

Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	4 September 2017
Officer	Helen Coombes, Transformation Programme Lead for the Adult and Community Services Forward Together Programme
Subject of Report	Briefings for information / note
Executive Summary	<p>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.</p> <p>For the current meeting the following information briefings have been prepared:</p> <ul style="list-style-type: none">• Impact: Healthwatch Dorset Annual Report 2016-17• Dorset Health Scrutiny Committee Annual Report 2016-17• A verbal update will also be provided regarding future changes to the delivery of pan-Dorset Sexual Health Services.
Impact Assessment:	Equalities Impact Assessment: Not applicable.
	Use of Evidence: Report provided by: Healthwatch Dorset; and minutes, reports and notes relating to formal and informal meetings of Dorset Health Scrutiny Committee

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	<p>Budget:</p> <p>Not applicable.</p>
	<p>Risk Assessment:</p> <p>Current Risk: LOW Residual Risk: LOW</p>
	<p>Other Implications:</p> <p>None.</p>
Recommendation	<p>That Members note the content of the briefing reports and consider whether they wish to scrutinise the matters highlighted in more detail at a future meeting.</p>
Reason for Recommendation	<p>The work of the Committee contributes to the County Council's aim to help Dorset's citizens to maintain health, safety and independence.</p>
Appendices	<ol style="list-style-type: none">1. Impact: Healthwatch Dorset Annual Report 2016-172. Dorset Health Scrutiny Committee Annual Report 2016-17
Background Papers	<p>None.</p>
Officer Contact	<p>Name: Ann Harris, Health Partnerships Officer Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk</p>

Briefing note regarding Impact: Healthwatch Dorset Annual Report 2016-17



1 Background

Healthwatch Dorset is one of 148 local Healthwatch organisations in England. We support local people to have a say in how health and social care services are designed and delivered. We take people's views and experiences to decision-makers (health and social care commissioners and providers) to show them what people think is good and what is not good. And we work with them to make improvements.

We also provide people with information and advice about local health and social care services, help them find their way round the system and make them aware of their rights and the choices available to them.

Healthwatch Dorset is a Community Interest Company, set up in 2013 as a joint venture between three well-established Dorset charities: Help and Care, Citizens Advice Dorset and Dorset Race Equality Council. Joining the three organisations on the Board of the company as Non-Executive Directors are a number of local people chosen by an independent Appointments Panel.

2 Summary – Overview of the year from Healthwatch Chair, Joyce Guest

This has been a full and demanding year for Healthwatch Dorset, particularly with the consultation on the Clinical Services Review. We have demonstrated the powerful links made with our communities through numerous projects and our energetic team of Healthwatch volunteer Champions. This has enabled us to bring real stories to the health and social care decision makers.

The Healthwatch team have undertaken numerous projects this year including care home visits, mystery shopping, surveys and of course the important formal reports. For a small team, they punch well above their weight. I have been particularly impressed with the "Be Yourself: Everybody Else is Taken" project, raising young people's mental health issues. This initiative was supported by AFC Bournemouth and we are extremely grateful to them for their commitment. When we showcased the work at the Vitality Stadium everyone felt inspired.

Our Community Investment Projects have demonstrated that a small investment can give tremendous and ongoing benefits.

In July last year we were runners up at the Healthwatch England National Conference for the value we bring to diversity and inclusion through the investment projects. It gave me immense pleasure to collect the award together with members of the team.

We have also made Healthwatch more accessible; our Easy Read guides to making a

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complaint were produced with Poole Forum. This has been adopted nationally. The Bournemouth Deaf Club worked with us to produce a video in British Sign Language which has widened our reach to the deaf community.

Our “Fobbed Off” report (about local people’s experience of the NHS’s complaints process) gained national coverage and we are pleased that our local health providers are now responding to our findings with real and positive action.

We have received greater media coverage and this has led to radio and TV interviews including concerns about ambulance waiting times, delays in A & E and our unease about changes in service delivery. We certainly had an impact and changes have taken place.

None of this would have been achieved without the hard work and versatility of our Heathwatch Team and Champions. I must also mention our Board, who are also volunteers, for their dedication and hard work.

I hope you will both enjoy and learn from our Annual Report “Impact”, demonstrating that we are really making a difference and achieving improvement in services for our community.

The full report is available here:

<http://www.healthwatchdorset.co.uk/resources/annual-report-2016-2017>

Briefing note: Dorset Health Scrutiny Committee Annual Report 2016/17

1. The role of the Dorset Health Scrutiny Committee

- 1.1 The Dorset Health Scrutiny Committee (DHSC) operates under the provisions of the National Health Service Act 2006 governing the local authority health scrutiny function. The relevant regulations are the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, which came into force on 1 April 2013. Guidance to support Local Authorities was subsequently published by the Department of Health in June 2014¹.
- 1.2 The Committee comprises 12 elected councillors, six representing Dorset County Council and one from each of Christchurch Borough Council, East Dorset District Council, North Dorset District Council, Purbeck District Council, West Dorset District Council and Weymouth and Portland Borough Council.
- 1.3 The terms of reference for the Committee reflect the Regulations for Health Scrutiny and the Guidance published by the Department of Health. However the broad remit of the Committee continues to be that it:
- Works in partnership with local health service providers and the public to improve health and wellbeing in Dorset;
 - Makes constructive recommendations for improvement;
 - Looks at areas or groups of people in the community who suffer from worse health than others and considers how this inequality can be improved;
 - Considers and comments on major developments or changes (substantial variations) by the local NHS that will affect people in Dorset.
- 1.4 This report provides a summary of the work undertaken by DHSC over the year 1 April 2016 to 31 March 2017, reflecting on what has been achieved.

2. Dorset Health Scrutiny Committee meetings

- 2.1 The DHSC met formally five times during the year April 2016 to March 2017: 7 June, 6 September, 14 November and 21 December 2016, and 9 March 2017. The Committee received and scrutinised a wide range of formal reports, presentations and briefings from organisations such as NHS Provider Trusts and Commissioners, Healthwatch Dorset and Dorset County Council. Some of the key items discussed are highlighted below.

Mental Health Services

- 2.2 The Committee received a number of reports linked to mental health issues over the year, as follows:

¹ Local Authority Health Scrutiny: Guidance to support Local Authorities and their partners to deliver effective health scrutiny: <https://www.gov.uk/government/publications/advice-to-local-authorities-on-scrutinising-health-services>

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- An overview of Child and Adolescent Mental Health Services was presented in June 2016, including contributions from NHS Dorset Clinical Commissioning Group (CCG), Dorset Healthcare University NHS Foundation Trust and Dorset County Council Children's Services. The Committee learned of investment in CAMHS and a new Strategy for Emotional Wellbeing and Mental Health, but were concerned about an increase in referrals and difficulty in accessing support. The impacts of certain aspects of modern life were noted, along with the opportunities that might arise as a result of the restructuring of youth services;
- A report of the findings of an inspection by the Care Quality Commission (CQC) of Dorset Healthcare University NHS Foundation Trust was presented in November 2016. The Committee were concerned that record keeping at the Trust was still receiving negative feedback and hoped that new systems being introduced would improve practice. The Trust reported that all Mental Health Services had been brought back under single leadership, in an effort to apply a consistent approach;
- Briefings regarding the progress of the Mental Health Acute Care Pathway Review, which sits under the Joint Health Scrutiny Committee, were provided to the Committee throughout the year.

Acute Care Services

2.3 Dorset County Hospital (DCH) is the main Acute Care provider for Dorset residents, although many also attend Bournemouth and Poole Hospitals in the east and out of County facilities such as Yeovil District Hospital and Salisbury District Hospital. The work of DCH was highlighted on a number of occasions:

- An update regarding progress in the implementation of full seven-day services was presented in June 2016. The Trust outlined progress, which was good in some departments but required further action in others;
- A report into the outcome of a CQC inspection of the Trust was presented in September 2016 with an update in March 2017. Although the Trust had been rated as 'Requires Improvement' overall, many areas were found to be 'Good'. An action plan had been developed, with recruitment issues and processes being key to taking this forward. Members queried the funds available to make the required improvements and heard that, nationally, savings had to be made by the NHS, but that DCH had a robust strategy to manage this;
- In November 2016 the Trust's Organisational Strategy was presented, outlining how their work would be aligned to the principles of the Sustainability and Transformation Plan and the Clinical Services Review. Members felt that, at that time, the Strategy lacked detail, particularly around access to services and the intention to provide more services closer to people's homes. The Trust agreed to return to the Committee once specific detail had been developed;
- The re-designation of neo-natal services provided by DCH was explained to the Committee in November 2016 by representatives from NHS England. Following the publication of a review by the Royal College of Paediatrics and Child Health, it had been found that there was: non-compliance with out of hours medical cover at the maternity and paediatric unit, there were concerns about the maintenance of medical skills and there were low levels of activity, including numbers of very preterm births, required to maintain skills. As a result, the delivery of pre-term babies under 32 weeks gestation would be transferred to the maternity unit at Poole Hospital. Members were concerned about arrangements for mothers and babies to return to DCH, following delivery, and about the availability of ambulances to make transfers. The Committee received reassurance that these matters had been considered and any risks had been mitigated;

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- The need for changes to the delivery of specialist services to support people with Cystic Fibrosis and to the provision of Vascular Services were reported to the Committee in March 2017, again by NHS England. The national drive towards centres of excellence and the difficulty in recruiting sufficient number of consultants locally meant that, in future, some services would no longer be provided in DCH (with respect to Vascular Services) or Poole (with respect to Cystic Fibrosis services). Where appropriate however, out-patient services would continue. Members understood the rationale behind such decisions.

Primary Care Services and links to Community Services

2.4 The Health Scrutiny Committee has the authority to scrutinise primary care services, alongside all other health services, regardless of provider. In the past year a number of reports have been considered in relation to primary care:

- In September 2016 NHS Dorset Clinical Commissioning Group (CCG) provided a report setting out changes to commissioning arrangements for primary care services (general practitioners), detailing the staffing pressures and the need to adapt to cope with future demand. The report noted that a draft Primary Care Commissioning Strategy was being developed and, following the publication of this in October, the Committee had concerns about the content and agreed at their meeting in November 2016 that a further, urgent, meeting would be convened in December;
- In December 2016, Members heard from the CCG that the current model for general practice was no longer sustainable due to workload and recruitment difficulties. The draft Strategy had been developed in consultation with GPs but the Committee were concerned about wider consultation and whether mergers or closures of surgeries would take place without due process. The CCG explained that surgeries were, to an extent, independent providers, but that a more integrated network, linked with other community services and making use of technology, would provide care closer to home for more people. Members reiterated their concerns and requested further involvement and engagement, with regard to the Strategy;
- In March 2017 the CCG returned to Committee to provide an update regarding the Primary Care Commissioning Strategy, with a particular focus on the public engagement plan. Members still had concerns about the level of engagement and consultation that would be undertaken and about the impact of public transport cuts to rural access. The CCG welcome offers of support to engage with local communities and reported on-going work with Dorset County Council to look at transport issues jointly;
- Also in March, the Committee received a presentation by the CQC about the outcome of inspections of GP surgeries in Dorset. The CQC reported that, in general, Dorset mirrors the national picture, with most surgeries rated as 'good' and access to appointments ranking highly. The areas for improvement were more likely to focus on administrative matters. The big area of concern however was succession planning and the problems surgeries faced in trying to attract new GPs to Dorset.

Healthwatch Dorset

2.5 Healthwatch Dorset continue to attend Dorset Health Scrutiny Committee meetings and to contribute items to the agenda, as appropriate. In September 2016 they presented the findings of a survey: Fobbed Off – Some experiences of making a

complaint about NHS Foundation Trusts in Dorset. With support from three of the four provider Trusts, Healthwatch had contacted every individual who had made a formal complaint to the Trusts in 2015, asking them to share their views of the process and to highlight any particular issues they had faced. It was found that many of those who had complained were unhappy with the process and the response they had received. However, having drawn up recommendations, Healthwatch had met with the Trusts to discuss their results and found a positive commitment to actions and improvements.

3 Task and Finish Groups

Quality Accounts

- 3.1 Task and Finish groups met twice during the year 2016/17 to consider Quality Account reporting by the two main provider Trusts operating within the County: Dorset Healthcare University NHS Foundation Trust and Dorset County Hospital NHS Foundation Trust. These meetings offer an informal opportunity for the Trusts to share information and to report progress against national and local performance targets. The Trusts are required, under the Health Act 2009 and under amendments within the Health and Social Care Act 2012, to submit their Accounts to the Secretary of State (Department of Health) and the submission must be shared with local Scrutiny Committees, who are invited to comment. In June 2016 the DHSC received a report regarding the final submissions, sharing with the Committee the commentary provided by the Task and Finish Groups. The content of that report and the full commentary can be found at agenda item 27 here: <http://dorset.moderngov.co.uk/ie/ListDocuments.aspx?CId=142&MId=895&Ver=4>
- 3.2 In addition to meeting with the two main provider Trusts, DHSC members received a presentation from the Weldmar Hospicecare Trust in November 2016 setting out their Quality Account. The presentation highlighted the work of the Trust and the services provided across Dorset. It also considered the feedback it receives – which is mostly positive – and looked at the lessons that can be learned from complaints. Members congratulated the Trust on having achieved a rating of ‘outstanding’ from the CQC in June 2016.

4. Joint Committees

- 4.1 Two Joint Health Scrutiny Committees met in 2016/17 and will continue into 2017/18. Dorset Health Scrutiny Committee appoints three Members on an annual basis to each of these Joint Committees. The first (scrutinising the Clinical Services Review and Acute Care Pathway Review) is hosted by Dorset County Council, the second (scrutinising the NHS 111 Service provided by South Western Ambulance Service NHS Foundation Trust) is hosted by the Borough of Poole.

Clinical Services Review and Mental Health Acute Care Pathway Review

- 4.2 NHS Dorset CCG commenced a Clinical Services Review (including Integrated Community Services) in October 2014, followed by a parallel but separate Mental Health Acute Care Pathway Review. As the Reviews covers Dorset, Bournemouth and Poole and affect residents in Hampshire and Somerset, a Joint Committee was convened to include members from each of the five Local Authorities, and met for the

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first time formally in July 2015 and subsequently on five further occasions by the end of March 2017.

- 4.3 During the year 2016/17, the Joint Committee has received a number of presentations and reports from the CCG, looking at the proposals which have been developed for acute, community, maternity and paediatric and mental health acute care services, and the way in which those proposals would be consulted on. In addition the Joint Committee met in February and March 2017 to go through the public consultation documents and formulate its own response for submission to the CCG. Prior to the formal meetings in February and March, Dorset Health Scrutiny Committee Members had the opportunity to meet informally to consider the local (Dorset County) response, which could be taken forward by the Joint Committee representatives. Common concerns raised included: transport and the accessibility of services, particularly for rural localities; resources in the community, particularly the potential loss of community beds; recruitment and retention of staff; and the ability to implement changes, given their complexity and cost.

NHS 111 Services

- 4.4 A Joint Committee to scrutinise the NHS 111 Service provided by South Western Ambulance Service NHS Foundation Trust (SWASFT) was convened in late 2016 and first met informally in November 2016, then formally in January 2017. This Committee was formed as result of concerns regarding the performance of the NHS 111 Service, following reports in the national press and the poor outcome of a CQC inspection. The Committee has looked at the reasons behind those concerns and has received information and presentations from the Trust outlining their improvement plans. Staffing recruitment and retention were highlighted in particular and SWASFT reported a number of measures being implemented to support staff. Following a re-inspection of the Service in late 2016 (the publication of the report for which was delayed) a further meeting of the Joint Committee is planned for September 2017.

5. Inquiry Day – Centre for Public Scrutiny and the Care Quality Commission

- 5.1 In July 2016 Dorset Health Scrutiny Committee took part in an Inquiry Day which was offered to them by the Centre for Public Scrutiny. Within the half-day event, CQC's public engagement team worked with the Centre for Public Scrutiny to engage with local CQC staff, local public representatives and other partner organisations in two areas of the country, Liverpool and Dorset. A total of 60 participants across the two areas explored how CQC engages with public representatives and listens to public voices about care. Partners across the local health and care system considered how this engagement could develop to support the new CQC strategy 2016-2021. Dorset's Members found this event to be a very helpful opportunity to hear about the work of the CQC, to engage with Healthwatch Dorset colleagues and to contribute to the CQC's engagement Strategy for the future.

6. Minutes, agendas and Committee membership

- 6.1 The minutes for all Dorset Health Scrutiny Committee meetings can be found at: <http://dorset.moderngov.co.uk/ie/ListMeetings.aspx?Committeeld=142>
- 6.2 The minutes for the Joint Health Scrutiny Committee scrutinising the Clinical Services Review and Mental Health Acute Care Pathway Review can be found at:

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<http://dorset.moderngov.co.uk/ieListMeetings.aspx?Committeeld=268>

6.3 The minutes for the Joint Health Scrutiny Committee scrutinising NHS 111 Services can be found at:

6.4 Details of the current membership of the Committee and terms of reference can be found at:

<http://dorset.moderngov.co.uk/mgCommitteeDetails.aspx?ID=142>

Ann Harris

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September 2017