



Joint Health Scrutiny Committee - Clinical Services Review

Minutes of the meeting held at County Hall,
Colliton Park, Dorchester on Thursday, 2 June
2016.

Present:

Ronald Coatsworth (Chairman),
Ros Kayes (Vice-Chairman),
Vishal Gupta, Jennie Hodges, David d'Orton-Gibson, Rae Stollard, Roger Huxstep,
Phillip Broadhead, David Harrison, Hazel Prior-Sankey and Linda Vijeh.

Officer Attending: Ann Harris (Health Partnerships Officer) and Alison Waller (Head of Partnerships and Performance) and Jason Read (Democratic Services Officer).

(Notes:(1) 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).

Election of Chairman

- 1 **Resolved**
That Ronald Coatsworth be elected Chairman for the remainder of the year 2016/17.

Appointment of Vice-Chairman

- 2 **Resolved**
That Ros Kayes be appointed Vice-Chairman for the remainder of the year 2016/17.

Apologies for Absence

- 3 Apologies for absence were received from Jane Newell (Borough of Poole) and Chris Carter (Hampshire County Council).

Terms of Reference

- 4 The terms of reference for the Joint Health Scrutiny Committee were noted.

The Committee agreed that Somerset County Council Members should be included in the Terms of Reference to allow them to take part in decision making and full debate at future meetings.

Resolved

1. That Somerset County Council members be included in the terms of reference so that they were able to take part in any future debate or decision making.

*Following the meeting, Somerset County Council requested that they not be included in the terms of reference.

Code of Conduct

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

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

6 The minutes of the meeting held on 12 December 2015 were confirmed and signed.

Public Participation

7 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.

Clinical Services Review - Update

8 The Committee received a presentation by a number of officers from the NHS Dorset Clinical Commissioning Group (CCG) which outlined the following subject areas; the CCG's vision for the future of health and care in Dorset, the CCG's vision for community services in Dorset and an update on the mental health acute care pathway service review.

Vision for the Future of Health and Care in Dorset.

The first part of the presentation was given by the Chief Officer, CCG. It outlined the CCG's vision for the future of health and care in Dorset and highlighted the proposals that the CCG were to include in the public consultation. The Committee were reminded of the background and reasons for the Clinical Services Review and noted that making no changes would not be financially viable.

Significant progress had been made on the proposals over the last year. A large number of engagement exercises had been undertaken in order to gather a broad view of opinions from a wide range of professionals and service users, as well as a number of television and radio broadcasts. There had been engagement with the Royal College of Paediatrics and Child Health (RCPCH), who had made recommendations about the proposals and these were highlighted in the presentation.

Following the engagement exercises it had been agreed that only two options remained financially viable. Both options would include three sites across Dorset which would be a major emergency hospital, a major planned care hospital and a planned care and emergency hospital. The functions of the three sites were detailed in the presentation. The two proposed options for acute hospitals were set out as follows;

Option A: Poole: Major Emergency Hospital
Dorchester: Planned and Emergency Hospital
Bournemouth: Major Planned Hospital

Option B: Poole: Major Planned Hospital
Dorchester: Planned and Emergency Hospital
Bournemouth: Major Emergency Hospital

A wide range of criteria had been used to consider both of the proposed options. Workforce implications, deliverability and quality of care had equal evaluations across both options. However, Option B proved to be a better option in regards to access to care and affordability, and therefore was the CCG's preferred option.

A question was asked as to why changes needed to be made to paediatric and maternity care services at Dorset County Hospital, when other services were seen as sustainable. It was explained that the proposals were based around the number of patients being seen by specialist consultants. The current arrangement was not sustainable as only a relatively small number of patients were using the service provided in Dorchester. The proposed options would mean that more patients would use, and have access to specialist paediatric and maternity care.

Councillors asked whether discussions had taken place between Dorset and Somerset CCG regarding the possible location of shared paediatric and maternity services. The CCG informed the Committee that it was a matter for the Hospital Trusts to look at.

It was noted that £6.2 million had previously been spent on Poole maternity services to make them "fit for the future". However, the CCG clarified that it had made them fit for the future at that time, but not in the longer term.

Some concerns were expressed around travel times and logistics involved for patients if the proposals in Option B were agreed. It was noted that a wide range of professionals had considered this as part of the engagement exercise, but it was felt that the focus should be on getting the highest quality of care available, rather than travel arrangements. Under the proposed arrangements a network would be established and 24/7 access to specialist consultants would be available.

Councillors queried the availability of ambulances overnight and whether this had been factored into discussion. The CCG clarified that ambulances were stationed where the majority of the population live, but that the service would have to change its practice if this became a problem.

The Committee were informed that a public consultation could not take place until further progress was made with NHS England. The consultation was not likely to take place until early September and it would be a twelve week process. A final decision was not likely to be made until March 2017 at the earliest.

Vision for Community Services in Dorset

The second part of the presentation was delivered by the Deputy Director for Review, Design and Delivery, CCG. The Committee were reminded that the CCG's objective was to design an integrated community services model to deliver care closer to home and improve the quality and number of services available locally.

Throughout 2015 the CCG had developed ideas for community services, looked at new and different models of care and explored various ideas with local people, clinicians, providers and other stakeholders. There had been nine community engagement events held and overall 29,000 pieces of feedback that had been subsequently reviewed.

The presentation detailed various work streams that had been undertaken as a result of feedback. These included;

- working more closely together and providing care closer to home
- improving access in relation to times, location and transport
- improving staff recruitment, retention and training
- closer involvement with the voluntary sector
- improving joined up and innovative IT systems
- looking at how changes would be afforded and how money could be saved

Analysis had been undertaken to look at the different levels of need required for community care and support. Integrated services would help to ensure that a more consistent approach was taken as to how care was provided, making it easier and

more efficient for both patient and provider.

Councillors asked how much detail would be provided for the public when the matter went out to consultation. The CCG said they were planning to be explicit about any changes (to Community Hospitals in particular).

Possible options for where and how services might be located and provided were being developed. The next step would be public engagement and a number of roadshows and meetings had been established throughout June 2016 . Members requested that these dates be made available to the Committee, so that they could get involved if they so wished.

Mental Health Acute Care Pathway Service Review

The third part of the presentation was delivered by the Head of Review, Design and Delivery for Mental Health and Learning Disability Services and gave the Committee an update on the progress being made in relation to the review of Mental Health Services.

View seeking exercises had been undertaken and options development was underway. There had been a wide range of engagement with both service users and providers in order to help develop possible models. Once the different options had been finalised, they would need to go through the NHS assurance process. Any approved options would then go out for public consultation (but probably not at the same time as the consultation for the wider Clinical Services Review).

There were currently significant differences in the level, scope and style of services across Dorset. New models that were being developed aimed to provide consistency across all services. There were also issues regarding accessibility, disengagement of local communities from mental health issues and with the style of service provision not lending itself to a patient centred recovery-focused approach.

The presentation outlined some of the new options that were being developed and highlighted the criteria being used to develop them. Some members raised concerns regarding the criteria and that it may pre-determine the outcome of the options development. The Committee were reassured that an external organisation had developed the criteria and had ensured that the correct questions were being asked. Developed options would not go through NHS assurance until November 2016, so the public consultation was still some way off. Members requested that the consultation material be brought before the Committee upon its completion.

Resolved.

1. That the consultation material be brought before the Committee upon its completion.

Meeting Duration: 10.00 am - 12.45 pm