



## Dorset Clinical Commissioning Group

Via email ([bill.pipe@dorsetcc.gov.uk](mailto:bill.pipe@dorsetcc.gov.uk))

**Cllr Bill Pipe**

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15<sup>th</sup> September 2017

Dear Cllr Pipe,

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

Thank you for your letter dated 29<sup>th</sup> August 2017

We acknowledge and appreciate the time the Joint Health Scrutiny Committee has taken to meet with the CCG on 3<sup>rd</sup> August and in providing us with a detailed response.

Please be assured that the letter has been passed to the Governing Body of NHS Dorset CCG for their consideration and has formed part of their deliberation on the proposals. The Governing Body will make its decision on the proposals at their Governing Body meeting on 20<sup>th</sup> September 2017.

As no decisions have been made by the Governing Body, we are unable at this time to comment on the final outcomes of some of the recommendations made by the Committee. We will provide the Committee with a further detailed response following the Governing Body's decision meeting.

The Governing Body papers are now available online – <http://www.dorsetccg.nhs.uk/aboutus/20-september-special.htm>

Since the formal public consultation ended, the Governing Body has reviewed the information gathered. The final recommendations contain amendments to the previous proposals. This includes 5 revised proposals which we trust demonstrate that due consideration has been given to the responses made during our consultation. This has now been awarded 'Best Practice' status by the Consultation Institute which is their top status and is an upgrade to their previous 'Good Practice' award.

In North Dorset, we now propose:

- to commission a community hub with beds at Sherborne Hospital;
- to commission a community hub with beds at Blandford Hospital;
- **new** - to maintain a community hub with beds in Shaftesbury Hospital whilst working with the local community until a sustainable model for future services based on the health and care needs of this locality is established, possibly at a different site to the existing hospital.

**In Weymouth and Portland, we now propose:**

- **new** - to maintain services including beds at Westhaven Hospital until the community hub with beds at Weymouth Hospital is established and staff and services have been appropriately transferred;
- a local community hub without beds in Portland, possibly on a different site.

**In Bournemouth and Christchurch, we now propose:**

- to commission a community hub without beds at Christchurch Hospital. [This will not affect the palliative care beds];
- **new** - to commission a community hub with beds on the Major Emergency Hospital site. (This is in addition to the proposed community hub with beds on the Major Planned Hospital site).

**Maternity and Paediatrics revised recommendation:**

- To commission option A;
- to commission the delivery of consultant-led maternity and paediatric services from the Major Emergency Hospital;
- **new** - to seek to commission the delivery of consultant-led maternity and paediatric services integrated across Dorset County Hospital (DCH) and Yeovil District Hospital (YDH) for the Dorset population. The implications for this will be considered by DCH and YDH and any proposed changes to services in either hospital would be subject to further local public consultation by both Dorset and Somerset CCGs as appropriate.

**Mental health ACP:**

- **new** - Travel time analysis was reviewed and the recommendation changed the Sturminster location to either Shaftesbury or Gillingham.

Where possible we have responded to the comments and recommendations as attached to this letter. We are also holding time for a possible Joint Health Scrutiny Committee on 19 October. If this date is confirmed, we will update the Committee further on the decisions.

Yours sincerely,



**Tim Goodson**  
**Chief Officer**  
**NHS Dorset Clinical Commissioning Group**

## SERVICE PROVISION

**The Committee acknowledges the rationale behind the proposals to establish distinct roles for Bournemouth and Poole's Hospitals but recommends that the CCG ensures that the views of all affected residents are taken into consideration and that any adverse consequences are mitigated to benefit the whole system.**

### CCG response

NHS Dorset CCG acknowledges the recommendation made and will take this under advisement during their decision making deliberations.

**The Committee recommends that careful consideration is given to the concerns raised by those who responded to the consultation regarding the potential loss of community beds in localities across Dorset and Poole, and the use of care home beds to provide capacity.**

### CCG response

NHS Dorset CCG acknowledges the recommendation made and will take this under advisement during their decision making deliberations. Please note the revised recommendations relating to beds at Shaftsbury, introducing new community beds at the Major Emergency Hospital, and ensuring beds continue to be provided at Westhaven Hospital until such point when the Weymouth Hub has been fully established.

**The Committee recommends that the CCG takes full account of the views of the North Dorset population and commits to all necessary access to services.**

### CCG response

NHS Dorset CCG acknowledges the recommendation made and will take this under advisement during their decision making deliberations. Please note the revised recommendations relating to beds at Shaftsbury and the revised location of the Community front Room.

**The Committee supports the suggestion from the CCG that further consultation would be undertaken to consider site-specific options for maternity and paediatric services, should Option A be agreed.**

### CCG response

NHS Dorset CCG acknowledges the recommendation made and will take this under advisement during their decision making deliberations. Please note the revised recommendation where option A was recommended and a further public consultation, in conjunction with Somerset CCG, would take place.

**The Committee recommends that the CCG ensure that residents across West and North Dorset have sufficient access to mental health acute care services, whilst recognising the need for increased facilities in the eastern localities to meet the needs of that population.**

### CCG response

NHS Dorset CCG acknowledges the recommendation made and will take this under advisement during their decision making deliberations. Please note the revised recommendation relating to the revised location of the Community Front Room.

## THE CONSULTATION PROCESS

**The Committee recommends that the CCG treats the responses from the residents' survey with a degree of caution, given that many of those responding via this method will not have read the full consultation document available to those responding via the open questionnaire.**

### CCG response

We recognise that although not all residents contacted via telephone would have read the consultation document, they were all offered the opportunity to do so before responding. Some people chose to take this option and were called back.

The residents' survey was undertaken in order to ensure a representative profile of opinions across Dorset. To capture the views of the general population, 1,004 residents across Dorset and neighbouring affected areas in West Hampshire, Somerset and Wiltshire took part in a structured telephone interview with an ORS interviewer during February 2017.

This survey, conducted using a quota based sampling approach, ensured that residents who were less likely to engage with the wider consultation were included and encouraged to give their views about the proposals. A survey approach was used because, with a population of around 750,000 residents, it would have been neither practical nor cost-effective to do a census of all households or residents.

The residents' survey data, once weighted, is broadly representative of the entire population of Dorset and the results provide a statistically reliable estimate of the views of the county's residents. The sample of 1,004 responses yields overall findings for the general population of the whole of Dorset and surrounding affected areas that are accurate to within about  $\pm 3$  percentage points. Taking into account the sample sizes, the opinion splits, and the degrees of statistical weightings used (to compensate for different response rates from different demographic groups), the survey findings are sufficiently accurate to allow confident conclusions to be drawn about opinions on the CCG's proposals. As such, the residents' telephone survey provided a statistically robust guide to overall public opinion across Dorset (including areas bordering Dorset where residents use some Dorset NHS services).

**The Committee recommends that due recognition is given to the views of individuals who responded to the consultations under the auspices of campaign groups, recognising the particular strength of concerns highlighted.**

### CCG response

Petitions are important expressions of public feeling. The CCG received and noted the petitions submitted and the petitions have been included in ORS's report. In interpreting and reporting them, ORS took account of the 'petition statements', the numbers of people signing, and the ways in which they were compiled. NHS Dorset CCG Governing Body will consider the consultation report and its findings, including the petitions, in full.

ORS's guidance regarding petitions notes that petitions can exaggerate general public sentiments if organised by motivated opponents. Petitions should never be disregarded, for they show local feelings; these observations do not discredit the petitions, but provide a context within which they should be interpreted. A consultation is not a vote; and influencing public policy through consultation is not simply a numbers game in which the loudest voices or the greatest numbers automatically determine the outcome. Interpreting the overall meaning and implications of

consultations is neither straightforward nor just numerical, all the various consultation methods have to be assessed.

Accountability means that public authorities should give an account of their plans and take into account public views: they should conduct fair and accessible consultation while reporting the outcomes openly and considering them fully. This does not mean that the majority views should automatically decide public policy; and the popularity or unpopularity of draft proposals should not displace professional and political judgement about what is the right or best decision in the circumstances. The levels of, and reasons for public support or opposition are very important, and are considerations to be taken into account, not as factors that necessarily determine authorities' decisions. For the public bodies considering the outcomes of consultation, the key question is not 'Which proposal has most support?' but, 'are the reasons for the popularity or unpopularity of the proposals cogent?' In this context, we encouraged people who signed a petition to also complete the open questionnaire.

Please also note the 5 revised proposals which we trust demonstrates that due consideration has been given to the responses made during our consultation, which has now been awarded 'Best Practice' status by the Consultation Institute which is their top status and an upgrade on their previous 'Good Practice' award.

**The Committee acknowledges the concerns raised and recommends that the CCG continues to work with Healthwatch Dorset to ensure meaningful consultation and the full involvement of the public.**

CCG response

The CCG works closely with Healthwatch Dorset, especially with regards to the CSR consultation. Throughout the CSR the CCG had regular meetings with Healthwatch Dorset. This helped us to review and develop our approaches, to help ensure effective, timely and accessible opportunities for local people to be informed and get involved.

Our Patient and Public Engagement Group designed a series of consultation principles which emphasised the need to reach out across Dorset's geography, demography and diversity – offering opportunity for information and involvement for all. This core principle was strongly supported by Healthwatch Dorset.

Our regular meetings with Healthwatch Dorset enabled us to collectively explore challenges. We were able to take a step back and reflect on their advice, ideas and suggestions and to combine this with our own knowledge and experience to develop approaches and actions to address these challenges.

Across the CSR engagement and consultation Healthwatch Dorset encouraged local people to take part. We worked closely on social media – receiving and answering people's queries and concerns – and regularly updating our FAQs. They also forwarded the feedback they received from the public onto the CCG. This included views and comments on the consultation and events which helped us to learn and evolve.

In addition to the formal consultation document, we produced and widely published:

- A new consultation website - <https://www.dorsetsvision.nhs.uk/> which included an interactive map that explained the CSR proposals in the local areas of population

- two simplified animations (specifically requested by organisations working with people with learning disabilities)
- three films aimed specifically at young people
- an Easy Read questionnaire
- a summary 'z-card' - which was initially produced for all grades of staff but was enthusiastically and well received by many, many members of the public
- frequently asked questions and answers – developed with Healthwatch Dorset
- a social media campaign 'it's mine, it's yours, it's ours' which encouraged people to take part in the consultation regardless of their views
- two invited audience events, 20 drop-in events and 25 more local pop-up events
- leaflet drops to 85,600 homes in Weymouth, Portland, Bridport, Bournemouth, Poole and South Wiltshire, also to encourage people to have their say
- shared 50 + CSR on social media
- 370+ media interactions
- Reached 125,000 people through Facebook advertising.

The independent advice Healthwatch provider is of huge value and we look forward to working closely with Healthwatch Dorset through the next steps of CSR and across Dorset's Sustainability and Transformation Plan (STP).

## **IMPLEMENTATION OF ANY AGREED PROPOSALS**

**The Committee recommends that work continues with the Local Authorities and Ambulance Service, to ensure that transport and access concerns are fully explored and that mutually beneficial solutions can be put in place.**

### CCG response

We appreciate that people have been particularly concerned about both emergency and non-emergency transport and we have received and responded to a number of queries regarding transport.

In response to these concerns in August we published an independent report by South Western Ambulance Service NHS Foundation Trust (SWASFT) - 'Dorset Clinical Services Review: Modelling the Potential Impact on the Emergency Ambulance Service.'

<http://www.dorsetccg.nhs.uk/Downloads/news/Dorset%20CSR%20Modelling%20Final%20v1-0.pdf>

The report examined how the proposals and subsequent decisions detailed in the CSR could impact on emergency transport in Dorset. The report analysed nearly 22,000 patient records, detailing what the impact on services could be across three areas: maternity services, emergency transfers (adults) and emergency transfers (children).

The report concluded that if the CSR proposals are implemented then the average emergency journey times will remain similar to those undertaken at present and for many patients, journey times will be shorter. In addition, there will be a large reduction in patient transfers between hospitals in East Dorset and this will improve journey times and patient safety. Numbers of hospital transfers in East Dorset are currently the highest in the South West.

We hope that this report reassures people that these proposals are designed to ensure that people get the best possible care and that we are focusing on getting the best outcomes for people in Dorset using these services in future. This report demonstrates that, through public consultation, we

have listened to those people who expressed their concerns about having to travel further or for longer to get emergency care.

NHS Dorset CCG, Dorset County Council, Bournemouth Borough Council and Borough of Poole have set up a new Transport Reference Group to develop an integrated transport system for non-emergency health and social care across Dorset. This is the first time, agencies and organisations across Dorset are joining together to collaboratively and holistically consider transport. This includes health, local authority, community and voluntary services.

The group, which comprises councillors and transport leads from the four partner organisations, will start by considering the transport infrastructure across Dorset, Bournemouth and Poole before looking at how specific ways of joint working and could be introduced next year.

The group will identify gaps in transport connections to health services across the county and consider what can be done to address them. They will also work alongside local healthcare transport schemes, such as e-Zec, which is contracted to provide transport for non-urgent NHS patients.

As a first step, the group has published a report that looks at concerns about transport that people raised during consultation on the CCG's Clinical Services Review (CSR) which ran between December 2016 and the end of February 2017 and what could be done to address them.

Led by DCC, they conducted a thorough and independent analysis of the travel times presented in the CSR. This has been undertaken by transport planning officers and has involved comparing the CSR source data with local authority routing software, digital maps and other routing software. The resulting analysis indicates that that CSR travel times are within similar and acceptable parameters to the routing software and analytical tools used in local authority transport planning activities. The results were found to be consistent across all travel comparators for acute and community based healthcare services. Sense checks on the results using digital mapping confirm that the travel times used are a reasonable approximation from which to draw conclusions for travel associated with the CSR proposals.

The full report is available online - <http://www.dorsetccg.nhs.uk/Downloads/2017%2007%2014%20-%20DCC%20CSR%20Transport%20Review%20Report%20-%20FINAL.PDF>

All partners will be working to better integrate and co-ordinate services and approaches to travel, and to consider how our combined resources and capabilities could be best utilised for people in Dorset.

We will continue to work closely with SWASFT and the local authorities to ensure we address the implementation requirements and needs of the CSR.

**The Committee recommends that the CCG ensure that plans to increase the level of service delivery at Royal Bournemouth Hospital would still be appropriate and achievable, should the new spur road not progress.**

CCG response

NHS Dorset CCG acknowledges the recommendation made and will take this under advisement during their decision making deliberations.

**The Committee recommends that detailed discussions with the CMA take place as soon as any decisions are made, to prevent the waste of public money which had resulted under the previous proposals.**

CCG response

Until final decisions have been made regarding the configuration of acute hospitals the CMA is unable to formally comment. We have kept the CMA informed of the proposals as the CSR has progressed. We are in a different position now compared to the one we were in when the application to merge Poole and Bournemouth Hospital was blocked. A clear patient benefit case has been made and NHS Dorset CCG has been earmarked for £147 million of capital funding by NHS England to support the preferred recommendation to allow for major improvements to health services across Dorset. These are key requirements to achieve CMA approval.

It will be possible for formal discussions with the CMA to take place after the Governing Body has made its final decision.

**The Committee recommends that detailed and thorough EqIAs should be carried out in relation to all proposals, to ensure that individuals are not disadvantaged as a result of income, age, rurality or any other characteristic.**

CCG response

Throughout the design and consultation phase, we have continually tested our models of care against Equality Impact Assessments. Following consultation these were reviewed and updated to reflect some of the feedback provided during consultation and in line with best practice. In doing this, we followed a robust process which involved review by the CCG's leads for service delivery; independent review by the Equality and Diversity Lead for Dorset HealthCare NHS Trust; and a workshop for service leads in the provider organisations.

We arranged a second facilitated workshop for our Patient and Public Engagement Group and additionally invited members of the public/staff who collectively represented the nine protected characteristics. This was to ensure that the process was inclusive and realistic. The revised and updated EIA was then sent for legal review before being scrutinised by the Quality Assurance Group and publication in July 2017. The EIA can be found at:

<http://www.dorsetccg.nhs.uk/Downloads/aboutus/equality/EIA/CSR%20EQIA%20Site%20Specific%20FINAL%20190717.pdf>

**The Committee recommends that the CCG continues to focus on workforce development, alongside partner organisations, to ensure that planned changes can be properly supported and recognises that this is the role of the STP partnership.**

CCG response

We continue to work closely with our colleagues in partner organisations to ensure the proposals are deliverable from a workforce perspective.

As you are aware 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.



One of the five enabling portfolios within the STP is 'Leading and Working Differently'. The work streams within this portfolio include:

- 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.