



Dorset Health Scrutiny Committee

Minutes of the meeting held at County Hall, Colliton Park,
Dorchester, Dorset, DT1 1XJ on Wednesday, 21 December
2016.

Present:

Ronald Coatsworth (Chairman)
Bill Batty-Smith, Ros Kayes, Paul Kimber, William Trite, David Jones, Peter Shorland,
Alison Reed and Peter Ogglesby.

Members Attending

Jill Haynes (Cabinet Member for Adult Health, Care and Independence).

Officer Attending:

Jason Read (Democratic Services Officer), Ann Harris (Health Partnerships Officer) and Helen Coombes (Interim Director for Adult and Community Services).

Others in Attendace:

Dr Anu Dhir, Dr Karen Kirham, Sally Sandcraft, Tim Goodson (NHS Dorset Clinical Commissioning Group).

(Notes: 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 **Thursday, 9 March 2017**).

Apologies for Absence

56 Apologies for absence were received from Mike Lovell and Tim Morris.

Code of Conduct

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

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

Minutes

58 The minutes of the meeting held on 14 November 2016 were confirmed and signed.

Public Participation

Public Speaking

59 Eight public questions were received at the meeting in accordance with Standing Order 21(1) and are included as an annexure to these minutes. The Interim Director of Adult and Community Services read out a statement on behalf of the Chairman which clarified some of the points raised in the public questions. The statement is also attached as an annexure to these minutes.

There were no public statements 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

Draft Primary Care Commissioning Strategy and Plan

60 The Committee received a presentation by Dr Anu Dhir (NHS Dorset Clinical Commissioning Group) that outlined the Draft Primary Care Commissioning Strategy and the reasons behind it.

The Strategy had been developed as a response to increasing pressures on Primary Care across Dorset. General Practitioners (GPs) were beginning to struggle with patient need due to a lack of workforce which had resulted in staff working longer hours and having to deal with increased responsibility and as a result the current model of working was no longer sustainable.

The key focus of the Strategy was to look at the areas where Primary care was being delivered efficiently and successfully and incorporate those ways of working in to the areas that were struggling. The first phase of the Strategy had involved discussions with GPs and Primary Care staff as well as seeking the views of stakeholders and others that would potentially be affected by any changes made. The second phase was ongoing engagement which would include wider stakeholder consultation.

It was emphasised that the current model of working was no longer sustainable, and GPs no longer had the resources or staff to deliver services to an acceptable standard under the current arrangements. The Strategy outlined blueprints for how a new model might work and how this would help ease some of the pressure GPs were facing.

Following questions from councillors, the Chief Officer for the CCG clarified a number of points. Any legal advice being sought by the CCG in relation to the Strategy and the outlined proposals had a very minimal cost associated with it. The suggested merging of certain practices outlined in the Strategy were a reflection of how GPs across the country were beginning to work. Having multiple practices in close proximity was not the most efficient use of resources, and having different health professionals in centralised hubs would enable a higher standard of service delivery.

It was noted that if GPs were working in close proximity with mental health professionals and physiotherapists among other healthcare professionals, GPs workloads would be significantly reduced. The current workload for GPs in county was not an attractive prospect which was impacting the recruitment and retention of GPs in Dorset. The Strategy helped to improve the workload of GPs which would improve retention and recruitment.

It was clarified that all GPs across Dorset had been involved in the development of the Strategy. It was acknowledged that many GPs had expressed concerns that they could not sustain the current model of working and valued the change proposals in the Strategy.

The Primary Care Strategy provided a strategic framework and direction of travel. The CCG informed the Committee that the next steps would be consulting on the Strategy. Councillors suggested that a 'bottom up' approach with the staff delivering the care would be beneficial.

Some concerns were raised over transport arrangements for residents of the more rural parts of the county. It was clarified that practices might chose to merge if there was duplication in an area, and that this was more likely to happen in urban than rural areas. The strategy aimed to provide accessible services to all parts of the county. Creating GP hubs would allow different healthcare professionals to work in the same building, which would allow residents to visit one place for multiple medical needs rather than travelling to different locations for different services.

The Strategy highlighted the use of technology to mitigate the amount of face to face consultations required. Video calls and emails could be used to liaise with patients. Whilst it was acknowledged that not all patients would be comfortable with that approach, it was noted that the younger population and those who work full time would embrace it, allowing them to have electronic consultations and removing the need to take time off work to see a GP.

The CCG were currently developing their engagement plan and offered to return to the Committee to provide a further update report. It was noted that the consultation for changes to Dorset County Council's Adult Services in Bridport had been largely successful and this would be an excellent model to replicate.

Resolved

That the Dorset Health Scrutiny Committee, after consideration of the presentation from the NHS Dorset Clinical Commissioning Group;

1. Accepts the need for the provision of GP services to be modified but states that this change must be in such a way that will maintain the quality of provision of services.
2. Accepts the need for widening the range of services provided at local level .
3. Notes with concern the possibility that reduction of surgeries may have implications for increasing difficulty of access and believes that there is a need to incorporate this in all plans.
4. Believes also that the principle of equalisation must be at the highest level.
5. The committee therefore reminds the CCG MUST ensure that at all stages in the process there must be the fullest possible genuine consultation with the public.
6. Asks the CCG to bring any plans to the Dorset Health Scrutiny Committee at the earliest possible stage.

Briefings for Information / Noting

- 61 The Committee considered a report by the Interim Director for Adult and Community Services which contained update briefings on the following;
- Changes to the provision of health services for individuals with Cystic Fibrosis (commissioned by NHS England).
 - Changes to the provision of Vascular Services (commissioned by NHS England).
 - Dorset Health Scrutiny Committee Forward Plan.

The Committee requested that representatives of NHS England be invited to the next meeting of the Committee to elaborate on the changes to the provision of Vascular Services.

Resolved

1. That representatives of NHS England be invited to the Dorset health Scrutiny Committee meeting being held in March 2017 to present a report on the changes to the provision of Vascular Services.

Questions from County Councillors

- 62 No questions were asked by members under standing order 20(2).

Meeting Duration: 10.00 am - 12.05 pm.

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Questions and responses for Dorset Health Scrutiny Committee on 21 December 2016

Sender	Question	Response
<p>Debby Monkhouse, Swanage resident</p>	<p>Dorset CCG sent the Sustainability and Transformation Plan to NHS England on 21st October, before it was seen by the DCC Health & Wellbeing Board, and before any public consultation outcomes are known for the Clinical Services Review or Primary Care Commissioning Strategy. Could the Committee clarify how they are meeting responsibilities to scrutinise the STP major changes to our local NHS services on behalf of the people of Dorset, and, if £229 million savings in the STP do not relate to either the Clinical Services Review or the Primary Care Commissioning Strategy, what they do relate to?</p>	<p>Response from the Chairman of Dorset Health and Wellbeing Board and the Chairman of Dorset Health Scrutiny Committee:</p> <p>'The Sustainability and Transformation Plan [STP] is a national five year strategic plan based around 44 geographies in England [of which wider Dorset is one]. Its primary purpose is to narrow differences in our population in three key outcomes, namely; health and wellbeing; quality of care; and financial sustainability of health and care services. This is to be through joint working across all health and care organisations.</p> <p>As such there is much to support in the purpose of the STP. It is also worth emphasising that the STP is the first time we have an NHS plan which has a primary focus on geography and the needs of people, rather than a focus on organisations, which we fully support. Moreover given the Board has a remit for health & wellbeing it fully supports its inclusion in an NHS led strategic plan.</p> <p>The Board has received the Dorset STP proposal and supports its intent to address these three gaps in a systematic way, in addition the Board has the remit for the implementation of the health and wellbeing element of the plan.</p> <p>With regard to the submission and sign off of the plan the situation is best described by Simon Stevens the Chief Executive of NHS England <i>'The first phase of the STP [which is where we are now] has been to develop proposals for discussion, the next phase turning proposals into plans will require intensified engagements with patients, staff, communities and local stakeholders. In some cases formal consultation will be required'</i>. He goes on to say <i>'having turned proposals into plans - following the contracting round and following engagement and consultation - the third phase during 2017/18 will be to give life to agreed plans as STPs become implementation partnerships'</i> This is</p>

		<p>clear that NHS England see any implementation following engagement and consultation.</p> <p>The December 23rd date referred to is the date for the NHS to submit its operational plan for the next two years, not the STP plan submission date. The comment about timing related primarily to the Better Care Fund paper.</p> <p>In all its discussion the Board has supported the intent of the STP while being clear about the need for both significant further work to clarify how the proposals would be translated into action, and also how the public would be involved in this. Councillors on the Board have offered to support the CCG in any public discussion.</p> <p>The Board has also been clear that any changes in the hospital sector needed to be balanced by investment in capacity in community services including social care, and primary care. One of the principal features of the STP is the redistribution of activity from hospitals to community however there is a lack of clarity as to how this would be funded - especially from a social care perspective - this is the primary reason why several councils [not health & wellbeing boards] around the country have chosen not to 'sign off' the STP proposal and the reason behind the comments described.</p> <p>Health & Wellbeing boards are not formal signatories as such to the plan, these are the various NHS organisations and local authorities, however the Board as mentioned earlier has the primary role in coordinating work across agencies in leading the 'health and wellbeing' element of the plan.</p> <p>The Clinical Services Review which is currently out to consultation preceded the STP and is a local piece of work led by the CCG – it goes into some detail about options for change in hospital and community services. From a local authority perspective the Joint Health Scrutiny</p>
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Debby Monkhouse, Swanage resident	Could the DCC Health Scrutiny Committee advise why they are not scrutinising all the major changes to DCC residents' health services contained in the STP?	As outlined in the previous response, the STP is a national five year strategic plan. The Clinical Services Review which is currently out to consultation preceded the STP and this does go into some detail about options for change in hospital and community services. From a local authority perspective the Joint Health Scrutiny Committee is the committee where such operational issues about health service changes must be discussed, although the Dorset Health Scrutiny Committee do receive regular updates regarding the work of the Joint Committee and will have an opportunity to submit their views to the Joint Committee, via the Dorset Members.
Debby Monkhouse,	Central government were not elected on a mandate of cutting the National Health Service, yet are imposing requirements, with financial penalties for non compliance, upon Dorset CCG	Dorset Health Scrutiny Committee is not currently in a position to comment on the detailed financial implications of the removal of the QOF element of funding to which you refer. However, the Committee is aware of the intense financial pressures on both health and social care

Swanage resident	to 'save' £229 million per annum on our NHS services, and are also proposing to remove the QOF element of GP funding, so making Practices 'unsustainable'. What action do the Committee plan to take to address this?	services and recognises the need to ensure future sustainability whilst achieving the best outcomes for residents of Dorset. The Draft PCC Strategy does indicate a commitment to increased investment in General Practice by NHS England (please see page 42 of the Draft Strategy). The main issue being faced is that demand and costs could outpace this increase in funding, therefore there is a need to explore how services can be managed more efficiently. The CCG advise that the £229 million referred to relates to the savings required should costs increase as projected with increasing demand on services and a growing population, based on the funding information known at the time of writing, and the figure includes the clinical services review as well as programmes in primary care, secondary care and specialised care.
Debby Monkhouse, Swanage resident	Could the DCC Health Scrutiny Committee also advise who is responsible for scrutinising the CCG proposals if residents' questions are referred back to the CCG? Is DCC suggesting that the CCG are responsible for scrutinising themselves? The DCC Health Scrutiny Committee themselves note in the minutes of the November meeting their deep regret and displeasure regarding the CCG's failure to notify DCC Health Scrutiny Committee of the major change to health services contained in the CCG's Primary Care Commissioning Strategy of proposals to close between 1/3 - 2/3 of Dorset GP Practice locations, including in rural areas with absent or inadequate public transport systems so that tranches of DCC residents will no longer be able to access a GP Practice.	The Dorset Health Scrutiny Committee does have a clear responsibility to scrutinise proposals for substantial variations to all health services, whether these originate from commissioners or providers. To facilitate this we feel that it is important to maintain a constructive relationship with commissioners and providers, whilst recognising that to be a 'critical friend' will inevitably lead to challenge at times. The suggestion that some questions should be referred back to the CCG was in the context of checking matters for accuracy or simple clarification.
Cllr Clare Sutton,	Is the Dorset Health Scrutiny Committee satisfied that the changes to Primary Care set out in the Commissioning Group's proposals are overall an improvement on existing arrangements?	This will be a matter for the Dorset Health Scrutiny Committee to consider having heard the presentation from the CCG on 21 December. However, our understanding is that the Draft Strategy being presented does not set out firm proposals for changes but seeks to outline the

Rodwell (Weymouth)	If so, can you please explain how you justify this conclusion?	challenges to primary care and promote discussion and further engagement.
Cllr Clare Sutton, Rodwell (Weymouth)	<p>As part of these proposals, Dorset Care Commissioning Group (DCCG) is proposing cutting the number of GP sites from 131 to, in the best case scenario, 69, and in the worst case scenario, 36. In Weymouth, for example, 8 practices on 12 sites could be reduced to 3-6, in the part of Dorset which, with Portland, has by far the worst health outcomes. What impact does the Health Scrutiny Committee anticipate this will have on those outcomes?</p> <p>Will this proposal go out to full public consultation?</p>	<p>The proposals to which you are referring were the local blueprints which formed part of the first draft of the Primary Care Commissioning Strategy, which has now been revised (and the latest version is available within the agenda papers for DHSC 21 December meeting). The blueprints gave an indication of how services might be configured if national models were applied, but the Committee has been assured that they were not intended to suggest firm proposals. In a press statement the CCG advised:</p> <p>‘Our ongoing strategy is to work with local groups of practices to help shape the way in which we will deliver services to meet future population needs. This includes looking at how we would support new models of care.</p> <p>‘It is up to individual GP surgeries to decide whether to merge or not as they are independent contractors, we cannot force any change.</p> <p>We have been listening to the pressures that general practice faces and it is clear that practices will have to work together and explore new ways of working and looking at transforming the way care is delivered if we want to ensure that services are sustainable in the future.’</p> <p>A second phase of engagement is planned for November 2016 to March 2017 to inform the development of models for primary care. Part of this process will be to identify whether there is a need to go to formal public consultation. In this case NHS Dorset CCG would provide appropriate support.</p>

<p>Cllr Clare Sutton, Rodwell (Weymouth)</p>	<p>I understand that DCCG submitted its Sustainability and Transformation Plan to central government (I assume the Department of Health) in October, asserting that the plan had Dorset County Council's full endorsement. I also understand that, in fact, DCCG only submitted its Sustainability and Transformation Plan to the Health and Well Being Board in November, and then only in outline, despite having already submitted the full case. Am I correct on both these counts? If so, how does the Health Scrutiny Committee intend to respond to DCCG's modus operandi in this instance?</p>	<p>Please refer to the response from Dorset Health and Wellbeing Board and Dorset Health Scrutiny Committee to the first question raised by Debby Monkhouse. Thank you.</p>
<p>Cllr Clare Sutton, Rodwell (Weymouth)</p>	<p>Is the Health Scrutiny Committee satisfied that the Clinical Services Review and the Primary Care Review are independent from one another? In particular, could decisions on the Clinical Services review affect Primary Care? If they are not independent, should they not be considered and consulted upon together?</p>	<p>The Clinical Services Review (CSR) and the Draft Primary Care Commissioning (PCC) Strategy are clearly linked, via the Integrated Community Services element of the CSR. As the CSR falls under the scrutiny of the Joint Committee, it would be for that Committee to determine how best these issues need to be considered. It is our understanding however that, as changes have not yet been proposed as part of the PCC Strategy, it is not possible to undertake joint consultation without causing serious delay to the CSR and the delivery of better outcomes for Dorset residents which this is seeking.</p>