



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

Notes:

- The reports with this agenda are available at www.dorsetforyou.com/countycommittees then click on the link "minutes, agendas and reports". Reports are normally available on this website within two working days of the agenda being sent out.
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- **Public Participation**

Guidance on public participation at County Council meetings is available on request or at <http://www.dorsetforyou.com/374629>.

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

Contact: Jason Read, Democratic Services Officer
County Hall, Dorchester, DT1 1XJ
01305 224190 - j.read@dorsetcc.gov.uk

Date of Publication:
Thursday, 24 August 2017

1. **Apologies for Absence**

To receive any apologies for absence.

2. **Code of Conduct**

Councillors are required to comply with the requirements of the Localism Act 2011 regarding disclosable pecuniary interests.

- Check if there is an item of business on this agenda in which the member or other relevant person has a disclosable pecuniary interest.
- Check that the interest has been notified to the Monitoring Officer (in writing) and entered in the Register (if not this must be done on the form available from the clerk within 28 days).
- Disclose the interest at the meeting (in accordance with the County Council's Code of Conduct) and in the absence of a dispensation to speak and/or vote, withdraw from any consideration of the item.

The Register of Interests is available on Dorsetforyou.com and the list of disclosable pecuniary interests is set out on the reverse of the form.

3. **Minutes**

5 - 8

To confirm and sign the minutes of the meeting held on 10 July 2017.

4. **Public Participation**

(a) **Public Speaking**

(b) **Petitions**

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

9 - 10

To consider a report by the Transformation Programme Lead for the Adult and Community Forward Together Programme. (Appendices to follow).

6. **NHS Dorset CCG Sustainability and Transformation Plan (STP) Update**

11 - 22

To consider a report by NHS Dorset Clinical Commissioning Group.

7. **Primary Care Update**

23 - 48

To consider a report by NHS Dorset Clinical Commissioning Group.

8. **Forward Plan**

49 - 52

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

9. **Briefings for Information/Noting**

53 - 62

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

10. **Questions from County Councillors**

To answer any questions received in writing by the Chief Executive by not later than 10.00am on Wednesday 30 August 2017.



Dorset Health Scrutiny Committee

Minutes of the meeting held at County Hall, Colliton Park,
Dorchester, Dorset, DT1 1XJ on Monday, 10 July 2017.

Present:

Graham Carr-Jones, Nick Ireland, Ros Kayes, Steven Lugg, Bill Pipe, Bill Batty-Smith,
Tim Morris, Peter Oggelsby, Alison Reed and Peter Shorland.

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:

Des Persse (Executive Director, Healthwatch Dorset)
Jane Horne (Consultant in Public Health, Public Health Dorset)
Dr Blair Miller (West Dorset Locality Chair, NHS Dorset CCG)
Eugine Yafele (Chief Operating Officer, Dorset Healthcare)
Dr Phil Richardson (Director, Design and Transformation, NHS Dorset CCG)

(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 to be held on **Monday, 4 September 2017.**)

Election of Chairman

14 **Resolved**
That Cllr Bill Pipe (Dorset County Council) be elected Chairman for the remainder of the year 2017/18.

Appointment of Vice-Chairman

15 **Resolved**
That Cllr Alison Reed (Weymouth and Portland Borough Council) be appointed Vice-Chairman for the remainder of the year 2017/18.

Apologies for Absence

16 Apologies for absence were received from Cllr Ray Bryan (Dorset County Council) and Cllr Colin Jamieson (Christchurch Borough Council).

Code of Conduct

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

Cllr Ros Kayes informed the Committee that she was employed as a mental health professional. As this was not a disclosable pecuniary interest she remained in the meeting and took part in the debate.

Minutes

18 The minutes of the meeting held on 9 March 2017 were confirmed and signed.

Public Participation

19 **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.

Terms of Reference

20 The terms of reference for the Dorset Health Scrutiny Committee were noted.

Noted.

Appointments to Committees and sub-Committees

21 The Committee considered a report by the Transformation Programme Lead for the Adult and Community Forward Together Programme which outlined the membership of a number of committees, panels and other outside bodies and asked the Committee to appoint to outstanding vacancies. The following appointments were made;

Committee/Panel Name	Members Appointed
Joint Health Scrutiny Committee on the NHS Dorset Clinical Commissioning Group Clinical Services Review	<ul style="list-style-type: none"> • Bill Pipe • Bill Batty-Smith • Ros Kayes • Nick Ireland (Reserve) • Alison Reed (Reserve)
Joint Health Scrutiny Committee on the NHS 111 Service Provided by South Western Ambulance Service NHS Foundation Trust	<ul style="list-style-type: none"> • Steven Lugg • Ros Kayes • Peter Oggelsby • Graham Carr-Jones (Reserve)
Quality Accounts Panel for Dorset County Hospital NHS Foundation Trust	<ul style="list-style-type: none"> • Bill Pipe • Bill Batty-Smith
Quality Accounts Panel for Dorset Healthcare University NHS Foundation Trust	<ul style="list-style-type: none"> • Bill Pipe • Bill Batty-Smith
Liaison Member Roles	
Dorset County Hospital NHS Foundation Trust	<ul style="list-style-type: none"> • Peter Shorland
Dorset Healthcare University NHS Foundation Trust	<ul style="list-style-type: none"> • Nick Ireland
NHS Dorset Clinical Commissioning Group	<ul style="list-style-type: none"> • Bill Pipe

South Western Ambulance Service NHS Foundation Trust	<ul style="list-style-type: none"> • Ros Kayes
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Resolved

That the appointments as detailed in the table above be approved.

Outcome of the CQC inspection of Substance Misuse Services

- 22 The Committee considered a report by Dorset HealthCare University NHS Foundation Trust which provided an update on the outcome of the Care Quality Commission's (CQC) inspection of the Substance Misuse Service provided by Dorset HealthCare University NHS Foundation Trust.

The final report was published on the CQC website in February 2017 and the service received an overall rating of 'good'. The report had identified four actions that they felt should be taken to improve the service. It was noted that 'should do' actions were not regulatory breaches and did not result in requirement notices.

The Committee congratulated Dorset HealthCare University NHS Foundation Trust for the positive report and the actions being undertaken as a result.

Noted.

Annual Work Programme and Forward Plan

- 23 The Committee considered a report by the Transformation Programme Lead for the Adult and Community Services Forward Together Programme which outlined the annual work programme and forward plan for the Committee.

It was suggested that agreement of the plan be deferred until the new members of the Committee had been able to consider which areas they wished to work on. Items for consideration at the September and November 2017 meetings had already been identified along with items that the Committee were required to consider on an annual basis.

Members were informed that the Local Government Association had offered a free development session for members and this session would help shape the future work undertaken by the Committee.

Resolved

That the work programme and forward plan be approved as a draft, with the intention to further develop it following a workshop with the Local Government Association.

Briefing Items for Information

- 24 The Committee considered a report by the Transformation Programme Lead for the Adult and Community Services Forward Together Programme which provided updates on topics for information/noting.

Noted.

Questions from County Councillors

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

Meeting Duration: 10.45 am - 11.25 am

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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	Joint Health Scrutiny Committee re Clinical Services Review and Mental Health Acute Care Pathway Review – Update
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: http://dorset.moderngov.co.uk/ieListMeetings.aspx?Committeeld=268</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

Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	04 September 2017
Officer	Dr Phil Richardson, Lead Director Dorset ACS/STP, Director of Transformation, NHS Dorset CCG
Subject of Report	NHS Dorset CCG Sustainability and Transformation Plan (STP) Update
Executive Summary	This report is to update members of the Committee on the status and progress of the Dorset Sustainability and Transformation Plan (STP) - to highlight the key work streams of the plan, the governance of the oversight and progress thus far with implementation of the plan.
Impact Assessment:	<p>Equalities Impact Assessment: Equality Impact Assessment have been undertaken, and are continually being amended, for each area of the plan. These are available to view separately if requested.</p>
	<p>Use of Evidence: Report provided by NHS Dorset CCG</p>
	<p>Budget: N/A for DCC</p>
	<p>Risk Assessment: The CCG operate a risk assessment process. The risks associated with the STP are reflected in the CCG Corporate Risk Register. Having considered the risks associated with this decision using the County Council’s approved risk management methodology, the level of risk has been identified as: Current Risk: LOW (for DCC)</p>

STP Update – NHS Dorset CCG

	Residual Risk: LOW (for DCC)
	Other Implications: N/A
Recommendation	The Committee is asked to note and comment on the contents of this report.
Reason for Recommendation	This paper is presented in response to a request from the Committee. The work of the Health Scrutiny Committee contributes to the County Council's aim to promote the health, wellbeing and safeguarding of all Dorset's citizens.
Appendices	Appendix 1 – STP Governance Appendix 2 – Accountable care systems
Background Papers	None.
Officer Contact	Name: Phil Richardson Tel: 01305 368990 Email: phil.richardon@dorsetccg.nhs.uk

STP Update – NHS Dorset CCG

1. PURPOSE

- 1.1 The report is to update members of the Committee on the status and progress of the Dorset Sustainability and Transformation Plan (STP) - to highlight the key work streams of the plan, the governance of the oversight and progress thus far with implementation of the plan.

2. BACKGROUND

- 2.1 The STP has been jointly developed between the Borough of Poole, Bournemouth Borough Council, Dorset County Council, NHS Dorset Clinical Commissioning Group and the five main health care provider organisations within Dorset.
- 2.2 There are five enabling portfolios within the plan which are progressing at varying pace across the system:
- One Acute Network
 - Integrated Community and Primary Care Services
 - Prevention at Scale
 - Digitally Transformed Dorset
 - Leading and Working Differently.

3. ONE ACUTE NETWORK

- 3.1 The vision is to transform acute hospital services in Dorset so that they provide consistent high quality care that meets the complex and specialist needs of our local population.
- 3.2 The programme will deliver a major emergency hospital with 24/7 consultant presence, a major planned hospital for elective care, opportunities to develop centres of excellence, a single cancer service, improvements in length of stay and reduction in emergency admissions.
- 3.3 There are specific work streams for cancer, urgent and emergency care, maternity and 'one acute network' for key service areas including stroke, ophthalmology, women's health, paediatrics, cardiology, pathology, radiology, health informatics and business support services.
- 3.4 A Programme Director has been appointed and capital bids have been submitted for the reconfiguration of services.

4. INTEGRATED COMMUNITY AND PRIMARY CARE SERVICES

- 4.1 The vision is to implement models of care that reduce barriers across organisational working, alongside increasing the range of services on offer in the community so more people can be supported in community settings, such as in their own homes or through community hubs.

STP Update – NHS Dorset CCG

- 4.2 The vision will deliver: reductions in the number of out-patient appointments, both new and follow-ups; a reduction in unplanned admissions to hospital; a reduction in the length of stay in community hub beds; and people (including children) will be supported by integrated health and care teams to receive the appropriate level of response and care in a setting, according to their need.
- 4.3 A key work stream is Transforming Primary Care, with the aim of implementing the national GP Five Year Forward View delivery plan, with a view to local GP Practices working in collaboration, and in an integrated way, at increased scale that delivers consistent quality and improved outcomes.
- 4.4 Transforming mental health is another large work stream which aims to implement models of mental health care for adults and children that provide high quality, affordable and sustainable mental health services which match local need.
- 4.5 There is a further work stream for transforming learning disability services which aims to improve the health and well-being of people with a learning disability and prevent hospital admissions.

5. PREVENTION AT SCALE

- 5.1 The vision is for people to stay healthy and avoid getting unwell, with the ambition of seeing every person in Dorset stay healthy for longer and feel more confident and supported in managing their own health.
- 5.2 Four project areas have been set up for delivery of this programme:
 - Starting well
 - Living well
 - Ageing well
 - Healthy places.

Each of these projects has a lead from Public Health and will have a partner lead.

- 5.3 Primary Care has an important role to play in prevention at scale and work is being taken forward on:
 - addressing variation in cardiovascular risk factors, particularly in patients with diabetes;
 - developing the role of the voluntary sector to support improvements in the health and wellbeing of local communities, via General Practice;
 - encouraging more widespread use of LiveWell Dorset.
- 5.4 The most advanced work stream is Living Well where we are at the user testing phase of the new digital platform. Two new GP public health fellows start in June who will be helping with the marketing of this platform to Primary Care, to increase the number of people supported.
- 5.5 Currently Prevention at Scale (PAS) has developed a six-month portfolio delivery plan and 18 month milestones for Starting Well and Living Well programmes.
- 5.6 Logic models have been developed for six projects including the three priority projects.

6. DIGITALLY TRANSFORMED DORSET

- 6.1 The vision is for a joined up seamless experience for service users and patients, where their story is told once and heard in every care setting.
- 6.2 The vision will deliver the development, implementation and expansion of the Dorset Care Record across the system. There will also be a model for a shared system-wide single IT service. The Dorset Care Record project is progressing, with the roll out due to commence later this year (2017).
- 6.3 There is also a work stream for intelligent working which aims to deliver business intelligence capability and capacity which supports new and different ways of system working.
- 6.4 An additional project is promoting independent self-care by allowing people to make the best use of technology to stay healthy for longer and confidently manage (in partnership with health and care professionals) any conditions that may develop in the future.

7. LEADING AND WORKING DIFFERENTLY

- 7.1 There are work streams for the following areas:
- Developing our leaders: the vision is to develop leadership behaviours and their impact, resulting in improved organisational and staff performance and staff morale;
 - Recruitment and retention of staff: the vision is to develop a system-wide approach to attract new staff and retain existing staff within the health and social care sector in Dorset;
 - Developing our staff: the vision is to improve the development opportunities for staff, to ensure the future workforce supply, to improve retention and morale within health and social care organisations in Dorset, and to work in greater partnership with education providers to ensure future workforce supply is available;
 - Supporting our staff through change: the vision is to improve the working environment for staff by ensuring they are engaged and involved in changes that affect them;
 - Workforce planning: the vision is to ensure that a workforce with the required skills and competencies to deliver new models of care is available.

8. GOVERNANCE

- 8.1 The STP lead is Tim Goodson, Chief Officer of NHS Dorset CCG and a governance structure for the oversight of the STP delivery has been established (**Appendix 1**).
- 8.2 All partners are represented on the Strategic Partnership Board (meeting bi-monthly) and Senior Leadership Team (which meets monthly).
- 8.3 Senior Responsible Officers and Programme Directors have been appointed for each of the programme areas which have been described above. Each of these areas reports to the Senior Leadership Team, highlighting areas for approval and key risks to delivery.

STP Update – NHS Dorset CCG

- 8.4 The 'Next Step on the NHS Five Year Forward View' (NHS FYFV) published on 31 March 2017 sets out the progress that has been achieved since the publication of the 'Five Year Forward View' in October 2014 and outlines the requirement for the next two years.
- 8.5 This document, produced by NHS Improvement (NHSI) and NHS England (NHSE), sets out the mechanisms by which we will deliver this change, taking into account what we have learnt over the last two years, to accelerate service redesign locally, with an emphasis on integrated working through the STPs and Accountable Care Systems (ACSs).
- 8.6 The report also sets the vision ACSs, identifying nine potential early adopter system, of which Dorset is one.
- 8.7 An ACSs will be an 'evolved' version of an STP that is working as a locally integrated health system. They are systems in which NHS organisations (both commissioners and providers), in partnership with local authorities, choose to take on clear collective responsibility for resources and population health. They provide joined up, better coordinated care. In return, they get far more control and freedom over the total operations of the health system in their area, and work closely with local government and other partners to keep people healthier for longer and out of hospital. Further information on the expectations of the ACS can be seen in **Appendix 2**. Please note this is a developing definition with work being done both nationally and locally to finalise the approach.

9. **PROGRESS**

- 9.1 The outcome and decision making as a result of the Clinical Services Review (CSR) will be a major part of delivering the STP. The results of the public consultation on the CSR have recently been received by NHS Dorset CCG and a period of review of these is now in place.
- 9.2 In addition, the outcome of the public consultation into the Mental Health Acute Care Pathway review have also been received and these will be included in the CCG's review and planning for decision making on future services, which will take place on the 20th September 2017.
- 9.3 Currently the STP Portfolios are working towards signing off the Portfolio Initiation Documents and refining the delivery plans. These documents will provide the content for the Decision Making Business Case (DMBC) for the CSR, specifically around the Implementation Chapter. We are working towards a DMBC completion date of 06 September 2017.
- 9.4 The responses from the consultation process have been shared with key stakeholders across the system. This will be used to help inform decision making on the DMBC.
- 9.5 Additional work on blue-light transport, public and private transport, clinical risk and equality impact assessments will also be completed and published by the 6th September 2017.
- 9.6 The implementation plan is being developed, which includes detailed timelines for the shift of services to community settings as well as acute hospital reconfiguration.

STP Update – NHS Dorset CCG

- 9.7 It is important to note that delivery and implementation of all the areas which are not dependent upon the CSR decision making process are being actively progressed.

10. ACCOUNTABLE CARE SYSTEM

- 10.1 Of the 9 STPs most likely to progress to an ACS, in July 2017, the Dorset STP was assured by NHSE as one of only five outstanding systems. As a result, Dorset has been designated as an Accountable Care System (ACS), operating in shadow form until April 2018 when it will formally become an ACS.
- 10.2 Following the Governing Body decision on the 20th September 2017 work will begin on the development and governance of the ACS. This will include signing a Memorandum of Understanding with NHSE.
- 10.3 NHSE will appoint a national sponsor for the Dorset ACS to support this work.

11. FINANCIAL IMPLICATIONS

- 11.1 The STP highlights a financial gap in public funding which is required to be closed through implementation of the plan.
- 11.2 Following a successful bid for capital as part of the CSR the Dorset system has been allocated £100m+ to support the investment into the acute hospital reconfiguration.

12. LEGAL IMPLICATIONS

- 12.1 The CSR is following legal requirements for a major reconfiguration of services.
- 12.2 The STP and Strategic Partnership Board are not legal entities in themselves and therefore individual organisations maintain their statutory responsibilities for delivery of services.

13. RISK MANAGEMENT IMPLICATIONS

- 13.1 The STP has a live risk register which is overseen by the Senior Leadership Team.

14. EQUALITIES IMPLICATIONS

- 14.1 Equality Impact Assessments have been undertaken, and are continually being amended, for each area of the plan. These are available to view separately if requested.

15. CONCLUSIONS

- 15.1 The Committee is asked to note the large scale of the plan and the progress so far.

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STP Organisational diagram

CCG Governing Body
5 X NHS FT Boards
3 LA cabinets

Assurance Groups

Transformation Services

- Assurance
- Oversight & reporting
- Design
- Portfolio Office services
- Methodology

System Partnership Board

SLT

Governance and Strategic level

West HWB

Oversight and decision making as required

East HWB

Delivery & Implementation level

STP Planning and Implementation Group – Portfolio Directors

Managing integration check points and interdependencies across portfolios

Prevention at Scale
Programme Board

ICS&PCS
Programme Board

One Acute Network
Including clinical networks and Vanguards
Programme Board

Digitally enabled
Programme Board

Leading and working differently
Programme Board

Place based
Accountable care
Setup group

CORE STP

STP ENABLERS

RCBH

Poole

DCH

DH

LA SC

GPs

3rd sector

CCGs

Reference Groups

Finance

Comms

Patient

Clinical

A & E Delivery board

Portfolio plans and blueprints delivered through Programme boards who memberships consists of providers, commissioners, SMEs (which could be just be through ACPs in future)

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ACCOUNTABLE CARE SYSTEMS

Accountable Care Systems will be an 'evolved' version of an STP that is working as a locally integrated health system. They are systems in which NHS organisations (both commissioners and providers), often in partnership with local authorities, choose to take on clear collective responsibility for resources and population health. They provide joined up, better coordinated care.

In return they get far more control and freedom over the total operations of the health system in their area; and work closely with local government and other partners to keep people healthier for longer, and out of hospital. Specifically, ACSs are STPs - or groups of organisations within an STP sub-area - that can:

- Agree an accountable performance contract with NHS England and NHS Improvement that can credibly commit to make faster improvements in the key deliverables set out in this Plan for 2017/18 and 2018/19;
- Together manage funding for their defined population, committing to shared performance goals and a financial system 'control total' across CCGs and providers. Thereby moving beyond 'click of the turnstile' tariff payments where appropriate, more assertively moderating demand growth, deploying their shared workforce and facilities, and effectively abolishing the annual transactional contractual purchaser/provider negotiations within their area;
- Create an effective collective decision making and governance structure, aligning the ongoing and continuing individual statutory accountabilities of their constituent bodies;
- Demonstrate how their provider organisations will operate on a horizontally integrated basis, whether virtually or through actual mergers, for example, having 'one hospital on several sites' through clinically networked service delivery;
- Demonstrate how they will simultaneously also operate as a vertically integrated care system, partnering with local GP practices formed into clinical hubs serving 30,000-50,000 populations. In every case this will also mean a new relationship with local community and mental health providers as well as health and mental health providers and social services;
- Deploy (or partner with third party experts to access) rigorous and validated population health management capabilities that improve prevention, enhance patient activation and supported self- management for long term conditions, manage avoidable demand, and reduce unwarranted variation in line with the RightCare programme;
- Establish clear mechanisms by which residents within the ACS' defined local population will still be able to exercise patient choice over where they are treated for elective care, and increasingly using their personal health budgets where these are coming into operation. To support patient choice, payment is made to the third-party provider from the ACS' budget.

In return, the NHS national leadership bodies will offer ACSs:

- The ability for the local commissioners in the ACS to have delegated decision rights in respect of commissioning of primary care and specialised services;
- A devolved transformation funding package from 2018, potentially bundling together national funding for GPFV, mental health and cancer;
- A single 'one stop shop' regulatory relationship with NHS England and NHS Improvement in the form of streamlined oversight arrangements. An integrated CCG IAF and trust single oversight framework;
- The ability to redeploy attributable staff and related funding from NHS England and NHS Improvement to support the work of the ACS, as well as to free up local administrative cost from the contracting mechanism, and its reinvestment in ACS priorities.

Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	4 September 2017
Officer	Rob Payne, Head of Primary Care, NHS Dorset Clinical Commissioning Group
Subject of Report	Primary Care Update
Executive Summary	The purpose of this report is to provide further assurance of the work being undertaken in Primary Care reflecting our Strategy, to support quality and contract performance, address areas of General Practice vulnerability and develop local plans for sustainability and transformation. This report provides an update on a number of key work areas including Strategy delivery, the GP Forward View (GPFV) Programme areas.
Impact Assessment:	Equalities Impact Assessment: Yes (NHS Dorset CCG)
	Use of Evidence: NHS England General Practice Forward View April 2016
	Budget: Additional investment in primary care from CCG core allocation and further NHS England investment in access to primary care from 2017.
	Risk Assessment: Having considered the risks associated with this decision using the County Council’s approved risk management methodology, the level of risk has been identified as: Current Risk: LOW (for DCC) Residual Risk: LOW (for DCC)

	<p>The CCG operate a risk assessment process. The risks associated with General Practice are reflected in the CCG Corporate Risk Register.</p>
	<p>Other Implications: N/A</p>
Recommendation	<p>The Committee is asked to note and comment on the contents of this report.</p>
Reason for Recommendation	<p>This paper is presented in response to a request from the Committee. The work of the Committee contributes to the County Council's aim to help Dorset's citizens to remain safe, healthy and independent.</p>
Appendices	<p>1 Menu of Support for General Practice 2 Transformation investment by CCG locality 3 Locality transformation teams</p>
Background Papers	<p>Report to Dorset Health Scrutiny Committee, 9 March 2017 (agenda item 6): DHSC report Primary Care Commissioning Strategy March 2017</p> <p>Report to Dorset Health Scrutiny Committee, 21 December 2016 (agenda item 60): DHSC report Draft Primary Care Commissioning Strategy Dec 2016</p> <p>Report to Dorset Health Scrutiny Committee, 6 September 2016 (agenda item 37): DHSC report Changes to commissioning of primary care services Sep 2016</p>
Officer Contact	<p>Name: Rob Payne Tel: 01202 541488 Email: rob.payne@dorsetccg.nhs.uk</p>

1. Introduction

- 1.1** The purpose of this report is to provide further assurance on the work being undertaken in Primary Care reflecting our Strategy, to support quality and contract performance, address areas of General Practice vulnerability and develop local plans for sustainability and transformation in line with the delivery plan for GP Forward View (GPFV) and NHS England (NHSE) assurance.
- 1.2** The 12 General Practice groups are developing detailed delivery plans across all GPFV areas. A network has been established working with newly appointed Project Managers to share best practice and learning and ensure alignment of this work to Strategy delivery.
- 1.3** To monitor progress against Primary Care strategic ambitions, a Primary Care Outcomes Framework has been developed. The framework covers: improving quality and sustainability to reduce variation across Dorset.
- 1.4** A series of meetings have now been planned with NHSE ACS Primary Care team to support the Accountable Care System (ACS) Primary Care workstream.
- 1.5** An NHSE ACS Primary Care team visited Dorset and met with Directors and Clinical leads to consider the key areas of development for primary care. This included discussions around GP Forward View delivery, improving access, new models of care, developing clinical networks, innovation to deliver improved estates and technology, using data to improve quality and address variation, new contract models for at-scale working and developing locality transformation plans.
- 1.6** The NHSE ACS Primary Care team were very interested to hear our plans for rolling out integrated teams based on the learning from the Weymouth hub.
- 1.7** The intention of this work is to support Dorset plans for Primary Care as part of the ACS as well as to inform and influence national policy drivers and resource allocations to support our local plans. A further meeting with leads from each ACS site is to be held in London this month.

2. Contract Management

- 2.1** Eight requests for partnership changes have been received and are being processed.
- 2.2** One practice merger took place on the 1 July 2017 between Wyke Regis Medical Centre and Lanehouse Surgery in Weymouth. Three are scheduled for October 2017: Herbert Ave and Heatherview Medical centre in Poole, Kinson Road and Durdells Ave in Bournemouth, and Burton Medical centre, Barn surgery and Orchard in Christchurch.
- 2.3** One practice closed down on the 30 June 2017 with the patient list dispersed to neighbouring practices.

- 2.4** A contract management protocol has been developed with the Wessex Local Medical Committees (LMC) which is the statutory representative body for GPs and their Practices, operating across the counties of Dorset, Hampshire, the Isle of Wight, Bath & North East Somerset, and Wiltshire. This protocol outlines how practices will be supported and developed. Practice support, development, performance monitoring and management is overseen by the Practice Profiling and Contract Management group which meets monthly and reports to the Primary Care Operational Group (PCOG).

Outcomes Framework for Primary Care

- 2.5** We have developed a new framework to provide the CCG's Governing Body with an overview of where each general practice is in relation to meeting a number of objectives and key outcomes aimed at improving quality and sustainability.
- 2.6** The suggested reporting programme for this framework is for all areas to be reported to the PCCC and Governing Body on a six monthly basis.

3. Transforming Primary Care

- 3.1** The CCG continues to monitor and report progress in respect of:

- GPFV assurance;
- Transforming Primary Care delivery programme.

General Practice Forward View Assurance

- 3.2** NHSE has requested full assurance from CCGs, by the end of July 2017. Dorset is fully assured for all domains with the exception of Workforce and Infrastructure. Whilst plans are in place to progress firmer delivery and implementation and address specific issues raised from initial NHSE feedback, some aspects are dependent on the outcome of the Clinical Service Review in September.

Access

- 3.3** Under national extended access proposals, all CCGs have to set out plans to ensure that that primary care availability is increased by 45 minutes per 1000 population for all patients in Dorset by March 2019.
- 3.4** The CCG has already set a trajectory to achieve this as part of our GPFV delivery plans. We also have agreed to commission an integrated access model combining GP improved access and Urgent Care in Dorset and this has been approved by the Governing Body.
- 3.5** The CCG is currently discussing with NHSE how we may accelerate our current plans for implementation to achieve a revised trajectory of 50% by March 2018 as part of our work as an Accountable Care System.

Workforce

- 3.6** The Dorset Workforce Plan sets out the workforce challenges for Dorset and the anticipated shift in workforce from acute into primary and community care. This includes a section on primary care, which sets out broadly the numbers, skill mix and age profile of the workforce.
- 3.7** Our Primary Care Workforce Centre launched in April 2016, is actively addressing these workforce challenges including education and training, and recruitment and retention. Additional investment will be made in dedicated resources for Primary Care workforce planning in order to enable local models of care to be delivered. This work will also support the NHSE assurance requirements.

Infrastructure: Estates and Technology

- 3.8** Last year we were granted a total of £9 million to make capital investments in six estates and technology projects. The first two projects were successfully delivered by March 2017. They were:
- Project 1 – Technology Enabling Care;
 - Project 2 – Telecare.
- 3.9** The four property projects that were allocated initial pre-project funds to develop Outline Business Cases are:
- Project 3 – New-build replacement for Wareham Health Centre;
 - Project 4 – Relocation of the Carlisle House Surgery into new leased premises;
 - Project 5 – Improved Utilisation and Refurbishment of the Boscombe and Springbourne Health Centre;
 - Project 6 – Refurbishment of the Parkstone Health Centre.
- 3.10** All four Outline Business Cases have now been approved by the CCG and shared with the NHSE (Wessex) Team. Work is now underway to procure appropriate consultancy services to support the development of Full Business Cases by December 2017. It is hoped that final approvals will be given by NHSE in late 2017 with capital funds then released for spend in early 2018. All schemes must be complete by March 2019.

Premises Improvement Grants

- 3.11** During 2016/17 36 GP practices were awarded minor grant funding for 63 projects. These improvements included clinical flooring to assist infection control, remodelling of reception areas to enable easier access for patients, and installation of automatic sensor taps. The total funding awarded was in excess of £250,000.
- 3.12** In 2017/18 minor grant funding of circa £291,000 has been made available.

- 3.13** Dorset practices have recently submitted bids (21 in total) and resulted in the shortlisting of three bids. These shortlisted bids will now be scrutinised more closely Successful bidders will be notified by the middle of July 2017.

Locality Sustainability and Transformation Plans

- 3.14** Under the leadership of the GP Locality Clinical Leads and supported by the Primary Care team, each CCG locality has produced a high level plan, with East Dorset and Poole North submitting a joint plan.
- 3.15** Localities have drawn down funding allocations for key transformation support activities including: additional Protected Learning Time (APLTs) to support transformation planning; and, the employment of Project Managers. A Menu of Support available to General Practice has been developed including Primary Care Team support, wider CCG support and external system-wide support, this will be up-dated bi-monthly. (Appendix 1)
- 3.16** Transformation investment has been made available for clinical and business leadership, project management and a range of expert resources including estates, workforce planning, training, and community engagement. (Appendix 2)

Public and stakeholder engagement

- 3.17** Engagement is a key part of the transformation process. The first stage of the engagement plan is to ensure each locality has a comprehensive audience (or stakeholder) list which is near to completion for all localities. This will ensure we engage the right people in the right way, at the right time in each area, as documented in the overarching Engagement Plan.
- 3.18** Engagement workshops which will include, local councillors, Healthwatch and Patient participation groups are being planned to be held in each locality to make sure this engagement builds stronger local relationships and enables plans to be co-produced. It is anticipated that these will start in the Autumn of 2017.
- 3.19** The voice of local people and local stakeholders will be heard and on-going process of developing relationships and partnerships will be in place. The Primary Care team and CCG Communications team will support Engagement Workshops.

Next Steps / Priorities

- 3.20** To continue to work with GP locality Chairs and local transformation teams (Appendix 3) to ensure local plans are further developed and delivered for sustainability and transformation across all Dorset practices.
- 3.21** To support localities to develop more detail plans and milestones.
- 3.22** To ensure learning is shared across localities to support localities to work at pace.

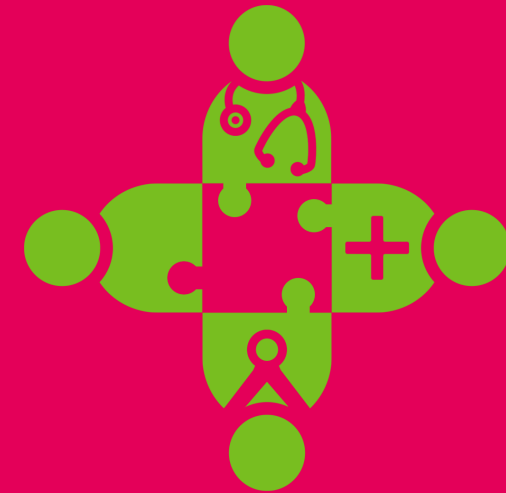
4. Conclusions

- 4.1 There has been significant progress made over the last few months with enabling the delivery of our Primary Care Commissioning Strategy and GPFV ambitions.
- 4.2 The challenge now will be to develop plans to accelerate this work to realise the opportunities of working as an accountable care system.

5. Recommendation

- 5.1 The Committee is asked to note the Primary Care update report and the next steps for the local delivery models, which will continue to be developed through working collaboratively with Practices, and engaging with local people.

Appendices	
Appendix 1:	Menu of Support
Appendix 2:	Investment by Locality
Appendix 3:	Locality Transformation team



Dorset Primary Care
Sustainability and Transformation Plan

Menu of Support available to General Practice v.2

****You can find this document on the Dorset CCG intranet in
Primary Care Zone then click Menu of support link****

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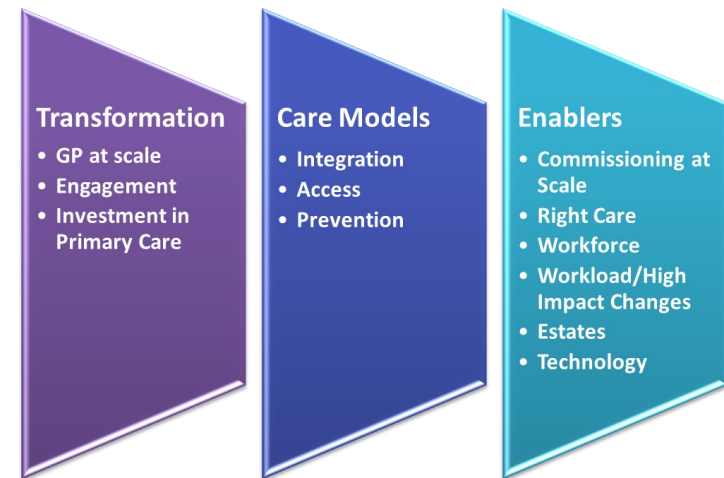
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Foreword

General practice in Britain is facing unprecedented pressures with regards to increasing workload and demand. Unfortunately we are not immune to these pressures in Dorset. Our practices and services have responded to this challenge by developing their own local plans for sustainability and transformation in order to maintain their already high levels of patient care and satisfaction based on the national GP Five Year Forward View and the Dorset Primary Care Strategy. We have been working closely with GP leaders to understand how best to support collaborative and at scale working to improve population health, and as a result of this I am pleased to introduce the Menu of Support developed by Dorset CCG.

This document gives details of all currently available support for the resilience, sustainability and transformation of General Practice. The locality chairs continue to lead the further development and implementation of local plans. I would encourage doctors, nurses, practice managers and all members of the General Practice community to consider how they may benefit from this Menu Support and to get involved in locality discussions about how they can contribute to locality plans. We have a considerable opportunity to improve the working lives of our staff and the care of our patients.



Dr Anu Dhir, Primary Care Clinical Lead

1. Primary Care Team

The Dorset CCG Primary Care Strategy and Delivery Plan have been developed to ensure General Practice plays a central role in improving health and wellbeing, quality of care, efficiency and productivity.

The Primary Care team can offer to support practices to deliver the Five Year GP Forward View.

- Principal Primary Care lead allocated to each cluster to support change
- Localities have a dedicated Relationship Manager as the key contact
- Named Locality team administrator
- Primary Care team members have been assigned to the 12 programme areas for the implementation of the Locality

Transformation plans

- Access
- Commissioning and Contracting
- Estates and Technology Enabling care
- Engagement and Communications
- New Models of Care
- Prevention at scale
- Primary Care investment
- Right Care
- Transforming Primary Care (Provider Development)
- Workforce and Workload
- Additional project management support is available

For new primary care queries and to enable a quick response, please contact the Primary Care Team Support Line

 **0333 241 2495**

 **primary.care@dorsetccg.nhs.uk**

2. Primary Care Public Engagement

To ensure that there is public engagement and coproduction in developing local plans, the Primary Care Commissioning Strategy Public Engagement Plan was produced and focusses on how NHS Dorset CCG will facilitate meaningful engagement ensuring the views of local people inform transformation plans. The document clearly defines the engagement process which is in line with national guidance.

Working with local people - each area will be supported to do:

- An audience analysis to identify who should be involved and informed locally at each stage of designing local proposals for future primary care provision.
- A review of existing feedback - what have local people already told us.
- Hold half day workshops with 20-30 local people to seek views on current services and ideas for future proposals.
- Use existing feedback and views from the workshops to inform proposals.
- Inform further communication, engagement and/or consultation, depending on the type of plan.

 **0333 241 2495**

 **primary.care@dorsetccg.nhs.uk**

3. Workforce

We can:

- Offer Protected Learning Time (PLT) to free up time to develop your collective vision for transformation.
- Help Practices and localities to undertake workforce baseline assessments to inform the development of workforce plans and skill mix opportunities
- Through Doorway to [Dorset http://www.doorwaytodorset.nhs.uk/](http://www.doorwaytodorset.nhs.uk/) we can:
 - Advertise your vacancies
 - Support individual marketing campaigns
 - Support reviewing role and skill mix
 - Showcase opportunities available across Primary Care and other NHS organisations in one place
- Post graduate recruitment
- Temporary administration staff via the Dorset Healthcare bank trust.temps@dhuft.nhs.uk
- Locum Chambers provides an online booking system for Practices and Locums
- GP Retainer Scheme—To ensure doctors who can only undertake a small amount of paid professional work may keep in touch with general practice and retain their skills, with a view to returning to NHS general practice in the future. <https://heeo.e.hee.nhs.uk/retainer>
- GP Returner—To support GPs who have previously been in practice to introduce them back into the workforce.



PrimaryCare.WorkforceCentre@dorsetccg.nhs.uk

4. Leadership and Service Transformation

We can:

- Offer a number of Leadership and Transformation courses available for Practice staff, including:
 - Certificate in Leadership and Service Transformation
Steven.aylwin@dorsetccg.nhs.uk or
PrimaryCare.WorkforceCentre@dorsetccg.nhs.uk
 - Practice Manager Programme
localevents@tvwleadershipacademy.nhs.uk
 - Edward Jenner
localevents@tvwleadershipacademy.nhs.uk
 - Transformational change through system leadership
enquiries@improvement.nhs.uk
 - Quality, service improvement and redesign (QSIR)
enquiries@improvement.nhs.uk
 - Culture and collective leadership
 - Building capability for improvement



<https://intranet.dorsetccg.nhs.uk/localities/>

5. NHSE GP Resilience

NHS England

- General Practice Resilience Programme can:
 1. Improve GP sustainability and resilience
 2. Secure operational sustainability
 3. Develop more effective ways of working
 4. Work towards future sustainability
 5. Explore new care models
 6. Understand the 'as is' situation of the practice
 7. Analyse agreed elements of your business to identify opportunities for change and increased resilience
 8. Support for implementation for Practice forward view.

<https://www.england.nhs.uk/wp-content/uploads/2016/07/gp-resilience-prog.pdf>

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 **Olivia Falgayrac-Jones**
olivia.falgayrac-jones@nhs.net



6. Integrated Community Services Team

We can:

- Support Practices to consider and implement changes to organisational structures. Enabling Practices to evolve and improve to deliver Primary Care at scale services with reference to;
- ICS model of care
 - Improvement of Practice systems and processes
 - Communication and Patient Participation
 - Diagnostics
- Self-care/Self-management/Telehealth
- Frailty/End of life
- Digital health
- Rehabilitation
- Voluntary sector/early help
- Carers

Providing Practices with an understanding of the different options for organisational development which are available to improve access, improve efficiency and deliver a more sustainable and resilient General Practice.

- Data analysis

	Fiona Richardson	01202 541651	Fiona.Richardson@dorsetccg.nhs.uk
	Sarah Howard	01305 368079	Sarah.Howard@dorsetccg.nhs.uk
	Nichola Arathoon	01305 368912	Nichola.Arathoon@dorsetccg.nhs.uk
	Dee O'Neil	07468 708775	Dee.O'Neil@dorsetccg.nhs.uk
	Sarah Boltwood	01305 368050	Sarah.Boltwood@dorsetccg.nhs.uk
	Val Mitchell	01202 541578	Val.Mitchell@dorsetccg.nhs.uk

7. Expert Advice

Legal Workshop offer:

- As part of support to deliver local plans for 'at-scale' working we have agreed to support Legal Workshops. These are intended to be accessed by at-scale groups as part of the Local Plan, interested practices should discuss with their Chair/Local Transformation team and advise their Relationship Manager if they want to access this support. The support will be to fund a local legal workshop delivered by an agreed framework provider.

CQC offer:

- The CQC have offered a dedicated Officer to support and advise 'at-scale' General Practice groups. The CQC Officer can be contacted direct: Emma Bekefi emma.bekefi@cqc.org.uk

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0333 241 2495



primary.care@dorsetccg.nhs.uk

8. Facilitation Support for Primary Care

We can:

- Provide facilitation support to all localities. Facilitation is intended to enable collective conversations leading to clear decisions and plans. This support can be used to facilitate discussions at:
 - Locality meetings;
 - Protected Learning Time sessions (PLTs);
 - Internal discussions within (vulnerable) GP practices as part of resilience support.
- Each locality will be offered the equivalent of 2 days of facilitation support over the next 6 months and it is for the Locality Chair to determine how they wish to utilise this support.
- Some localities may wish to utilise the facilitation offer during their additional PLT sessions during October and January, to support the progress of their transformation plans.



01202 541 542



emma.shipton@dorsetccg.nhs.uk

9. Local Profile Support Business Intelligence

We can:

- Offer bespoke training and support for CHART and all PRIMIS tools (including GRASP-AF) delivered methods range from interactive webinars, 'how to guides' and tutorials to 1-1 direct support.
- Supply detailed knowledge and expertise on running MIQUEST queries and reporting from GP systems (both SystemOne and EMIS web) including generating bespoke queries/searches and report outputs.
- Provide analytical support, expertise and advice on numerous data sets including Acute Secondary Care, Referrals, Community and Mental Health, QoF etc.
- Offer a full suite for Primary Care interactive reports using various data sources included LES and DES returns
- Provide expertise and general advice on collection, analysis, reporting and presentation of data.
- Respond to general queries and enquires connected with completing LES and DES reporting templates.

Working with colleagues at Public Health Dorset we aim to produce a comprehensive Locality Profile to support prevention at scale. To include better decision making around how resources could be re-focused in areas to improve outcomes, improve efficiency and impact on the care and quality challenges.

We have allocated team support for each Locality which can be found on

✉ <https://intranet.dorsetccg.nhs.uk/commissioning/localities/bi-contacts.htm>

10. Quality

We can:

- Offer advice and guidance around any professional issues related to:
 - Registration
 - Revalidation
 - Professional development
 - Pre registration training
 - Clinical supervision
 - Staff support
- Practices can contact us with any concerns or questions in relation to:
 - Care Homes
 - Quality monitoring team
 - Supporting quality improvement in adult social care including domiciliary services
 - LD residential supported living—this may include signposting elsewhere for specific advice and intervention
- There are also a number of specific areas where we can signpost to, these are:
 - End of Life care
 - Dementia
 - Pressure ulcer prevention and management
 - Complaints and patient experience

☎ 01305 368 957

✉ Jaydee Swarbrick - Jaydee.Swarbrick1@dorsetccg.nhs.uk

11. Technology Enabling Care

We can:

- Support Practices to install an online consultation system, help supporting GPs spend more time with patients. Our IT team will work closely with you to ensure the right systems can be put in place for your practice.
- On-going programme supporting practices to change or upgrade their GP IT system of choice.
- Dorset Care Record <https://www.dorsetforyou.gov.uk/dorset-care-record>



0333 241 2495



primary.care@dorsetccg.nhs.uk

12. Investment

- Dorset CCG plans to invest £2.3m over 2 years to transform primary care, in line with NHS Operational planning guidance requirements. This fund should enable groups of practices working at scale to support delivery of the Dorset GP Forward View delivery plan. The investment is designed to be used to stimulate development of at scale providers for improved access, stimulate implementation of the 10 high impact actions to free up GP time, and secure sustainability of general practice”.
- Funding is intended to enable local plans to be delivered at scale securing:
 - Clinical leadership for member practices
 - Business/project support
- Each locality will receive an initial funding allocation for local investment with chairs taking responsibility for how this fund is used.



0333 241 2495



primary.care@dorsetccg.nhs.uk

13. Incident Reporting System (GP Niggles)

We can offer:

A new simplified combined form which makes reporting quicker and easier and also includes the option to report Positive Feedback as well as the more familiar incidents, such as:

- Pathway problems
- Contracting issues
- Intelligence

It can also be used for logging your own Practice Improvements.

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You can log in here: <http://safeguard.dorsetccg.nhs.uk/SafeguardCCG>

For Log in passwords and reminders email: avril.brown@dorsetccg.nhs.uk

Please remember that all Patient Safety Incidents should also be reported to the National Reporting and Learning System (NRLS) via the following link https://report.nrls.nhs.uk/GP_eForm

Any individuals or teams named in positive feedback reports will receive personal contact (useful for Revalidation) and all reports will be published in the Good News section.



01305368052



Avril.brown@dorsetccg.nhs.uk

14. Counter Fraud and Security Management Service

We are:

- A dedicated team of **local** counter fraud and security experts with many years of NHS experience
- We all worked for the former primary care trust in Dorset and have great local knowledge of the health economy, its services and challenges

We offer the services below:

Counter Fraud

- Fraud awareness training
- Advice on fraud prevention
- Fraud detection
- Fraud investigation
- Anti - bribery and corruption advice
- Bribery Act 2010 awareness training

Security Management

- We offer security awareness presentations, which include counter terrorism
- We investigate cases of violence, harassment and abuse of staff
- Issue warning letters to patients for harassment and abusive behaviour
- Investigate cases of theft and criminal damage of assets
- Offer a liaison and single point of contact with Dorset Police for enquiries
- Support staff with high risk patients' home visits and available when threats are made to staff
- Advice and support on security products procurement
- Offer training and support to lone workers and difficult telephone call handling

We are based in Dorset and will be delighted to come and meet you and your staff.



07773195126



Paddy.baker@TIAA.co.uk

15. Service Offer, Medicines team

Who are we:

The medicines management team is made up of registered pharmacists and pharmacy technicians responsible for the promotion of safe, cost effective and evidence based prescribing, and manage the process for approving new drugs through the Dorset formulary

www.dorsetformulary.nhs.uk. The team provides a number of services that support practices and the CCG:

- Advice on standards for medicines optimisation including increased efficiency through use of electronic prescribing and electronic repeat dispensing
- Professional evidence based advice for practices and individual prescribers on prescribing performance, benchmarking against local and national measures
- A dedicated medicines query email inbox, 'medicine question' for CCG practices to access medicines advice and support as well as offering advice over the telephone.
- Advice to dispensing practices on Dispensing Services Quality Scheme standards and pharmaceutical services contractual obligations.
- Advice to practices on the safe storage of medicines and prescriptions in line with current legislation.
- Receive updates on new/leaver non-medical prescribers and are the link with the NHS BSA for prescription issues.
- Advice on safety related issues regarding mergers, including J Codes, prescribing codes, revised prescribing measures, etc
- Advice on employing and recruiting practice pharmacists
Witnesses for the destruction of controlled drugs as approved by NHS England
- Advice on the investigation of medicines incidents and errors

 0333 241 2495

 Medicine.question@dorsetccg.nhs.uk

16. Primary Care Development – Estates

We can:

- Support practices to consider their options on premises developments linking with your locality Transformation Plans
- Consider Premises Improvement Grants applications to support practices with their surgery buildings
- Seek financial contribution from local authorities due to population rise and housing growth (Section 106/Community Infrastructure Levy)
- Review and consider applications for change of use of rooms within practices that would improve the delivery of patient care in-line with transformation plans

 0333 241 2495

 estates@dorsetccg.nhs.uk

17. Public Health Dorset

Public Health Dorset is offering to meet each locality to work with the management team to develop a clear plan that sets out the main prevention challenges for their Locality.

There is a wealth of data available in the public domain at GP practice level – this proposal is not intended to duplicate this, but to provide a narrative summary for Transformation Plans, demonstrating where models of care could focus to improve population health outcomes, reduce variation and improve health behaviour.

Consideration will be given to: Socioeconomic inequalities, age demography, prevalence of chronic diseases, effectiveness of management of chronic diseases, immunisation rates, outcomes and mortality rates.

Locality examples will show that it is not the data and numbers, but how they can be used to then start asking questions about how new care models and ways of working should focus and what interventions linked with Prevention at Scale might be deployed to address them. With an understanding of what is being developed through the Prevention at Scale programme to support primary care, the following offer could also be considered in localities able to demonstrate a high level of need to tackle similar challenges:

- **Scaling the impact of LiveWell Dorset**
 - More support to primary care at scale through identifying a coach who would link with the extended primary care team in the localities most in need of behaviour change support and advice;
 - Implementation of the digital behaviour change platform in primary care settings to help with self-management and registration of people to the service. The platform contains a behaviour change self-management option for people to work through who do not want coaching support.

- **Supporting non-medical approaches to increasing engagement**
 - Provide a limited number of localities with health and wellbeing engagement challenges access to a voluntary sector co-ordinator who would be supported to develop more informal and peer support.

The following simple process is proposed:

1. Meet with a locality to review current intelligence and co-produce an agreed narrative summary of the main health and wellbeing challenges.
2. Identify how some of the projects and interventions in the Prevention at Scale programme could potentially resolve these challenges.
3. Agree next steps and actions within an appropriate 'live document', e.g. Primary Care Locality Transformation Plans.



Sam Crowe

sam.crowe@bournemouth.gov.uk

Claire Lehman

Claire.lehman@dorsetccg.nhs.uk

18. System Integration Team

Recognising the value of relationships between GP practices, community and secondary care and the influence that this has on the way services are designed and delivered across Dorset, the CCG have established a System Integration Team. The Sustainability and Transformation Plan (STP) provides the context and challenges facing Dorset alongside the commitment of all NHS and Local Authority partners to work together to ensure the future sustainability of services. The Clinical Services Review is a key element of the STP and provides clear direction; the case for change is strong and it requires clinicians and managers to work together with determination to influence and champion the change, pushing organisational and service boundaries and exploiting opportunities for greater collaboration, where it makes sense to do so.

The team will support the acceleration of service developments, joining people and projects, working alongside existing teams to help drive the system-wide change needed. Led by Dr Karen Kirkham the team will work with clinical and management teams across the four NHS providers, with a focus on delivery of:

- Emergency Department streaming and urgent care access
- Demand management linked to the Right Care Programme
- Frailty and care for over 75 years
- Alignment of locality (primary care) transformation plans

The core team members are:

Dr Karen Kirkham, Dorset CCG Assistant Clinical Chair
Email: Karen.Kirkham@dorsetccg.nhs.uk

Dr Steve Tomkins
Email: Stephen.Tomkins@dorset.nhs.uk

Dr Anu Dhir
Email: Anu.Dhir2@dorsetccg.nhs.uk

Dr Andrew Dean
Email: Andrew.Dean@dhuft.nhs.uk

Emma Shipton, Dorset CCG Deputy Director of Engagement and Development Email: Emma.shipton@dorsetccg.nhs.uk

Dr Christian Verrinder, recently appointed Associate Medical Director at Dorset County Hospital Email: Christian.Verrinder@dorset.nhs.uk

For more information on team members <http://intranet.dorset.nhs.uk/Commissioners-news/System-Integration-Team.htm>

 01202 541 542

 emma.shipton@dorsetccg.nhs.uk



Get in touch

 0333 241 2495

 Primary.care@dorsetccg.nhs.uk

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Transformation Budget for CCG Localities

Locality	Practice Population (raw list size as at 31 March 2017)	Baseline Allocation * (£)	Capitation Based Allocation ** (£)	Total Allocation *** (£)	Project Management Staff employed by CCG on locality's behalf (£)	Additional protected learning time (£)	Engagement (£)	Final Locality Allocation (£)
Bournemouth North	66,738	30,000	32,719	62,719		2,000	2,000	66,719
Central Bournemouth	58,399	30,000	28,630	58,630	-18,309	2,000	2,000	44,321
Christchurch	54,575	30,000	26,756	56,756		2,000	2,000	60,756
Dorset West	41,079	30,000	20,139	50,139	-18,309	2,000	2,000	35,830
East Bournemouth	74,285	30,000	36,419	66,419	-18,309	2,000	2,000	52,110
East Dorset	69,945	30,000	34,291	64,291		2,000	2,000	68,291
Mid Dorset	44,279	30,000	21,708	51,708		2,000	2,000	55,708
North Dorset	86,910	30,000	42,608	72,608		2,000	2,000	76,608
Poole Bay	74,602	30,000	36,574	66,574		2,000	2,000	70,574
Poole Central	62,752	30,000	30,764	60,764	-18,309	2,000	2,000	46,455
Poole North	52,717	30,000	25,845	55,845		2,000	2,000	59,845
Purbeck	34,033	30,000	16,685	46,685		2,000	2,000	50,685
Weymouth & Portland	75,190	30,000	36,862	66,862		2,000	2,000	70,862
Grand Total	795,504	390,000	390,000	780,000	-73,236	26,000	26,000	758,764

*baseline funding has been set at the same rate for all Dorset GP at scale groups to enable investment in local leadership arrangement and project management support.

**an additional allocation has been made, based on population size of the locality

***total investment for local deployment reflects the overall programme plan for clinical and business leadership and project management support

	LOCALITY	GP SYSTEM INTEGRATION LEAD	GP CHAIR	DEPUTY CHAIR	PRESCRIBING LEAD	RELATIONSHIP MANAGER	PROJECT SUPPORT	CCG PRESCRIBING LEAD	TRANSFORMATION LEAD(S)	ICS LEAD	DHC LEAD	BI LEAD	BI SUPPORT		
EAST	Central Bournemouth	Steve Tomkins Stephen.Tomkins@dorset.nhs.uk	Ben Sharland Ben.Sharland@dorset.nhs.uk	Piers Wilde Piers.Wilde@dorset.nhs.uk	vacant	Matt Baker Matthew.Baker@dorsetccg.nhs.uk	Jenny Jones (CCG) Jennifer.Jones@Dorsetccg.nhs.uk	Sarah Baker Sarah.Baker@Dorsetccg.nhs.uk	Denise Lavey Denise.Lavey@dorset.nhs.uk	Nichola Arathoon Nichola.Arathoon@dorsetccg.nhs.uk	Julia Kinsella julia.kinsella3@nhs.net	Phil Dove Phil.Dove@dorsetccg.nhs.uk	Suzanne Green Suzanne.Green@dorsetccg.nhs.uk		
	North Bournemouth		Vacant (Ben Sharland covering) Ben.Sharland@dorset.nhs.uk	Simon Flack Simon.Flack@dorset.nhs.uk	Vacant	Matt Baker Matthew.Baker@dorsetccg.nhs.uk	Penny Tap (Practice) Penny.Tap@dorset.nhs.uk	Fiona Arnold Fiona.Arnold@dors-etccg.nhs.uk	Matthew Haden and Judith Young Matthew.Haden@dorset.nhs.uk judith.young@dorset.nhs.uk				Eleanor Jeram Eleanor.Jeram@Dors-etccg.nhs.uk		
	Christchurch		Andy Dean Dorset Healthcare	Ravin Ramtohal Ravin.Ramtohal@dorset.nhs.uk	Vacant	Clive Quinell Clive.Quinell@dorset.nhs.uk	Celia Canter Celia.Canter@dorse-tccg.nhs.uk	Janet Newman (Practice) Janet.Newman@do-rset.nhs.uk	Sarah Baker Sarah.Baker@Dorse-tccg.nhs.uk				Rav Ramtohal/ Janet Newman Ravin.Ramtohal@dorset.nhs.uk Janet.Newman@dorset.nhs.uk	Kim Rickard Kim.Rickard@Dorsetccg.nhs.uk	Melissa Paxton melissa.paxton@dorsetccg.nhs.uk
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MID	Poole North	Anu Dhir Anu.Dhir2@dorsetccg.nhs.uk	David Richardson David.Richardson@dorset.nhs.uk	Andy Purbrick Andrew.Purbrick@dorset.nhs.uk	Robert Timmis Rob.Timmis@dorset.nhs.uk	Di McLaughlin Diane.McLaughlin@Dorsetccg.nhs.uk	Fiona Pickering/ Sue Richards (Practice) Fiona.Pickering@dorset.nhs.uk Sue.Richards@dors-et.nhs.uk	Lorette Sanders Lorette.Sanders@dorsetccg.nhs.uk	Fiona Pickering/ Sue Richards Fiona.Pickering@dorset.nhs.uk Sue.Richards@dorset.nhs.uk	Sarah Howard Sarah.Howard@dorsetccg.nhs.uk	Antonia Gabrielli Antonia.gabrielli@nhs.net	Sarah White Sarah.White@dorsetccg.nhs.uk	Ilan Small Ilan.Small@dorsetccg.nhs.uk		
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	Poole Bay		Nick Evans Nick.Evans@dorset.nhs.uk	Alastair Ponton Alastair.Ponton@dorset.nhs.uk	Chris Barringer Chris.Barringer@dorset.nhs.uk	Chris Emblen Chris.emblen@dors-etccg.nhs.uk	Helen Parsonage (Starting June 2017)	David Haines and Alastair Ward David.Haines@dorset.nhs.uk Alastair.Ward@dorset.nhs.uk	Fiona Richardson Fiona.Richardson@dorsetccg.nhs.uk					Ali Tallant Alison.tallant@nhs.net	Rachael Devney Rachael.Devney@Dorsetccg.nhs.uk
	Poole Central		Simon Watkins Simon.Watkins@dorset.nhs.uk	David Broadley David.Broadley@dorset.nhs.uk	Daniel Lee Daniel.Lee@dorset.nhs.uk	Chris Emblen Chris.emblen@dors-etccg.nhs.uk	Emma Wilson Emma.Wilson@dorsetccg.nhs.uk	Vicki Sage (DHCFT) vicki.sage@nhs.net							
	Purbeck		David Haines David.Haines@dorset.nhs.uk	Alastair Ward Alastair.Ward@dorset.nhs.uk	Alastair McPhail Alastair.McPhail@dorset.nhs.uk	Emma Wilson Emma.Wilson@dorsetccg.nhs.uk									
WEST	Mid Dorset	Christian Verrinder Christian.Verrinder@dorset.nhs.uk	Jenny Bubb jenny.bubb@gp-j81053.nhs.uk	Martin Longley martin.longley@gp-j81035.nhs.uk	Kathryn Scott Kathy.Scott@gp-j81637.nhs.uk	Emma Wilson emma.wilson@dors-etccg.nhs.uk	Gillian Brindle/Sally Holland (Practice) Gillian.Brindle1@dorset.nhs.uk Sally.Holland@gp-j81637.nhs.uk	Sarah Sanderson sarah.sanderson@dorsetccg.nhs.uk	Jenny Bubb and Martin Longley jenny.bubb@gp-j81053.nhs.uk martin.longley@gp-81035.nhs.uk	Sarah Howard Sarah.Howard@dorsetccg.nhs.uk	Karen Fisher Karen.Fisher1@nhs.net	Matt Prowse Matthew.Prowse@dorsetccg.nhs.uk	Katie Johnson Katie.Johnson@Dors-etccg.nhs.uk		
	North Dorset		Simone Yule Simone.Yule@blackmorevale.nhs.uk	Rob Childs Rob.Childs@dors-et.nhs.uk	Elizabeth Long Liz.Long@dorset.nhs.uk	Di McLaughlin Diane.McLaughlin@dorsetccg.nhs.uk	Clare Tuck (external) clare.tuck1@nhs.net	Jane Dawes, Carol Tilley and Simone Yule Jane.Dawes@blackmorevale.nhs.uk Simone.Yule@blackmorevale.nhs.uk	Nichola Arathoon Nichola.Arathoon@dorsetccg.nhs.uk	Teresa Cole/Sara Froud Teresa.Cole1@nhs.net sara.froud@nhs.net	James Herring James.Herring@dorsetccg.nhs.uk			Eleanor Jeram Eleanor.Jeram@Dors-etccg.nhs.uk	
	Weymouth & Portland		Karen Kirkham Karen.Kirkham@dorsetccg.nhs.uk	Ben Chennell Ben.Chennell@gp-J81027.nhs.uk	David Laird David.Laird@dorset.nhs.uk	Chris Emblen Chris.emblen@dors-etccg.nhs.uk	Clare Winterburn (DHCFT) Clare.Winterburn@dhuft.nhs.uk	Karen Kirkham Karen.Kirkham@dorsetccg.nhs.uk	Sarah Howard Sarah.Howard@dorsetccg.nhs.uk	Helen Persey helen.persey@dhuft.nhs.uk	Carmen Taylor Carmen.Taylor@dorsetccg.nhs.uk				
	West Dorset		Blair Millar Blair.Millar@dorset.nhs.uk	Richa Singh DrRicha.Singh@dorset.nhs.uk	Ian Platt Ian.Platt@dorset.nhs.uk	Celia Canter Celia.Canter@dorse-tccg.nhs.uk	John Stubs (starting June 2017)	Vanessa Sherwood Vanessa.Sherwood@Dorsetccg.nhs.uk	Tim Robinson Tim.Robinson@gp-J81074.nhs.uk	Sarah Howard Sarah.Howard@dorsetccg.nhs.uk	Karen Fisher Karen.Fisher1@nhs.net				

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Dorset Health Scrutiny Committee – Forward Plan, September 2017

Committee: September 4 2017			
Format	Organisation	Subject	Comments
Report	Joint Health Scrutiny Committee	Clinical Services Review and Mental Health Acute Care Pathway Review	To provide an update regarding progress, as appropriate
Report	NHS Dorset Clinical Commissioning Group	Sustainability and Transformation Plan	To keep members informed as to the on-going work involved in the implementation of the STP
Report	NHS Dorset Clinical Commissioning Group	Primary Care Commissioning Strategy	To provide an update, following the report to Committee on 9 March 2017
Forward Plan	Dorset Health Scrutiny Committee	Forward Plan – Dates of future meetings, including planned agenda items	To raise awareness of and agree future agenda items, meetings, workshops and seminars
Items for information or note			
Briefing	Public Health Dorset and partner organisations	Changes to pan-Dorset Sexual Health Services	To provide a verbal update regarding proposed changes to the delivery of sexual health services across Dorset
Briefing	Healthwatch Dorset	Annual Report	To update members re the work of Healthwatch and priorities
Briefing	Dorset Health Scrutiny Committee	Annual Report 2016/17	A summary of the Committee's work and achievements

Committee: 13 November 2017			
Format	Organisation	Subject	Comments
Report	Joint Health Scrutiny Committee	Clinical Services Review – update	To provide an update regarding progress, as appropriate
Report	Weldmar Hospicecare Trust	Annual Accounts	To update members re the work and annual accounts of Weldmar Hospicecare Trust; with an opportunity to consider the provision of End of Life Care in Dorset
Forward Plan	Dorset Health Scrutiny Committee	Forward Plan – Dates of future meetings, including planned agenda items	To raise awareness of and agree future agenda items, meetings, workshops and seminars
Items for information or note			
Briefing	Joint Health Scrutiny Committee	South Western Ambulance Service NHS Foundation Trust	To provide an update regarding the progress and/or outcome of the Joint Committee considering issues relating to services provided by SWASFT

Agenda planning meetings (Officers' Reference Group only)			
Date	Venue	Papers required by Health Partnerships Officer	Papers dispatched and published on-line by Democratic Services
12 September 2017 (for Committee on 13 November 2017)	County Hall, Committee Room 3A	20 October 2017	3 November 2017

Workshops and development sessions (all DHSC Members)			
Date	Venue	Topic	Comments
27 September 2017 (1.30pm to 4pm)	County Hall	LGA workshop	To support the Committee in considering how it moves forward, following Council elections in May 2017

Future committee dates 2017 and 2018:

Monday 13 November 2017

Thursday 8 March 2018

Friday 15 June 2018

Thursday 13 September 2018

Thursday 29 November 2018

Ann Harris, Health Partnerships Officer, September 2017

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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:	<p>Equalities Impact Assessment:</p> <p>Not applicable.</p>
	<p>Use of Evidence:</p> <p>Report provided by: Healthwatch Dorset; and minutes, reports and notes relating to formal and informal meetings of Dorset Health Scrutiny Committee</p>

Briefings for information

	<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	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.
Reason for Recommendation	The work of the Committee contributes to the County Council's aim to help Dorset's citizens to maintain health, safety and independence.
Appendices	<ol style="list-style-type: none"> 1. Impact: Healthwatch Dorset Annual Report 2016-17 2. Dorset Health Scrutiny Committee Annual Report 2016-17
Background Papers	None.
Officer Contact	<p>Name: Ann Harris, Health Partnerships Officer</p> <p>Tel: 01305 224388</p> <p>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

Briefings for information

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>

- 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;

- 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/ieListDocuments.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

Briefings for information

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:

Briefings for information

<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

Health Partnerships Officer, Adult and Community Services

September 2017