

# Dorset Health Scrutiny Committee

**Dorset County Council**



Date of Meeting	6 September 2016
Officer	Interim Director for Adult and Community Services
Subject of Report	<b>Matters for potential Joint Health Scrutiny Committees: South Western Ambulance Service NHS Foundation Trust (independent review and CQC inspections) and community dental services in east Dorset</b>
Executive Summary	This report outlines two matters on which discussions have taken place with a view to convening Joint Health Scrutiny Committees with Bournemouth and Poole, but which Dorset members may wish to scrutinise independently: South Western Ambulance Service NHS Foundation Trust and Community Dental Services in east Dorset.
Impact Assessment:	Equalities Impact Assessment: Not applicable.
	Use of Evidence: Reports to DHSC and correspondence collated by Healthwatch Dorset.
	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:

## Matters for potential joint scrutiny

	<p>Current Risk: LOW Residual Risk LOW</p>
	<p>Other Implications:</p> <p>None.</p>
Recommendation	<p>That members consider:</p> <ul style="list-style-type: none"> <li>• Whether they wish to scrutinise either or both of the two matters as a Dorset only Committee at their next meeting on 14 November;</li> <li>• Whether they wish to nominate members for Joint Committees which may be convened with Bournemouth and Poole to scrutinise each of the two matters (three for each Joint Committee, plus a substitute member for each).</li> </ul>
Reason for Recommendation	<p>The Committee needs to have the opportunity to scrutinise the matters highlighted in the report, and the opportunity to decide whether this should be individually or within a Joint Committee.</p>
Appendices	<p>None.</p>
Background Papers	<p>Report to DHSC 8 March 2016 (Agenda item 9): <a href="#">DHSC Agenda papers March 2016</a></p>
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## 1 Background

- 1.1 Regulation 30 (1) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 empowers two or more local authorities to appoint a joint overview and scrutiny committee to exercise functions which are described in the Regulations. Joint Health Scrutiny Committees *must* be convened however where a relevant NHS body or health service provider consults more than one local authority about a proposal for a substantial development of the health service in their area or a substantial variation in the provision of such service.
- 1.2 There are currently two issues of local concern which the Dorset Health Scrutiny Committee (DHSC) may wish scrutinise, preferably within the setting of a joint committee, but if necessary within the Dorset committee alone.

## **2 South Western Ambulance Service NHS Foundation Trust**

- 2.1 On 8 March 2016 DHSC received a report outlining allegations that had been made against the South Western Ambulance Service NHS Foundation Trust (SWASFT) and reported in the national press (the Daily Mail). The allegations related to the NHS 111 service provided by SWASFT, and were strongly refuted. An independent investigation into the allegations made in the newspaper was commissioned and a report was published in mid June 2016.
- 2.2 In addition, the Care Quality Commission (CQC) made an early inspection of SWASFT's NHS 111 services in March 2016 (this standard inspection had been brought forward as a result of the claims made in the Daily Mail) and carried out a further planned inspection of the wider services provided by SWASFT in June 2016.
- 2.3 The independent investigation found that many of the concerns raised were generally known about by the Trust, and action had been, or was being taken, to address areas of concern identified. However, the incidents raised highlighted some areas of governance and control where the Trust needed to take further action. The investigators felt that the allegations typically did not present a "balanced view" of the issues reflecting all the evidence reviewed.
- 2.4 The outcome of the March CQC inspection of the NHS 111 Service was more critical: overall the service was rated as Inadequate. A team of inspectors found the 111 service was Good for caring, but Inadequate for safety, effectiveness, responsiveness and being well-led.
- 2.5 Following the inspection, CQC issued a Warning Notice on 26 May 2016 requiring the Trust to ensure that calls are responded to in a timely and effective manner, with enough suitably qualified staff on duty who are supported to deal with the volume of calls. The trust was told that it must make significant improvements by 8 July 2016.
- 2.6 The outcome of the June CQC inspection of the wider services provided by SWASFT has not yet been made public.
- 2.7 It had been the intention that members should be nominated to participate in a Joint Committee when the DHSC met on 7 June 2016. However, this decision (and the presentation of the findings of the independent review and the March CQC inspection) was deferred due to the timing of the June CQC inspection. It was hoped that in the meantime it would be possible to reach agreement with the Bournemouth and Poole Scrutiny Committees with regard to the administration of a joint committee. An update regarding this, and a further matter of concern which has been raised with Members regarding changes to the operation of services by SWASFT, will be provided to Committee on 6 September 2016.

## **3 Community Dental Services in East Dorset**

- 3.1 In April 2015 Somerset Partnership NHS Foundation Trust (SOMPAR) took over the community dental service contract for East Dorset which had previously been held by Dorset HealthCare University NHS Foundation Trust following a tendering process overseen by NHS England (NHSE). Dorset Health Scrutiny Committee were informed of the change to service provision by NHSE and, following an enquiry by the Health Partnerships Officer, were assured that the change in provider would not result in any changes to the locations from which services would be provided.

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- 3.2 The contract stipulated that there should be provision for dental treatment under general anaesthesia (GA) suitable for the population of East Dorset. There were four operating sessions a week being run from the Poole Clinic before SOMPAR took over (around 40 to 50 cases) and there was a substantial waiting list for this. The services in Poole clinic were mainly for children with additional needs who, for whatever reason, could not be treated in high street or acute settings.
- 3.3 Two months after the contract came into force, in June 2015, SOMPAR decreased the amount of access children had to dental treatment under general anaesthesia by half. There appears to have been no discussion or consultation with stakeholders. This resulted in a waiting list for referral and a waiting list for treatment (although SOMPAR reported in August 2016 that additional resources have been put into assessments, and the waiting list for these has reduced from around 700 to around 450 patients). The situation is very complex and there are differences of opinion as to where 'fault' lies, but in short SOMPAR were given notice to vacate the premises they were using (Poole Clinic) because Dorset HealthCare could no longer continue to make the facilities available to them in a cost effective way (and gave due notice). As of 1 April 2016, although NHSE were clear that community dental services under GA needed to continue, there is no longer a suitable venue in east Dorset, SOMPAR having failed to secure an alternative (and having previously indicated that they were not aware that they would be responsible for this at the time of tendering). Patients from the east now have to travel to Dorset County Hospital for community dental treatment under GA, whilst discussions between SOMPAR and Royal Bournemouth Hospital are now on-going, it is understood.
- 3.4 In January 2016 Healthwatch Dorset became involved in this matter, having been contacted by a Consultant Anaesthetist who raised concerns with them. Subsequently, Annie Dimmick, Research Officer with Healthwatch Dorset, collated a large amount of correspondence, including e-mails exchanged between the Dorset Health Partnerships Officer (Ann Harris), the Consultant Anaesthetist who had raised concerns and NHSE (dating back to June 2015). Annie also contacted all relevant stakeholders to gain their perspective, and the summary of all her correspondence was shared with the Chairmen of Dorset, Bournemouth and Poole Health Scrutiny Committees in July 2016. At this point Healthwatch Dorset gave notice that they were considering making a formal referral to the Health Scrutiny Committees requesting that the matters identified be formally investigated.

## **4 Conclusion and recommendations**

- 4.1 Given the strength of the concerns that have been raised, members are asked to consider:
- a) Whether they wish to scrutinise either or both of the two matters as a Dorset only Committee;
  - b) Whether they wish to nominate four members (three, plus substitutes) for Joint Committees which may be convened with Bournemouth and Poole to scrutinise each of the two matters.

**Helen Coombes**  
**Interim Director for Adult and Community Services**  
September 2016