this must be done on the form available from the clerk within 28 days).
- Disclose the interest at the meeting (in accordance with the County Council's Code of Conduct) and in the absence of a dispensation to speak and/or vote, withdraw from any consideration of the item.

The Register of Interests is available on Dorsetforyou.com and the list of disclosable pecuniary interests is set out on the reverse of the form.

5. **Terms of Reference**

To note the Committee's terms of reference as follows;

(a) To review and scrutinise matters pertaining to the planning, commissioning, provision and operation of health services in the area of the County Council.

(b) To make reports and recommendations to relevant NHS Bodies and/or relevant health service providers and also to the Cabinet and other relevant committees of the County Council on any matter which is reviewed or scrutinised.

(c) To give notice to require the Cabinet or the County Council to consider and respond to any reports or recommendations arising from the committee's work within two months of receipt.

(d) Where relevant NHS Bodies and/or relevant health service providers have under consideration any proposal for a substantial development of the health service in the area of the County Council or for a substantial variation in the provision of such service:

(i) to receive reports from the relevant NHS Bodies and/or relevant health service providers;

(ii) to comment on the proposal(s); and

(iii) to report in writing to the Secretary of State where any of the circumstances set out in paragraph 23(9) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny)

Regulations 2013 apply.

(e) To arrange for its functions under the 2013 Regulations to be discharged by an Overview and Scrutiny Committee of another local authority where that Overview and Scrutiny Committee would be better placed to undertake the functions and the other authority agrees.

(f) In accordance with regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, to appoint joint committees with other local authorities to exercise relevant functions under the said Regulations.

(g) From time to time, as appropriate, to appoint a task and finish group consisting of members of the Committee to consider specific local issues relating to the overview and scrutiny of health.

Membership: 6 members of the County Council, or such higher minimum number which is necessary to achieve representation from the three main political groups based on the political balance rules. Every effort being made so that each represents an area of the county which coincides with the district/borough council area in which their County Council electoral division is located, ie one County Council member to represent each of the following areas:

Christchurch, East Dorset, North Dorset, Purbeck, West Dorset and Weymouth and Portland.

1 member representing each of the 6 District/Borough Councils in Dorset.

6. **Public Participation**

(a) Public Speaking

(b) Petitions

7. **Minutes** 1 - 6

To confirm and sign the minutes of the meeting held on 8 March 2016.

8. **Seven-Day Services Update** 7 - 20

To consider a report by Dorset County Hospital.

9. **Child and Adolescent Mental Health Services** 21 - 30

To consider a report by the Director of Service Delivery, NHS Dorset CCG and the Director for Children's Services, Dorset County Council.

10. **Annual Work Programme April 2016 to March 2017** 31 - 36

To consider a report by the Director for Adult and Community Services.

11. **Appointments to Committees and Other Bodies** 37 - 40

To consider a report by the Democratic Services Officer.

12. **Revised Protocol for Dorset Health Scrutiny Committee** 41 - 56

To consider a report by the Director for Adult and Community Services.

13. **Dementia Services Review** 57 - 62

To consider a report by Diane Bardsley, Project Manager, NHS Dorset Clinical Commissioning Group.

14. **Specialist Dementia Services across Dorset** 63 - 66

To consider a report by Sally O'Donnell, Dorset Locality Director, Dorset HealthCare University NHS Foundation Trust.

15. **Quality Accounts - Submitted commentaries 2015/16** 67 - 76

To consider a report by the Director for Adult and Community Services.

16. **Briefings for Information/Note** 77 - 82

To consider a report by the Director for Adult and Community Services (attached). This report includes the following items:-

17. **Questions from County Councillors**

To answer any questions received in writing by the Chief Executive by not later than 10.00am on 2 June 2016.

Dorset Health Scrutiny Committee

Minutes of the meeting held at County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ on Tuesday, 8 March 2016.

Members Attending
Ronald Coatsworth (Chairman)
Bill Batty-Smith (Vice-Chairman)
Mike Byatt, Dorset County Council
Michael Bevan, Dorset County Council
Ros Kayes, Dorset County Council
Mike Lovell, Dorset County Council
William Trite, Dorset County Council
David Jones, Christchurch Borough Council
Tim Morris, Purbeck District Council
Peter Shorland, West Dorset District Council
Alison Reed, Weymouth & Portland Borough Council

Officers Attending:
Ann Harris (Health Partnerships Officer) and Jason Read (Democratic Services Officer).

For certain items, as appropriate
Sally O'Donnell, Locality Director Dorset Healthcare University NHS Foundation Trust, Local NHS Trust Provider
Mike Wood, Interim Director of Service Delivery, Clinical Commissioning Group
Sarah Hayward, NHS Dorset Clinical Commissioning Group
Louise Bowden, Head of Marketing, PR and Communications, SWASFT
Martyn Callow, SWASFT.

(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 **7 June 2016**.)

Apologies for Absence

1 There were no apologies for absence received.

Code of Conduct

2 There were no declarations by members of disclosable pecuniary interests under the Code of Conduct.

A general interest was declared by Cllr Alison Reed as she was employed by Dorset HealthCare University NHS Foundation Trust. As this was not a disclosable pecuniary interest she remained in the meeting and took part in the debate.

Cllr Ros Kayes added that she was employed in the mental health profession outside of Dorset and on occasion, her employer received funding from Dorset HealthCare University NHS Foundation Trust. As this was not a disclosable pecuniary interest she remained in the meeting and took part in the debate.

Minutes

3 The minutes of the meeting held on 16 November 2015 were confirmed and signed.

Public Participation

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

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

Petitions

There were no petitions received at the meeting in accordance with the County Council's Petition Scheme.

Dorset Healthcare University NHS Foundation Trust - CQC Report

5 The Committee considered a report by Dorset HealthCare University NHS Foundation Trust on the Quality Improvement Action Plan following the publication of the CQC Inspection report in October 2015. The action plan had been developed by the designated core service managers and lead clinicians, supported by the relevant locality Director.

The main issues highlighted in the inspection report related to variance across the whole trust that had been the result of a number of different mergers and changes to services. The report had also highlighted some areas of non-compliance. There were particular challenges around mental health services for children and young people (CAMHS) such as inconsistencies in quality of care and service provision between teams. There were also long waiting lists and systems were required to ensure the safety of the children waiting to be seen. It was explained that investments in the service were being applied and there was some detailed work being carried out to improve inconsistencies and issues with waiting times. The Trust was working with the Clinical Commissioning Group (CCG) to ensure that the investment was appropriately targeted. Funding had also been made available to address issues raised with mental health crisis and home treatment services.

Issues had also been raised around Minor Injury Units (MIUs) and their sustainability, function and purpose. There was a need to deliver consistency in the operating arrangements for all MIUs and a need for a county-wide strategy for urgent and emergency care. Work had been undertaken to look at applying consistent protocols across services and the Clinical Services Review would include the role and functions of MIUs.

The report highlighted issues around end of life care and, in particular, the need for a clear plan for end of life services provided by the Trust to ensure equity of access for patients and also the need for a commissioned pan Dorset integrated model of end of life care as there were currently multiple providers.

Each of the areas highlighted in the inspection report now had 'must do' actions attached to them. The Trust had spent a lot of time focussing on these actions and improving these areas. A lead had been assign to each area to monitor and oversee the implementation of improvement actions. The Trust had a three day review scheduled for the 15 March 2016 and were confident that the review would reflect the work undertaken to improve services.

Concerns were raised about staffing levels and how these were being addressed. It was explained that CAMHS had made a number of appointments across Dorset to support teams in a number of professions. It had been particularly difficult to appoint to the consultant post for the Weymouth and Portland team, but an interim arrangement had been put in place; many agency staff had been given permanent contracts, which helped to mitigate costs; and there had also been an increase to the nursing bank. However, recruitment still remained a challenge.

Some Councillors expressed their disappointment to see some on-going issues recurring as areas for improvement. It was felt that more work needed to be done around personal care plans and patients needed to have a significant level of input on

what care was best for them to receive.

Members queried the future use of community hospitals and it was noted that proposals to develop them as 'hubs' from which to coordinate community services were expected as part of the Clinical Services Review.

It was also noted that some Councillors had never been contacted by the Trust regarding issues in their areas and that the liaison member for the Trust had been told that she was not able to attend full Board meetings. It was felt that the levels of communication with community representatives needed to be significantly improved. The Locality Director acknowledged members concerns and offered to meet with the liaison member on a quarterly basis in future and to arrange visits to facilities, should members wish to do this.

Noted.

Quality of General Practitioner Services in Dorset

6 The Committee considered a report by the Head of Patient Safety and Risk, NHS Dorset Commissioning Group (CCG). The report provided information relating to the quality of General Practitioner (GP) services in Dorset and the work that NHS Dorset CCG was undertaking to monitor and support practices in making improvements.

Since April 2013 the responsibility for the commissioning and monitoring of Primary Care services (including GPs) had been the responsibility of NHS England. Over the past 12 months the CCG had been co-commissioning General Practice services with NHS England, but as of 1 April 2016 the responsibility would be transferred solely to the CCG under a scheme of delegation. NHS England would only retain the responsibility for individual GP Performance issues and act as the legal contract owner as set out in the Care Act 2012. NHS England would also retain the responsibility for GP complaints.

As part of the preparation for the delegated commissioning of GP services, the Dorset CCG was working closely with NHS England on the handover of responsibilities. It had been identifying the key data sources to create a 'profile' of practices across Dorset. This would enable the Dorset CCG to target support where it was most needed to improve quality and ensure a good patient experience.

The report explained that NHS England annually commissioned Ipsos MORI to undertake an independent national survey of patients to seek their views on the quality, safety and experience of GP services. The latest survey results had been published in January 2016. The experience of people accessing GP services in Dorset was good, with the majority of practices scoring higher than the national average. For the indicator relating to 'overall experience' Dorset GPs scored 90% on average against the national average of 85%. Only 10% of Dorset practices scored below the national average for this indicator with no practice scoring below 75%. There were no areas of the survey results that indicated Dorset GPs did not have a combined average that was higher than the national average.

Councillors expressed their dissatisfaction and frustration with the Dorset CCG for not sending anyone to present the report or answer any questions the Committee may have had. Questions were raised around the lack of public engagement that had been carried out in relation to the changes. Councillors also explained that GPs were concerned with some of the changes that were being made and the impact it would have on them, in particular their claims that their patient lists were becoming unmanageable. It was explained that there were on-going discussions between GPs and the Dorset CCG around what was accepted as standard practice

It was agreed that a letter would be sent by the Chairman to the Dorset CCG

emphasising the Committee's dissatisfaction with the lack of CCG representation at meetings. They would also request an update report be presented at the Committee's September 2016 meeting.

Resolved

1. That a letter be sent by the Chairman to the Dorset CCG emphasising the Committee's dissatisfaction with the lack of CCG representation at meetings.
2. That an update report be presented at the Committee's September 2016 meeting.

Dorset Health Scrutiny Committee Protocol Revision

7 The Committee considered a report by the Director for Adult and Community Services which outlined some changes to the protocol for the Dorset Health Scrutiny Committee. The current protocol had been adopted in 2007 and required updating as a result of several changes that were highlighted in the report. The revised Protocol removed references to the scrutiny of the Supporting People Programme; set out the Committee's Terms of Reference reflecting the new regulations and guidance and liaison with the Health and Wellbeing Board; clarified membership; clarified the Liaison Member role, as agreed by the Committee on 10 March 2014; noted the Committee's links with Healthwatch Dorset and clarified administrative matters.

Concern was raised by one member regarding the removal of responsibility for the scrutiny of the Supporting People Programme. It was explained that this had been transferred to the Adult and Community Services Overview Committee, but clarification was requested.

With regard to the Liaison Member role, it was suggested that the Health Trusts be contacted to confirm the expectations around this and to explore the possibility of wider access to Board meetings for Liaison Members.

Concerns were also raised over the scrutiny of the Dorset Health and Wellbeing Board. Some members felt that the scrutiny responsibilities for this body should sit with the Committee. It was requested that a report be brought back to the Committee to clarify scrutiny arrangements for the Board. Members agreed that the new protocol could not be adopted until scrutiny responsibilities had been clarified.

Resolved

1. That the adoption of the revised protocol be deferred until the Committee received clarification over scrutiny arrangements for the Dorset Health and Wellbeing Board.

Draft Dorset Joint Health and Wellbeing Strategy, 2016 to 2019

8 The Committee considered a report by the Director for Adult and Community Services which informed the Committee of the current progress in developing a new Joint Health and Wellbeing Strategy.

Local Authorities and Clinical Commissioning Groups have an equal duty to prepare Joint Health and Wellbeing Strategies (JHWS), based on the findings of the Joint Strategic Needs Assessment (JSNA). The first JHWS adopted by Dorset Health and Wellbeing Board in June 2013 largely focused on the description of health and wellbeing priorities, supported by evidence from the JSNA. The Strategy also included some principles and broad themes about encouraging a more preventative approach to health and wellbeing and working together, wherever possible, to intervene at an earlier stage.

In September 2015 Dorset Health and Wellbeing Board members met to consider the format that the next JHWS should take, and followed this with a review of the function and role of the Dorset Health and Wellbeing Board in October 2015. Members agreed

that their future focus should be on matters where they could most 'add value' and where their work would not duplicate what was already being carried out elsewhere. To that end, it was decided that the two over-arching priorities would be health inequalities and prevention and early intervention.

The Strategy would be adopted at the end of August 2016. However it was noted that this may not happen until November 2016, depending on timescales. The consultation workshop scheduled to be held on 5 April 2016 had now been cancelled.

Noted.

South Western Ambulance Service NHS Foundation Trust – NHS 111 Service

9 The Committee considered a report by the South Western Ambulance Service NHS Foundation Trust (SWASFT) which focused on the allegations made in the Daily Mail on 15 and 16 February 2016 about the NHS 111 service provided by SWASFT.

SWASFT strongly refuted a number of allegations made in the newspaper articles. There were also actions that the individual involved claimed they took, reported in the Daily Mail, for which SWASFT can find no paper trail or audit and an investigation in to the allegations made in the newspaper had been commissioned. This was due to start imminently.

In addition, the Care Quality Commission (CQC) was making an early inspection of SWASFT's NHS 111 services on Tuesday 8 and Wednesday 9 March 2016. This standard inspection had been brought forward as a result of the claims made in the Daily Mail.

It was agreed that it would be inappropriate for the Committee to comment on the matter until the inspections had taken place and the findings could be reported. The Committee had also been asked by Bournemouth Borough Council and Poole Borough Council to nominate members to an ad-hoc Joint Health Scrutiny Committee to consider the issues. However, it was agreed that the Committee should have an opportunity to consider the inspections reports before this happened.

Resolved

1. That the nominations to an ad-hoc Joint Health Scrutiny Committee be deferred until after the Committee received a report on the inspection results in June 2016.

Weymouth Community Urgent Care Centre Project and Weymouth Walk-in Centre and the Practice GP Service

10 The Committee considered a report by the Director for Service Delivery, NHS Dorset Clinical Commissioning Group. The report provided an update on the Weymouth Community Urgent Care Centre Project and next steps.

The work being undertaken aimed to improve service delivery and promote the integration of services. There were currently three services independently contracted, based at Weymouth Community Hospital; The GP-led Walk in Centre (WIC), the Minor Injuries Unit (MIU) and Out of Hours (OOH) service. These services saw and treated service users who walked in or were triaged from 111 with a varying range of primary care needs, minor illness, minor injuries and urgent care needs.
The contract for the GP-led Walk in Centre contract expired on 30 June 2016 and there was no option to extend the contract further.

NHS England currently commissioned the Walk in Centre contract which included a primary care patient list. The patients who were currently registered had been given an opportunity to comment on the options for future care. An engagement exercise was held during January 2016 with an open day event at the practice on 19th

January.

A formal project and oversight team was established to manage the procurement process. The process was led by the Procurement Specialists within the Dorset CCG to ensure it was accurate. Following the tender process, Dorset Healthcare University NHS Foundation Trust was awarded the contract which commences on 1 July 2016.

Councillors asked how the changes would be communicated to the public. It was clarified that public engagement would be included as part of the mobilisation period, which would begin now the contract had been formally awarded.

Noted.

Briefings for Information/Noting

11 The Committee consider a report by the Director for Adult and Community Services. The report provided updates on the NHS Dorset CCG – Non-emergency Patient Transport Services and the NHS Dorset CCG – Delivering the Forward View: NHS Planning Guidance 2016-17 to 2020-21. The report also contained the minutes of the Clinical Services Review Joint Health Scrutiny Committee meeting held on 2 December 2015.

Councillors requested an update report on Non-emergency Patient Transport Services at their September 2016 meeting to focus on costs and the number of people the service provided for.

Appendix 2 of the report referred to the five year forward view for the NHS Dorset CCG. The slides in the report highlighted the process of the forward view and how it would be produced. Councillors asked for clarity around vanguards and their relationships with the Clinical Services Review. It was agreed that an information briefing around the subject would be provided at the next meeting of the Committee.

Resolved

1. That an update report on Non-emergency Patient Transport Services to focus on costs and the number of people the service provided for be included on the agenda for the Committee's September 2016 meeting.

2. That a report on vanguards and their relationships with the Clinical Services Review be included on the agenda for the Committee's June 2016 meeting.

Dorset Health Scrutiny Committee - Forward Plan

12 The Committee considered the Dorset Health Scrutiny Forward Work Plan. It was requested that some work around patient discharge and subsequent re-admissions be added to the plan.

Noted.

Meeting Duration: 10.00 am - 12.45 pm

Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	7 June 2016
Officer	Anita Thomas, Deputy Chief Operating Officer Paul Lear, Medical Director
Subject of Report	**Dorset County Hospital NHS Foundation Trust - Seven Day Services Update**
Executive Summary	Dorset County Hospital NHS Foundation Trust is working towards providing a seven day service to patients who need an emergency admission, diagnostics and treatment. In line with NHS England direction, the Trust will be seven days services compliant by 31 March 2020 but aims for earlier compliance by March 2018. A recent audit shows good compliance in some areas, with work required in others. To work toward full compliance, the Trust has developed an outline action plan. The plan will be delivered through a project with clinical and senior management leadership. The Trust's Senior Management Team will provide oversight and seek assurance that the project is progressing as planned.
Impact Assessment:	Equalities Impact Assessment: **N/A**
	Use of Evidence: Report provided by Dorset County Hospital NHS Foundation Trust.
	Budget: **N/A**
	Risk Assessment:

	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: LOW Residual Risk LOW *(i.e. reflecting the recommendations in this report and mitigating actions proposed)*
	Other Implications: **N/A**
Recommendation	The Committee considers and comments on the seven day services audit report from Dorset County Hospital NHS Foundation Trust. Dorset County Hospital NHS Foundation Trust commit to complying with the 4 priority clinical standards by 31 March 2020 as directed by NHS England but aim to be compliant by March 2018. • Initial Consultant (Patient) Review • Consultant directed diagnostics • Consultant directed interventions • Ongoing consultant (Patient) Review The committee accepts the action plan from Dorset County Hospital NHS Foundation Trust.
Reason for Recommendation	The recommendations support the change in approach of NHS England to the provision of seven day services to patients.
Appendices	NHS Services, Seven Days a Week Forum, Clinical Standards
Background Papers	Report to Dorset Health Scrutiny Committee 16 November 2015, agenda item 6: Dorset Health Scrutiny Committee agenda 11 November 2015
Officer Contact	Name: Anita Thomas Tel: 07846 266521 Email: anita.thomas@dchft.nhs.uk

Paul Lear
Medical Director for Dorset County Hospital NHS Foundation Trust
May 2016

Seven Day Services Audit Report
Dorset County Hospital NHS Foundation Trust 2016

13 May 2016

Background

This audit report of the NHS clinical standards for Seven Day Services follows a previous audit carried out in September 2015 and reported to the committee in October 2015.

In total, there are 10 clinical standards for Seven Day Services. Under the direction of NHS England, the audit focused on 4 priority clinical standards. The table below shows the priority standards and the summarised results from September 2015.

Standard	Theme	Target	Current
2	Time to Consultant Review	100%	62%
5	Access to Diagnostics	100%	64%
6	Access to Consultant-directed Interventions	100%	80%
8	On-going Review	100%	100%

The audit required that 10 patient notes from 10 clinical specialities were checked, equating to 100 notes in total.

It was reported that the key challenges in meeting 100% compliance were:

- Vacancies for doctors who were in short supply
- Locum costs are high, putting pressure on Trust finances
- Patient demand in some areas is low and investing funds requires careful consideration

For completeness, Appendix 1 provides details of all 10 clinical standards.

In early 2016, NHS England made a significant change in their approach to Seven Day Services planning. They asked Trusts to concentrate on compliance of the 4 priority standards rather than all 10. Recognising the challenges most Trusts face, they extended the timeline by which all Trusts must be compliant to 31 March 2020.

Situation

All Trusts were instructed to re-audit the 4 priority clinical standards between 28 March – 5 April 2016. The audit method however, had changed from the previous iteration; in total 280 patients records were checked, split 40 a day over 7 days. The first 20 admitted patients after 9am were to be selected for audit and 20 more after 5pm, regardless of speciality. This meant that not all specialities were evenly represented, making comparison with the previous audit difficult.

These audit dates were just prior to the 48 hour junior doctors industrial action 6 – 8 April 2016. This meant that junior doctors worked in emergency areas but not in areas of planned care. The impact was minimised within the hospital but had an inevitable effect on daily work and therefore the ability to compare with the previous audit sample.

Audit Results

The audit results and question responses are summarised here. Annex A details the questions and responses.

Preliminary Questions

Of the 280 patients audited, 88% or 245 were admitted into 5 of the 25 specialities

General Internal Medicine	112
General Surgery	55
Trauma Orthopaedic Surgery	33
Paediatrics	26
Cardiology	19
Total	**245**

This highlights that the vast majority of patients are treated under very few specialities, while Seven Day provision is still expected across all 25 despite low numbers of patients needing that service.

The Trust employs consultants throughout the week to provide adequate and safe cover for the hospital. The audit asked if all of the 25 specialty areas listed had consultants at work seven days a week. The results were:

- 16 Specialties had consultant cover seven days a week
- 7 Specialities had no inpatients and therefore did not need any cover
- 2 Specialities had 5 day cover but not on Saturdays and Sundays

Standard 2 - Time to Consultant Review

This question within the standard asked the number and percentage of patients admitted as an emergency receiving a thorough clinical assessment within 14 hours of arrival at hospital.

The audit found that from Monday – Friday 56% of patients were identified as receiving a consultant review in that time frame. On Saturday and Sunday 42.5% of patients were identified as receiving a review within 14 hours of arrival.

Patient Diagnosis

The question asked if there was documented evidence that patients have been made aware of the diagnosis, management plan and prognosis within 48 hours of admission.

The audit showed that over 99% of patients across the week were made aware or were too unwell to be made aware.

Standard 5 – Consultant Directed Diagnostics

The question asked what proportion of patients were able to access consultant directed diagnostic tests and completed reporting seven days a week; categorised in critical (1 hour turnaround) and urgent (12 hours turnaround) patients.

This Trust, like many others in England, do not categorise patients as critical or urgent when requesting tests. Tests requested immediately are completed that way, without questioning if the patient is critical or urgent. This meant the Trust could not answer the question set in this way. Instead each of the diagnostic services listed were asked if protocols were in place to test patients quickly.

The audit showed that over the 9 areas listed the Trust provided adequate critical and urgent cover during the week; Monday to Friday. At weekends, 2 of the 9 provided complete cover, a further 3 provided limited cover and the remaining 4 provided no cover.

Feedback from Histopathology and Microbiology was that only 25 patients a month actually require a service at the weekends, which in proportion to average monthly workloads is very small. The services operate an on-call system that ensures patients are seen but investing in full-time staff capacity may not be the best use of stretched resources.

Standard 6 – Consultant Directed Interventions

The question asked, 'do patients have 24 hour access to consultant directed interventions 7 days a week, either on site or via a formal network arrangement.'

The areas audited were; Critical Care, Percutaneous Coronary Intervention, Cardiac Pacing, Thrombolysis, Emergency General Surgery, Interventional Endoscopy, Interventional Radiology, Renal Replacement and Urgent Radiotherapy

The audit found that patients do have 24 hour access to interventions both on-site and through formal arrangements.

Standard 8 – Ongoing Review

The question asked was, 'what percentage of patients on the AMU, ASU, ITU and other high dependency areas are seen and reviewed by a consultant twice daily?'

The audit found that the Intensive Therapy Care Unit received 4 patients. One was reviewed twice daily; 25%. The High Dependency Unit also received one patient and they were reviewed twice a day by a consultant, 100%.

A follow up question asked, 'once transferred from an acute area to a general ward, what percentage of patients are reviewed, as part of a consultant delivered ward round at least once every 24 hours, seven days a week, unless it has been determined that this would not affect the patient's care pathway?'

The audit found that from Monday – Friday 57.6% of patients were identified as receiving a consultant review. On Saturday 65.7% received a review and 73.5% on a Sunday.

Audit Summary

The audit identified areas where the Trust's compliance was good against the standards and questions in areas of patient communications. However, there are areas for improvement where patients are expected to see a consultant within 14 hours.

The audit found that the Trust still experiences similar challenges as before:

- Doctors are in short supply
- Locum costs are high, putting pressure on Trust's finances
- Patient demand in some areas is low and investing funds requires careful consideration

In addition, this different style of audit revealed that internally results would have been better if:

- Patient notes recorded ward rounds by named consultant, time and dates of diagnostics requests and when reports were returned.

- Consultants made it clear in the patient's notes that a daily consultant review was not required and would not affect outcome of care.

Action

The Trust remains committed to being compliant with the Seven Day services standards. The plan below outlines the aim to be compliant by 31 March 2018, well before the NHS England deadline of 2020. The committee should be aware that NHS England's approach and guidance on Seven Day Services has changed over the last 12 months and remains an area of debate. If further guidance is received the Trust will evolve its plans accordingly.

The Trust is also actively engaged with the Dorset Clinical Services Review (CSR) and the NHS England sponsored Acute Vanguard (Vanguard) with Poole and Bournemouth hospitals. Seven Day Services provision is a priority for these initiatives.

A project group will be formed to improve areas outside of the scope of the CSR and Vanguard. The project group will have clinical leadership, executive overview and report into the Trust's Senior Management Team to provide assurance.

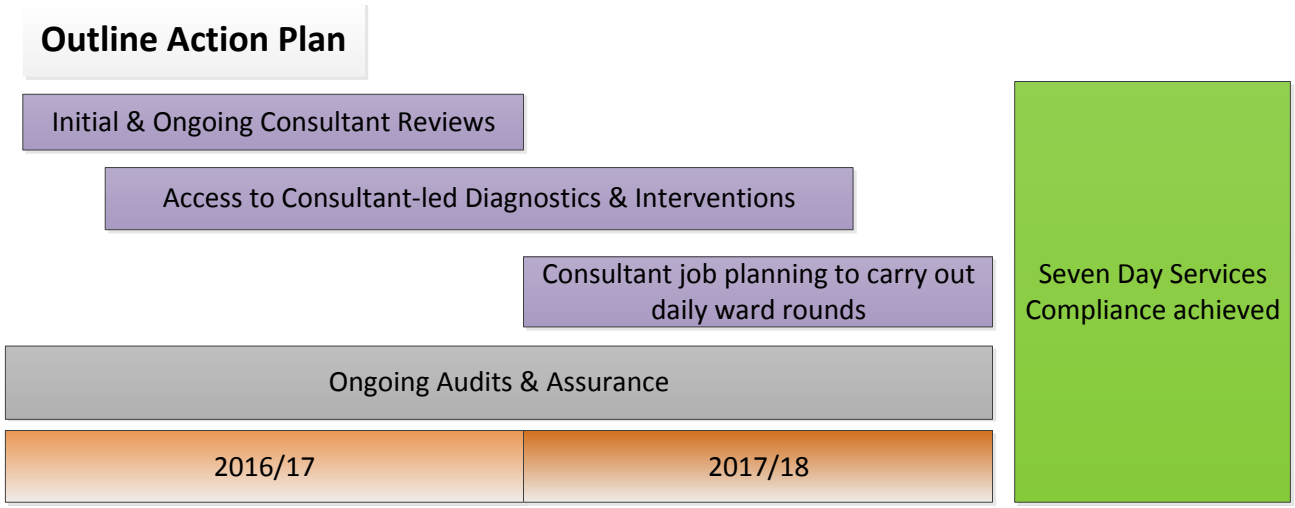
The key measures from the Clinical Standards are listed below. March 2016 shows current performance with planned targets detailed at 6 monthly intervals.

Proposed Targets Against Dates

Measure	Mar-16	Sep-16	Mar-17	Sep-17	Mar-18
Standard 2 - Ongoing Review 14 Hours as a %	42.5	60	80	90	100
Standard 8 – Review of Acute patients twice a day as a %	80	80	90	90	100
Standard 8 – Review of patients daily as a %	57.6	60	80	90	100
Standard 5 – Services that have provision critical 1 hour and urgent 12 hour – weekdays	100	100	100	100	100
Standard 5 – Services that have provision critical 1 hour and urgent 12 hour – weekends	22	22	40	80	100
Standard 6 – Services that provide access every day	100	100	100	100	100
Job Planning – consultants able to cover each day out of 17 specialties	12	12	14	15	17
Standard 2 – Patients made aware of diagnosis, plan within 48hrs as a %	97	99	100	100	100
Standard 8 – Patients made aware of their review as a %	80	80	90	90	100

To support the achievement of compliance, the outline plan below shows the main work streams of the project

- Initial & On-going review (addresses standards 2 and 8)
  - Improve data capture and data quality
  - Assess the gap between current provision and compliance target
    - Implement preferred options
- Access to Consultant-led Diagnostics & Interventions (addresses Standards 5 & 6)
  - Maintain weekday provision of critical and urgent diagnostics
  - Evaluate options to improve accessibility at weekends
  - Implement preferred options
  - Maintain current availability of interventions
- Consultant job planning
  - Evaluate if consultants currently have enough capacity to make daily wards rounds
  - Assess different options for bridging the gaps
  - Implement preferred options



The main themes throughout will be:

- Improving data quality to ensure the Trust captures the work it carries out
- Improving outcomes for the patient by supporting improved experience, mortality and unplanned readmissions
- Analysing each day of the week for areas of particularly good or weak performance to ensure the Trust is offering a high quality service every day

Assurance

The Trust's Senior Management Team will have internal oversight of the project. Their role will be to receive updates and hold the project to account for delivery.

To measure ongoing progress and provide assurance, another audit will be carried out in September 2016 and every 6 months thereafter.

Annex A – detailed Audit results

Seven Day Services Audit 2016

Question 1a

1a. Please confirm that the responses to this survey are based on a minimum of 280 case notes, between 30th March and 5th April, being the first 20 consecutive emergency admissions from 09:00 and the first 20 from 17:00 each day.

Yes

** Select the "No, but" option if the trust admits fewer than 40 emergency admissions per day but the review includes all emergency admissions for the review period 30 March - 6 April 2016.*

Question 1b

1b. Please provide a breakdown of the specialties covered by your 280 emergency admissions.

Please answer by specialty below	**Number of emergency admissions**
Anaesthetics	0
Intensive Care Medicine	4
Emergency Medicine	7
Obstetrics and Gynaecology	8
Paediatrics	26
Acute Internal Medicine	0
Cardiology	19
Clinical Pharmacology and Therapeutics	0
Gastroenterology	0
General Internal Medicine	112
Geriatric Medicine	8
Haematology	0
Infectious Diseases	0
Medical Ophthalmology	0
Neurology	0
Renal Medicine (Nephrology)	4
Respiratory Medicine (Thoracic Medicine)	2
Rheumatology	0
Stroke Medicine	8
Cardio-thoracic Surgery	0
General Surgery	55
Neurosurgery	0
Trauma and Orthopaedic Surgery	33
Clinical/Diagnostic Radiology	0
Clinical Oncology (Radiotherapy)	0
Other (please specify):	0
Total:	**280**

Question 1c

1c. Does consultant job planning in the trust make provision for a consultant-led ward round on every ward every day of the week?

Please answer by specialty below	Compliant with daily ward rounds	Not compliant with daily ward rounds	No inpatient service in this specialty
Anaesthetics	●	○	○
Intensive Care Medicine	●	○	○
Emergency Medicine	○	○	●
Obstetrics and Gynaecology	●	○	○
Paediatrics	●	○	○
Acute Internal Medicine	●	○	○
Cardiology	○	●	○
Clinical Pharmacology and Therapeutics	○	○	●
Gastroenterology	○	●	○
General Internal Medicine	●	○	○
Geriatric Medicine	○	●	○
Haematology	●	○	○
Infectious Diseases	○	○	○
Medical Ophthalmology	○	●	○
Neurology	○	○	●
Renal Medicine (Nephrology)	●	○	○
Respiratory Medicine (Thoracic Medicine)	○	●	○
Rheumatology	○	○	●
Stroke Medicine	○	●	○
Cardio-thoracic Surgery	○	○	●
General Surgery	●	○	○
Neurosurgery	○	○	●
Trauma and Orthopaedic Surgery	●	○	○
Clinical/Diagnostic Radiology	○	○	●
Clinical Oncology (Radiotherapy)	○	○	●

Question 2a – Relates to Clinical Standard 2 – Time to first Consultant Review

2a. What percentage of patients admitted as an emergency (not just through the emergency department) receive a thorough clinical assessment by a suitable consultant (seven days a week) within 14 hours of arrival at hospital?

	Weekday	Saturday	Sunday
Number of patients admitted as an emergency receiving thorough clinical assessment within 14 hours of arrival at hospital	112	17	17
Total number of patients admitted as an emergency	200	40	40
Percentage of patients who received the clinical assessment within 14 hours	**56.0%**	**42.5%**	**42.5%**

Question 2b

2b. Is there documented evidence that patients (and where appropriate families/ carers) have been made aware of the diagnosis, management plan and prognosis within 48 hours of admission?

	Weekday	Saturday	Sunday
Total number of patients admitted as an emergency	**200**	**40**	**40**

These numbers will be pre-calculated from the denominator you have entered in question 2a.

	Weekday		Saturday		Sunday	
	Number of patients and carers/family made aware within 48 hours	Percentage of patients	Number of patients and carers/family made aware within 48 hours	Percentage of patients	Number of patients and carers/family made aware within 48 hours	Percentage of patients
Yes	172	**86%**	35	**87.5%**	36	**90%**
No but the patient was unable to be made aware due to their clinical condition. The carers/ family were informed.	22	**11%**	5	**12.5%**	4	**10%**
No but the patient died within 48 hours.	1	**0.5%**	0	**0%**	0	**0%**
No but the patient was informed and there is documented evidence that family/ carers were unable to be contacted despite several attempts, or there are no family/ carers to be informed or the patient did not want the family/carers to be contacted.	2	**1%**	0	**0%**	0	**0%**
No (none of the above).	3	**1.5%**	0	**0%**	0	**0%**
Total	**200**		**40**		**40**	

Question 3 – Relates to Clinial Standard 5 – Consultant Directed Diagnostics

Team	CRITICAL Diagnostics and Reporting within 1 hr (Y/N)	URGENT Diagnostics and Reporting within 12 hrs (Y/N)	Supporting Notes
Bronchoscopy	Yes	Yes	Not Sat or Sun
CT	Yes	Yes	
Echocardiography	Yes	Yes	Not Sat or Sun
Histopathology	Yes	Yes	Not Sat or Sun
MRI	Yes	Yes	Not Sat or Sun (subject to 7 day business case)
Microbiology	Yes	Yes	Yes Sat & Sun am, No Sat & Sun pm
Colonoscopy	Yes	Yes	On call at weekends
Upper GI Endoscopy	Yes	Yes	
Non obstetric Ultrasound	Yes	Yes	Not Sat or Sun except for carotid dopplers for TIAs

Question 4 – Relates to Clinical Standard 6 – Consultant Directed Interventions

4. Do inpatients have 24 hour access to consultant directed interventions 7 days a week, either on site or via formal network arrangements?

	Weekday	Saturday	Sunday
Critical Care	Yes - on site	Yes - on site	Yes - on site
PCI	Yes - on site	Yes - off site (via formal arrangen	Yes - off site (via formal arrangen
Cardiac Pacing	Yes - on site	Yes - on site	Yes - on site
Thrombolysis	Yes - on site	Yes - on site	Yes - on site
Emergency General Surgery	Yes - on site	Yes - on site	Yes - on site
Interventional Endoscopy	Yes - on site	Yes - on site	Yes - on site
Interventional Radiology	Yes - off site (via formal arrangen	Yes - off site (via formal arrangen	Yes - off site (via formal arrangen
Renal Replacement	Yes - on site	Yes - on site	Yes - on site
Urgent Radiotherapy	Yes - off site (via formal arrangen	Yes - off site (via formal arrangen	Yes - off site (via formal arrangen

Question 5 – Relates to Clinical Standard 8 Ongoing Review

5a. What percentage of patients on the AMU, ASU, ITU and other high dependency areas are seen and reviewed by a consultant twice daily (including all acutely ill patients directly transferred and others who deteriorate)?

	Admitted to the AMU on a...		
AMU	**Weekday**	**Saturday**	**Sunday**
Number of patients seen and reviewed by a consultant twice daily during their stay on this ward (up to 5 days)	0	0	0
Total number of case notes from patients admitted to AMU on this day reviewed	0	0	0
Percentage of patients seen and reviewed by a consultant twice daily			

	Admitted to the ASU on a...		
ASU	**Weekday**	**Saturday**	**Sunday**
Number of patients seen and reviewed by a consultant twice daily during their stay on this ward (up to 5 days)	0	0	0
Total number of case notes from patients admitted to ASU on this day reviewed	0	0	0
Percentage of patients seen and reviewed by a consultant twice daily			

	Admitted to the ITU on a...		
ITU	**Weekday**	**Saturday**	**Sunday**
Number of patients seen and reviewed by a consultant twice daily during their stay on this ward (up to 5 days)	1	0	0
Total number of case notes from patients admitted to ITU on this day reviewed	4	0	0
Percentage of patients seen and reviewed by a consultant twice daily	**25%**		

	Admitted to the other HDU on a...		
Other HDU	**Weekday**	**Saturday**	**Sunday**
Number of patients seen and reviewed by a consultant twice daily during their stay on this ward (up to 5 days)	1	0	0
Total number of case notes from patients admitted to other HDU on this day reviewed	1	0	0
Percentage of patients seen and reviewed by a consultant twice daily	**100%**		

Question 5b

5b. Once transferred from an acute area of the hospital to a general ward, what percentage of patients are reviewed, as part of a consultant-delivered ward round at least once every 24 hours, seven days a week (unless it has been determined that this would not affect the patient's care pathway)?

	Admitted to the general ward on a...		
	Weekday	Saturday	Sunday
Number of patients reviewed as part of a consultant-delivered ward round at least once every 24 hours	83	23	25
Total number of patients reviewed who were transferred to general ward	144	35	34
Percentage of patients reviewed as part of a consultant-delivered ward round at least once every 24 hours	**57.6%**	**65.7%**	**73.5%**

Question 5c

5c. Are patients (and where appropriate families/ carers) made aware of reviews done by consultants on AMU, SAU, ICU and other high dependency areas, and provided with information about the patients status and any change in the management plan?

	Admitted to the AMU, ASU, ICU or Other HDU on a...		
	Weekday	Saturday	Sunday
Total number of patients admitted as an emergency to AMU, ASU, ICU or Other HDU	**5**	**0**	**0**

These numbers will be pre-calculated from the denominator you have entered for each of the 4 sections (AMU, ASU, ITU & other HDU) in question 5a.

	Admitted to the AMU, ASU, ICU or Other HDU on a...					
	Weekday		Saturday		Sunday	
	Number of patients made aware of reviews	Percentage of patients	Number of patients made aware of reviews	Percentage of patients	Number of patients made aware of reviews	Percentage of patients
Yes	0	**0%**	0		0	
No but the patient was unable to be made aware due to their clinical condition. The carers/ family were informed.	4	**80%**	0		0	
No but the patient died within 48 hours.	1	**20%**	0		0	
No but the patient was informed and there is documented evidence that family/ carers were unable to be contacted despite several attempts, or there are no family/ carers to be informed or the patient did not want the family/carers to be contacted.	0	**0%**	0		0	
No (none of the above).	0	**0%**	0		0	
Total	**5/5**		**0/0**		**0/0**	

This page is intentionally left blank

Health Scrutiny Committee

Dorset County Council

Date of Meeting	7 June 2016
Officer	Director of Service Delivery, NHS Dorset CCG – Mike Wood Director for Children's Services – Sara Tough
Subject of Report	**Child and Adolescent Mental Health Services**
Executive Summary	This report outlines the service context for the provision of child and adolescent services (CAMHS), focusing on the performance of CAMHS, particularly around access and wait times. There have been improvements in performance as a result of a range of actions undertaken by commissioners and providers, however it is recognised that this is remains an area of concern. Future actions to address this are also outlined. The report outlines areas of additional investment in Emotional Wellbeing and Mental Health through the submission of a Transformation Plan to NHS England on behalf of our local partnership. This has resulted in an allocation of £1,552,573 in 2015/16 (£442,914 of which was allocated specifically for eating disorders). The report also describes progress in developing a new Emotional Wellbeing and Mental Health Strategy for children and young people. Public consultation was completed on the 6th of May. Results from feedback are currently being analysed. An implementation plan will be published in September 2016.
Impact Assessment:	Equalities Impact Assessment: An EQIA has not yet been completed for the draft Emotional Wellbeing and Mental Health Strategy. This will be completed prior to adoption.
	Use of Evidence: Management information has been used to understand performance. The development of the transformation plan has used local and national research and evidence and is founded on evidence of best practice.

	The draft Emotional Wellbeing and Mental Health for children and young people has been developed through consultation with stakeholders, including children and young people and parents and a full public consultation on the draft strategy has just been completed. The results of the public consultation are currently being analysed.
	Budget: n/a
	Risk Assessment: n/a 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)
	Other Implications: n/a
Recommendation	The Committee is asked to note the report and the progress to date and invited to comment on the planned action, the transformation plan and the development of the new strategy.
Reason for Recommendation	While it is recognised that there is still work to be undertaken, actions to address the current issues are in place and will continue to be closely directed and monitored. The Transformation Plan and the new Emotional Wellbeing and Mental Health Strategy offer opportunities to improve the whole system response to the emotional wellbeing and mental health of children and young people.
Appendices	
Background Papers	**1.** Report to Children's Services Overview Committee 18/01/16: Emotional Wellbeing and Mental Health **2.** Report to Health and Wellbeing Board 09/09/15: Local Transformation Plan for Children and Young People's Mental Health **3.** Dorset CCG Transformation Plan **4.** Draft Emotional Wellbeing and Mental Health Strategy 2016_2020 **5.** CAMHs Young Inspectors Report (2015)
Report Originator and Contact	Name: Claire Shiels Tel: 01305 213714 Email: c.shiels@dorsetcc.gov.uk

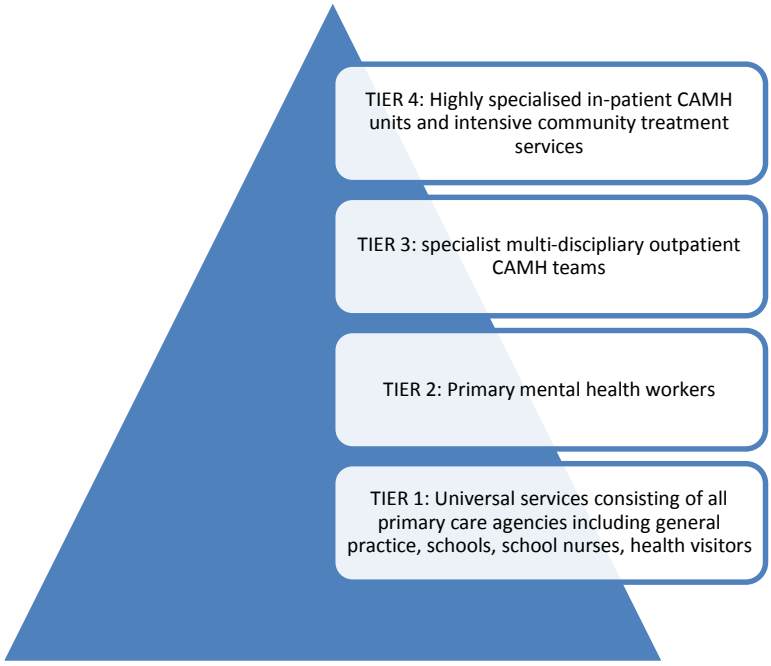
1. Introduction

1.1. Mental health in childhood involves more than just the absence of emotional difficulties. It involves the presence of a number of abilities which develop from infancy, through childhood and adolescence, and which have implications for adjustment and well-being in adulthood.

1.2. Therefore supporting children and young people's emotional wellbeing is the responsibility of a wide range of services such as children's centres, schools/colleges, school nursing, youth services, voluntary and community sector services and includes things like parenting programmes, education psychology services, counselling services, and things to do.

1.3. However when they need more specialist support, this is provided by Child and Adolescent Mental Health Services (CAMHs). These services are provided by Dorset HealthCare NHS University Foundation Trust (DHUFT) and involve things like talking therapies, psychiatry, eating disorder services and learning disability services.

1.4. Children and Young People's Mental Health Services are currently described nationally as a four tier service. This is described in the diagram below.



1.5. CAMHs is a pan-Dorset service and there are six local area teams:

- Bournemouth and Christchurch
- East Dorset
- North Dorset
- Poole
- West Dorset
- Weymouth & Portland

1.6. The Lead Commissioner for CAMHS in Dorset is the Dorset Clinical Commissioning Group (CCG), working in partnership with the three local authorities of Bournemouth, Dorset and Poole to commission CAMHS from Dorset Healthcare NHS University Foundation Trust (DHC). Monitoring of this contract is undertaken by Dorset CCG as part of their overall monitoring of DHUFT, however additional monitoring is undertaken by the Pan Dorset Joint Commissioning Operational Group, a sub-group of the Pan Dorset Children's Commissioning Partnership.

1.7. DHC also provide in-patient (Tier 4) services for children and young people in Bournemouth, The commissioning of in-patient beds is not undertaken locally and this is the responsibility of NHS England.

1.8. This report will focus on:

- The current performance of the service and actions taken to improve performance.
- Dorset's approach to implementing change through the additional investment made available through the child and adolescent mental health and transformation funding
- The development of a new Emotional Wellbeing and Mental Health Strategy for Children and Young People (2016-2020)

2. Performance of the Service

2.1. In 2014 an independent review of CAMHs provision found that the full range of services expected by the NHS is provided and that locally we have has a service model which incorporates a very wide range of support offers, delivered by staff with a wide range of skills and with a stable workforce. The review also found that the service has a higher rate of referrals than national modelling would predict and highlighted a number of areas for improvement, which included reducing the number of appointments that children and young people do not attend (DNAs); provision of support to universal services such as schools and GPs; wait times for therapy; work to enhance multi-agency planning for complex young people; improving communication and engagement.

2.2. One of the key challenges for the service is to improve access and wait times so this will discussed in greater detail.

2.3. Access and Waiting Times

5.3.1 Wait times are currently measured in 3 different ways: wait times for assessment for Tier 2 services; wait times for assessment for Tier 3 services and wait time from referral to treatment.

5.3.2 Between September 2015 and March 2016, considerable improvement has been made in the average and longest waits for assessment both at Tier 2 and at Tier 3. During this period, the average wait for assessment at Tier 2 reduced by 55% to 7.6 weeks and for Tier 3 by 20% to 8.5 weeks and the overall average wait for treatment has reduced by 20%. In addition to this, the total number of patients waiting for Tier 2 treatment reduced by 21%, and Tier 3 treatment by 16%.

5.3.3 One of the greatest challenges for the service is consistency of performance across the local are teams. Detailed analysis of performance at team level over the last six months shows that:

- All teams, other than Bournemouth and Christchurch, have continued to perform reasonably well for Tier 2 assessment compliance, with West Dorset having achieved 95% (within 8 weeks) or above consistently.
- Tier 3 assessment waiting times appear considerably more erratic over all six CAMHS teams with just East Dorset and North Dorset teams regularly meeting the target (within 4 weeks)
- The referral to treatment target shows that all teams, with the exception of Poole, have shown an overall improvement in the six months to March 2016.
- The detailed analysis shows significant variability between the teams in their performance for tier 3 assessment times and RTT (16 weeks) compliance.

5.3.4 Current performance is provided in the table below for the service and for each of the local area teams. When a child or young person is not assessed or does not receive treatment within a specific time frame, it is called a "breach".

March 2016	OVERALL	Bournemouth & Christchurch	East Dorset	North Dorset	Poole	West Dorset	Weymouth & Portland
Tier 3 Assessment - within 4 weeks (number of breaches)	**60% (31)**	50% (14)	93% (1)	75% (2)	24% (13)	-* (0)	91% (1)
Tier 2 Assessment - within 8 weeks (number of breaches)	**82% (22)**	23% (24)	100 % (0)	100% (0)	94% (1)	100% (0)	100% (0)
Referral to Treatment - within 16 weeks (number of breaches)	**78% (27)**	70% (9)	100 % (0)	88% (2)	80% (4)	100% (0)	64% (12)
NB: Proportions can be dramatically affected by small changes due to small numbers							

5.3.5 There are some challenges in how the data is currently reported that will affect the reporting of performance over the next few months:

- We currently record breaches in the month when a child or young person attends an appointment and not the month where the wait time exceeds the target. This means that for the next few months where appointments have been booked the breach rate is already determined.
- The recording of referral to treatment times also needs to be addressed. This is currently being applied to all patients, rather than new patients so is having an adverse impact on wait times.
- It is not currently possible to split the performance of the Bournemouth & Christchurch team, however this will be addressed in the near future.

5.3.6 There is significant variance in performance across the six teams, with East Dorset and West Dorset appearing to perform the best in March against Bournemouth and Christchurch, which is significantly underperforming. This underperformance, coupled with the size of the Bournemouth and Christchurch team in comparison to the other CAMHS teams, shows that their results skew the overall CAMHS service results.

5.3.7 Although there have been some improvements, there is still ore work to do. The approach to ensuring that robust planning and development work will make this happen consistently is outlined through the next sections.

6. Actions taken to improve performance

6.1 In 2015/16 the CCG agreed additional priority funding of £250K for CAMHS. DHC has also invested in capacity for new roles. This has enabled recruitment of additional roles to increase capacity.

6.2 DHC have recently appointed a CAMHS Transformation Lead. This post has strategic responsibility for overseeing the CAMHS transformation agenda. The post holder works alongside the Lead Medical Consultant and two Clinical Leads to ensure a strong clinical underpinning to service developments.

6.3 An internal DHC CAMHS Transformation Group (CTG) has been established to provide strategic oversight and leadership for any transformative work undertaken and is chaired by the CAMHS Transformation Lead. As part of a review of the functioning

and effectiveness of the CTG six core working groups have been developed to sit under the CTG and drive key work streams associated with this agenda. The working groups will be led by a senior manager with DHC and involve key stakeholder. The groups will focus on:

- Communication and engagement.
- Participation.
- Clinical processes and pathways.
- Data quality and performance.
- Workforce and training.
- Evidence based practice and routine outcome measures.

6.4 CAMHs has also been working on improving access and wait times and reducing DNAs by:

- Improved guidance for staff on patient choice
- Improved guidance for staff in the teams around recording
- Reviewed patients on the waiting list and offering earlier appointments where possible
- Increasing number of appointments offered
- Piloted new ways of managing referrals
- Identified of best practice in waiting list management
- Developed of care pathways for specific diagnoses with a clear 'menu' of evidence based interventions
- Developed briefer assessment models
- Introduced new models for group work

6.5 To help support staff in education settings, CAMHs have been delivering workshops in relation to anxiety, depression, and self-harm. These have been well attended and more are planned.

6.6 The service is working on expanding the successful pilot "Improving Access to Psychological Therapies" which has enabled staff to complete training in evidence based intervention and the use of outcomes monitoring with patients as part of clinical practice.

6.7 In 2015 the Dorset Young Inspectors undertook an inspection of local CAMH services. The team focused on understanding the reasons why some children and young people do not attend their initial appointment with the service, or if they do, why they may not return for subsequent sessions. Following a process of desktop research, carrying out questionnaires and interviews and site visits, they made a series of recommendations. These recommendations have been reflected in the DHC service improvement plan. The recommendations relate to the following themes:

- Reduce waiting times
- Review and speed up the referral, assessment and appointment processes
- Improve transitions from CAMHS to Adult Mental Health Services
- Improve information provision about the service for children, young people and parents/carers
- Improve information about the service to professionals including thresholds and providing clarity over what is an appropriate referral
- Improve quality and accuracy of written communication with children, young people and parents/carers
- Strengthen the voice young people

- Ensure that treatment is person centred and that young people have a clear plan and understanding of their treatment
- Improve communication between the service and other professionals in order to reduce duplication
- Increase use of digital technology for the delivery of the service
- Consider rolling out education and prevention approaches in schools
- Promote therapy/counselling to eliminate negative perceptions of young people
- Improve the website
- Improve signage
- Ensure that consulting rooms and waiting areas are age-appropriate

6.8 The Joint Commissioning Operational Group and leads from within the Maternity and Family Health Team have been working closely with DHC management and clinical leaders to monitor the service and to highlight and understand the performance issues and drive work to support improvement. Areas with have been highlighted and are now being addressed are leadership arrangements within DHC, the use of data and intelligence by the service to understand the issues and to form the basis for improvement plans with clear actions against time scales to achieve specific outcomes.

7. Future Actions for Improvement

7.1 The CCG and DHC are working to agree monthly performance trajectories for access and waiting times at team level. These will be robustly monitored on a monthly basis via contract review meetings.

7.2 The table below outlines the actions that Dorset Health Care have committed to undertake in the between 2016 and 2017.

Action	Timescale
Full Demand and Capacity review of the CAMHS service • Referral in to Assessment process • Assessment to Treatment process • Re-design of the referral in to assessment process and associated performance structure to ensure that the service is future ready for changes, such as adopting the Thrive model and Self Referrals.	Quarter 1 Quarter 2
Review of administration processes in each team to ensure that patients who are likely to breach are highlighted to Team Leads prior to appointments being agreed.	31st May
Implement Rio waiting lists for all teams to allow more efficient monitoring of waiting times and accurate reporting of patient choice. • Prioritising Screening and Assessment lists in Quarter 1	31st July
Develop a 'real time' suite of reports that teams can use to regularly review waiting lists.	TBC
Identify additional resource to support the Bournemouth and Christchurch team with assessments and treatments.	Ongoing
Carry out Waiting List Management workshops across all CAMHS teams	Quarter 1 and 2
Development of Outcome Measures in RiO being worked on in partnership with the Gloucester CAMHS teams.	Roll out in Quarter 1/ early Quarter 2.
A refresh of the skills mix review. This will form part of a CAMHS workforce strategy that will commit to increasing the provision of high quality evidence based practice throughout the teams.	Quarter 1 2016/17
Development of technology and social media to: • support engagement of young people	During 2016/17

- make sure young people and their families have the right information about CAMHS before deciding if they need to access the service
- Develop innovative ways for young people to engage in treatment and support.

This will include:

- Self-help digital apps and websites
- Review and redevelopment of DHC CAMHS Website (will need to include the capacity to manage self-referral)
- Text Messaging appointment reminders
- E-clinics via Skype (currently being piloted in Steps to Wellbeing and will be rolled out the CAMHS teams by June 2016)
- Use of Twitter/Facebook
- Development of Self-referral (the learning from the roll-out of this by the Steps to Well-being Service will be used to inform any developments in CAMHS).
- Online forums (capitalising on the learning and products from national projects).

8. Dorset Local Transformation Plan and Funding

8.1 NHS Dorset CCG submitted a Transformation Plan to NHS England on behalf of our Pan Dorset local partnership which includes Borough of Poole and Bournemouth local authorities as well as Dorset County Council (DCC) resulting in an allocation of £1,552,573 in 2015/16 (£442,914 of which was allocated specifically for eating disorders). A full copy of the Transformation bid can be found here: http://www.dorsetccg.nhs.uk/aboutus/clinical-delivery-groups/maternity-and-family-health-2.htm. If assured, this funding will be made available annually until 2019/2020.

8.2 Additional investment has been made in the following areas:

Priority Area	Actions
Implementation, coordination, performance and monitoring support	Recruit a programme lead in order to develop a robust implementation plan
Children and Young Peoples – Improving Access to Psychological Therapies (IAPT) programme	Development of guided self-help materials for young people
	Implementation of session by session outcomes measures
Expert by experience (peer) Project	Development of engagement with young people, volunteer coordination, peer training, on-going support and supervision
Early Intervention and prevention	Support to schools to develop whole school approaches to mental health
	Increase capacity in school nursing service
Targeting support to the most vulnerable: Looked after children, care leavers and children and young people that have experienced abuse	Increasing capacity, scope and skills of the existing LAC Nursing service

Priority Area	Actions
Liaison and support through other professionals and services	Development of paediatric liaison posts to link with hospital providers to provide an all age psychiatry service
	Co-location of CAMHS professionals with local authority arrangements
Behaviour and Development Pathway	Implementation of a new pathway for the assessment, support and management of development and behaviour issues (including ASD and ADHD) across Dorset
Young People's Eating Disorder Service	Increase capacity to offer a full range of support and meet access requirements
	Enable self and/or parental referral
	Provision of more care in the community and home in order to reduce in-patient admissions
	Provide training for parents and carers
	Early intervention work in schools
Crisis Care Concordant	No use of custody suites as places of safety for young people
	Extend working hours of street triage project

9. Emotional Wellbeing an Mental Health Strategy for Children and Young People (2016-2020)

9.1 Local partners, including both commissioners and providers are working together on the future strategic planning of local provision to improve the emotional well-being and mental health of children and young people across Dorset, Bournemouth and Poole. The strategy is currently in draft form. Public Consultation on the draft strategy ended on May 6th 2016 and the results are currently being analysed.

9.2 The Strategy aims to build a local vision and approach for a system of support for children and young people's emotional well-being and mental health, at all levels of need from building resilience to effective treatment. Utilising the nationally recognised THRIVE Model, it will bring together a wide range of partners and stakeholders to identify and support roles and responsibilities and embed them as part of everyday practice.

9.3 Implementation of the strategy will enable us to ensure a co-ordinated approach to transformation and provision; make the best use of resources across the system, both new and existing; be based upon evidence of what works and focused on the needs of the local population.

9.4 The governance for the delivery of the strategy will be provided by the Joint Commissioning Partnership for children and young people. Membership of the partnership includes the Bournemouth, Poole and Dorset local authorities; Public Health Dorset; Dorset CCG and the Office of the Police and Crime Commissioner.

9.5 It is anticipated that an implementation plan will be published in September 2016.

10. Conclusion and Recommendations

10.1 While it is recognised that there is still work to be undertaken, actions to address the current issues are in place and will continue to be closely directed and monitored. The Transformation Plan and the new Emotional Wellbeing and Mental Health Strategy offer a real opportunity to improve the whole system response to the emotional wellbeing and mental health of children and young people.

10.2 The Committee is asked to note the report and the progress to date and invited to comment on the planned action, the transformation plan and the development of the new strategy.

Sara Tough
Director for Children's Services
13th May 2016

Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	7 June 2016
Officer	Director for Adult and Community Services
Subject of Report	**Annual Work Programme April 2016 to March 2017**
Executive Summary	This report sets out a work programme for the Dorset Health Scrutiny Committee between April 2016 and March 2017. The work falls under four headings: task and finish groups; joint health scrutiny work; reports to Committee; and 'other' work. Broad agreement as to the scope of this Work Programme was given at a Health Scrutiny Members workshop held on 1 March 2015, and this is laid out in the table at Appendix 1. Whilst it is not possible to anticipate all the work which may arise during the year, setting out the known commitments can be helpful with regard to planning. Discussion at the Members workshop suggested a number of further areas of interest. These items have been incorporated into the agendas planned for the coming year and will be reviewed on a quarterly basis at agenda planning meetings and at each Committee meeting, as the Forward Plan is now a standing item on the agenda. In addition, Healthwatch Dorset attended the Members' workshop and shared their priorities for 2016/17. Reports will be provided to the Committee by Healthwatch as areas of work are progressed.
Impact Assessment:	Equalities Impact Assessment: Not applicable.

Please refer to the protocol for writing reports.	Use of Evidence: The Work Programme is based on: Members' decisions at Committee meetings throughout the previous year, on the need to carry out certain duties and on discussions at the annual members' workshop, held on 1 March 2016.
	Budget: Not applicable.
	Risk Assessment: 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: LOW Residual Risk LOW
	Other Implications: None.
Recommendation	That the Committee consider the draft Work Programme and agree a final version, and that the final version be published on the Health Scrutiny page on Dorset for You.
Reason for Recommendation	The work of the Committee contributes to the County Council's aim to protect and improve the health, wellbeing and safeguarding of Dorset's citizens.
Appendices	1 Dorset Health Scrutiny Committee – Proposed Work Programme April 2016 to March 2017
Background Papers	None.
Officer Contact	Name: a.p.harris@dorsetcc.gov.uk Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk

Helen Coombes
Director for Adult and Community Services
June 2016

Appendix 1

DORSET HEALTH SCRUTINY COMMITTEE – Work Programme April 2016 to March 2017

1. SCRUTINY TASK AND FINISH GROUPS				
TOPIC	**OBJECTIVE**	**Proposed TYPE OF EXERCISE**	**Proposed TIMESCALE**	**Comment / actions**
Quality Accounts	To formulate the commentary from the Committee for the Quality Accounts from • Dorset County Hospital NHS Foundation Trust; • Dorset HealthCare University NHS Foundation Trust.	Task and Finish Group comprised of the Chairman and Vice-Chairman. The relevant liaison member for each Trust will be called upon to contribute in respect of the Trust to which they are linked.	Ongoing annual process.	Task and Finish Groups met twice in 2015/16 to formulate commentary for Dorset County Hospital NHS Foundation Trust and Dorset HealthCare University NHS Foundation Trust. Relevant feedback from the CQC, Monitor, Healthwatch, Help with NHS Complaints or the Trusts' own complaints services may also be incorporated into the Committee's commentary. Two Quality Account meetings will held during 2016/17 at a half-year (October) and end of year point (April). In addition the Quality Account for the Weldmar Hospice Care Trust will be considered at Committee on an annual basis; and the Quality Account for South Western Ambulance Service Foundation Trust will be considered by the Liaison Member and commentary provided as appropriate.
Joint Health and Wellbeing Strategy	To respond on behalf of the Committee to any consultation on the development of the new Joint Health and Wellbeing Strategy by the Dorset Health and Wellbeing Board.	Task and Finish Group consisting of three members previously identified; may need to be reviewed.	A new Strategy for the period 2016 to 2019 will be circulated for comment during the summer of 2016.	This Task and Finish Group responded to the consultation process for the first JHWS; it remains constituted and can reconvene as and when required for the next JHWS. The Strategy was formally adopted by the Dorset Health and Wellbeing Board in June 2013. A new JHWS will be published in 2016.

Review of all protocols relating to the Committee	To review and update all protocols that the Committee has in place in light of the implementation of the Health and Social Care Act 2012 and guidance issued by the Department of Health.	Task and Finish Group established to review protocols with Health Partnerships Officer. Specific Task and Finish Group convened to review Joint Committee arrangements.	To be completed in conjunction with Bournemouth Borough Council and Borough of Poole. Timescale dependent on all partners.	Department of Health regulations were published in 2013 and guidance was published in June 2014. The Protocol with Healthwatch and the Protocol for the Dorset Health Scrutiny Committee have been revised, but revision of the following is still to be completed: • Protocol for Joint Health Scrutiny in Bournemouth, Poole and Dorset • South West / Wessex Regional Joint Health Scrutiny Protocol

2. JOINT HEALTH SCRUTINY WORK				
TOPIC	**OBJECTIVE**	**Proposed TYPE OF EXERCISE**	**Proposed TIMESCALE**	**Comment / actions**
NHS Dorset Clinical Commissioning Group: Clinical Services Review	To scrutinise and comment on proposals following a pan-Dorset review of clinical services, including a review of the Mental Health Acute Care Pathway.	Changes will need to be scrutinised on a joint Local Authority basis (Lead to be decided on case by case basis).	Meetings held in July and December 2015 and June 2016. Consultation to commence in mid to late 2016.	The review will provide a 'blueprint' for health (and social care) and assist in designing services for the future. An initial review was carried out by an external consultancy firm; options have been drawn up and are being reviewed prior to full consultation.
South Western Ambulance NHS Foundation Trust – NHS 111 Service	To scrutinise and comment on concerns raised regarding the running of the NHS 111 service.	Concerns may need to be scrutinised on a joint Local Authority basis (Lead to be decided).	To be confirmed following further reports to DHSC.	Following allegations that the service provided by SWASFT was under-resourced, members from each Local Authority will be asked to consider whether they wish to scrutinise this matter through an ad-hoc Joint Committee.

3. REPORTS TO COMMITTEE				
a. Standing items				
TOPIC	**OBJECTIVE**	**Proposed TYPE OF EXERCISE**	**Proposed TIMESCALE**	**Comment / actions**
Matters for consultation (merger, structural change, joint commissioning, substantial variations to services)	To consider and respond to matters raised for consultation by local NHS bodies, NHS Commissioners or Department of Health / other bodies.	As appropriate • Through Officers' Reference Group and officer report. • Through ad hoc Task and Finish Groups.	As required.	Substantial variations and formal consultations to be raised by NHS partners, discussed within Officers Reference Group and reported to Committee as and when they arise.
Comments / submissions to the Care Quality Commission (CQC)	To provide input from the Committee to inform the work of the Care Quality Commission.	To be guided by discussion with the Care Quality Commission (CQC).	To be guided by CQC.	Review reports submitted to the CQC; regular six monthly liaison meetings or telephone contact to be re-established with the Health Partnerships Officer and/or Chairman.
Local Healthwatch	To ensure the Committee is fully aware of the work of Healthwatch Dorset and the model of service delivery.	Consider any issues raised by Healthwatch Dorset as agenda programme allows.	Regular feedback to be provided to the Committee, as appropriate.	Representatives from Healthwatch Dorset to be invited to attend all meetings of the Committee. Work programmes and priorities to be shared between the Committee and Healthwatch Dorset.
Children and Young People's Plan and any other issues relating to the health of children and young people	To ensure the Committee is able to make appropriate links with the health priorities, targets and issues relating to children and young people.	Update reports and briefings as appropriate, raising any items of interest and concern. Any issues arising to be examined as programme allows.	To check before every meeting -standing item.	Items would be submitted via Joint Strategic Commissioning Manager Children's Services DCC who attends Officers Reference Group prior to each meeting. Health Partnerships Officer to liaise with Head of Strategic Planning, Commissioning and Performance within DCC Children's Service for this update.

b. Briefings for information within meetings				
TOPIC	**OBJECTIVE**	**Proposed TYPE OF EXERCISE**	**Proposed TIMESCALE**	**Comment / actions**
Changes within the NHS for information	To ensure the Committee is kept informed and up to date with changes that are of relevance to the Committee.	Update reports and briefings from commissioners, providers or other bodies, as appropriate.	To check before every meeting- standing item.	Where possible, items to be submitted via the Officers Reference Agenda Planning Group prior to each meeting.
Dorset Health Scrutiny Committee Forward Plan	To ensure that the Committee is informed re future planned agenda items and has the opportunity to comment or contribute.	Quarterly template report.	To be prepared for each Committee meeting.	Items to be added to the Forward Plan on an on-going basis by Health Partnerships Officer.

4. OTHER WORK				
TASK / AREA OF WORK	**OBJECTIVE**	**Proposed TYPE OF EXERCISE**	**Proposed TIMESCALE**	**Comment / actions**
Annual Report	To publicise the work of the Committee across the health community and to the general public.	Production of an annual report.	September 2016.	Draft Report to be approved by Committee for publication each autumn. Report to be shared with Dorset Health and Wellbeing Board.

Agenda Item:

Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	7 June 2016
Officer	Director for Adult and Community Services
Subject of Report	**Appointments to Committees and Other Bodies**
Executive Summary	The Dorset Health Scrutiny Committee appoints members of the Committee on an annual basis to: • Regional Joint Health Scrutiny Committees; • Joint Health Scrutiny Committees in conjunction with Bournemouth Borough Council and the Borough of Poole; • Scrutiny Review Panels; • to act as liaison members; and • other appointments. The Committee is asked to re-confirm or appoint members to the Committees/Bodies set out in the Appendix.
Impact Assessment:	Equalities Impact Assessment: Not applicable
	Use of Evidence: Based upon the report considered by the Committee on 8 September 2015.
	Budget/ Risk Assessment: The only costs are those related to members/officers travelling to and attending meetings.

Recommendations	The Committee is asked to re-confirm or appoint members to the bodies as set out in the Appendix to the report.
Reason for Recommendations	To support the County Council's aims to protect and enrich the health and well-being of Dorset's most vulnerable adults and provide innovative and value for money services.
Appendices	Current Appointments to Committees and Other Bodies
Report Originator and Contact	Name: Jason Read, Democratic Services Officer Tel: 01305 224190 Email: j.read@dorsetcc.gov.uk

Appendix 1

Appointments to Committees and Other Bodies

Committee or Body	Membership
Regional Committee	
Members to sit on a Regional Joint Health Scrutiny Committee for specialised commissioning	For each scrutiny exercise to be appointed from the Committee's membership by the Director for Adult and Community Services, after consultation with the Chairman.
Joint Health Scrutiny Committees	
Pan Dorset issues to be considered by Joint Health Scrutiny Committees when appropriate	Membership to be agreed by Dorset Health Scrutiny Committee as and when required.
Joint Health Scrutiny Committee on the NHS Dorset Clinical Commissioning Group Clinical Services Review	Ronald Coatsworth **Vacancy** Mike Byatt Bill Batty-Smith (reserve member) Ros Kayes (reserve member)
Scrutiny Review Panels	
Quality Accounts	Ronald Coatsworth Bill Batty-Smith Appropriate Liaison member
Developing Health Scrutiny Protocols	Bill Batty-Smith **Vacancy** Mike Byatt Ronald Coatsworth David Jones Ros Kayes
Joint Health and Wellbeing Strategy	3 members – convenes as and when required.
Representation / Liaison	
Liaison Members (a) Dorset County Hospital NHS Foundation Trust (b) Dorset HealthCare University NHS Foundation Trust (c) NHS Dorset Clinical Commissioning Group (d) South Western Ambulance Service NHS Foundation Trust	 Peter Shorland Ros Kayes Ronald Coatsworth Ronald Coatsworth

This page is intentionally left blank

Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	7 June 2016
Officer	Director for Adult and Community Services
Subject of Report	**Revised Protocol for Dorset Health Scrutiny Committee**
Executive Summary	The current Protocol under which the Dorset Health Scrutiny Committee operates was adopted in September 2007. Following amendments to the Regulations governing Health Scrutiny in 2013 and the publication of subsequent guidance in 2014, it is necessary to revise the local Protocol. The new Protocol: • Removes references to the scrutiny of the Supporting People Programme; • Sets out the Committee's Terms of Reference reflecting the new regulations and guidance and liaison with the Health and Wellbeing Board; • Clarifies membership; • Clarifies the Liaison Member role, as agreed by the Committee on 10 March 2014; • Notes the Committee's links with Healthwatch Dorset; • Clarifies administrative matters. Appendix 1 sets out the new Protocol with all changes in red and underlined; Appendix 2 sets out the original Protocol. The revised Protocol was previously presented to the Dorset Health Scrutiny Committee on 8 March 2016. Members raised queries regarding two matters, which have now been clarified:

	• The removal of reference to the scrutiny of the Supporting People Programme relates to the transfer of this responsibility to the Adult and Community Services Overview Committee, which was agreed by Dorset Health Scrutiny Committee members on 11 March 2013; • Scrutiny of the Dorset Health and Wellbeing Board (HWB) is not within the remit of the Dorset Health Scrutiny Committee (DHSC). This was considered as part of the work of a task and finish scrutiny review undertaken by Dorset County Council members in late 2015/early 2016. The rationale behind the decision was as follows: o DHSC has a statutory role and terms of reference. It undertakes outward looking scrutiny of NHS bodies and proposals for substantial variations in the provision of health services. Part of the role of the HWB is also a scrutiny role. If DHSC was given a role in scrutinising the HWB then this would dilute and distract DHSC from its statutory role and result in the County Council having one scrutiny committee scrutinising the scrutiny conducted by another committee. The task and finish group reported to the Standards and Governance Committee on 25 January 2016 and their recommendations were subsequently agreed by the County Council on 15 February 2016. As the proposed changes set out within the new Protocol are consequential of changes to regulations and guidance and clarify administrative matters, advice is that these changes can be approved by the Committee itself without the need for any referral to the County Council as host Council. In particular, there are no proposals to change the terms of reference of the Committee.
Impact Assessment:	Equalities Impact Assessment: Not applicable.
	Use of Evidence: The revised Protocol is based on The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 and associated Guidance published by the Department of Health in June 2014.
	Budget: Not applicable.

	Risk Assessment: 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: MEDIUM Residual Risk: LOW
	Other Implications: None.
Recommendation	1 That Members consider and comment upon the proposed new Protocol and agree to its adoption. 2 That the new Protocol be posted on Dorset for You, replacing the current version, and circulated to key partners.
Reason for Recommendation	The current Protocol was adopted in September 2007 and no longer reflects current regulation and guidance.
Appendices	1 Protocol for Dorset Health Scrutiny Committee – March 2016 2 Protocol for Dorset Health Scrutiny Committee – September 2007 version
Background Papers	The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013: http://www.legislation.gov.uk/uksi/2013/218/contents/made Joint Protocol between Dorset Health Scrutiny Committee and Healthwatch Dorset, November 2014: DHSC Nov 2014 Joint Protocol with Healthwatch Report Report to Dorset Health Scrutiny Committee re Supporting People Programme, 11 March 2013: Supporting People Programme Report 11 Mar 2013
Report Originator and Contact	Name: Ann Harris, Health Partnerships Officer Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk

Appendix 1

Dorset County Council

Dorset County Council
Protocol for Dorset Health Scrutiny Committee – March 2016

1.0 Purpose of the Protocol

To set out the roles and responsibilities of County Council, Borough and District Council members of the Dorset Health Scrutiny Committee.

2.0 The role of the Dorset Health Scrutiny Committee

2.1 The Health and Social Care Act 2001 provided explicit powers for Councils with Social Services Responsibilities to scrutinise health services within the authority's area as part of their wider role in health improvement and in reducing health inequalities for their area and its inhabitants.

2.2 The Dorset Health Scrutiny Committee was established jointly with the six borough and district councils (Christchurch Borough Council, East Dorset District Council, North Dorset District Council, Purbeck District Council, West Dorset District Council and Weymouth and Portland Borough Council) to review and scrutinise matters relating to the health service in Dorset and to make reports and recommendations to local NHS bodies on these matters with the aim of helping to improve the health of the people of Dorset and reduce health inequalities.

2.3 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 and associated Guidance published by the Department of Health in June 2014 set out revised powers and duties, and are reflected in this Protocol.

3.0 What the Committee Does

3.1 The Dorset Health Scrutiny Committee reviews and scrutinises matters pertaining to the planning (including commissioning), provision and operation of health services in the area of the County Council.

3.2 The Committee has the power to require information to be provided by certain NHS bodies about the planning, provision and operation of health services that is reasonably needed to carry out health scrutiny, and it can require employees of certain NHS bodies to attend meetings to answer questions.

3.3 The Committee has the power to delegate authority to borough and district councils to undertake reviews of health services.

3.4 The following principles will guide the work of the Health Scrutiny Committee:

I. work will focus on health improvement and reducing health inequalities within the local authorities' population;

II. health improvement is a shared responsibility. The health of any area is affected by more than the NHS and many agencies, including the Council, are involved in it;
III. the committee will work in liaison with patient and public engagement forums, particularly Healthwatch Dorset, as part of a Patient-Led NHS and will listen to and reflect the views of residents, patients, service users and carers;
IV. health scrutiny should be a constructive activity - our partners in health should view any interchange as positive, if at times challenging and aimed at improving the health of local people. It is intended that health scrutiny should bring something new to reviews of the NHS and will not duplicate the many other forms of performance management and inspection that exist in the NHS and elsewhere and;
V. health service issues should be considered objectively and without regard to political affiliation.

4.0 Terms of Reference

In relation to the Committee's work on Local Authority Overview and Scrutiny of Health:

(a) To review and scrutinise matters pertaining to the planning (including commissioning), provision and operation of health services in the area of the County Council;
(b) To make reports and recommendations to relevant NHS Bodies and/or relevant health service providers and also to the Cabinet and other relevant committees of the County Council on any matter which is reviewed or scrutinised;
(c) To give notice to require the Cabinet or the County Council to consider and respond to any reports or recommendations arising from the committee's work within two months of receipt;
(d) Where relevant NHS Bodies and/or relevant health service providers have under consideration any proposal for a substantial development of the health service in the area of the County Council or for a substantial variation in the provision of such service:
(i) To receive reports from the relevant NHS Bodies and/or relevant health service providers;
(ii) To comment on the proposal(s); and
(iii) To report in writing to the Secretary of State where any of the circumstances set out in paragraph 23(9) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 apply;
(e) To arrange for its functions under the 2013 Regulations to be discharged by an Overview and Scrutiny Committee of another local authority where that Overview and Scrutiny Committee would be better placed to undertake the functions and the other authority agrees;
(f) In accordance with regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, to appoint joint committees with other local authorities to exercise relevant functions under the said Regulations;
(g) From time to time, as appropriate, to appoint a task and finish group consisting of members of the Committee to consider specific local issues relating to the overview and scrutiny of health;
(h) To 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.

4.1 Membership – Total 12:

6 members of the County Council, or such higher minimum number which is necessary to achieve representation from the three main political groups based on the political balance rules. Every effort being made so that each represents an area of the county which coincides with the district/borough council area in which their County Council electoral division is located, ie one County Council member to represent each of the following areas: Christchurch, East Dorset, North Dorset, Purbeck, West Dorset and Weymouth and Portland.

1 member representing each of the 6 District/Borough Councils in Dorset.

5.0 Role and Responsibilities of Members of Dorset Health Scrutiny Committee

The roles and responsibilities are set out below:-

5.1 Chairman and Vice Chairman:

- provide leadership and direction;
- endeavour to engage all members of Committee;
- act as 'gatekeeper', prioritising, with the committee, the main work to be undertaken;
- co-ordinate with other scrutiny committees and chairmen, including the Dorset Health and Wellbeing Board, and share learning;
- develop a constructive, 'critical friend' relationship with the chief officers in the Trusts and Departments that the Committee scrutinises.

5.2 Members:

- have a commitment to attend meetings, training and briefing sessions;
- be willing to act as liaison person to a specific NHS body, organisation or specific community and lead on liaison with that body;
- be willing to act as liaison person with local health groups;
- as community leaders, have a keen interest in the improvement of health of the people of Dorset;
- not be a member of the executive body of either the county, district or borough council which they represent on the Committee.

Where a specific local issue relating to the overview and scrutiny of health arises, the opportunity to participate in the work of Dorset Health Scrutiny Committee will be made available to elected members in the relevant district or borough council.

5.3 Members' interests

The work of Committee is varied and may on occasion have a direct impact on members or involve witnesses who are known to them. At the start of the meeting and in the usual way, members are expected to make a declaration of any interest which they have. As such an interest may only become apparent during the meeting as evidence is given. Members are expected to remain alert to either disclosable pecuniary interests under the Localism Act or potential conflicts of interest throughout. If such an interest or conflict becomes apparent members are expected to declare its existence.

5.4 Role of Cabinet members

Under the Localism Act 2011 executive members and officers of a local authority could be requested to appear before a scrutiny committee, but in general they will not be expected to take part in or attend scrutiny meetings.

5.6 Liaison between Health Scrutiny Committee and Health Bodies

Liaison members are to be appointed by the Dorset Health Scrutiny Committee to be the main contact with the NHS bodies currently operating in Dorset (NHS Dorset Clinical Commissioning Group, Dorset HealthCare University NHS Foundation Trust, Dorset County Hospital NHS Foundation Trust, South West Ambulance Service NHS Foundation Trust). The main responsibilities of the appointed Liaison Members are:

I. To become aware of the working of the Trust/Board by meeting with key staff and attending Board and other meetings as appropriate.

II. To participate in the work of any Task and Finish group established to scrutinise the Trust/Board to which they are attached.

III. Receive copies of board papers and annual reports.

IV. Be known to the appropriate Local Healthwatch contact.

V. To give a brief oral/written report to the Committee on important or unusual events regarding the Trust/Board to which they are attached when appropriate.

Nomination and appointment of members to each of the liaison roles will be agreed by the Committee as required, and roles will be undertaken on a voluntary basis.

6.0 Involving stakeholders

6.1 Health scrutiny provides opportunities for community involvement and democratic accountability. Engagement with patients and the public can help to improve the quality, legitimacy and long-term viability of recommendations made by the Health Scrutiny Committee.

6.2 Patients and the public bring different perspectives, experiences and solutions to health scrutiny, particularly if a wide range of people is heard (including young people, people with disabilities, people from black and minority ethnic communities and people from lesbian, gay, bisexual and transgender communities).

6.3 This engagement will help the Health Scrutiny Committee to understand the service user's perspective on individual services and on co-ordination between services. It will also help the committee to take a view on how NHS bodies are meeting their statutory duties to consult and involve local people in the development of services as well as on specific issues.

6.4 Patients and the public may be involved in identifying areas of interest for scrutiny, providing views on and relating their experiences of service provision. Views can be heard directly by the Committee through written or oral evidence or heard indirectly through making use of existing sources of information, for example from surveys.

6.5 The Health Scrutiny Committee agreed a formal Protocol in November 2014 setting out the way in which it would work with Healthwatch Dorset, as the consumer

champion for health and social care. The Regulations governing health scrutiny require that the Committee has a mechanism in place to respond to any concerns that Healthwatch may refer to it, including acknowledgement of such referrals within 20 working days. In addition, the Protocol commits both bodies to share work programmes and clarifies the meetings to which a representative of Healthwatch will be invited as an active participant.

7.0 Meetings

7.1 Scrutiny Committee meetings present two main opportunities:

I. for members and the public to get involved in scrutiny;

II. for scrutiny to demonstrate publicly that it is fulfilling its responsibility in holding local health bodies to account.

Scrutiny meetings are planned in such a way to achieve this.

7.2 Agendas

The agenda is overseen by the Chairman/ Vice Chairman of the Committee and they are consulted on any potential scrutiny agenda items before the agenda is published.

7.3 Briefing papers

Preparation is central to the business of scrutiny. Prior to the meeting officers will meet with the Chairman and Vice-Chairman to preview the agenda papers to help to develop a shared understanding of:

- the issue or topic under scrutiny;
- how they may want to approach the exercise in terms of drawing out the issues of concern and how the matter can be brought to resolution.

7.4 Witnesses in Scrutiny

Anyone can be invited to attend a scrutiny meeting to provide information or answer questions. They can be officers of the Council or a representative from an NHS Body or other outside organisation or a member of the public. All witnesses should be given advance formal notice if they are asked to give evidence at a Scrutiny Committee meeting. They will be supported so that they know what to expect, in a manner which is sufficient and appropriate.

7.5 Questioning

Questioning and interviewing are central facets of scrutiny. Whilst probing lines of questions will be taken by members, witnesses will be treated with courtesy and respect. It is important for members to consider the view of the person facing the scrutiny committee, how to get the most from them and how to put them at their ease.

7.6 Conditions for effective scrutiny

For scrutiny to be effective the following conditions are required:

- member leadership and engagement;

- responsive executive;
- genuine non-partisan working;
- effective direct officer support and management of the scrutiny process;
- supportive senior officer culture; and
- high level of awareness and understanding of the work of overview and scrutiny.

8.0 Recommendations

8.1 Recommendations represent an independent view based upon evidence received.

8.2 The committee can make reports and recommendations to the NHS bodies on any issue scrutinised but they have no power to make decisions or to require that others act upon their suggestions, although NHS bodies are required to respond in writing to recommendations made within 28 days.

8.3 In their response the NHS body can set out its view about the recommendations, the proposed action in response to the recommendations and any reason for inaction to the recommendations.

8.4 Where there is a substantial variation or development in service the Committee must be satisfied that the content of the consultation was sufficient, as was the time allowed.

9.0 Referrals to the Secretary of State

9.1 A referral to the Secretary of State can be made by the Committee where:

- The consultation has been inadequate in relation to the content or the amount of time allowed;
- The NHS has given inadequate reasons where it has not consulted for reasons of urgency relating to the safety or welfare of patients or staff;
- A proposal would not be in the interests of the health service in the area (in which case the Committee must set out the grounds on which it has reached this conclusion).

Key references

Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013: http://www.legislation.gov.uk/uksi/2013/218/pdfs/uksi_20130218_en.pdf

Local Authority Health Scrutiny: Guidance to support Local Authorities and their partners to deliver effective health scrutiny (June 2014): https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324965/Local_authority_health_scrutiny.pdf

March 2016

Appendix 2

Dorset County Council
Protocol for Dorset Health Scrutiny Committee – September 2007 version

1.0 Purpose of the Protocol

To set out the roles and responsibilities of County Council, Borough and District Council members of the Dorset Health Scrutiny Committee.

2.0 The role of the Dorset Health Scrutiny Committee

2.1 The Health and Social Care Act 2001 provided explicit powers for Councils with Social Services Responsibilities to scrutinise health services within the authority's area as part of their wider role in health improvement and in reducing health inequalities for their area and its inhabitants.

2.2 The Dorset Health Scrutiny Committee was established jointly with the six borough and district councils (Christchurch Borough Council, East Dorset District Council, North Dorset District Council, Purbeck District Council, West Dorset District Council and Weymouth and Portland Borough Council) to review and scrutinise matters relating to the health service in Dorset and to make reports and recommendations to local NHS bodies on these matters with the aim of helping to improve the health of the people of Dorset and reduce health inequalities.

3.0 What the Committee Does.

3.1 The Dorset Health Scrutiny Committee:-

- considers proposals by NHS organisations on substantial developments of or variations to services;
- has an annual work programme of areas to review; and
- scrutinises the Supporting People Programme in Dorset.

3.2 The Committee has the power to delegate authority to borough and district councils to undertake reviews of health services.

3.3 The following principles will guide the work of the Health Scrutiny Committee:

i. work will focus on health improvement and reducing health inequalities within the local authorities' population;
ii. health improvement is a shared responsibility. The health of any area is affected by more than the NHS and many agencies, including the Council, are involved in it;
iii. the committee will work in liaison with relevant Public and Patient Involvement Forums as part of a Patient-Led NHS and will listen to and reflect the views of residents, patients, service users and carers;
iv. health scrutiny should be a constructive activity - our partners in health should view any interchange as positive, if at times challenging and aimed at improving the health of local people. It is intended that health scrutiny should bring something new to reviews of the NHS and will not duplicate the many other forms of performance management and inspection that exist in the NHS and elsewhere and

v. health service issues should be considered objectively and without regard to political affiliation.

4.0 Terms of Reference

In relation to the Committee's work on the Supporting People Programme:-	
(a)	To consider and make recommendations to the Cabinet on the Supporting People Strategy, including the submission of commissioning plans, as required;
(b)	To scrutinise the implementation of the programme, including the effect which this has on different groups of vulnerable people;
(c)	To monitor and review the pattern of provision across the area of the County Council and the arrangements for consultation and the involvement of the public, including those from minority ethnic communities.
In relation to the Committee's work on Local Authority Overview and Scrutiny of Health:-	
(a)	To review and scrutinise matters relating to the planning, provision and operation of health services in the area of the County Council;
(b)	To make reports and recommendations to the local NHS bodies and to the Cabinet and other relevant Committees on any matter reviewed or scrutinised;
(c)	To receive reports from local NHS bodies where they have under consideration any proposal for a substantial development of the health service in the area of the County Council or for a substantial variation in the provision of such service;
(d)	In accordance with regulation 7 of the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 and directions issued by the Secretary of State under regulation 10, to establish joint committees with other Councils with Social Services Responsibilities to exercise the above functions;
(e)	To arrange for the above functions to be carried out by an overview and scrutiny committee of another local authority where that authority would be better placed to undertake them and the authority in question agrees;
(f)	From time to time, as appropriate, to appoint a panel of members of the Committee to consider specific local issues relating to the overview and scrutiny of health.

5.0 Role and Responsibilities of Members of Dorset Health Scrutiny Committee

The roles and responsibilities are set out below:-

5.2 Chairman and Vice Chairman:

- provide leadership and direction;
- endeavour to engage all members of Committee;
- act as 'gatekeeper', prioritising, with the committee the main work to be undertaken;
- co-ordinate with other scrutiny committees and chairmen and share learning;
- develop a constructive, 'critical friend' relationship with the chief officers in the Trusts and Departments that Committee scrutinises.

5.2 Members:

- have a commitment to attend meetings, training and briefing sessions;
- be willing to act as liaison person to a specific NHS body, organisation or specific community and lead on liaison with that body;
- be willing to act as liaison person with local health groups;
- as community leaders, have a keen interest in the improvement of health of the people of Dorset;
- not be a member of the executive body of either the county, district or borough council which they represent on the Committee.

Where a specific local issue relating to the overview and scrutiny of health arises, the opportunity to participate in the work of Dorset Health Scrutiny Committee will be made available to elected members in the relevant district or borough council.

5.3 Members' interests

The work of Committee is varied and may on occasion have a direct impact on members or involve witnesses who are known to them. At the start of the meeting and in the usual way, members are expected to make a declaration of any interest which they have. As such an interest may only become apparent during the meeting as evidence us given, members are expected to remain alert to potential conflicts of interest throughout. If such a conflict becomes apparent members are expected to declare its existence including whether it is personal or prejudicial.

5.4 Role of Cabinet members

Under the Local Government Act 2000 executive members and officers of a local authority could be requested to appear before a scrutiny committee, but in general they will not be expected to take part in or attend scrutiny meetings.

5.6 Liaison between Health Scrutiny Committee and Health Bodies and Community Organisations with a health theme:

Those members of Health Scrutiny committee who act as the point of liaison between the Committee and a health body or health themed community organisations should:

i. receive copies of board papers and annual reports;
ii. initially attend board meetings;

iii. be informed about any proposals for change or development to services and copied into press releases about the organisation and as a result broadens their knowledge about how the organisation is performing and what the services "at risk" may be;
iv. meet at least annually with the Chairman and the Chief Executive of the organisation that they link to. Other committee members, such as the Committee Chairman may also participate in these meetings;
v. be known to the appropriate PPI Forum or LINk body;
vi. have a key role in commenting on performance of the body they link to as part of the Annual Healthcheck;
vii. be able to lead discussion or debate in Committee or on behalf of the Committee when reports or scrutiny discussions take place;
viii. communicate with the Committee Chairman before each meeting to ensure that he/she is aware of any potential problems issues that the Member has identified, and;
ix. liaise with local voluntary and community partnerships and other strategic groups as a way of ensuring that the Committee has sufficient information when it discusses issues of concern to all parts of the County.

6.0 Involving stakeholders

6.1 Health scrutiny provides opportunities for community involvement and democratic accountability. Engagement with patients and the public can help to improve the quality, legitimacy and long-term viability of recommendations made by the Health Scrutiny Committee.

6.2 Patients and the public bring different perspectives, experiences and solutions to health scrutiny, particularly if a wide range of people is heard (including young people, disabled people, people from black and minority ethnic communities and people from lesbian gay bisexual and transgender communities).

6.3 This engagement will help the Scrutiny Committee to understand the service user's perspective on individual services and on co-ordination between services. It will also help the committee to take a view on how NHS bodies are meeting their statutory duties to consult and involve local people in the development of services as well as on specific issues.

6.4 Patients and the public may be involved in identifying areas of interest for scrutiny, providing views on and relating their experiences of service provision. Views can be heard directly by the Committee through written or oral evidence or heard indirectly through making use of existing sources of information, for example from surveys. From time to time a committee may wish to carry out engagement activities of its own, by holding discussion groups or sending questionnaires on particular issues of interest.

7.0 Meetings

7.1 Scrutiny Committee meetings present two main opportunities:

i. for members and the public to get involved in scrutiny
ii. for scrutiny to demonstrate publicly that it is fulfilling its responsibility in holding local health bodies to account.

Scrutiny meetings are planned in such a way to achieve this.

7.2 Agendas

7.2.1 The agenda is overseen by the Chairman/ Vice Chairman of the Committee and they are consulted on any potential scrutiny agenda items before the agenda is published.

7.3 Briefing papers

7.3.1 Preparation is central to the business of scrutiny. Prior to the meeting officers will prepare briefing papers that help develop a shared understanding of:

- the issue or topic under scrutiny
- how they may want to approach the exercise in terms of drawing out the issues of concern and how the matter can be brought to resolution.

7.4 Witnesses in Scrutiny

7.4.1 Anyone can be invited to attend a scrutiny meeting to provide information or answer questions. They can be officers of the Council or a representative from an NHS Body or other outside organisation or a member of the public.

7.4.2 All witnesses should be given advance formal notice if they are asked to give evidence at a Scrutiny Committee meeting. They will be supported so that they know what to expect and asked to provide feedback to ensure the support they were offered was sufficient and appropriate.

7.6 Questioning

Questioning and interviewing are central facets of scrutiny. Whilst probing lines of questions will be taken by members, witnesses will be treated with courtesy and respect. It is important for members to consider the view of the person facing the scrutiny committee, how to get the most from them and how to put them at their ease.

7.6 Conditions for effective scrutiny

For scrutiny to be effective the following conditions are required:

- member leadership and engagement,
- responsive executive,
- genuine non-partisan working,
- effective direct officer support and management of the scrutiny process,
- supportive senior officer culture, and
- high level of awareness and understanding of the work of overview and scrutiny.

8.0 Recommendations

8.1 Recommendations represent an independent view based upon evidence received.

8.2 The committee can make reports and recommendations to the NHS bodies on any issue scrutinised but they have no power to make decisions or to require that others act upon their suggestions, although NHS bodies are required to respond in writing to recommendations made.

8.3 In their response the NHS body can set out its view about the recommendations, the proposed action in response to the recommendations and any reason for inaction to the recommendations.

8.4 Where there is a substantial variation or development in Service the Committee must be satisfied that the content of the consultation was sufficient, as was the time allowed.

9.0 Referrals to the Secretary of State

9.2 A referral to the Secretary of State can be made by the Committee where:

- consultation has been inadequate with the Committee
- the committee feels the proposal is not in the interests of the health service in its area (in which case the Committee must set out the grounds on which the Committee has reached this conclusion)

September 2007

This page is intentionally left blank

Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	7 June 2016
Officer	Diane Bardsley, Project Manager, NHS Dorset Clinical Commissioning Group
Subject of Report	**Dementia Services Review**
Executive Summary	This report provides a briefing summary regarding the initiation of a Dementia Services Review which is currently in the planning stage. The aim of this project is to review all dementia services and design a service model to deliver consistent, high quality, agreed outcomes across Dorset. The vision from Dorset Dementia Partnership is where every person with dementia, their carers and families, receive high quality, compassionate care from diagnosis through to end of life care. This applies to all care settings, whether home, hospital or care home. The Clinical Commissioning Group would like to request opportunities to attend future meetings of the Health Scrutiny Committee at key project stages to ensure members are kept informed of the progress and to ensure appropriate scrutiny with future developments.
Impact Assessment:	Equalities Impact Assessment: Report provided by NHS Dorset Clinical Commissioning Group
	Use of Evidence: Report provided by NHS Dorset Clinical Commissioning Group

	Budget: Not applicable.
	Risk Assessment: 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: LOW Residual Risk LOW
	Other Implications: Report provided by NHS Dorset Clinical Commissioning Group
Recommendation	• That Members consider and comment on the review outlined within the report. • That Members agree to receive further reports regarding the review at future Committee meetings.
Reason for Recommendation	The work of the Committee contributes to the County Council's aim to protect the health and wellbeing of Dorset's citizens.
Appendices	None.
Background Papers	None.
Officer Contact	Name: Diane Bardsley, NHS Dorset Clinical Commissioning Group Tel: 01202 541443 Email: diane.bardsley@dorsetccg.nhs.uk

Dementia Services Review Briefing

1. Executive Summary

1.1 This paper offers a brief summary to Health Overview and Scrutiny Committees on the initiation of the Dementia Services Review which is currently in the planning stage.

1.2 We would like to request opportunities to attend future meetings at key project stages to ensure members are kept informed of the progress and to ensure appropriate scrutiny with future developments.

1.3 The Project Board welcome any comments on this briefing and the review.

2. Background

2.1 NHS Dorset Clinical Commissioning Group's (NHS Dorset CCG) Vision and its local authority partners is for people with dementia and their family/carers to be enabled to live well with dementia, no matter what the stage of their illness or where they are in the health and social care system.

2.2 Nationally it is recognised that the mental health needs of the ageing population are set to increase. The term 'dementia' is used to describe a syndrome which may be caused by a number of illnesses in which there is progressive decline in many areas of function, including decline in memory, reasoning, communication skills and the ability to carry out daily activities. Alongside this decline, individuals may develop behavioural and psychological symptoms such as depression, psychosis, aggression and other challenging behaviours. The majority of people who are diagnosed with dementia have either Alzheimer's disease or vascular dementia, or a combination of the two.

2.3 It is estimated that about 6 per cent of the population over 65 have dementia and that after the age of 65, the prevalence of dementia doubles every five years so that about 30 per cent of those aged over 95 years are affected. Dementia can start before the age of 65, often presenting different issues for the person affected, affecting their career and family. It is estimated that early onset accounts for 2.2% of all people with dementia in the UK.

2.4 Across Dorset there are 187,456 people aged over 65, from this figure it is estimated that NHS Dorset CCG has 13,405 people living with dementia, 12,857 are people over 65.

2.5 In terms of dementia services across Dorset, there are various dementia services offering both in-patient and community based assessment, diagnosis, support, care and treatment. However it is recognised that currently there is inequity of provision across East and West of the county. Dorset also needs to review the current availability of post – diagnostic treatment and support to consider how to ensure patients, family and carers' needs are met.

2.6 During 2012 in partnership with Dorset Health Care University NHS Foundation Trust (DHUFT) the Bournemouth, Poole and Dorset Primary Care Trust Cluster a new model of care was developed for the east of Dorset. The model aimed to provide more intensive support in the community including care homes for people with dementia and their carers, enabling them to stay within their place of residence and

enabling those involved in their care to better supported. In order to achieve this aim, the balance of older people's organic mental health inpatient provision and community provision needed to be changed and resources were moved from inpatient services to community services. No additional service development activity has taken place in the West of the county.

2.7 The current inpatient units for organic mental health include two wards at Alderney Hospital. In the west of Dorset there is Chalbury Unit in Weymouth Community Hospital and the Betty Highwood unit in Blandford, which was temporarily closed due to a lack of permanent qualified staffing numbers.

2.8 During 2014 a Memory Support and Advisory Service was commissioned jointly between NHS Dorset CCG, Bournemouth Borough Council, Borough of Poole and Dorset County Council with Alzheimer's Society as provider. This service works provides pre and post diagnostic support, advice and guidance through Memory Advisors. The service works closely with the Memory Assessment Service provided through Dorset Healthcare University NHS Foundation Trust. The current contract for Memory Support and Advisory Service ends in September 2017. It has been acknowledged that this service model needs to be reviewed in particular to consider post-diagnostic support along the dementia care pathway.

3. Purpose of the Review

3.1 The aim of this project is to review all dementia services and design a service model to deliver consistent, high quality, agreed outcomes across Dorset.

3.2 The vision from Dorset Dementia Partnership is where every person with dementia, their carers and families, receive high quality, compassionate care from diagnosis through to end of life care. This applies to all care settings, whether home, hospital or care home.

3.3 Strategic priorities of the Health and Wellbeing Boards and the NHS Dorset CCG include:

- Reducing isolation
- Reducing unnecessary admissions
- Increasing diagnosis rates
- Improving post diagnosis support
- Keep people as independent as possible in their place of residence

3.4 National drivers have been derived from Living Well with Dementia: A National Dementia Strategy (2009) followed by various other key documents. The most recent is the Prime Minister's Challenge on Dementia 2020. This includes the following commitments:

- Raising awareness on reducing the risk of onset and progression and promoting the evidence base
- Reducing dementia inequalities
- Enhancing the dementia component of NHS Health Checks for people over 65 years

- Increase the numbers of people receiving a dementia assessment within six weeks of a GP referral
- GPs playing a leading role in ensuring coordination and continuity of care for people with dementia
- Every person diagnosed with dementia to have meaningful care following their diagnosis, which supports them and those around them
- All NHS staff to receive training on dementia appropriate to their role and social care providers providing appropriate training
- All hospitals and care homes meeting criteria to become a dementia-friendly health and care setting
- Alzheimer's Society to deliver an additional 3 million Dementia Friends in England
- Dementia Friendly Communities working towards meeting standards and businesses encouraged to be dementia friendly
- Increased numbers of people with dementia participating in research

3.5 The NHS England Mandate (2016/17) has dementia as a priority area. The targets include:

- Maintain a diagnosis rate of at least two thirds;
- Increase the numbers of people receiving a dementia diagnosis within six weeks of a GP referral; and
- Improve quality of post-diagnosis treatment and support for people with dementia and their carers.

4. Desired outcomes

4.1 Dorset Dementia Partnership has agreed the following outcomes. 'The outcomes we wish to be achieved are where people with dementia have a society where they are able to say[1]:

- I have personal choice and control over the decisions that affect me
- I know that services are designed around me, my needs and my carer's needs
- I have support that helps me live my life
- I have the knowledge to get what I need
- I live in an enabling and supportive environment where I feel valued and understood
- I have a sense of belonging and of being a valued part of family, community and civic life
- I am confident my end of life wishes will be respected. I can expect a good death'

4.2 The co-production approach will build on these outcomes further to ensure that they reflect those that people from Dorset would like services to deliver.

5. Objectives

5.1 This project will be underpinned by a co-production approach with stakeholders in order to identify the needs of people with dementia and their carers across Dorset and review all dementia services during 2016/ 2017.

5.2 If necessary following the review, this project will redesign and re-commission services during 2017/2018, to ensure the dementia service model meets needs and agreed outcomes for dementia patients and their family and carers across Dorset, Bournemouth and Poole localities.

5.3 In terms of financial requirements the expectation is that any proposed redesign or reconfiguration would be cost neutral.

6. Project process so far

6.1 The Project Board and Project Team 'Terms of Reference' have been developed and are in process of being agreed. The Dorset Dementia Partnership which is a multi-agency group including people with dementia, carers, health, social care, care home representation, fire, police is a key group supporting the review.

6.2 A Project Initiation Document is currently being developed with partners, including all three local authorities and Dorset HealthCare University NHS Foundation Trust. Current planning forecasts that the analysis, view seeking, co-produced modelling and formal consultation (if required) should be completed by end October 2017.

7. Recommendation

7.1 It is recommended that committee members note this briefing, updating them on the initiation of a review of Dementia Services and the CCG would request that comments on this be sent or emailed to the project manager for inclusion in its future development.

Author: Diane Bardsley, Project Manager.

diane.bardsley@dorsetccg.nhs.uk

Tel 01202 541443

Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	7 June 2016
Officer	Sally O'Donnell, Dorset Locality Director, Dorset HealthCare University NHS Foundation Trust
Subject of Report	**Specialist Dementia Services across Dorset**
Executive Summary	This brief report seeks to inform Dorset Health Scrutiny Committee of a change to service provision at the Chalbury Unit in Weymouth and the implications for patients and carers. The change (a transfer of services) has arisen as a result of unsustainable staffing shortages. It is proposed that all NHS inpatient care beds for older people with dementia are provided at Alderney Hospital while options are considered for the provision of specialist dementia services across the County of Dorset. Dorset HealthCare University NHS Foundation Trust are making adjustments to the environment at Alderney Hospital to accommodate an additional 8 beds. Proposals to introduce different services in the West of Dorset are currently under development. Affected patients, relatives and staff are being consulted about the changes.
Impact Assessment: *Please refer to the protocol for writing reports.*	Equalities Impact Assessment: Report provided by Dorset HealthCare University NHS Foundation Trust.
	Use of Evidence: Report provided by Dorset HealthCare University NHS Foundation Trust.

	Budget: Not applicable.
	Risk Assessment: 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: LOW Residual Risk LOW
	Other Implications: Report provided by Dorset HealthCare University NHS Foundation Trust.
Recommendation	That Members consider and comment on the changes outlined within the report.
Reason for Recommendation	The work of the Committee contributes to the County Council's aim to protect the health and wellbeing of Dorset's citizens.
Appendices	1 Briefing paper from Dorset HealthCare University NHS Foundation Trust.
Background Papers	None
Officer Contact	Name: Sally O'Donnell, Dorset HealthCare University NHS Foundation Trust. Tel: 01202 277000 Email: Sally.O'Donnell@dhuft.nhs.uk

Appendix 1

DORSET HEALTHCARE NHS TRUST
BRIEFING NOTE
DORSET HEALTH SCRUTINY COMMITTEE
SPECIALIST DEMENTIA SERVICES ACROSS DORSET

1. CHALBURY UNIT, WEYMOUTH

1.1 Chalbury Unit in Weymouth is an inpatient unit providing specialist dementia services for patients with moderate and severe dementia. The unit looks after patients that have extremely challenging behaviours that mean that patients need to be detained under the Mental Health Act. It has up to 12 beds and for the last year has operated at no more than 8 patients at any one time, due to local demand. This level of occupancy has also enabled the Trust to manage safe staffing levels.

2. KEY ISSUES

2.1 There is a national and local shortage of registered nurses available to work within specialist dementia inpatient services. The work within specialist inpatient services is very demanding and complex. This is not a new problem and the difficulties in recruiting a skilled workforce have been recognised locally for over 2 years.

2.2 The Trust has continued to actively work to recruit and retain a skilled workforce to provide the highest quality care to our patients in Dorset. Despite the best efforts to employ the appropriate number of registered nurses required the Trust has not been successful thus far.

2.3 Chalbury Unit's environment is based on an old orthopaedic ward layout and on the 1st floor with limited access to outside space. Despite upgrades to the flooring and decoration the environment continues to be unfit for purpose for patients with dementia.

3. ADMISSIONS

3.1 In the last 12 months the profile of admissions to specialist dementia inpatient beds across Dorset is as follows:

- 30% West of the County
- 7% North of the County
- 64% East of the County and Hampshire boarders

3.2 The majority of admissions to Chalbury Unit are from individuals who live in the West of the County. This pattern has not changed for 2 years. Of the total number of admissions to specialist inpatient beds across Dorset, 22% have been to Chalbury

4. PROPOSAL

4.1 It is proposed that all NHS inpatient care beds for older people with dementia are provided at Alderney Hospital while options are considered for the provision of specialist dementia services across the County of Dorset. We are making adjustments to the environment at Alderney Hospital to accommodate an additional 8 beds.

4.2 During this time it is also proposed to introduce a limited Intermediate Care Service for Dementia (ICSD) and this will operate initially from Monday to Friday 9-17:00. This will complement the increase in diversity and scope of community services for people with dementia and their carers by offering a rapid and intensive response to help maintain care in the place of residence, and facilitating access to inpatient care if necessary. The proposed changes focus on developing a service which can support people in their own home for a short period of time, whilst they require intensive support, to prevent the need for a hospital admission.

4.3 For the future options the Trust is actively working with Dorset Clinical Commissioning Group (CCG) in the Dorset wide Dementia services review to ensure the right services are commissioned and provided across Dorset for patients with Dementia.

4.4 Whilst future options are being developed the Trust is working in partnership with Dorset County Council to ensure the 5 patients currently on Chalbury are found suitable placements for their on-going care needs. The Trust will minimise the need for a double move for any patient requiring specialist care and has robust plans for transferring existing patients to Alderney if absolutely necessary.

4.5 The Trust is talking directly with families of patients currently in Chalbury Unit to ensure that if their relative is moved to Alderney, that travel arrangements, such as a personal taxi service, will be provided for them. Bespoke travel arrangements will also be agreed with any future families of patients requiring admission to Alderney Hospital who live in the West of Dorset.

Linda Boland

Locality Director Poole & East Dorset

25 May 2016

Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	7 June 2016
Officer	Director for Adult and Community Services
Subject of Report	**Quality Accounts – Submitted commentaries 2015/16**
Executive Summary	Dorset Health Scrutiny Committee is invited to comment on the Quality Accounts prepared by NHS Trusts on an annual basis. Two task and finish groups have worked throughout the year with Dorset County Hospital NHS Foundation Trust (DCH) and Dorset HealthCare University NHS Foundation Trust (DHC) to discuss and review their Accounts and to formulate the Committee's commentary for the 2015/16 end of year Quality Accounts. Membership of the task and finish groups has included the Chairman, Vice-Chairman and the Liaison member for the relevant Trust. Support has been provided by the Health Partnerships Officer and Senior Democratic Services Officer. The Trusts were required to submit their Quality Accounts to Monitor by May. The task and finish groups formulated and submitted the respective commentaries, on behalf of the Committee, to both of the NHS Trusts concerned. These are attached within the appendices of this report. In future support for these task and finish meetings will no longer be provided by Democratic Services and reporting is therefore likely to be less formal in format. In addition to the invitation to comment by Dorset County Hospital and Dorset HealthCare Trusts, the Chair of Dorset Health Scrutiny Committee is invited by letter on an annual basis to comment on the Quality Account produced by South Western Ambulance Service NHS Foundation Trust. That submission is also included within this report.

Impact Assessment:	Equalities Impact Assessment: Not applicable.
	Use of Evidence: Information and evidence provided by Dorset County Hospital NHS Foundation Trust, Dorset HealthCare University NHS Foundation Trust and South Western Ambulance Service NHS Foundation Trust, and considered by Liaison Members of the Dorset Health Scrutiny Committee, has been used as the basis on which commentaries were drafted.
	Budget: Not applicable.
	Risk Assessment: 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)
	Other Implications: None.
Recommendation	The Committee: 1. Notes the commentaries that have been submitted on its behalf; 2. Agrees that the task and finish group approach to working with the relevant Trusts continues in 2015/16; and 3. Appoints members to the task and finish groups.
Reason for Recommendation	The work of the Committee contributes to the County Council's aim to protect the health and well-being of Dorset's citizens.
Appendices	1. Notes of the task and finish group for the Quality Account for Dorset County Hospital NHS Foundation Trust. 2. Commentary submitted to the Dorset County Hospital NHS Foundation Trust. 3. Notes of the task and finish group for the Quality Account for Dorset Healthcare University NHS Foundation Trust 4. Commentary submitted to the Dorset Healthcare University NHS Foundation Trust. 5. Commentary submitted to South Western Ambulance Service NHS Foundation Trust.
Background Papers	None.
Officer Contact	Name: Ann Harris, Health Partnerships Officer Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk

Appendix 1

Task and Finish Group - Quality Account

Dorset County Hospital NHS Foundation Trust

Minutes of the meeting held at on Monday, 11 April 2016

Present:
Ronald Coatsworth (Chairman)
Bill Batty-Smith and Mike Lovell

Officer Attending:
Ann Harris (Health Partnerships Officer) and Jason Read (Democratic Services Officer).

Appointment of Chairman

1 **Resolved**
That Ronald Coatsworth be appointed Chairman for the year 2016/17.

Apologies

2 An apology for absence was received from Peter Shorland. Mike Lovell attended in his place.

Notes of Previous Meeting

3 The notes of the meeting held on 7 December 2015 were confirmed.

Quality Account Progress against priorities 2015/16

4 The Group considered a report by the Deputy Director of Nursing and Quality for Dorset County Hospital NHS Foundation Trust. The report highlighted the progress that had been made on the nine 2015/16 priorities for quality improvements. Final end of year information had not yet been made available.

Reducing Hospital Acquired Pressure Ulcers
Work had been undertaken to help staff become more aware of pressure ulcers and how to recognise them at an earlier, more treatable stage. Better equipment was now being used such as new mattresses. The CCG were also organising awareness raising campaigns to help target the issue within the community, which would in turn help to reduce the amount of patients being admitted to hospital who already had pressure ulcers. Overall, there had been a significant reduction in hospital acquired pressure ulcers.

Reducing the Harm Caused as a Direct Result of Falling
The reasons behind falls had been analysed and work to target the causes had been undertaken. Censors had been installed around beds to notify staff when a patient gets up. Improved night lighting had also been installed to help improve disorientation. Some patients were also given hip protectors to help absorb impact if they were to fall. There was also a Fall Committee in place to look at continuous ways of improving. It was noted that there had been a significant reduction in harm caused by falling.

Early Recognition of Sepsis
A Sepsis Nurse had been appointed to help increase knowledge and awareness. There had been an increase in patients who receive antibiotics within the first hour of being admitted and an overall increase of people being treated for Sepsis. The work was having a positive effect, but there was still more progress that could be made.

Reducing Patient Discharges at Night
It had been acknowledged that discharging elderly patients after 9pm could be unsafe. There had been a significant reduction in the amount of patients released after 9pm. Members agreed that anyone being released needed to be sent home to a full stock of food and a heated home.

Electronic Discharge Summaries
There had been an increase in the number of electronic discharge summaries sent to GPs and care homes following patient release. However, it was noted that further work was to be done on improving the quality of information that was sent through.

Learning from Near Miss Incidents
A culture of reporting incidents that potentially could have happened had now been embedded throughout the Trust. The aim was to raise awareness and identify potential risk before any harm could be caused. A large number of near miss incidents had been reported throughout 2015/16.

Friends and Family Test
The Trust had received a good response rate from friends and families. It was noted that different departments receive varied response rates. The emergency department had received comments from 25% of services users. Of these, 90% recommended the service. The trust was ranked within the top quarter nationally, with the emergency department being ranked top.

Application of Duty of Candour and Timely Compassionate Response to Complaints
Once a complaint had been received, the Trust would contact the complainant to establish an agreeable timescale for a response. If the timescale was then not met, the Trust would become non-compliant. It was noted that early contact with a complainant often defused a potentially heated situation.

The Group agreed that overall, measurable progress had been made across all different aspects of the priority targets. Members were pleased with the work that had been undertaken.

Priorities for 2016/17

5 The following local priorities have been proposed for the year 2016/17 (in addition to national priorities):

Patient safety

Priority 1 Reducing Hospital Acquired Pressure Ulcers

Priority 2 Improved Mortality Surveillance and reducing Variation

Priority 3	Reducing the incidence of severe sepsis/Acute Kidney Injury & managing patients effectively when admitted with sepsis and/or AKI

Clinical effectiveness

Priority 4	Implementation of improved discharge processes
Priority 5	Increasing the % of Electronic Discharge Summaries sent within 24 hours and meeting the quality requirements agreed with primary care.
Priority 6	Improving availability and accessibility of Information to patients

Patient experience

Priority 7	Improving services for patients with Learning Disabilities
Priority 8	Timely and compassionate response to complaints
Priority 9	Advanced Communication skills for staff supporting those at the End of Life

Meeting Duration: 10.00 am - 10.50 am

Appendix 2

Dorset Health Scrutiny Committee commentary for Dorset County Hospital NHS Foundation Trust, May 2016:

The Task and Finish Group, commenting on behalf of the Dorset Health Scrutiny Committee, commended the progress made in the Quality Account for 2015/16 and in particular, made the following comments:

With regard to patient safety, members congratulated the Trust on the significant work that has been undertaken in the past year to reduce the incidence of hospital acquired pressure ulcers but were concerned to hear that patients are often admitted with pre-existing ulcers. Work by the Clinical Commissioning Group (CCG) to analyse occurrence and actions taken was welcomed and members plan to seek further clarification regarding work in the community, particularly with GP practices.

Members commended the Trust on the creditable progress that has been made on reducing the harm to patients that fall in the hospital via a range of preventative measures and were pleased to hear of the developments relating to the early recognition of sepsis. The appointment of a dedicated sepsis nurse and targeted educational programmes seemed to be proving successful.

With regard to clinical effectiveness, the significant reduction in the number of patients discharged at night was welcomed but members emphasised the need for practical home support for older people, particularly food and heat. The increase in the number of electronic discharge summaries sent to GPs and care homes was also welcomed, with recognition that more needed to be done to improve the quality of the information contained within the summaries.

The embedding of reporting of 'near miss' incidents had improved over the last year and members acknowledged that this would enable staff to learn by experience.

With regard to patient experience, members were pleased that the Trust continues to perform well in obtaining Friends and Family feedback and that 90-95% of individuals would recommend the hospital. The Trust's approach to the application of the Duty of Candour and complaints demonstrated to members a commitment to learn from mistakes and to deal with issues in a person-centred manner.

Members of the task and finish group agreed that, overall, measurable progress had been made across all different aspects of the priority targets, and were pleased with the work that had been undertaken. The proposed quality priorities for 2016/17 indicated a continuation of key initiatives and recognition of emerging issues.

Appendix 3

Task and Finish Group - Quality Account Dorset Healthcare University NHS Foundation Trust

Minutes of the meeting held at on Monday, 11 April 2016

Present:
Ronald Coatsworth (Chairman)
Bill Batty-Smith and Ros Kayes

Officer Attending:
Ann Harris (Health Partnerships Officer) and Jason Read (Democratic Services Officer).

Appointment of Chairman

1 **Resolved**
That Ronald Coatsworth be appointed Chairman for the year 2016/17.

Apologies

2 There were no apologies for absence received.

Notes of Previous Meeting

3 The notes of the meeting held on 2 November 2015 were confirmed.

Quality Account Progress against priorities 2015/16

4 The Group considered a draft report from Dorset Healthcare University NHS Foundation Trust (DHUFT) which outlined the progress made against the quality accounts priorities set for 2015/16. Comments were currently being received on the draft report and a final version would not be available until it had been agreed in May.

The Group were informed that of the three main priority targets, patient experience, patient safety and clinical effectiveness, two of the objectives had been fully completed with patient safety being partially completed. The report gave a detailed analysis of how each objective had been achieved and the work that had been undertaken.

Members asked what work had been undertaken to mitigate the amount of pressure ulcers within hospitals and across the community. Specialist skin training had been rolled out across all staff to help identify early signs and district nurses were actively aware of the issue within the communities they served. However, it was noted that unless people spoke up at an early stage, it was difficult to prevent the issue.

The Report highlighted that over the past year DHC had not been performing well against the Venous Thrombo Embolism (VTE) assessment standards and needed to improve on that position. Members asked what work was being done to achieve the required improvement. It was noted that staff were being trained in screening processes. Medication historically had been provided by doctors only, but different ways of prescribing medication in the absence of a doctor was now being explored.

Members asked what progress had been made following the CQC inspection, as there had been several 'must do' actions highlighted. The CQC had recently returned to look at seven core services following the initial inspection. Although the final report was not due until June, the overall feeling was that good progress had been made and significant improvement had been achieved.

It was asked why patient safety objectives had only been partly achieved. The challenges set to DHC had been designed to stretch and test services to ensure a high level of standard was achieved. The aim was to have 95% of patients completing risk assessments, but this was currently only on 84%. It was noted that a significant amount of training had been undertaken to ensure staff were correctly equipped, and this was having a noticeable difference.

Members were informed that overall, DHC felt that they had done very well in achieving the targets set to them. There would always be room for improvement, but significant progress had been made and this would continue in the coming year. Members complimented DHC for undertaking some work that had been over and above the targets set.

Priorities for 2016/17

5 The following local priorities have been proposed for the year 2016/17 (in addition to national priorities):

Patient experience
Patients and carers are engaged and active participants in care planning and delivery. Recognise quickly when care goes wrong and talk openly and honestly to patients and carers.

Patient safety
To reduce the number of patients using our service who experience an unexpected deterioration in their physical condition which results in an admission to an acute general hospital.

Clinical effectiveness
Support staff to implement NICE quality standards of care to enable the provision of high quality evidence based care to our patients.

Meeting Duration: 11.30 am - 12.40 pm

Appendix 4

Dorset Health Scrutiny Committee commentary for Dorset HealthCare University NHS Foundation Trust, May 2016:

The Task and Finish Group, commenting on behalf of the Dorset Health Scrutiny Committee, commended the progress made in the Quality Account for 2015/16 and in particular, made the following comments:

With regard to patient safety, members were particularly interested in the on-going work to reduce the incidence of pressure ulcers, many of which are community-acquired. It was noted that these can be difficult to prevent if individuals do not engage with health or social care services at an early stage.

With regard to clinical effectiveness, members questioned how the Trust intended to improve on performance and welcomed the staff training which was being undertaken, along with the exploration of ways to provide prescribed medications.

The outcome of recent inspections by the Care Quality Commission were of particular interest to members, as the Dorset Health Scrutiny Committee has received a number of reports on this matter. Members queried the rate of progress against 'must do' actions and were pleased to hear that good progress was being made, along with significant improvement, particularly with regard to child and adolescent mental health services and minor injuries units.

Members noted that objectives for 2015/16 had been fully achieved in two areas (patient experience and clinical effectiveness), but only partially achieved in the area of patient safety. Root cause analysis for pressure ulcers and risk assessments for patients with mental health problems were reported to be the key areas for further development, but members acknowledged the challenging targets that the Trust had set itself. The staff training taking place to tackle these objectives was welcomed.

Overall, members recognised that there would always be room for improvement, but significant progress had been made and was likely to continue in the coming year given the more robust attitude to the anticipation of issues arising. Members complimented the Trust for stretching to achieve over and above minimum targets and welcomed the opportunity to comment on the proposed priorities for 2016/17.

Appendix 5

Dorset Health Scrutiny Committee commentary for South Western Ambulance Service NHS Foundation Trust, May 2016:

The Chairman of Dorset Health Scrutiny Committee, on behalf of the Committee, welcomes the invitation to comment on the Quality Review and Quality Account 2015/16 for the South Western Ambulance Service NHS Foundation Trust, and would like to submit the following comments:

The Dorset Health Scrutiny Committee is pleased to note that two out of three key priorities for 2015/16 were achieved (Paediatric Big Six and Frequent Callers) and hope that the third priority (Sign up to Safety) will be achieved shortly. With regard to engagement with staff to contribute to the improvement of patient safety, one observation would be that the target of a minimum response rate of 3% seems somewhat low, and the Committee would hope that a higher response rate than this will actually be reached.

The Committee notes the priorities identified for 2016/17 and supports those proposed (Cardiac Arrest, Accessible Information and Human Factors). The priority to increase the accessibility of information is of particular interest in the context of reducing health inequalities, something which the Committee is tasked to promote.

With regard to the reporting of key performance indicators for 2015/16, the Committee recognises the challenges faced by the Trust in relation to the Category A targets and hopes that the improvement plan is successful in identifying key actions and driving development forwards. It was disappointing to find that data was not yet available in the draft Account for some indicators, but the Committee welcomes the commitment to learning from staff feedback and from patient incidents.

The Committee also welcomes the increase in compliments and the way in which these are passed on to staff, but was concerned to find that complaints, concerns and comments had also increased (by over 19%). Analysis of causes and themes for these will hopefully enable measures to be taken to reverse this trend over the next year. Related to this, the patient experience surveys seem to indicate higher levels of appreciation for the GP Out of Hours Service than the NHS 111 Service. Given the recent concerns regarding the NHS 111 Service discussed by the Dorset Health Scrutiny Committee in March 2016, further consideration of this may be helpful.

Over the past year, members of the Dorset Health Scrutiny Committee have continued to engage in a positive relationship with the South Western Ambulance Service NHS Foundation Trust and would like to express their thanks for the Trust's commitment to this.

Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	7 June 2016
Officer	Director for Adult and Community Services
Subject of Report	**Briefings for information / note**
Executive Summary	The briefings presented here are primarily for information or note, but should members have questions about the content a contact point will be available. If any briefing raises issues then it may be appropriate for this item to be considered as a separate report at a future meeting of the Committee. For the current meeting the following information briefings have been prepared: • Draft Joint Health and Wellbeing Strategy, 2016 to 2019 • Dorset Health Scrutiny Committee Forward Plan
Impact Assessment:	Equalities Impact Assessment: Not applicable.
	Use of Evidence: Briefing reports, referencing wider documents and future agenda items.
	Budget: Not applicable.

	Risk Assessment: 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: LOW Residual Risk: LOW
	Other Implications: None.
Recommendation	That Members note the content of the briefing report and consider whether they wish to scrutinise the matters highlighted in more detail at a future meeting.
Reason for Recommendation	The work of the Committee contributes to the County Council's aim to protect the health and wellbeing of Dorset's citizens.
Appendices	1 Draft Joint Health and Wellbeing Strategy, 2016 to 2019 2 Dorset Health Scrutiny Committee Forward Plan
Background Papers	None.
Officer Contact	Name: Ann Harris, Health Partnerships Officer Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk

Helen Coombes
Director for Adult and Community Services
June 2016

Appendix 1

Dorset County Council

Briefing for Dorset Health Scrutiny Committee

7 June 2016

Draft Joint Health and Wellbeing Strategy, 2016 to 2019	Contact Name: Ann Harris Contact address: Adult and Community Services, Dorset County Council Email: a.p.harris@dorsetcc.gov.uk Tel: 01305 224388

Dorset Health and Wellbeing Board is currently revising its Joint Health and Wellbeing Strategy (JHWS) for the Health and Wellbeing Board to consider on 8 June 2016. Following discussion and any amendments to the draft Strategy by the Board, it is intended that a consultation period will enable stakeholders (including the Health Scrutiny Committee) to comment on and contribute to the Strategy and that a delivery action plan will be developed, based on the principles and priorities outlined.

Local Authorities and Clinical Commissioning Groups have an equal duty to prepare JHWSs, based on the findings of Joint Strategic Needs Assessment (JSNA). The first JHWS adopted by Dorset HWB in June 2013 largely focused on the description of health and wellbeing priorities, supported by evidence from the JSNA, identifying six specific priorities for action: Reducing the harms caused by smoking; Reducing circulatory disease; Reducing the harms caused by road traffic collisions; Reducing the harms caused by diabetes; Reducing anxiety and depression; and Improving care for people with dementia. Over the past three years a great deal of work has gone into tackling these priorities, but the Board has recognised that, at the heart of these issues, prevention is the key and inequalities and deprivation are often triggers to poor health and poor outcomes.

It is therefore proposed that the three priorities for 2016 to 2019 are:

- Reducing inequalities;
- Promoting healthy lifestyles and preventing ill health;
- Working better together to deliver prevention and early intervention at scale, high quality care and better value.

The revised Strategy has been jointly developed with the Bournemouth and Poole HWB, reflecting the pan-Dorset landscape of many services and partner organisations. In addition, the Strategy reflects the priorities and focus of the Sustainability and Transformation Plan, which is currently under development.

The intention is for the Strategy to be formally agreed by the Board on 31 August 2016, following the period of consultation in June and July.

Briefings for information / note

Appendix 2

Dorset Health Scrutiny Committee – Forward Plan, June 2016

Committee: 7 June 2016			
Format	Organisation	Subject	Comments
Report	Dorset County Hospital	Seven-day services audit	As requested by DHSC on 16/11/15
Report	Various	CAMHS / Emotional wellbeing (Children and Young People)	Suggested at members' workshop
Report	Dorset Health Scrutiny Committee	Dorset Health Scrutiny Committee Protocol	Re-presentation of report, following queries raised by members on 08/03/16
Report	Dorset Health Scrutiny Committee	Annual Work Programme	To agree the Programme discussed at annual workshop
Report	Dorset Health Scrutiny Committee	Appointments to Committee and sub-Committees	Following any changes to membership in May 2016
Report	NHS Dorset Clinical Commissioning Group	Dementia Specialist Services Review	To seek input from members for a planned review
Report	Dorset HealthCare University NHS Foundation Trust	Transfer of patients with dementia from the Chalbury Unit (Weymouth) to the Alderney Hospital (Poole)	To inform DHSC of a change to service provision and the implications for patients and carers
Items for information or note			
Briefing	Dorset Health Scrutiny Committee	Quality Accounts – commentaries from Dorset Health Scrutiny Committee	Annual report
Briefing	Dorset Health and Wellbeing Board	Dorset Joint Health and Wellbeing Strategy 2016/2019	To inform DHSC re the progress of the JHWS
Forward Plan	Dorset Health Scrutiny Committee Forward Plan	Dates of future meetings, including planned agenda items	To raise awareness of future agenda items, meetings, workshops and seminars.

Briefings for information / note

Committee: 6 September 2016			
Format	Organisation	Subject	Comments
Report	Dorset County Hospital	CQC Inspection findings	Following inspection in March 2016
Report	Healthwatch Dorset	Annual Report	To update members re the work of Healthwatch and priorities
Report	Healthwatch Dorset	Complaints made against Dorset Health Trusts – feedback from complainants.	To explore the findings of research carried out by Healthwatch
Report	NHS Dorset Clinical Commissioning Group	Changes to GP commissioning and locality working	An update, as requested following the report to DHSC on 08/03/16
Report	South Western Ambulance Service NHS Foundation Trust	NHS 111 service: independent review and CQC inspection	To update members, following the report on 08/03/16
Report	NHS Dorset Clinical Commissioning Group	Non-Emergency Patient Transport Services (progress, costs and patient numbers accessing the service)	A progress report, as requested following the report to DHSC on 08/03/16
Report	TBC	Hospital discharge and re-admissions (linked to delayed transfers of care)	Requested by member of DHSC on 08/03/16
Items for information or note			
Briefing	NHS Dorset Clinical Commissioning Group	Clinical Services Review, minutes of Joint Committee	To provide the minutes from 2 June 2016
Briefing	Dorset Health Scrutiny Committee	Annual Report 2015/16	A summary of the year's work and achievements
Forward Plan	Dorset Health Scrutiny Committee Forward Plan	Dates of future meetings, including planned agenda items	To raise awareness of future agenda items, meetings, workshops and seminars.

Briefings for information / note

Committee: 14 November 2016			
Format	Organisation	Subject	Comments
Report	Weldmar Hospicecare Trust	Annual Accounts	To update members re the work of Weldmar and annual accounts
Items for information or note			
Forward Plan	Dorset Health Scrutiny Committee Forward Plan	Dates of future meetings, including planned agenda items	To raise awareness of future agenda items, meetings, workshops and seminars.

Agenda planning meetings (Officers' Reference Group only)				
Date	**Venue**	**Papers required by Health Partnerships Officer**	**Papers dispatched by Democratic Services**	**Comments**
29 June 2016 (for 6 September)	County Hall	12 August 2016	26 August 2016	
14 September 2016 (for 14 November)	County Hall	21 October 2016	4 November 2016	

Workshops and development sessions (all DHSC Members)			
Date	**Venue**	**Topic**	**Comments**

Ann Harris, Health Partnerships Officer, June 2016.