



Meeting: Dorset Health Scrutiny Committee

Time: 10.00 am

Date: 4 September 2017

Venue: Committee Room 1, County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ

Bill Pipe (Chairman)	Dorset County Council
Alison Reed (Vice-Chairman)	Weymouth & Portland Borough Council
Ray Bryan	Dorset County Council
Bill Batty-Smith	North Dorset District Council
Graham Carr-Jones	Dorset County Council
Ros Kayes	Dorset County Council
Nick Ireland	Dorset County Council
Steven Lugg	Dorset County Council
David Jones	Christchurch Borough Council
Tim Morris	Purbeck District Council
Peter Shorland	West Dorset District Council
Peter Oggelsby	East Dorset District Council

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- **Public Participation**

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#### Public Speaking

Members of the public can ask questions and make statements at the meeting. The closing date for us to receive questions is 10.00am on 30 August 2017, and statements by midday the day before the meeting.

**Debbie Ward**  
Chief Executive

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Date of Publication:  
Thursday, 24 August 2017

**5. Joint Health Scrutiny Committee on Clinical Services Review and  
Mental Health Acute Care Pathway Review - Update**

3 - 14

To consider a report by the Transformation Programme Lead for the Adult and Community Forward Together Programme.

# 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	<b>Joint Health Scrutiny Committee re Clinical Services Review and Mental Health Acute Care Pathway Review – Update</b>
Executive Summary	<p>This report provides a brief update re the Joint Committee which has been convened to scrutinise the NHS Dorset Clinical Commissioning Group’s Clinical Services Review and the Mental Health Acute Care Pathway Review. The most recent formal Joint Committee took place on 3 August 2017. The draft minutes of this meeting can be found at Appendix 1.</p> <p>The purpose of this meeting was for the Members to consider and comment on the findings of the formal public consultations which were carried out between December 2016 and March 2017.</p> <p>The (draft) minutes and a letter with recommendations have been submitted to the CCG for consideration, prior to the CCG’s Board meeting on 20 September 2017 at which decisions will be made regarding the proposed changes to services. The letter can be found at Appendix 2.</p>
Impact Assessment:	Equalities Impact Assessment: Not applicable.
	Use of Evidence: Minutes of Joint Health Scrutiny Committee meeting on 3 August 2017.
	Budget: Not applicable.

	<p>Risk Assessment: Current Risk: LOW Residual Risk LOW</p>
	<p>Other Implications: None.</p>
Recommendation	<p>1 That members note and comment on the report.</p>
Reason for Recommendation	<p>The Committee supports the County Council's aim to help Dorset's citizens to remain safe, healthy and independent.</p>
Appendices	<p>1 Draft minutes of Joint Health Scrutiny Committee held on 3 August 2017 2 Letter to NHS Dorset CCG re comments and recommendations arising from Joint Health Scrutiny Committee meeting, 3 August 2017</p>
Background Papers	<p>Committee papers – Joint Health Scrutiny Committee: <a href="http://dorset.moderngov.co.uk/ieListMeetings.aspx?Committeeld=268">http://dorset.moderngov.co.uk/ieListMeetings.aspx?Committeeld=268</a></p>
Officer Contact	<p>Name: Ann Harris, Health Partnerships Officer, DCC Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk</p>

**Helen Coombes**

Transformation Programme Lead for the Adult and Community Services Forward Together Programme  
September 2017



## Joint Health Scrutiny Committee - Clinical Services Review

Minutes of the meeting held on Thursday,  
3 August 2017 at County Hall, Colliton Park,  
Dorchester, Dorset, DT1 1XJ.

### **Present:**

Bill Pipe (Dorset), Bill Batty-Smith (Dorset), Ros Kayes (Dorset), Rae Stollard (Bournemouth), David Harrison (Hampshire), David Keast (Hampshire), Ann Stribley (Poole) and Ian Clark (Bournemouth). Cllr Ann Stribley (Poole) and Cllr Ian Clark (Bournemouth) attended the meeting as reserve members.

### Officers Attending:

Helen Coombes (Transformation Programme Lead for the Adult and Community Forward Together Programme), Ann Harris (Health Partnerships Officer) and Jason Read (Democratic Services Officer).

### Others in Attendance:

Tim Goodson (Chief Operation Officer, NHS Dorset Clinical Commissioning Group (CCG)), Phil Richardson (Director, Design and Transformation, NHS Dorset CCG), Pauline Malins (Interim Head of Communications, NHS Dorset CCG), Kath Florey-Saunders (Head of Service Delivery, NHS Dorset CCG) Elaine Hurlll (Senior Commissioning Manager (Mental Health) NHS Dorset CCG) Paul French (Clinical Lead, Mental Health and Learning Disability) Colin Hicks (Specialist Services Manager, Dorset HealthCare University NHS Foundation Trust); Dale Hall (Opinion Research Services) Kester Holmes (Opinion Research Services)

(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).

### **Election of Chairman**

11 **Resolved**  
That Cllr Bill Pipe be elected Chairman for the remainder of the year 2017/18.

### **Appointment of Vice-Chairman**

12 **Resolved**  
That Ros Kayes be appointed Vice-Chairman for the remainder of the year 2017/18.

### **Apologies for Absence**

13 Apologies for absence were received from Cllr Jane Newell (Poole), Cllr David d'Orton-Gibson (Bournemouth) and Cllr Roger Huxstep (Hampshire).

### **Terms of Reference**

14 The terms of reference for the Joint Health Scrutiny Committee on the Clinical Services Review were noted.

### **Noted.**

### **Minutes**

15 Cllr Ros Kayes requested that minute 7 be amended to read 'Cllr Ros Kayes added that she was employed in the mental health profession outside of Dorset and on

occasion, a charity that she was a Director of 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'.

The minutes of the meeting held on 23 March 2017 be confirmed and Signed following the amendment.

### **Code of Conduct**

16 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, a charity that she was a Director of 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.

### **Public Participation**

17 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.

### **NHS Dorset Clinical Commissioning Group: Clinical Services Review (CSR) and Mental Health Acute Care Pathway Review Consultation Findings**

18

A short video was played in relation to transport and access for emergency care in particular, that had been designed by the NHS Dorset Clinical Commissioning Group (CCG) and the Ambulance Service (SWASFT). The video was a joint response to points that had been raised by the public on travel times, safety and transport arrangements for the proposals in the CSR consultation document. The view of SWASFT was that the proposals would reduce the need for the many transfers that currently take place between Dorset's hospitals and improve the speed of access to the right emergency care.

Cllr Stribley commented that the video focused on 'blue light' transport but that it was private transport that people were worried about: not all Dorset residents would benefit from the changes, as those from Poole for example would have to travel further to maternity or cancer services if these services were transferred to the Bournemouth Hospital site. Tim Goodson responded that it would also mean that Bournemouth residents would travel a shorter distance but that the focus of the review was to ensure patients were receiving specialist care in facilities that were better provisioned to treat patient need and this would inevitably mean travelling further distances for some patients.

The Committee received presentations by Opinion Research Services (ORS) on the consultation findings for the Clinical Services Review and a presentation by the NHS Dorset Clinical Commissioning Group (CCG) on the consultation findings for the Mental Health Acute Care Pathway Review.

The first presentation outlined the responses received during the Clinical Services Review Consultation and the different formats in which the feedback was received. It was noted that there had been over 22,000 responses overall, and ORS stated their

view that this had been a very positive response (in comparison to others they were aware of in relation to health service reviews).

Cllr Kayes outlined concerns about the methodology in relation to the telephone surveys (referred to as the residents survey) which had been conducted during the consultation. People had reported to Cllr Kayes that they had not had sight of the full consultation documentation when responding via the telephone and she felt that this could undermine the validity of their responses. ORS confirmed that although not all residents contacted via telephone would have read the consultation document, they were all offered the opportunity to do so before responding, which some did and ORS called them back, and that this was a valid method.

However, Cllr Kayes continued to feel that the questions may have been leading and therefore wished to challenge how much weight could be given to the telephone responses. It was also noted that the presentation detailed responses as percentages, but due to differing size of populations in each locality, the results did not necessarily give a true reflection of the actual number of residents against the proposals. ORS confirmed that full datasets (and numbers) were available in the detailed reports.

Members heard that the results of 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). Cllr Stribley queried whether respondents had been aware that cancer and maternity services, would move from Poole to Bournemouth if Option B was chosen. ORS were not able to comment on this.

Cllr Clark asked to what extent the positive responses in support of Option B were based on the proposed traffic flow improvements in the area adjacent to Bournemouth Hospital. ORS noted that this was a matter for the CCG. Cllr Kayes also queried the impact on proposals if the spur road is not built, and noted that if it 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. Tim Goodson replied that the ability to make traffic improvements was not the only factor in the CCG's decision to favour Option B, but that clinical improvement overall was key.

Cllr Harrison noted that Hampshire had developed their own plans, based around the Sustainability and Transformation Plan (STP) and that it always comes back to the fact that "we cannot stay as we are".

The consultation results in relation to maternity and paediatric services showed considerable support for 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). It was noted that focus groups found it to be the most contentious area of all proposals in the consultation document. However, Cllr Kayes felt that the public had been misled, as, despite it being a realistic possibility, there was insufficient clarity regarding the fact that consultant-led Care might be based in Yeovil rather than Dorchester. It was felt that very few people would have supported Option A if this information had been made clear.

Tim Goodson noted that separate site specific options between Dorchester and Yeovil had not been included in the consultation document, and this would have to be re-consulted on in conjunction with Somerset CCG if Option A is agreed. ORS explained that people did express a preference for maternity services to be located in Dorchester or Yeovil as opposed to Poole or Bournemouth however. Cllr Stribley felt that, the fact that maternity services in the east would have to move with the Major Emergency Centre (should the MEC be based in Bournemouth) made the consultation on those proposals pointless, since most mothers would not be travelling

under blue light conditions and the additional travel time would be a problem.

With regard to Integrated Community Services proposals, ORS reported that consultation responses suggested that the residents across all localities agreed that community teams at Hubs delivering better care was a good idea, although there was concern about implementation. The majority of disagreement that better care could be delivered came from the coordinated response from the Save Our Beds campaign based in Shaftesbury. Cllr Kayes again queried disparity between the results of the residents survey and the open questionnaire, given that those responding to the residents (telephone) survey did not have access to all the facts and information.

ORS outlined the consultation responses for each of the localities, noting: general support for the proposals in Bridport and North Dorset, but concern that Dorchester would be a hub without community beds; divided views regarding Bournemouth and Christchurch, again with concerns that there would be a hub without community beds.

There were divided views regarding the proposals for Poole locality, and Cllr Stribley reported that the Borough of Poole Council and Poole Hospital were concerned that the decision had already been made by the CCG that Bournemouth Hospital would become the MEC (as demonstrated by the 'preferred option' status). The Borough of Poole Council had voted against this and Hospital Governors had also sent a letter of concern. Tim Goodson replied that the CCG had been advised by NHS England to identify a preferred option, but that the CCG had not yet made its decision.

With regard to Poole, ORS reported concerns from respondents regarding the possible closure of Alderney Hospital. With regard to Weymouth and Portland, ORS reported some opposition to the proposals from those who responded to the open questionnaire, with the potential closure of West Haven Hospital a major issue. Similarly in Purbeck there was opposition to the proposed loss of beds at Wareham Hospital.

In North Dorset ORS reported big opposition from individuals who responded to the open questionnaire, especially those living in North Dorset itself, Wiltshire and Somerset. The concerns raised related to Shaftesbury and the proposed loss of beds at Westminster Memorial Hospital. In East Dorset concerns focussed on St Leonard's Hospital and, again, the potential loss of a much used facility.

ORS reported that overall the need for change was acknowledged and supported. However, Cllr Stribley felt that the results showed more negative views than was being suggested (and again that the open questionnaire results were more valid than the residents survey).

Cllr Kayes queried the report that Healthwatch Dorset had published some time ago with their views as to how the consultation was undertaken, and wondered what the presenters thought about it. ORS reported that they had not seen the report. It had been sent directly to the CCG Board, who had considered it and responded at the time. It was noted that the report had been shared with the previous members of the committee and current members acknowledged this. It was agreed that it would be re-circulated, along with the CCG's response, by the Health Partnerships Officer.

Cllr Kayes raised concerns about the EqIA that had been carried out by the CCG, with regard to information about the pockets of deprivation in Dorset. Cllr Kayes felt that this information did not detail the specific impact of proposals on the most deprived areas. Members felt that there was a problem with analysis of transport in these areas too and that the EqIA had not considered the budget cuts to public transport. The CCG's website suggested that parts of the EqIA had been a 'desktop exercise' at this stage and members felt that such a serious and contentious issue should be given more thorough and detailed consideration.



Tim Goodson reported that the CCG had received a great deal of feedback about transport and had been reviewing both emergency transport (with the South Western Ambulance Service) and non-emergency transport (with the Local Authorities). Reports on both these reviews would be published within the next week.

Cllr Stollard expressed concern about what the CCG planned to provide from the community hubs: was there clarity about this and how would staff be found given the high cost of living, particularly in areas such as Bournemouth. Phil Richardson replied that the multi-disciplinary teams based at the hubs would make a difference and that conversations with transport colleagues suggested that people would need to travel less, as a result of the proposed changes. Workforce shortages are a big problem, but the hope is that a networked Health system would attract more staff, given the opportunities to build skills and work in integrated teams.

Cllr Stribley raised a further concern with regard to the time and money spent a few years ago in the Bournemouth and Poole areas towards a proposed merger of the two hospitals. However, despite the work undertaken, the Competition Commission (now Competition and Markets Authority – CMA) had ruled that the merger could not take place and had stipulated that no further proposals to merge could be put forward for a period of ten years. The proposals in the consultation document seemed very similar to the work that had been previously undertaken: could they be blocked again? It was suggested by Cllr Stribley that the CMA should have been involved before the proposals were put to public consultation.

Tim Goodson clarified that there had been conversations with the CMA and they were aware of the proposals in the consultation document. However he reported that the process was such that it would not be possible (for the CMA) to trigger any objections until the final decisions had been made by the CCG's Governing Body. He also noted that, on this occasion, a clear patient benefit case had been made and that funding of over £100 million had been secured towards achieving the proposals, and that these were key requirements to achieve CMA approval.

The second presentation outlined the Mental Health Acute Care Pathway Service Review Consultation Responses. Elaine Hurlll highlighted the context and the format of the consultation and the fact that the proposals had been 'co-produced' following engagement.

Overall, the majority of responses supported the proposals outlined in the consultation, including an increase in in-patient beds, moving some beds to areas of higher need (east Dorset), the creation of 'retreats' and 'community front rooms' and having a 7 to 3 mix of recovery beds and community front rooms.

It was noted that work was being undertaken to address any concerns raised, particularly in North Dorset, where the campaign group Save our Mental Health services had opposed the proposals due to a lack of facilities in their locality. The CCG noted that there would be a lot of testing and evaluation of any changes made to ensure that the models implemented were fit for purpose.

Cllr Kayes queried the concerns raised within the consultation responses about the location of community front rooms and whether a 'public' setting would be appropriate. Kath Florey-Saunders confirmed that they would not be in open public places and that they would ensure the confidentiality and safety of any sites chosen.

Kath Florey-Saunders also acknowledged the concerns raised by respondents regarding the potential loss of the Linden Unit in Weymouth and said that the CCG were looking at the 'retreat' model and whether more beds could be provided in the west of Dorset. The CCG reported that they continued to look at the business case

for moving beds and that demand with regard to facilities for each gender would be re-examined. This review would be the first step to changing the whole pathway and it would be an iterative process.

The CCG also reported plans to improve the facilities currently provided at Waterston (Forston) to enable the full range of levels of care to be provided there in future.

Cllr Clark queried why there had been such a large number of responses to the Mental Health consultation from West and North Dorset. Paul French recognised that the members of the Save our Mental Health campaign group felt very strongly about access to services in their area and stated that the CCG know this is a problem: the CCG are looking at how to support the North Dorset community.

The Chairman of the Joint Committee praised the CCG for the way in which the Mental Health Acute Care Pathway Review had been carried out and noted that the consultation for the Clinical Services Review had also been thorough (more so than other recent consultation exercises).

The CCG confirmed that, following full consideration of the Mental Health Acute Care Pathway Review consultation findings, a business case for that would be presented to the CCG Board on 20 September 2017.

### **Resolved**

That officers would prepare a response to the findings of the two consultations based on the comments made by members and this would be submitted to the CCG along with the minutes of the meeting for review at their Board meeting on 20 September 2017.

Meeting Duration: 2.00 pm - 4.40 pm



## CONFIDENTIAL

### Official

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Date: 29 August 2017

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