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Ask for: Bill Pipe

Dear Sirs

Joint Health Scrutiny Committee – comments and recommendations regarding the findings of the Clinical Services Review and Mental Health Acute Care Pathway Review consultations

Many thanks to Tim and other colleagues for attending the Joint Health Scrutiny Committee meeting held on 3 August, to present the findings of the public consultations carried out in connection with the Clinical Services Review (CSR) and the Mental Health Acute Care Pathway Review (MH ACP).

The draft minutes of that meeting are attached to this letter, but we would like to highlight the following areas for consideration raised by the public and/or noted by the Joint Health Scrutiny Committee within the results of consultation exercises. We recommend that the Governing Body of the Clinical Commissioning Group should take these concerns into consideration when making its decisions about proposed changes on 20 September 2017.

Service provision

The Committee recognises the overall need for change, which has been clearly articulated by the CCG. However, a number of important issues relating to specific aspects of service provision must be considered:

- With regard to the proposals relating to **the establishment of distinct roles for Bournemouth and Poole Hospitals**, Members acknowledge that the consultation results for the open questionnaire showed a slight majority in favour of Option B (Bournemouth as the location of the MEC (Major Emergency Centre)), but the residents' survey showed a majority in favour of Option A (Poole as the MEC site). However, Poole Councillors do query whether respondents were aware of the full implications of the options, namely that cancer and maternity services would move from Poole to Bournemouth if Option B is agreed. Whilst recognising that perspectives will differ, Members noted that it is not possible for service provision to continue as it is currently. **The Committee acknowledges the rationale behind the proposals to establish distinct roles for Bournemouth and Poole's Hospitals but recommends that the CCG ensures that the views of all affected residents are taken into consideration and that any adverse consequences are mitigated to benefit the whole system.**

- With regard to **Integrated Community Services and the establishment of Community hubs with and without beds**, the Committee recognises that divided views were expressed during the consultation exercise, with many individuals voicing concerns about the potential loss of much-valued facilities in their localities. The suggested use of beds within care homes as an alternative in some areas was also questioned by respondents, and Members echoed this concern. **The Committee recommends that careful consideration is given to the concerns raised by those who responded to the consultation regarding the potential loss of community beds in localities across Dorset and Poole, and the use of care home beds to provide capacity.**
- One locality where there was very **strong opposition to the potential loss of community beds** was **Shaftesbury**. The Committee feels that due regard must be given to that strength of feeling, acknowledging the particular isolation of the area, both geographically and with regard to the availability of public transport. **The Committee recommends that the CCG takes full account of the views of the North Dorset population and commits to all necessary access to services.**
- With regard to proposals for **maternity and paediatric services**, the Committee noted that Option A (a consultant-led service in the east of Dorset and a partnership service between Dorset County Hospital and Yeovil Hospital in the west) had received the most support during the consultation. However, Members were concerned as to whether it had been made clear to respondents that Option A might result in Dorset mothers and children having to travel to Yeovil for services, should the consultant-led unit (and overnight paediatric services) be based there. The CCG advised that further consultation on site-specific decisions, in conjunction with Somerset CCG, would be necessary if Option A is taken forward. Members also doubted whether there had been clarity during the consultation process regarding consultant-led maternity services in the east of Dorset, and the fact that those services would move from Poole to Bournemouth, if maternity services were to be co-located at the CCG's preferred site for the Major Emergency Centre. **The Committee supports the suggestion from the CCG that further consultation would be undertaken to consider site-specific options for maternity and paediatric services, should Option A be agreed.**
- With regard to the **Mental Health Acute Care Pathway consultation**, the Committee noted that respondents were generally supportive of the proposed changes to service provision, but had particular concerns about the **potential lack of facilities** in West and North Dorset and the proposed moving of beds from west to east Dorset (including the closure of the Linden Unit in Weymouth). **The Committee recommends that the CCG ensure that residents across West and North Dorset have sufficient access to mental health acute care services, whilst recognising the need for increased facilities in the eastern localities to meet the needs of that population.**

The consultation process

The Committee recognises that the CCG have undertaken extensive engagement and consultation in connection with both the Clinical Services Review and the Mental Health Acute Care Pathway Review. This is to be commended, but there are some caveats to that commendation:

- With regard to the consultation process for the Clinical Services Review, Members expressed concern (which had also been raised with them by members of the public) about **the validity of the 'residents' survey'**, which had been carried out via telephone. It was felt that individuals who completed the questionnaire under this method had done so without the benefit of access to the full consultation document, and were therefore not acquainted with all the context and data necessary for an informed view. The CCG has been able to provide some assurance that those who took part in telephone interviews were given the opportunity to access the full set of documents prior to the interview. However, **the Committee recommends that the CCG treats the responses from the residents' survey with a degree of caution, given that many of those responding via this method will not have**

read the full consultation document available to those responding via the open questionnaire.

- With regard to the consultation responses to the proposals put forward under both the Clinical Services Review and the Mental Health Acute Care Pathway Review, the Committee noted that people living in West and North Dorset were particularly concerned about access to facilities in their locality. Whilst acknowledging that the **organised campaigns** in that area (for both the CSR and MH ACP) had influenced the overall results of the consultations, Members felt that this demonstrated the strength of feeling in North Dorset in particular, which should not be dismissed. The CCG stated that this would not be the case and that work was on-going to ensure that resources were best-placed and as accessible as possible. **The Committee recommends that due recognition is given to the views of individuals who responded to the consultations under the auspices of campaign groups, recognising the particular strength of concerns highlighted.**
- In further reference to the consultation process, Members noted the **views of Healthwatch Dorset**, which had been submitted to the CCG in April 2017. Healthwatch had received feedback from the public, suggesting that the consultation process had not been as accessible as they would wish, along with reservations as to the extent to which views would be taken notice of. The CCG reported that they had considered and responded to the report and that they are working with Healthwatch. **The Committee acknowledges the concerns raised and recommends that the CCG continues to work with Healthwatch Dorset to ensure meaningful consultation and the full involvement of the public.**

Implementation of any agreed proposals

As the two Reviews move towards implementation, the Committee welcomes the news that NHS Dorset CCG has been awarded in excess of £100 million investment monies towards major improvements to services. Members would urge the CCG to be mindful of the following concerns however, within the next phase of the programme:

- The Committee welcomes the additional work that has been undertaken by the CCG in connection with **concerns raised during the consultation processes about transport and access to services**. The review carried out by the Ambulance Service and the partnership work being led by Dorset County Council is reassuring, but the Committee would urge the CCG to take full consideration of all issues raised in relation to transport and travel. In particular, it is clear that travel times for private transport continue to cause concern, compounded by cuts to public transport funding, rurality and congestion. **The Committee recommends that work continues with the Local Authorities and Ambulance Service, to ensure that transport and access concerns are fully explored and that mutually beneficial solutions can be put in place.**
- When reviewing the outcome of the Clinical Services Review consultation in relation to Option B for the delivery of a Major Emergency Centre, Members noted the **reliance on the building of a new spur road to improve access to Bournemouth Hospital**. This was felt to be a risk, should the building of the road not progress (it is understood that the planning application is yet to be submitted) and in addition it was noted that if the road is built it would be more beneficial to residents living in east Dorset, in terms of reducing travel times, and not necessarily beneficial to those coming from west Dorset. **The Committee recommends that the CCG ensure that plans to increase the level of service delivery at Royal Bournemouth Hospital would still be appropriate and achievable, should the new spur road not progress.**

- With regard to the specific proposals relating to future specialist roles for Bournemouth and Poole Hospitals, the Committee noted that these proposals bore **similarity to a planned merger between the Hospitals, which was refused by the Competition Commission** (now the Competition and Markets Authority – CMA) in 2013. Members were concerned that money might be wasted, should the CMA be minded to refuse the current proposals on the same grounds (a reduction in competition). The CCG were able to provide reassurance that discussions had taken place with the CMA and that their position on these matters had changed since 2013. The CCG felt that a clear patient benefit case had now been made. **The Committee recommends that detailed discussions with the CMA take place as soon as any decisions are made, to prevent the waste of public money which had resulted under the previous proposals.**
- The Committee questioned the nature of the Equality Impact Assessment (EqIA) process, given the potential impact of proposals, particularly on individuals living in areas of high deprivation. The CCG's website seemed to indicate that parts of the EqIA had been undertaken as a 'desk-top' exercise only, which Members felt was not sufficient. **The Committee recommends that detailed and thorough EqIAs should be carried out in relation to all proposals, to ensure that individuals are not disadvantaged as a result of income, age, rurality or any other characteristic.**
- The Committee noted that, to successfully implement the proposals within both the Clinical Services Review and the Mental Health Acute Care Pathway Review, there would have to be **a sufficient workforce** in place. Whilst recognising the CCG's intentions to create networks to support and develop the workforce, it remains to be seen whether recruitment and retention can meet the demands of the services. **The Committee recommends that the CCG continues to focus on workforce development, alongside partner organisations, to ensure that planned changes can be properly supported and recognises that this is the role of the STP partnership.**

The Committee acknowledges the extensive engagement and involvement which has been undertaken with respect to both the Clinical Services Review and the Mental Health Acute Care Pathway Review. In particular, the co-production approach which was adopted during the course of the Mental Health Review seems to have been well-received, and a good example of enabling stakeholders to feel that their views are valued, even when difficult or contentious matters are being explored.

We thank the CCG for their willingness to work with the Joint Committee and look forward to meeting again, once the proposals have been before the CCG Board, which we understand is scheduled for 20 September 2017.

Yours sincerely



Cllr Bill Pipe

Chair, Dorset Health Scrutiny Committee and Joint Health Scrutiny Committee

CC: Helen Coombes, Transformation Programme Lead for the Adult and Community Forward Together Programme