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Agenda

Dorset County Council

Meeting: Dorset Health Scrutiny Committee

Time: 10.00 am

Date: 13 November 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
Ros Kayes	Dorset County Council
Ray Bryan	Dorset County Council
Graham Carr-Jones	Dorset County Council
Nick Ireland	Dorset County Council
Steven Lugg	Dorset County Council
David Jones	Christchurch Borough Council
Peter Oggelsby	East Dorset District Council
Bill Batty-Smith	North Dorset District Council
Tim Morris	Purbeck District Council
Peter Shorland	West Dorset District Council

Notes:

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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 8 November 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
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Date of Publication:
Friday, 3 November 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 - 12

To confirm and sign the minutes of the meeting held on 4 September 2017.

4. **Public Participation**

(a) Public Speaking

(b) Petitions

5. **Clinical Services Review and Mental Health Acute Care Pathway Review - Update** 13 - 40

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

6. **End of Life and Palliative Care in Dorset** 41 - 90

To consider a report by Weldmar Hospicecare Trust.

7. **Work Programme and Forward Plan** 91 - 104

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

8. **Briefings for Information/Noting**

To consider a report by the Director for Adult and Community Services. This report includes the following items:-

9. **Liaison Member Updates**

To consider any updates from the liaison member for the following;

- Dorset County Hospital NHS Foundation Trust.
- Dorset Healthcare University NHS Foundation Trust
- NHS Dorset Clinical Commissioning Group
- South Western Ambulance Service NHS Foundation Trust

10. **Questions from County Councillors**

To answer any questions received in writing by the Chief Executive by not later than 10.00am on 8 November 2017.

Glossary

Glossary of Terms contained in the reports.

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Dorset Health Scrutiny Committee

Minutes of the meeting held at County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ on Monday, 4 September 2017

Present:
Bill Pipe (Chairman)
Alison Reed, Bill Batty-Smith, Graham Carr-Jones, Ros Kayes, Nick Ireland, Steven Lugg, David Jones, Peter Shorland and Peter Oggelsby

Officer Attending: Ann Harris (Health Partnerships Officer) and Liz Eaton (Democratic Services Officer).

Others in attendance:
Alan Betts (Deputy Director Transformation and Delivery, NHS Dorset CCG)
Margaret Guy (Healthwatch Dorset)
Dr Rob Payne (Head of Primary Care, NHS Dorset CCG)
Christian Winter (Dorset Health Care University NHS Foundation Trust)

(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 of the Cabinet to be held on **Monday, 13 November 2017**.)

Apologies for Absence

26 Apologies for absence were received from Cllr Ray Bryan (Dorset County Council), Cllr Tim Morris (Purbeck District Council) and Helen Coombes (Transformation Programme Lead for the Adult and Community Forward Together Programme).

Code of Conduct

27 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.

Cllr Alison Reed informed the Committee that she was employed as a community nurse. As this was not a disclosable pecuniary interest she remained in the meeting and took part in the debate.

Minutes

28 The minutes of the meeting held on 10 July 2017 were confirmed and signed.

Public Participation

29 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.

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

30 The Committee considered an update by the Transformation Programme Lead for the Adult and Community Forward Together Programme on the Joint Committee which had been convened to scrutinise the NHS Dorset Clinical Commissioning Group's Clinical Services Review and the Mental Health Acute Care Pathway Review.

Members were informed that the Joint Committee had met on 3 August 2017 and received representations from Opinion Research Services (ORS) and the CCG. A letter had been sent to the CCG in response to the findings from the Clinical Services Review and Mental Health Acute Pathway Review consultations. Both were attached to the report at Appendix 1 and 2 respectively. It was noted that a Governing Body meeting would be held on 6 September 2017 to undertake further deliberations and at that meeting the letter from the Joint Committee would be considered. The CCG's special Governing Body meeting would be held on 20 September 2017, at which decisions would be made regarding the proposed changes to services.

The minutes of the CCG Governing Body meeting on 20 September 2017 would be circulated to members and a copy provided to the next meeting of the Committee on 13 November 2017.

Resolved

1. That the Committee noted the report.
2. That the minutes of the CCG Board meeting to be held on 20 September 2017 be circulated to the next meeting of Dorset Health Scrutiny Committee on 13 November 2017.

NHS Dorset CCG Sustainability and Transformation Plan (STP) Update

31 The Committee considered a report by the Lead Director Dorset ACS/STP, Director of Transformation, NHS Dorset CCG which updated the Committee on the status and progress of the Dorset Sustainability and Transformation Plan (STP). It highlighted the key work streams of the plan, the governance of the oversight and progress so far with implementation of the plan. There were five enabling portfolios within the plan all progressing at different pace across the system:

- One Acute Network
- Integrated Community and Primary Care Services
- Prevention at Scale
- Digitally Transformed Dorset
- Leading and Working Differently

Dr Steve Killen had been appointed as Programme Director to plan and organise One Acute Network. The Committee were informed the CCG were waiting for deliberations as to what decision would be made on 20 September 2017 before progressing further.

The Integrated Community and Primary Care Services Programme currently included work with the council's planning and estates teams regarding community hubs, increasing the depth of work that had already taken place. A decision on mental health services would be announced the same time as the Clinical Services Review.

There were four main project areas within Prevention at Scale:

- Starting well
- Living well
- Ageing well

- Healthy places

With regard to Digitally Transformed Dorset there were approximately 20/30 projects the biggest of which was the Dorset Care Record shared system. Collating the data and inputting the information on to the system was approximately 2 months behind schedule, although it was hoped this backlog would be recovered. The Committee were informed this was not a technical or design problem it related to the volume of work and manpower available. The NHS digital teams were hoping to develop a single shared IT service across Dorset. It was hoped the roll-out of the Dorset Care Record Shared System would be later in 2017.

The Community Services Programme had been modelled so that it would be better, if timetabled properly, for the system to have a full caseload of patients all day. With regard to the digital system and safeguards for older people, the system would not be reliant on one digital system. Age UK carried out a piece of work, nationally, on how different age cohorts would use technology and how to prepare them for the use of technology, which officers felt it might be helpful to read.

Members commented that retired people between the ages of 55 and 65 were competent with digital media, whereas older people often were not. Dorset's population was such that a high percentage were aged 60+ and concern was raised regarding this group of people and how the CCG would ensure sure they would not fall through the net and that safeguards needed to be in place for older residents.

In relation to delivering reductions in the number of out-patient appointments, concern was raised as to how members of the public were to get to Dorchester if there was no transport and, if cutting costs in travelling time for consultations was the motivation, was that clinically led or monetary led.

Officers responded that out-patient appointments would bring everyone together in one area. This would be clinically based with better community hubs, which should be more holistic for people in outlying areas.

One member considered the delivery through local GP practices working in collaboration was an aspiration, as there was a shortage of GP's. He was sceptical about how Prevention at Scale would realistically and efficiently work.

Officers agreed that it would take time for initiatives to make a real difference, and noted that the Public Health team had changed the way they were working and now had dedicated programmes which would be rolled out in the future.

It was noted that with regard to Prevention at Scale the Live Well Dorset website was very useful, but it would take a long time for people to change their culture.

Officers explained Prevention at Scale was about taking the right care and best practice to other areas.

One member enquired what was being planned to ensure the general health checks for over 50's were universally accessible across the whole of Dorset. It was confirmed that Public Health Dorset were encouraging every general practice to identify patients and call them in for health checks.

Officers mentioned the Accountable Care System (ACS) in Dorset had been selected as one of 8 pilot Accountable Care Systems and it was hoped to achieve better planned services across the population. At present all partner services had been asked to sign up to a memorandum of understanding to work towards the aims, in return for which Dorset would be given greater freedom to develop local plans.

One member mentioned research in the USA from the journal Health Policy Law 2015 where the roll-out of Obama-Care had frightening results linked to the bundling of contracts and a lack of penalisation for failure. This had led to higher costs. Concerns were raised that the NHS would go down a similar route and she asked whether the CCG or a private company would be expected to run the Accountable Care Organisation (ACO) in Dorset in the future.

Officers responded that there were not very many ACO models that existed across the country and in Dorset it was about a group of people working together as an ACS. Members asked for confirmation that there was no proposal for the ACS to become an ACO. Officers confirmed that was the case.

Reference was made to a recent survey which had revealed that several ACO's had been awarding payments to GP practices for not referring patients to hospitals.

Members asked what safeguards would be put in place so that the more expensive patients were not refused treatment as they would not want to see cancer patients, for example, unable to receive new treatments as they were too expensive. Although there would come a time when the NHS could not afford all treatments, at present specific hospitals had money ring-fenced for specialist treatment.

Officers noted that they were working with clinical leads to manage needs and demands to give the most effective outcome to patients. Some referral patterns were higher than others and some GP referrals were lower. The CCG challenged those where necessary.

One member enquired as to what the implications would be for rural practices, for example in Puddletown and Crossways. Would the public have to travel to Dorchester GP's.

Officers confirmed the national direction was looking at models of care and how best to deliver them to the public. Primary Care was a population health model where GP practices would work together. The NHS supported the approach of what services could be improved and what services would work together well. There was no intention to close practices, it was about how they met the population need.

Mention was made of the use of acronyms within the reports and it was noted that in future an index be provided with each report to explain the meaning of acronyms used.

Noted

Primary Care Update

32 The Committee considered a report by the Head of Primary Care, NHS Dorset Clinical Commissioning Group on Primary Care Update.

The Committee were updated on the key areas of the report and it was confirmed there was a clear strategy supporting general practice and maintaining services within Dorset Primary Care to ensure they were integrated. There were now 90 practices across Dorset, some of which were looking at how surgeries would share back-office systems, whilst others were looking at merging with another practice. Officers had regular dialogue with practices regarding the right care and how they could learn from other practices to see what areas were working well and what was not working so well. They were also looking at the different ways of delivering care into the community. The CCG had been exploring joint working with hospitals and how to enable 24 hour access across Dorset. Meetings had taken place between hospitals and GPs to look at how patients currently access NHS care and what improvements could be made. Some patients used A&E departments as they could not obtain GP

appointments, even though GP access in Dorset was considered one of the best in the country. Data had been taken from both national and local surveys on access and the hard to reach groups. This information had informed the national GP Forward View programme (GPFV) and in October 2017 engagement events would be held in Dorset to contribute to local planning. The CCG continued to look at workforce planning, working with universities around primary care needs and how recruitment and retention of staff could be supported. Investment in infrastructure and estates also continued.

The Chairman referred to paragraph 2.4 of the report and asked where the rest of Somerset, and Devon sat within the Local Medical Committees (LMC). Officers responded that historically there had always been a Wessex Group with a strong national network and southern network. It was recognised that patients should be able to access services and not be restricted by county boundaries.

The Committee queried how residents faced with the possibility of surgeries closing would access transport to and from their new surgery when public transport was not available. Some thought was needed to be given to the way services were provided to ensure these people did not fall outside of the loop as it was no good suggesting changing surgery when there was no regular bus service. It was reported that the voluntary transport co-ordinators did not have enough volunteers and were overburdened and that voluntary transport could not be relied upon to fill the gap if there was no suitable public transport. Vulnerable people in rural areas could be disadvantaged if they had to pay for taxi fares that might cost in excess of £40. In Bridport the community were trying to establish a community bus service to transport people from villages to hospital but this would need support from the CCG.

The Committee asked for an explanation of what Project 1 and Project 2 entailed. Officers explained they were looking at access and solution needs as a whole system integrated with the design of systems and hubs to include transport, whether voluntary or funded. With regard to Project 1 and Project 2 there had been the opportunity to bid for national funding, Dorset had put bids together to the value of £50m and had received £10m. This was not just bidding for premises but also technology in delivering care systems. Capital was required to buy both hardware and software to support good work around telecare and using technology in people's homes.

The Vice-Chairman recognised the importance of delivery of care and joining up of services but had seen a reduction in the number of community nurses. She felt that surgeries directly employing community nurses was a better model as it enabled them to undertake the role of a district nurse too enabling better communication with housebound patients.

Officers considered it essential to have an integrated community and primary care service fully integrated into general practice teams, but noted that some surgeries preferred not to employ community nurses directly and that it might be better for Dorset HealthCare to be the employer, with the practice managing the nurses.

One member mentioned that merging practices might be beneficial as some practices might close as they could not attract new doctors but the key point was that it wasn't the practice that was important it was the surgery as it was a point of contact for members of the public. Services had to be accessible, especially in rural areas. With regard to services being provided at Christchurch Hospital the infrastructure was such that it could take up to an hour to get from one side of Christchurch to another. A key point to remember was that if surgeries and practices were merged a point of delivery where members of the public could access must be kept in place.

Officers commented that transport had been highlighted and the whole system would

look at transport and determine where the flow of patients were coming from and going to.

The Chairman asked if the Outline Business Case for the New-build replacement for Wareham Health Centre was linked to the re-siting of Wareham School fields. Officers responded that they were looking at the future of health care delivery and were keen to support a surgery with key provision by trying to manage both.

The Committee enquired as to how the CCG would be looking at east Dorset as there were certain times during the day when Bournemouth Hospital was inaccessible due to traffic congestion. It was asked if hubs would be provided in the local area if St Leonards Hospital closed. It was noted that consultation with the public should take place before any changes were implemented, although that had not been the case with the closure of two wards at Christchurch Hospital.

Officers confirmed hubs would be provided in the east across Poole, Bournemouth and Christchurch. The clinical services review had been carried out and the CCG would be working with GP's in Bournemouth and Poole looking at transport. Nothing would close until there was a plan in place for patients to receive NHS service and their interests would be protected.

It was agreed that a report on ambulance services should be considered at a future meeting of the Committee, to look at availability and usage. An inquiry day on emergency and non-emergency transport would be held and the CCG could inform the Committee of proposals with regard to transport and the data regarding journeys taken and how they would match with the clinical services review. It was also agreed that the day would be held mid-December 2017 or early January 2018.

Officers confirmed there was a detailed report on the ambulance service which would be circulated to the Committee outside of the meeting.

Resolved

1. That the Committee agreed recommendation 5.1 of the report.
2. That a report on ambulance services be submitted to a future meeting of the Committee followed by an inquiry day on health related transport to which the CCG, and other key stakeholder be invited to attend.
3. That the Deputy Director Transformation and Delivery, NHS Dorset CCG send an email a link to the Health Partnerships Officer, Adult and Community Services on the detailed ambulance services report to enable her to circulate to members of the Committee.

Forward Plan

33 The Committee considered a report by the Transformation Programme Lead for the Adult and Community Forward Plan.

With regard to the workshop being held in conjunction with the LGA on the 27 September 2017 officers informed the Committee of the acceptances received from County Councillors to date. A detailed agenda had not been set but the role of the Committee and scope would be considered and Councillor Ann Hartley from Shropshire had been invited to attend the workshop.

Resolved

That the Forward Plan be noted.

Briefings for Information/Noting

34 The Committee considered a Briefings for Information/note by the Transformation Programme Lead for the Adult and Community Services Forward Together Programme.

The Impact: Healthwatch Dorset Annual Report 2016-17

Margaret Guy from Healthwatch Dorset briefly outlined the work they had carried out with the CCG around CSR and the report Healthwatch had produced regarding the public consultation. She also noted the investigation into people making NHS complaints: all trusts had participated except Poole Hospital. The Trusts had responded positively to recommendations, particularly Bournemouth Hospital. An investigation into activities provided at care homes had been carried out with 8 homes, looking at how people retained their sense of self. The "Be Yourself: Everybody Else is Taken" project which raised young people's mental health issues was supported by AFC Bournemouth, and the related App was launched at the Vitality Stadium. Easy reading guides to making a complaint had also been produced. During the current financial year Healthwatch Dorset were looking at Primary Care services and how easy it was to make an appointment and register with a GP practice. The findings of the survey had gone to the Primary Care Commissioning Committee at the CCG. The Be Yourself Project was continuing and a report had been sent to all 3 local authorities. In terms of social care Healthwatch Dorset would be investigating access to health services such as GPs, dentists and opticians for care home residents and were carrying out a survey in conjunction with Bournemouth University around older male carers (over 85). They were continuing to work with the CCG on the STP. Future work would include looking at waiting times for social care assessments, as they had heard a number of concerns regarding this issue.

Chairman thanked Margaret Guy for her update.

The Health Scrutiny Committee Annual Report 2016/17

The Health Partnerships Officer, Adult and Community Services updated the Committee on Appendix 2 Dorset Health Scrutiny Committee Annual Report 2016/17 which was shared on an annual basis with other committees and three councils partnership.

The Pan-Dorset Sexual Health Services

The Committee received an oral update from the Health Partnerships Officer, Adult and Community Services on future changes to the delivery of pan-Dorset Sexual Health Services and informed the Committee a report went to the Joint Public Health Board in June 2017. Work was being undertaken with providers, (Dorset HealthCare, Bournemouth and Weymouth Hospitals) looking at providing a more community based service with enhanced on-line access and a lead provider. The Health Partnerships Officer mentioned that if there were any substantial changes to services a report would be submitted to this Committee and Joint Committee as this was a pan-Dorset service.

Questions from County Councillors

35 No questions were received by members under Standing Order 20(2).

Meeting Duration: 10.00 am - 12.06 pm

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Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	13 November 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	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 were appended to the Dorset Health Scrutiny Committee agenda of 4 September 2017). Following this meeting, the (draft) minutes and a letter with recommendations were submitted to the CCG for consideration, prior to the CCG's Governing Body meeting on 20 September 2017 at which decisions were to be made regarding the proposed changes to services. A response from the CCG to that letter has been circulated to Members and can be found at Appendix 1. At the Governing Body meeting on 20 September the proposed changes, some of which had been modified to reflect the outcome of the public consultations, were approved. Summaries of all the decisions made can be found at Appendix 2 and 3. Further detail can be found via the link to the CCG's Governing Body web pages under Background Papers. The Joint Health Scrutiny Committee is unlikely to meet formally before the new year, at which point plans for implementation will have more clarity and there will be an opportunity to review progress and the application by the CCG for capital funding. There will also be a greater level of detail available regarding the strategic estates plan and the locality work under development.

Impact Assessment:	Equalities Impact Assessment: Not applicable.
	Use of Evidence: Reports and summaries published by NHS Dorset CCG.
	Budget: Not applicable.
	Risk Assessment: Current Risk: LOW Residual Risk LOW
	Other Implications: None.
Recommendation	1 That members note and comment on the report.
Reason for Recommendation	The Committee supports the County Council's aim to help Dorset's citizens to remain safe, healthy and independent.
Appendices	1 Letter of response from NHS Dorset CCG to the Joint Health Scrutiny Committee 2 Summary of commissioning decisions: Clinical Services Review (NHS Dorset CCG, 20 September 2017) 3 Summary of commissioning decisions: Mental Health Acute Care Pathway Review (NHS Dorset CCG, 20 September 2017)
Background Papers	Committee papers – Joint Health Scrutiny Committee: http://dorset.moderngov.co.uk/ieListMeetings.aspx?CommitteeId=268 NHS Dorset CCG Governing Body agenda papers, 20 September 2017: http://www.dorsetccg.nhs.uk/aboutus/20-september-special.htm
Officer Contact	Name: Ann Harris, Health Partnerships Officer, DCC Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk

Helen Coombes
Transformation Programme Lead for the Adult and Community Services Forward Together Programme
November 2017

NHS
Dorset
Clinical Commissioning Group

Via email (bill.pipe@dorsetcc.gov.uk)

Cllr Bill Pipe
Chair, Dorset Health Scrutiny Committee &
Joint Health Scrutiny Committee
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Ref: CO0917 15 out

15th 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 29th August 2017

We acknowledge and appreciate the time the Joint Health Scrutiny Committee has taken to meet with the CCG on 3rd 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 20th 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 ±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 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.

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NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

CLINICAL SERVICES REVIEW – COMMISSIONING DECISIONS

Date of the meeting	20/09/2017
Author	P Richardson, Director of Design and Transformation
Sponsoring Clinician	Dr F Watson, Chair NHS Dorset CCG
Purpose of Report	The purpose of the report is to decide the future commissioning of services as a result of the Clinical Services Review.
Recommendation	The Governing Body is asked to consider the report recommendations and to: (a) **approve** each of the Integrated Community and Services recommended options as detailed individually in the report; (b) **approve** each of the acute services recommended options as detailed individually in the report.
Stakeholder Engagement	A full statement regarding engagement with members, clinicians, staff, patients & public is included as part of the Decision Making Business Case to which this report refers.
Previous GB / Committee/s	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Principles	• Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home

	Yes [e.g. ✓]	**Any action required?**	
		Yes Detail in report	**No**
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management &Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials : PR

1. Introduction

1.1 The Governing Body recognised the scale of the future challenges facing the healthcare of Dorset in 2013 and approved the initiation of the Clinical Services Review (CSR) programme in March 2014. Over the next 2 years the CSR programme developed the CSR for Dorset into a plan that would meet the changing need of our population, best practice clinical standards and would deliver a sustainable healthcare system (Appendix 1).

1.2 The transformation plan is based on the need to change the way healthcare is delivered to the people of Dorset. It describes how the NHS can continue to provide high quality services to Dorset's growing elderly population whilst closing gaps in health and wellbeing, care and quality and finance and efficiency.

1.3 Following a period of clinical design and stakeholder engagement, the CCG Governing Body approved recommendations during 2016 to proceed to formal public consultation on the acute hospital model of care and the CCG preferred site-specific options and the community services model of care and CCG preferred site-specific options.

1.4 The public consultations concluded in early 2017 and there followed a period of deliberations with clinicians and local stakeholders to consider the public feedback and amend proposals over summer 2017, prior to decision making by the Governing Body in September 2017.

1.5 This report lists out the recommended commissioning decisions to be considered by the Governing Body and should be read alongside the Decision Making Business Case in Appendix 2 that describes the evidence and rationale for the recommended decisions.

2. Recommendations

2.1 The following recommendations are extracted from the Decision Making Business Case to allow for ease of reference during the Governing Body meeting.

Integrated Community Services

ICS 1. The Governing Body is requested to approve the recommendation: to commission more services closer to people's homes delivered through integrated community teams and local community hubs to deliver better care.

ICS 2. The Governing Body is requested to approve the recommendation: to commission a community hub with beds at Sherborne Hospital.

ICS 3. The Governing Body is requested to approve the recommendation: to commission a community hub with beds at Blandford Hospital.

ICS 4. The Governing Body is requested to approve the recommendation: 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.

ICS 5. The Governing Body is requested to approve the recommendation: to commission a community hub without beds at Dorset County Hospital.

ICS 6. The Governing Body is requested to approve the recommendation: to commission a community hub with beds at Bridport Hospital.

ICS 7. The Governing Body is requested to approve the recommendation: to commission a community hub with beds at Weymouth Community Hospital.

ICS 8. The Governing Body is requested to approve the recommendation: 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.

ICS 9. The Governing Body is requested to approve the recommendation: to commission a community hub without beds on Portland, possibly at a different site to the existing hospital.

ICS 10. The Governing Body is requested to approve the recommendation: to commission a community hub with beds at Swanage Hospital.

ICS 11. The Governing Body is requested to approve the recommendation: to commission a community hub without beds at Wareham, possibly at a different site to the existing hospital.

ICS 12. The Governing Body is requested to approve the recommendation: to commission a community hub with beds at Wimborne Hospital.

ICS 13. The Governing Body is requested to approve the recommendation: for St Leonards Hospital to close.

ICS 14. The Governing Body is requested to approve the recommendation: to commission a community hub with beds on the Major Planned Hospital site.

ICS 15. The Governing Body is requested to approve the recommendation: to maintain services including beds at Alderney Hospital until alternative services have been established and staff have been appropriately transferred. At which

point Alderney Hospital's community beds will close. Mental health and dementia services will remain unchanged pending the outcome of the dementia services review.

ICS 16. The Governing Body is requested to approve the recommendation: to commission a community hub without beds at Christchurch Hospital. [This will not affect the palliative care beds].

ICS 17. The Governing Body is requested to approve the recommendation: to commission a community hub with beds on the Major Emergency Hospital site.

Acute Services

AC1. The Governing Body is requested to approve the recommendation: to commission distinct roles for Dorset's acute hospitals (a Planned and Emergency Hospital, a Major Planned Hospital and a Major Emergency Hospital), as part of one acute network of services.

AC2. The Governing Body is requested to approve the recommendation: to commission a Major Emergency Hospital at the Bournemouth Hospital site.

AC3. The Governing Body is requested to approve the recommendation: to commission a Major Planned Hospital at the Poole Hospital site.

AC4. The Governing Body is requested to approve the recommendation: to commission a Planned and Emergency Hospital at the Dorset County Hospital site.

Maternity and Paediatrics

M&P 1. The Governing Body is requested to approve the recommendation: to commission the delivery of consultant-led maternity and paediatric services from the Major Emergency Hospital.

M&P 2. The Governing Body is requested to approve the recommendation: to seek to commission the delivery of consultant led maternity and paediatric services integrated across Dorset County Hospital and Yeovil District Hospital for the Dorset population. Implications for this recommendation will be considered by Dorset County Hospital and Yeovil District Hospital 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.

3. Conclusion

3.1 The Governing Body is asked to:

- **Approve** each of the Integrated Community and Services recommended options as detailed individually in this report.

- **Approve** each of the acute services recommended options as detailed individually in this report.

Author's name and Title:	Phil Richardson, Director of Design and Transformation
Date:	September 2017
Telephone Number:	01305 368900

APPENDICES	
Appendix 1	**Clinical Service Review Timeline**
Appendix 2	**Decision Making Business Case**

Appendix 1: Clinical Service Review Timeline

June 2013	Launch of The Big Ask (29,000 qualitative comments about services)
June 2014	CSR Specification for tendering purposes
September 2014	Dorset Health Scrutiny Committee received briefing to inform that Dorset CCG were about to embark on the CSR
September 2014	Dorset Health and Wellbeing Board received a briefing paper including a synopsis of the case for change
October 2014	Dorset CCG publicly and formally launched the start of the review process with a large-scale event at the Bournemouth International Conference Centre
November 2014	Dorset CCG Chair wrote to the then 100 practices to gain involvement in the design stage
December 2014	First Patient and Public Engagement Group meeting, monthly meeting thereafter
December 2014	Project Initiation Document (PID) for Clinical Services Review
December 2014 to March 2015	Clinical Working Groups held with over 150 clinician's/ managers in attendance at each meeting
January 2015	Published Case for Change
March 2015	Travel Time Analysis carried out
March 2015	Clinical review TOR outlined process for first External Review Team and Clinical Senate Involvement
March 2015	Update on CSR presented to Governing Body, decision to undertake further stakeholder engagement before public consultation
March 2015	Patient and Public Engagement Group (PPEG) Recommendations for Clinical Services Review
March 2015	Confirmation from NHS England of Stage 1 Assurance
April 2015	Strategic Sense Check Meeting with representatives from NHS England-South. Sufficient assurance was given to agree that the CSR could pass Strategic Sense Check 1
May 2015	Dorset Health Scrutiny members asked to nominate members for a Joint Health Scrutiny Committee
June 2015	First Wessex Clinical Senate Meeting
June 2015	Health Gateway Review of CSR
July 2015	Report issued by external review team outlining 16 recommendations for action by the CCG
July 2015	First Joint Overview Scrutiny Committee meeting
July 2015 to September 2015	Mental Health Acute Care Pathway View Seeking Events (public/staff)
September 2015	Dorset Acute Care Collaboration Vanguard approved
October 2015 to November 2015	Two Young Peoples Conferences Stakeholder engagement, further ICS and acute model design
March 2016	CCG launched a programme of engagement specifically to inform and seek views from the public on Integrated Community Services proposals
March 2016	First System Leadership Team Meeting (evolved from Better Care Steering Group)
March to April 2016	Nine locality based Integrated Community Services Engagement Events
April 2016	Royal College of Paediatrics and Child Health Review of Clinical Services Review
May 2016	Governing Body Approve Major Hospital Public Consultation
May 2016	Stage 2 Assurance Meeting with NHS England
June 2016	NHS England Requirements for Stage 2 Assurance
June 2016	Integrated Community Services Roadshows held in 26 locations

July 2016	Informal meeting with JOSC members to outline ICS proposals for public consultation
July 2016	Governing Body Approve Integrated Community Services and Mental Health Public Consultation
August 2016	Oversight Group for Change and Service Reconfiguration Panel Review
September 2016	Investment Committee meeting as part of NHS England assurance
October 2016	Clinical Services Review Consultation Plan 2016/2017
October 2016	JOSC shared outcome of mental health acute care pathway review and proposals which would go forward to NHS England assurance and public consultation
October 2016	Investment Committee meeting as part of NHS England assurance
November 2016	Confirmation from NHS England of Stage 2 Assurance
December 2016 to February 2017	CSR Public Consultation
January 2017	First Shadow System Partnership Board
February 2017 to March 2017	Mental Health Acute Care Pathway Consultation
February 2017	Dorset Health Scrutiny Committee/Joint Overview Scrutiny Committee Reports
February 2017	First formal System Partnership Board
April 2017	Consultation Institute approval of CSR Consultation
May 2017	Results of public consultation
May 2017 to August 2017	Consideration of outcomes of public consultation and further deliberations
September 2017	Final commissioning decisions to be made by Governing Body

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

MENTAL HEALTH ACUTE CARE PATHWAY REVIEW – COMMISSIONING DECISIONS

Date of the meeting	20/09/2017
Author	K Florey-Saunders - Head of Mental Health and Wellbeing E Hurll - Senior Commissioning Manager
Sponsoring Clinician	Dr P French - Clinical lead for Mental Health
Purpose of Report	The purpose of the report is to decide the future commissioning of services as a result of the Mental Health Acute Care Pathway Review.
Recommendation	The Governing Body is asked to consider the report recommendations and to **approve** each of the MH ACP recommendations as set out in section 2.1 below.
Stakeholder Engagement	A full statement regarding engagement with members, clinicians, staff, patients & public is included as part of the Outline Business Case to which this report refers.
Previous GB / Committee/s, Dates	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Principles	• Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home

	Yes [e.g. ✓]	**Any action required?**	
		Yes Detail in report	**No**
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management &Technology	✓		✓
Equality Impact Assessment	✓		✓

Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials: EH

1. Introduction

1.1 The Governing Body recognised future challenges facing healthcare including mental health in Dorset and launched the Mental Health (MH) Acute Care Pathway (ACP) Review in 2015.

1.2 The CCG and partners went through a rigorous process of needs analysis, view seeking and has coproduced the development of a model of acute mental health care which has been through NHS Assurance and public consultation.

1.3 The public consultation concluded on 31 March 2017 and there followed a period of review with partners to consider the public response and develop the proposals in the Outline Business Case, prior to decision making by the Governing Body in September 2017.

1.4 The OBC proposes additional community-based resources that will enable people to manage their own mental health crisis through a variety of options and it makes recommendations about inpatient services which are a crucial part of the MH acute care pathway.

1.5 A key element of the pathway will be safe spaces to visit when things start to go wrong called *Retreats* and *Community Front Rooms* and these will be open at the times people told us that they feel at their most vulnerable, such as evenings and weekends.

1.6 The pathway will provide an enhanced crisis line called the *Connection* that will include a range of options for how support is accessed, for example telephone, online support or through other technology such as Skype.

1.7 The OBC also outlines the requirement for 16 additional inpatient beds that will eradicate the need for out of area placements in all but exceptional circumstances. As well as enabling Dorset to meet the mandate, the increase in bed numbers will help to future proof the mental health acute care pathway and most importantly to improve peoples' care and choice when they are in crisis.

1.8 This report lists out the recommended commissioning decisions to be considered by the Governing Body and should be read alongside the Decision Making Business Case in Appendix 2 that describes the evidence and rationale for the recommended decisions.

2. Recommendations

2.1 The following recommendations are extracted from the Outline Business Case to allow for ease of reference during the Governing Body meeting.

<u>Mental Health – Acute Care Pathway</u>

1. The Governing Body is requested to **approve** the recommendation to commission increased mental health service provision.

2. The Governing Body is requested to **approve** the recommendation to commission an additional 16 beds, 4 new beds to be located in Forston Clinic and 12 new beds to be located at St Ann's Hospital.

3. The Governing Body is requested to **approve** the recommendation to relocate the 15 beds at the Linden Unit to St Ann's Hospital. Services and beds will be maintained at the Linden until the new beds are established at St Ann's Hospital and Forston clinic and staff appropriately transferred, at which point the Linden unit will close.

4. The Governing Body is requested to **approve** the recommendation to commission a Retreat in Bournemouth.

5. The Governing Body is requested to **approve** the recommendation to commission a Retreat in Dorchester.

6. The Governing Body is requested to **approve** the recommendation to commission a Community Front Room in West Dorset

7. The Governing Body is requested to **approve** the recommendation to commission a Community Front Room in North Dorset

8. The Governing Body is requested to **approve** the recommendation to commission a Community Front Room in Purbeck

9. The Governing Body is requested to **approve** the recommendation to re-commission the seven Recovery beds (currently in the west of the county) to three in the west of the county and four in the east of the county.

3. Conclusion

3.1 The Governing Body is asked to **approve** each of the recommended options as detailed individually in this report**.**

Author's name and Title:	K Florey-Saunders - Head of Mental Health and Wellbeing E Hurll - Senior Commissioning Manager
Date:	September 2017
Telephone Number:	01202 541485 01202 541916

APPENDICES	
Appendix 1	**Mental Health Acute Care Pathway Timeline**
Appendix 2	**Outline Business Case**

Appendix 1: Mental Health ACP Engagement Timeline

Mental Health Acute Care Pathway Review Timeline		
Stage 1		**Needs and data analysis**
	27 March 2015	ACP Champions Group
	11 June 2015	Health and Wellbeing Board
	1 July 2017	CCG Annual General Meeting
	30 June 2015	ACP Reference Group
	20 July 2015	Dorset Health Overview Scrutiny Committee
	3 July 2015	Poole Housing Partnerships
	October 2015	Needs and data analysis completed
Stage 2		**View Seeking**
	27 July 2015	Poole
	28 July 2015	Wareham
	29 July 2015	Kinson
	31 July 2015	Wimborne
	3 August 2015	Dorchester
	4 August 2015	Weymouth
	6 August 2015	Sturminster
	10 August 2015	Blandford
	12 August 2015	Bridport
	14 August 2015	Boscombe
	19 August 2015	Sherborne
	2 September 2015	Shaftesbury
	5 August 2015	Bipolar Support Group
	11 August 2015	Bournemouth Churches Housing Association
	13 August 2015	Mind Out Group
	18 August 2015	ACP Champions (Reference) Group
	26 August 2015	Dorset Mind Support Group
	28 August 2015	Dorset Carers Group Weymouth
	18 August 2015	Seaview Ward
	18 August 2015	Crisis Team West
	20 August 2015	Older Peoples CMHTs
	20 August 2015	Dorset HealthCare Psychology Team
	24 August 2015	Blandford CMHT
	25 August 2015	Shaftesbury and Christchurch CMHTs
	27 August 2015	Bournemouth West CMHT
	1 September 2015	Purbeck CMHT
	2 September 2015	Bournemouth CMHT
	2 September 2015	Southbourne CMHT
	3 September 2015	Forston Clinic
	3 September 2015	St Ann's Hospital
	8 September 2015	LA Out of Hours Service
	17 August 2015	Approved Mental Health Professionals Meeting
	27 September 2015	Police Crime Commissioner Meeting re ACP

	3 November 2015	Hampshire CCG
	24 October 2015	Approved MH Professionals Meeting
	29 October 2015	Avon and Wiltshire Somerset CCG
	16 October 2015	Joint Health Overview Scrutiny Committee
Stage 3		**Coproduced model development**
	30 November 2015	Pre meeting Coproduction Group (CPG)
	14 December 2015	Coproduction Group Meeting
	6 and 7 January 2016	Launch events
	26 January 2016	Urban Rural Groups
	22 February 2016	Crosscheck
	24 February 2016	CPG
	29 April 2016	Urban Rural Groups
	5 May 2016	Crosscheck
	21 July 2016	CPG Shortlisting Day (Community Services)
	16 September 2016	CPG Shortlisting Day (Inpatient Services)
	25 February 2016	Present at ImRoc Conference
	26 February 2016	Wellbeing and Recovery Partnership Learning Set
	1 February 2016	Hughes Unit Group (HUGS) Meeting
	15 March 2016	LGBT Support Group
	24 March 2016	Joint Commissioning Board
	10 May 2016	Joint Commissioning Board
	19 May 2016	Present at Birmingham NDTi Conference
	2 June 2016	Joint Health Overview Scrutiny Committee
	6 June 2016	Carers Joint Commissioning event Bournemouth
	7 June 2016	Veterans Session
	29 June 2016	Joint Commissioning Board
	5 August 2016	Alliance Commissioning Session (Stockport rep in Dorset)
	25 August 2016	Clinical Reference Group
	7 September 2016	Financial Reference Group
	9 September 2016	Joint Commissioning Board
	28 September 2016	Present at Olympia Health Conference Olympia (Coproduction)
	19 October 2016	Governing Body
	27 October 2016	Joint Health Overview Scrutiny Committee
	14 November 2016	Joint Health Overview Scrutiny Committee
	18 November 2016	Joint Commissioning Board
	27 January 2017	NHS Stage 2 Assurance Approval notification
Stage 4	February 2017-March 2017	**Public Consultation**
	8 February 2017	▪ Bournemouth Library
	14 February 2017	▪ Dorchester Town Hall
	15 February 2017	▪ Wareham Corn Exchange
	16 February 2017	▪ Christchurch Library
	20 February 2017	▪ Blandford Corn Exchange
	21 February 2017	▪ Weymouth Library
	22 February 2017	▪ Dorchester, The Dorford Centre

	23 February 2017	▪ Bridport Town Hall
	24 February 2017	▪ Kinson Community Centre, Kinson, Bournemouth
	25 February 2017	▪ Dorchester, informed audience event
	Friday 3 March 2017	▪ Bridport
	Saturday 4 March 2017	▪ Poole, informed audience event
Stage 4	**1 April -20 September 2017**	**Review and OBC Development**
	7 June 2017	Consultation results to Governing Body
	13 June 2017	CPG review of consultation findings
	15 June 2017	Urban Rural presentation on consultation findings
	13 June 2017	Clinical Working group
	14 June 2017	Governing Body Deep Dive MH
	26 June 2017	Quality Assurance Group
	1 August 2017	OFRG
	3 August 2017	Dorset JHOSC
	15 September 2017	OFRG with OBC
	20 September 2017	Governing Body

Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	13 November 2017
Officer	Helen Coombes, Transformation Programme Lead for the Adult and Community Services Forward Together Programme
Subject of Report	**End of Life and Palliative Care in Dorset**
Executive Summary	This report and presentation look at the provision of End of Life and Palliative Care in Dorset: how services are currently provided, what the key challenges are and how agencies are working together. Within the last year the Dorset Palliative and End of Life Care Partnership Group has been established, which now meets bi-monthly. It includes 24 organisations and/or stakeholder groups and is chaired by a Consultant from Poole Hospital (Dr Saskie Dorman). The Partnership Group feeds into the Integrated Community Services Portfolio Board. The purpose of the Partnership Group is to bring together all organisations involved in End of Life / palliative care to network, to share best practice and to work collectively to achieve the six Ambitions for Palliative and End of Life Care: 1. Each person is seen as an individual 2. Each person gets fair access to care 3. Maximising comfort and wellbeing 4. Care is coordinated 5. All staff are prepared to care 6. Each community is prepared to help. The Terms of Reference of the Partnership Group can be found at Appendix 1. Key achievements so far include:

	• Mapping, which has been undertaken against six national ambitions published in 2015 (**Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020** – see Background Papers). Those ambitions are built on eight foundations described as the "pre-conditions" for delivering rapid and focused improvement; • On-going delivery of the Gold Standards Framework (GSF) which now includes a Platinum level for sustained achievement. This is being actively promoted across Dorset and the Framework links to the eight foundations. The GSF is aimed at front-line care providers such as hospitals, care homes, primary care, domiciliary care etc. Joint working is key to achieving the highest GSF levels; • The Partnership has developed an Action Plan, with sub-groups to deliver against priorities (see Appendix 2); • An End of Life Care Charter has been developed and agreed by the Partnership, with patient contribution (See Appendix 3). In addition, every partner agency has their own Strategy for End of Life / palliative care.
Impact Assessment:	Equalities Impact Assessment: Not applicable for this report.
	Use of Evidence: Information provided by: Dorset County Council Adult and Community Services, Dorset HealthCare NHS University Foundation Trust, Dorset County Hospital NHS Foundation Trust, Healthwatch Dorset, NHS Dorset Clinical Commissioning Group, Weldmar Hospicecare Trust.
	Budget: Not applicable.
	Risk Assessment: Current Risk: LOW Residual Risk LOW
	Other Implications: None.
Recommendation	That members review the evidence presented and consider whether any recommendations should be made to providers or commissioners to improve the provision of palliative and end of life care in Dorset.
Reason for Recommendation	The Committee supports the County Council's aim to help Dorset's citizens to remain safe, healthy and independent.

Appendices	1 Draft Terms of Reference: Dorset End of Life Care Partnership 2 Improving Palliative and End of Life Care in Dorset: Dorset End of Life Care Partnership Action Plan, October 2017 3 Improving Palliative and End of Life Care in Dorset: Dorset End of Life Care Partnership Programme Charter, June 2017 4 Presentation slides – Palliative and End of Life Care in Dorset
Background Papers	**Ambitions for Palliative and End of Life Care:** A national framework for local action 2015-2020 https://www.england.nhs.uk/ourwork/ltc-op-eolc/improving-eolc/ambitions-for-palliative-and-end-of-life-care-framework/ Weldmar Hospicecare Trust Quality Account 2016-17: https://www.weld-hospice.org.uk/what-we-do/latest-publications/quality-account-2016-2017/
Officer Contact	Name: Ann Harris, Health Partnerships Officer, DCC Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk

Helen Coombes
Transformation Programme Lead for the Adult and Community Services Forward Together Programme
November 2017

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Appendix 1

DRAFT TERMS OF REFERENCE
DORSET END OF LIFE CARE PARTNERSHIP

Aim

To facilitate the achievement of the National Ambitions for Palliative and End of Life Care within Dorset, encouraging best practice – enabling everyone to have access to high quality person and family-centred care and support in their last year of life:

1 Each person is seen as an individual
2 Each person gets fair access to care
3 Maximising comfort and wellbeing
4 Care is coordinated
5 All staff are prepared to care
6 Every community is prepared to help

The ambitions are available at: http://endoflifecareambitions.org.uk/.

Objectives

a) To enable strong foundations for palliative and end of life care:

1 Personalised care planning
2 Shared records
3 Evidence and information
4 Involving, supporting and caring for those important to the dying person
5 Education and training
6 24/7 access
7 Co-design
8 Leadership

b) To work collaboratively to ensure the building blocks as outlined in the national ambitions are in place in line with the integrated community and primary care developments and the

Vanguard Partnership Principles;

- People first, organisation second.
- Focus on the quality of people's experience of the whole system.
- Built to last.
- Best use of public pound.
- Best use of collective skills and resources.
- Delivering improvement at pace.
- Striving for best practice and evidence based care.

c) To demonstrate that the ambitions for palliative and end of life care are achieved consistently and reliably.

Membership

People with personal or professional experience of palliative and end of life care who are willing and able to work collectively to achieve the ambitions.

The membership will include people from a range of backgrounds, including:

Expert(s) by experience – people with personal experience of palliative or end of life care, either directly or as a family member or close friend;
Allied Health Professionals;
Bereavement / counselling / chaplaincy;
Doctors;
Management;
Nurses.

Representation of a broad range of organisations, including health and social care from across Dorset. Some members may represent more than one organisation.

Better Together programme;
Bournemouth and Poole Adult Social Care;
Bournemouth University;
Continuing Health Care;
Dorset Clinical Commissioning Group;
Dorset County Council;
Dorset County Hospital NHS Foundation Trust;
Dorset Healthcare University Foundation Trust;
Dorset Specialist Palliative Care Group;
Forest Holme Hospice;
Forest Holme Hospice Charity;
Health and Wellbeing Board;
Integrated Community Services;
Lewis-Manning Hospice;
Macmillan Caring Locally;
Macmillan Unit;
Marie Curie;
Paediatric palliative care;
Poole Hospital NHS Foundation Trust;
Primary Care;
Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust;
South West Ambulance Service Trust;
Vanguard One NHS in Dorset;
Weldmar Hospicecare.

Task and finish groups will be established to focus on key areas. These may draw on a wider range of individuals and organisations as appropriate.

Meetings

Meetings will be held on the first Thursday of alternate months
Venue - alternating West and East Dorset, e.g. Vespasian House, Dorchester and Poole Hospital Board Room.
Administrative support - provided via Vanguard One NHS in Dorset team.

Meetings will be quorate if at least ten people are in attendance, with representation from West and East Dorset.

Reporting arrangements

Meeting notes (who present, decisions, actions) to be circulated to members of the group and:

Dorset Cancer Partnership board
Integrated Community Services board
Vanguard Developing One NHS in Dorset Executive Steering Group
Wessex SCN End of Life Group.

Terms of reference to be reviewed annually.

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Acute Care Collaboration Vanguard

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Improving Palliative and End of Life Care in Dorset
Dorset End of Life Care Partnership
Action Plan October 2017

Foundation		Action	Timeline	Leads	Progress Update
CO-DESIGN	1	A small task and finish group will collate information from available surveys, complaints etc. and undertake a thematic analysis to identify what factors could have made most difference in improving care	by the end of December 2017	CW/ CCG rep/LP /JR	• Group not yet formed. • LP to collate complaints but currently at the point of collecting data. There are some concerns around whether organisations are happy to forward data for collation/analysis though the data will be anonymized, suggested that looking at themes from data rather than the data itself may be a way to overcome this. • CS to look at themes from data to forward to LP. • Need link with Poole and Forest Holme – LP in email discussion with SD, SD asked CH to be lead/representative for Poole. • Suggestion to look at staff opinion (when staff have recognised that there were problems) even where families have not made complaints – after death analysis. CS recommended Dying without dignity as document with themes identified. • Group agreed Timeline to move to December. • Agreed for JR to contact leads from each organization to identify top 3 priority areas of concern for palliative and end of life care and to share this with wider partnership. E.g. nursing home placement / transport / coordination of care etc. To include vignette / scenario for each to illustrate concerns.

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Improving Palliative and End of Life Care in Dorset
Dorset End of Life Care Partnership
Action Plan October 2017

Foundation		Action	Timeline	Leads	Progress Update
	2	A focus group with people with personal experience of palliative or end of life care will be held to explore key priorities. Further engagement with people from across Dorset will follow this initial meeting – including those with experience of cancer and dementia	By the end of August 2017	AC/SD	• Poole Focus Group document available on Kahootz. • DCH/Weldmar asked for focus group – CS to look at this for Weldmar. Advised to contact Becky from PALS for DCH. JS make contact with AC. • Group agreed Timeline to move to end of August. • Focus group in Dorchester September 2017 with four participants. • Key themes – information; importance of keyworker / coordinator role; transition between active disease-focused treatment and palliative care; bereavement support • Further focus group in Bournemouth/Christchurch to be arranged.
EDUCATION AND TRAINING	3	The Education and Workforce End of Life Group will collate all existing palliative and end of life care education and training available in Dorset, to share with the wider workforce	by the end of May 2017	AS/HL	• Scoping of Palliative/End of Life Care Education available to staff working in Dorset available on Kahootz under Key Documents (August 2017). • Investigating where this information would be held, how it would be updated – education group's responsibility suggested, CW suggest host with CCG and workforce group could be responsible with update and also suggested for GPs targeting appraisals to promote. • Scoping available on Kahootz.

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Improving Palliative and End of Life Care in Dorset
Dorset End of Life Care Partnership
Action Plan October 2017

Foundation		Action	Timeline	Leads	Progress Update
	4	The partnership will identify which other areas of strategy, training and education need to incorporate end of life care, to reduce silo-working e.g. frailty, stroke, cardiovascular, respiratory; trigger points	by end of October 2017	NL	• Awaiting documents to be finalised before group will be able to work on this. • Group agreed Timeline to be moved to October. • SD to link with Dorset-wide clinical leads for relevant areas to minimize silo-working – ensure EOLC on agenda for each area.
EVIDENCE AND INFORMATION	5	A small task and finish group will improve the accessibility of information available to the public, individuals with palliative or end of life care needs and their families, and staff; development of a bespoke website to be explored	by end of May 2017	AC/SD	• AC has looked at My life My Care as option. CRISP not option as only covers Poole and Dorset, though are happy to host information. Dorset for you website investigated and takes 5 clicks to get to EoLC information. • AC also costed standalone website for EoLC for Dorset, approximate costs of £900 to set up plus £90 per year running costs. • Focus groups asked what information is available in GP surgeries, identifying the need to direct everyone to one place for all EOLC info. • Question around funding – where could this come from for website? CCGs? Wessex? HL suggested app possibility? HL to investigate with SH. • Essex/Gloucestershire hospices identified as good example, all to view and send comments to AC by end of August. • Agreed Dorset website would be a helpful for patients, families, carers and staff. AC to lead and link

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Improving Palliative and End of Life Care in Dorset
Dorset End of Life Care Partnership
Action Plan October 2017

Foundation		Action	Timeline	Leads	Progress Update
					with comms/IT from each organization. Not restricted to SPC/hospices. • SD will upload draft "living well with a life-limiting illness" to Kahootz. Agreed could be used Dorset-wide.
	6	Key information regarding outcome measures above to be agreed by the partnership and requested via Business Intelligence at CCG	by end of May 2017	SH/SD	• Version 0.4 of the Dorset End of Life Care Partnership Project Charter available on Kahootz from 25/07/17. • Outcome measures 0.1 on Kahootz (October 2017) – SH will discuss with Contracting team at CCG whether data collation feasible
24/7 ACCESS - palliative care	7	A task and finish group will review existing processes for referral and access to palliative and end of life care, and draft what the ideal process should look like, at a workshop day	June 2017	RP/SD	• Dorset Pathway Day to be held on 14th September 2017 - invites to be sent requesting representation from stakeholder organisations. To be held at Forest Holme. • Access to care clear priority within group. Ongoing issues with CHC availability. • Pathways / response times for community support within localities drafted by DNs, for further discussion with wider DN times before formalizing / disseminating. • Possibility of Hospice@Home development discussed at the 14/09/2017 meeting.

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Dorset End of Life Care Partnership
Action Plan October 2017

Foundation		Action	Timeline	Leads	Progress Update
					• SH will invite Jane Howard (DHUFT, leading on ICRT developments across Dorset) to partnership meeting
24/7 ACCESS – care	8	SD to contact CHC lead at Dorset CCG on behalf of the partnership and offer support of the partnership in addressing the difficulties in accessing CHC-funded care at the end of life	April 2017	SD	• SD met with Paul Rennie from CHC 12 June 2017. • Paul Rennie explained that CCG and local authorities were currently reviewing tenders from care agencies/providers to be on the framework to provide care at home. Aware there is a range of need e.g. from 15 mins social care to 60 minute visits for more complex needs towards the end of life. He is aware there can be delays in sourcing packages of care currently. His recommendations were: 1. To engage with the patient and family early in the process; 2. Not to overprescribe intensity of care packages as this can make it more difficult to source care; 3. The vast majority of CHC applications should be done in the community rather than an in-patient setting, as per national recommendations. • SD met Antonia Gabrielli (DHUFT) and district nurse leads locally (East Dorset, 10 July 2017) who are keen to provide palliative and end of life care e.g. while patients are awaiting care package via CHC

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Dorset End of Life Care Partnership
Action Plan October 2017

Foundation		Action	Timeline	Leads	Progress Update
					funding - asked to be informed early if it is anticipated that patients will be discharged later that week as this enables them to plan their work and availability. • SD suggestion to make more use of volunteer community to support people both at home and in in-patient settings. • Group raised concerns that 80% of cases CHC funding is denied. CW to speak to SD. CH advised audit was done in April 2015 around CHC funding – showed lengthy discharge and amount of patients dying in hospital whilst waiting for funding. JR to make contact with EoL facilitators for discussion around fast track discharge etc. • JR and HL meeting with Paul Rennie in October and will feedback to meeting (October 2017)
24/7 ACCESS - transport	9	JB to review contract arrangements with ambulance and transport providers (SWAST and Ezec) relating to people needing palliative care or approaching the end of life	?	JB	• Palliative care call script to be agreed and meeting Friday 9 June 2017 to discuss – **KS to share script with group.** • **All to advise KS of current issues** • KS (Kelly Spiller) now left. Take to JD? Group feeling SWAST transfer problem felt to be getting worse – home into hospice particular area for concerned but looking at any EoL patient being transferred anywhere.

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Dorset End of Life Care Partnership
Action Plan October 2017

Foundation		Action	Timeline	Leads	Progress Update
					• SH and HL met with Ezec contract link – DNACPR had not been in contract which will now be addressed. • Variability / unpredictability of urgent transport to and from hospital/hospice and home – area of concern across Dorset. • HL/SH to meet with commissioners of transport (Emma Moggeridge) (October 2017)
INVOLVING, SUPPORTING AND CARING FOR THOSE IMPORTANT TO THE DYING PERSON	10	A task and finish group will, following the pilot, produce a business plan for the implementation of a new Dorset-wide model of access to psychological support for patients and family / carers.	July 2017	RBra	• Meeting on 7 June 2017. Pilot was starting Blandford, although may need to move venue. • Yearlong pilot - was due to begin June 2017, start date has been postponed to Sept 2017 due to unforeseen circumstances.
PERSON-CENTRED CARE PLANNING	11	Use of anticipatory care planning to be rolled out to integrated locality teams using SystmOne (DHUFT)	October 2017	SH/ DHC	• Progress of Dorset Care Plan being rolled out across primary care and Dorset HealthCare. Weymouth locality up and running, next 2 planned. May be a need for training an education alongside this. GPs supporting other GPs, Community Matrons etc. • Jane Howard to update at Dec 2017 meeting. • SD to ask CH for electronic version of "My advance care plan" as this could be used Dorset-wide potentially. Agreed would be appropriate to include "NHS Dorset" logo, acknowledging CH/PHFT and use Dorset-wide.

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Dorset End of Life Care Partnership
Action Plan October 2017

Foundation		Action	Timeline	Leads	Progress Update
					• Noted ReSPECT is being implemented by Hampshire hospitals. No plans to implement in Dorset especially as this could cause confusion with existing tools (e.g. DNACPR, Dorset Care Record and treatment escalation etc.)
LEADERSHIP	12	To identify project management support via the Wessex End of Life Group	June 2017	SAW/ SH/DK	• Support identified and in place.
SHARED RECORDS	13			HL	• Update on special messages e-mail received from SWAST to continue as present until informed by SWAST (Olwen Watts/ Louise Pennington). • Still happy to receive faxes for Dorset and e-mail account. • Sending a letter to every provider and there will be an email address to be used rather than fax (nhs.net) HL to ask SWAST how this will occur – will this be central etc. ensure fax will not be removed before email is in place. HL to circulate email address (August 2017).

Improving palliative and end of life care in Dorset
Dorset End of Life Care Partnership
Programme Charter June 2017

KEY MESSAGES:

- **What really matters? Find out "What matters most?" to each individual**
- **Help people to plan ahead – avoid a crisis**
- **Care for each other, learn from each other**
- **End of life care is everyone's business**
- **We have one chance to get it right**

Our overall STRATEGY is to:

- Improve the **recognition** and **understanding** of people's needs and preferences;
- Enhance the **capability, capacity** and **compassion** of the workforce and community;
- Improve **access** to other resources essential for good end of life care.

AIM STATEMENT: What are we trying to accomplish?

We want to achieve the national ambitions for palliative and end of life care in Dorset by October 2018. This means that:

- each person is seen as an individual;
- each person has fair access to care;
- comfort and wellbeing are maximised;
- care is coordinated;
- all staff are prepared to care and
- each community is prepared to help.

In other words, every individual approaching the end of their life has access to good palliative and end of life care to support them and their family.

Saskie Dorman, Chair of the Dorset Palliative and End of Life Care Partnership

June 2017

Improving palliative and end of life care in Dorset
Dorset End of Life Care Partnership
Programme Charter June 2017

Problem to be addressed

Palliative and end of life care are variable, with some examples of excellent care but others of poorly coordinated care. More people die in hospital than would wish to do so and not everyone has fair access to timely care.

Reason for the effort

Failure to find out what matters most to individuals are their families, and to tailor their care and support accordingly, is a lost opportunity and results in unnecessary distress and disappointment, wasted resources, unwanted hospital admission, investigation and treatment. Unmet needs in symptom control, psychological support, practical support have a highly significant impact on individuals in their last months or weeks of life, and their families.

Unplanned admissions in the last months of life account for a high proportion of expenditure in the NHS. The cost of care in the last three months of life averages over £4500 per person, with the bulk of this cost arising from emergency hospital admissions and rising steeply as death approaches (Georghiou and Bardsley 2014). Unplanned admissions in the last year of life account for approximately 15% of the total, and up to 30% of adult inpatients are in their last year of life. In 2015, a total of 9032 Dorset residents died - 25 per day, on average - an increase from 8331 in 2014; this trend is predicted to continue and there is an increase in complexity of need (for instance, people having several coexisting health conditions).

Limited resources in health and social care mean that we have a significant challenge to meet the needs of everyone approaching the end of life and a duty to make the best use of the resources available.

A collaborative approach will enable us to achieve the best outcomes and experience for all, with an approach which is consistent locally and nationally.

End of life care is everyone's business. We have one chance to get it right.

Expected outcomes/benefits

- Improved experience for people in their last months of life, and their families;
- Improved outcomes for people in their last months of life, and their families;
- Reduction in unplanned admissions to hospital for people in their last months of life, and reduction in length of stay in hospital;
- Reduction in unwanted investigations and treatment in the last months of life;
- Overall savings for the healthcare economy in Dorset through treatment which is tailored to the individual's needs and preferences and through integrated working;
- Sustainability;
- Enhanced knowledge and skills for the wider workforce in health and social care.

Saskie Dorman, Chair of the Dorset Palliative and End of Life Care Partnership

June 2017

How do we know that a change is an improvement?
Measures are listed separately. Development of a Dorset-wide palliative and end of life care dashboard will enable us to monitor our progress and the impact of quality improvement initiatives. This is *measurement for improvement*, rather than for judgement.

Who are the key stakeholders?
Key stakeholders include the local population, particularly people with life-limiting illness and their families; local community and acute trusts; ambulance and transport services; integrated community services; GPs; out of hours providers; local authorities; residential and nursing homes; voluntary and charitable providers; hospices and palliative care services; Dorset CCG; Wessex End of Life Care Group (see terms of reference for the Dorset End of Life Care Partnership for full list).

What changes can we make that will lead to improvement?
Improvement requires change but not all change leads to improvement. An initial action plan has been developed by the partnership. It is anticipated that each working group will prioritise key areas to lead on and develop these using the Model for Improvement - identifying a clear Aim statement, Measures (Outcome, Process, Balancing measures) and changes to be tested through Plan Do Study Act cycles.

What are the constraints and barriers to success?
We will not directly address recruitment / retention of the palliative and end of life care workforce (though we anticipate these will be improved through the programme). Barriers to success include:

- Appetite for change and the will to make this work.
- Other pressures on time for members of the partnership and colleagues involved in the quality improvement work.
- No additional funding is allocated currently to achieve the changes required, although some project management is available through Vanguard and the Wessex End of Life Group.

Saskie Dorman, Chair of the Dorset Palliative and End of Life Care Partnership

June 2017

Improving palliative and end of life care in Dorset
Dorset End of Life Care Partnership
Programme Charter June 2017

Our overall strategy is to:

- Improve the recognition and understanding of people's needs and preferences;
- Enhance the capability, capacity and compassion of the workforce and community;
- Improve access to other resources essential for good end of life care.

1. Recognition and understanding of the needs, priorities and preferences of people in their last year of life:

- Holistic understanding of people's needs, preferences and priorities at individual, locality and system-wide level - "what matters most?"; wide range of techniques to develop our understanding, including the use of shadowing. Use these insights to improve services across a range of settings
- Recognition of approaching end of life
- Supporting individuals and their families to plan ahead
- Shared decision making

2. Capability, capacity and compassion of the workforce and local community:

- Systems leadership, governance; engagement at board level
- Enabling the current workforce to use their skills and time effectively e.g. by:
- System and process redesign:
  - Integrated care models, coordination of services
  - Clear, streamlined processes for access to palliative and end of life care including risk stratification (e.g. for management of less complex symptoms or concerns and for referral for input from specialists for those with more complex needs)
  - Optimise tools and processes to support individualised care and seamless transfer between care settings - e.g. DNACPR/allow a natural death; Treatment Escalation Plans; Future care planning; Personalised Care Plan for the Last Days of Life; Rapid Discharge Home. Use a standardised approach where possible (this will enhance improve continuity of care, improve cross-boundary working, make education and training more efficient)
  - Shared electronic records; future care planning using the Dorset Care Record
  - Anticipatory prescribing - consider adopting a standardised approach with individualisation where needed
  - Availability of care - timely access; improving the Fast track CHC process; consider developing Hospice@home model
- Clear programme of education and training for all levels of staff working in each setting in health and social care, including care homes, ambulance staff, acute and community hospitals etc.; paid and unpaid carers; includes recognition of approaching the end of life, symptom management, communication, discussing end of life care issues, moving and handling, mental capacity act etc. Ensure staff can take time to attend / engage in education; ensure palliative and end of life care are incorporated into all relevant education and training strategies
- Building resilience and joy in work; meaningful work; psychological / peer support / clinical supervision
- Developing Dorset's compassionate community, including improving the way that families, neighbours and volunteers can contribute.

3. Improving access to other resources:

- Shared information - e.g. directory of palliative care services, website accessible to public and to referrers relating to palliative and end of life care; clear links from individual providers' websites; clear signposting re palliative and hospice services.
- Shared access to key outcome measures via Dorset-wide dashboard.
- Medications used in end of life care, including access out of hours.
- Palliative care transport - improving timely access by improving reliability and reducing variation.

Saskie Dorman, Chair of the Dorset Palliative and End of Life Care Partnership

June 2017

Palliative and End of Life Care in Dorset

Dorset Health Scrutiny Committee
November 2017

Dorset County Council

Introduction

Purpose of the presentation:

- To give an overview of current provision and work being undertaken by key providers around Palliative and End of Life Care in Dorset
- To look at the collective challenges
- To outline the national and local work around the Ambitions for Palliative and End of Life Care, including the setting up of the Pan-Dorset End of Life Care Partnership Group
- To view an example of when we get it right
- To invite questions and comments from Members

Weldmar Hospicecare
Caring for Dorset

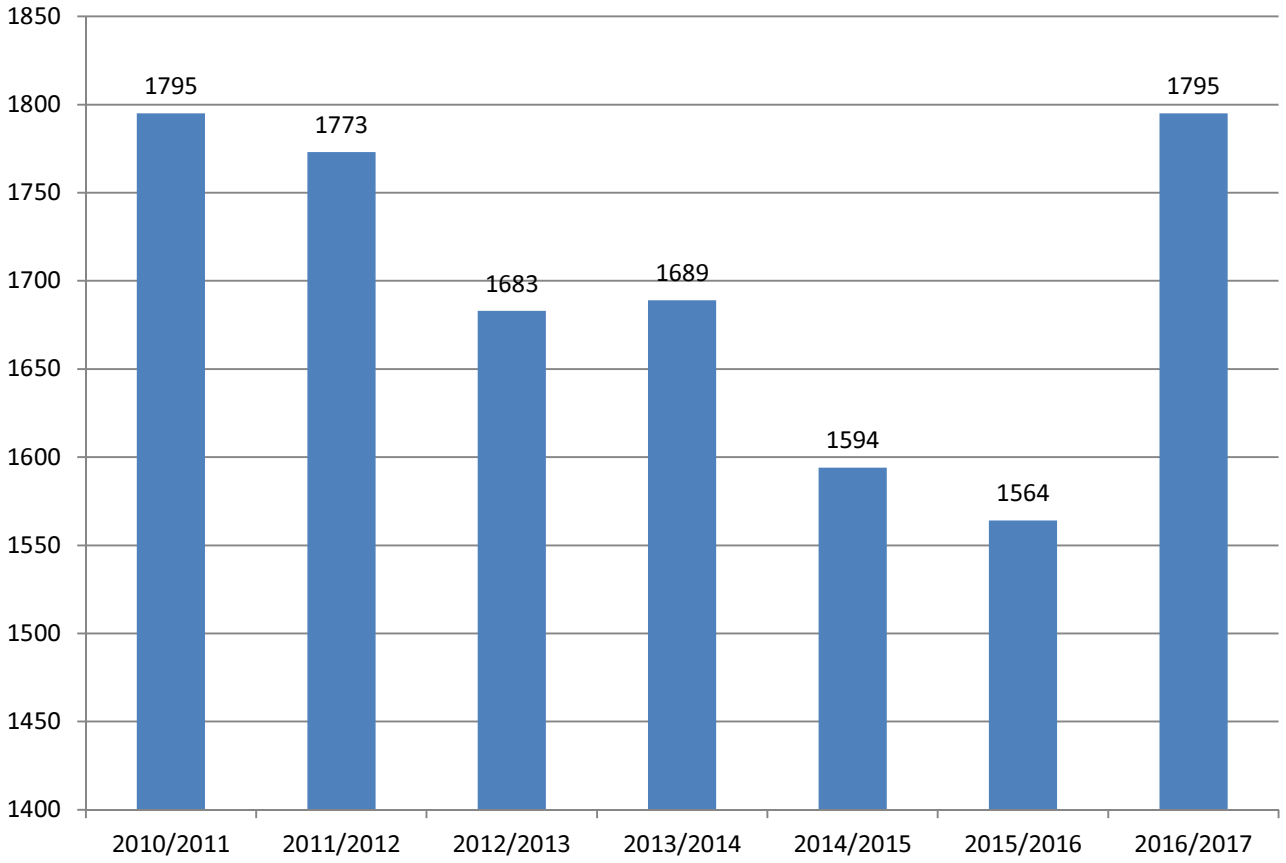
Weldmar Hospicecare

Caroline Hamblett

Chief Executive

Outstanding End of Life Care in people's homes, community and Inpatient Unit

Caring for patients and their families in the last year of life. Patient numbers.



Progress against 2016/2017 priorities

- Improved quality of feedback from Patients and Carers
  - Patient-led feedback groups
  - Local “you said we did” reporting and actions

- Reporting and action on Equality and Diversity
  - Increased contact with local groups working with people unrepresented in our services
  - Governance training on equality and diversity

- Rapid Response / 24 hour service
  - Insufficient funds to fully develop this service
  - Offering out of hours support through the Inpatient Unit at Joseph Weld Hospice

Progress against 2016/2017 priorities (continued)

- Refurbishment of Inpatient Unit
  - All patient areas improved
  - Improvement in the kitchen

- Increasing numbers in Motor Neurone Disease clinic
  - Refurbished facilities
  - Pilot for MND Nurse to cover all patients in our catchment area

Dorset County Hospital NHS
NHS Foundation Trust

Dorset County Hospital

- End of Life Care Facilitators
- Improvements in Clinical Leadership
- 5 day face to face service, 24/7 telephone advice service
- Review of Anticipatory Care Plans documents
- Policy for last offices and Care of Deceased

End of Life Care Strategy

End of Life Care – Education Summary Aug 2016 – Aug 2017

Length of Teaching	**Attendances**					
	Health - care Assistants	Therapy Staff	Trained Nurses	Medical Staff	Consultant	Total
One Day	22	9	106	0	0	133
3-4 Hours	56	0	12	0	59	127
1-2 Hours	0	0	3	190	2	195
Total	**78**	**9**	**122**	**190**	**61**	**455**

Performance Indicators

	National May 2015	DCH May 2015	DCH Sept 2017
Is there documented evidence within the last episode of care that it was recognised that the patient would probably die in the coming hours or days?	83%	82%	98%
Is there documented evidence within the last episode of care that health professional recognition that the patient would die in the coming hours or days had been discussed with a nominated person important to the patient?	79%	65%	98%
Is there documented evidence that the patient was given the opportunity to have concerns listened to?	84%	59%	69%
Is there documented evidence that the needs of the person important to the patient were asked about?	56%	20%	51%
Is there documented evidence in the last 24 hours of life of a holistic assessment of the patient's needs regarding an individual plan of care? (End of Life Care Plan)	66%	27%	49%
Of those who died at DCH, percentage who identified DCH as their preferred place of death	n/a	n/a	76%

Organisational Audit Indicator	National Result – May 2015	DCH Result – May 2015	DCH – August 2017
Is there a lay member on the trust board with a responsibility/role for end of life care?	49%	No	Yes
Did your Trust seek bereaved relatives' of friends' views during the last two financial years (April 13 to March 15)?	80%	No	Yes
Did formal in-house training include specifically communication skills training for care in the last hours or days of life for medical staff?	63%	No	Yes
Did formal in-house training include specifically communication skills training for care in the last hours or days of life for nursing (registered) staff?	71%	No	Yes
Did formal in-house training include specifically communication skills training for care in the last hours or days of life for nursing (non-registered) staff?	62%	No	Yes
Did formal in-house training include specifically communication skills training for care in the last hours or days of life for allied health professional staff?	49%	No	Yes
Access to specialist palliative care for at least 9-5 Mon - Sun	37%	No	No
Does your trust have 1 or more End of Life Care Facilitator as of 1st May 2015?	59%	No	Yes

DCH Fast Track CHC Audit – June 17

- 60% of those Fast Tracked were discharged to their preferred place of care.
- Of those not discharged, 30% chose to remain at DCH, 60% were too unwell for discharge, 10% improved.
- Average time to discharge home – 6 days.
- Average time to discharge to nursing home – 10 days.

DCH VOICES survey results, Nov 16-March 17

50 of 150 questionnaires

	Yes	No	Don't know/No answer
Did the hospital service work well with their GP and other services outside the hospital	33	2	15
	Excellent/ good	Fair/Poor	Don't know/No answer/ NA
The care they got from the Doctors in that admission was	41	6	3
Relief of pain	36	8	6
Relief of symptoms other than pain	30	5	13
Spiritual support	17	4	29
Emotional support	26	7	17
	Strongly Agree/ Agree	Disagree/ strongly disagree	Neither/Don't know/No answer/ NA
There was enough help with personal care	33	2	15
There was enough help with nursing care	36	4	10
There was adequate privacy	32	7	11

VOICES survey results

The nurses are very busy and it was not the ideal ward to have a palliative care patient. They're often busy in their bays and I found it difficult at times as my granddad was in a side room

Nothing was too much trouble

The registered nurses and HCAs do an excellent job but sadly there is never enough of them. Especially when dealing with palliative care we needed someone there more frequently.

At her last breaths the nurse was there for me and nan

My mother was aware that she was dying and wished to see all of her family. This was allowed but fairly uncomfortable for family members as there are a lot of us. We made three separate requests for a small side room but were refused each time. It would have been so much nicer to have been able to say her goodbyes in privacy.

The care offered by DCH was first class: my wife passed away in a delightful manner and I will always be grateful for this. Thank you

The hospital care from the moment we arrived in the A&E until he died was professional caring and of the highest standard.

NHS
Dorset HealthCare University
NHS Foundation Trust

Dorset HealthCare Our Vision

To provide choice: to care with kindness, dignity and compassion, coordinated provision of high quality support at the right time in the right place, for our patients, carers and their families.

NHS
Dorset HealthCare University
NHS Foundation Trust

How we provide care

- Inpatient care: 11 community hospitals with 8 wards accredited with Gold Standards Framework National Quality Award
- 2 older peoples mental health wards and 3 hospitals working towards accreditation by August 2018
- Community teams: across Dorset caring for patients and families in their own homes and residential care homes
- Personalised care plans: including advance care wishes, to support the 5 priorities of care for the dying person.

NHS
Dorset HealthCare University
NHS Foundation Trust

Proactive care

- End Of Life (EOL) care training scoped to ensure education and training available to support staff in caring for patients in their own homes and community hospitals
- Staff willingness to continually improve care i.e. GSF, Elder Friendly wards, Johns' Campaign, 'My name is…'
- Ongoing review of patients EOL care including After Death Analysis (ADA) with the Multi-disciplinary team
- Bereavement Questionnaire piloted to gain feedback from relatives.

Dorset HealthCare University NHS Foundation Trust

Pan Dorset Proactive working

- Pan Dorset End of Life Care Partnership Group
- Pan Dorset End of Life Care Workforce Education Group
- End of Life Care provider groups attended by DHC staff to improve communication to staff and patients at end of life by working together
- Cross boundary working
- Pan Dorset policies and documents

Gold Standards Framework (GSF) and Cross Boundary working

- The GSF principles are around: identifying, assessing and planning with patients, relatives and the MDT, those recognised in the last year of life
- Is actively promoted across Dorset
- Now includes a Platinum level for sustained achievement in Care homes
- GSF is aimed at front-line care providers such as hospitals (acute and community), care homes, primary care and domiciliary care
- Joint working is key to achieving GSF accreditation

End of Life Care – Dorset County Council

- Supporting individuals and carers with information and advice to maintain independence and wellbeing;
- Undertaking Care Act assessments in a timely way for individuals and their carers and reassessing as needs change;
- Linking with community organisations and partners in providing early help and support;
- Meeting outcomes with formal services such as domiciliary care where there are eligible needs;
- Working with health partners to ensure an individual receives the right care and support at the right time;
- Working to ensure a smooth and seamless transition between health and social care services according to nature of needs.

What are the collective challenges?

- Availability, capacity and accessibility of resources to care for patients in palliative and EoL, in a timely way
- Lack of domiciliary care in the community
- Achieving Preferred Place of Care / Death (PPC/D) in the community
- Achieving continuity of care and good communication between health and social care services (*improving the experience for all*)
- Lack of electronic record sharing
- Being clear about what are social and health care needs but working jointly (integrated hubs) to support wishes and avoid inappropriate hospital admission at EOL

What are the collective challenges?

- Ensuring appropriate person centred care pathways with services experienced in supporting EOLC
- Ensuring that all those in residential care also receive access to end of life care support and services when they need it
- Supporting Care homes to continue caring for their residents, avoiding moves at end of life, where possible
- Delays in fast track Continuing Health Care (CHC)
- Ongoing staffing issues (countywide / national).

Healthwatch Dorset – feedback from the public

- Some of the residential care homes seem to be less able to deal with end-of-life care, so people end up in hospital that may not need to be there;
- Some people are dying in hospital because it's taking too long to get packages of care in their homes. Ward staff and district nurses have advised this happens. The Palliative Care Team covering Poole were recently disbanded and nurses dispersed into district nursing teams – which means that due to workload they can't provide the same level of care that the palliative care team could;
- Wards in hospital are not the best place for end-of-life – if there's no side room available people can die on the ward – which is not good for them, the relatives and other patients. There's a lack of dignity;

Healthwatch Dorset – feedback from the public

- People are in hospital “bed blocking” because of the delay in care packages being available;
- The Marie Curie service seems to be understaffed;
- Equipment is taking too long to get into people’s homes at end of life;
- End of life care needs earlier planning for people where possible;
- The term “fast track” raises people’s expectations – you expect things to happen quickly but patients and staff say they don’t.

The Pan-Dorset EOLC Partnership Group

- The Group includes representatives from all providers of EOLC in Dorset
- In place for almost a year now, meeting bi-monthly;
- Mapping undertaken against **Ambitions for Palliative and End of Life Care (2015):** A national framework for local action 2015-2020

https://www.england.nhs.uk/ourwork/ltc-op-eolc/improving-eolc/ambitions-for-palliative-and-end-of-life-care-framework/

- Purpose: to bring together all organisations involved in EoL / palliative care to network, share best practice and work together within the 8 'Foundations' to meet the 6 Ambitions statements with an action plan to support this

The Charter

An **End of Life Care Charter** has been developed and agreed by the Partnership Board (June 2017):

Key messages:

- What really matters? Find out “What matters most?” to each individual;
- Help people to plan ahead – avoid a crisis;
- Care for each other, learn from each other;
- End of life care is everyone’s business;
- We have one chance to get it right.

Dorset County Council

The Charter

Overall strategy is to:

- Improve the **recognition** and **understanding** of people's needs and preferences;
- Enhance the **capability, capacity** and **compassion** of the workforce and community;
- Improve **access** to other resources essential for good end of life care.

Aiming to achieve the national ambitions by October 2018.

Film clip – Getting it right

Film clip: Precious – a member of staff from Alderney Hospital in Poole, on achieving the wards GSF accreditation award, talking about how personalised end of life care can be achieved:

https://vimeo.com/236958181

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Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	13 November 2017
Officer	Helen Coombes, Transformation Programme Lead for the Adult and Community Services Forward Together Programme
Subject of Report	**Dorset Health Scrutiny Committee Annual Work Programme and Forward Plan**
Executive Summary	Following the presentation of a report to the Health Scrutiny Committee on 10 July 2017, it was agreed that the annual work programme for the Dorset Health Scrutiny Committee would be reviewed at a workshop to be facilitated by the Local Government Association (LGA) on 27 September 2017. This report provides a brief summary of the issues raised at the workshop and a revised draft work programme, with suggested timescales. (Key changes and additions have been highlighted in red/italics.) The feedback from those who attended the workshop was very positive and the Committee may wish to take up the offer from the LGA to provide a follow up session to review progress at some point in the coming year.
Impact Assessment:	Equalities Impact Assessment: Not applicable.
	Use of Evidence: The Work Programme and Forward Plan are based on Members' decisions at Committee meetings throughout the previous year, on the need for the Committee to carry out certain duties and on discussions which took place at a workshop facilitated by the LGA on 27 September 2017.

	Budget: Not applicable – no anticipated additional resources.
	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 Residual Risk LOW
	Other Implications: None.
Recommendation	That the Committee: 1 Review the draft Work Programme and consider whether it should be approved, with or without amendments 2 Agree which Lead Member should be appointed for each of the four key topics approved under Section 4a 3 Review the draft Forward Plan and consider whether it should be approved, with or without amendments
Reason for Recommendation	The work of the Committee contributes to the County Council's aim ensure that Dorset's citizens are healthy and independent. A clear work programme provides focus and enables a planned approach, coordinated with the work of other Committees and organisations.
Appendices	1 Dorset Health Scrutiny Committee – Draft Work Programme 2017/2018 2 Dorset Health Scrutiny Committee – Forward Plan
Background Papers	None.
Officer Contact	Name: Ann Harris, Health Partnerships Officer, DCC Adult and Community Services Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk

1 Introduction

3.1 Dorset Health Scrutiny Committee's annual work programmes has historically been agreed following a development workshop held in February or March each year. However, in 2017 County Council elections were held in May and Membership of the Committee was not confirmed until July 2017. It was therefore agreed that consideration of the work programme for the Committee would be deferred until after a development session had been held in conjunction with the Local Government Association (LGA).

2 LGA Development Workshop

2.1 The workshop was introduced by Kay Burkett (LGA) and Ann Hartley (Peer Facilitator, LGA and Chairman, Shropshire County Council). It was agreed with attendees (five members of Dorset Health Scrutiny Committee, one member of People and Communities Overview and Scrutiny Committee and two representatives from Healthwatch Dorset, plus two Officers) that the focus of the workshop would be: to think about what the Committee does and how it does it; to look at how we work with the public and organisations; and to consider our priorities within next year's work programme.

2.2 The national and local context for Health Scrutiny was explored and the facilitators suggested a simple model for the identification of priorities:

- Fundamental things – that we cannot change (about the system or services);
- Negotiable things – where we can effect change not by ourselves but through working with others;
- Controllable things – where we can make a difference.

On that basis, the importance of choosing what the Committee looks at and who is invited to join discussions was highlighted, alongside knowing where issues can be championed and change can be influenced. Data intelligence was noted as key to identifying emerging issues, as was the need for the Committee to ask 'smart' questions.

2.3 The attendees considered how the Committee can work effectively and what skills, information and support is needed to facilitate this. In addition, consideration was given to different ways of working and the need to put service users at the heart of the Committee's work.

3 The Work Programme

3.1 The Committee's current work programme was outlined and the following areas of potential overlap and/or mutual interest with other Dorset County Council Committees were identified:

- Health Scrutiny have already indicated an intention to look at: Child and Adolescent Mental Health Services; Suicide prevention; Health and housing; and Transport for health;
- People and Communities Overview and Scrutiny Committee have already indicated an intention to look at: Community Transport; Delayed Transfers of Care; Elderly Care; Integration of Health and Social Care (including the Better

Care Fund); Mental Health; Social Isolation; Workforce Capacity (relating to the Cost and Quality of Care);
- Economic Growth Overview and Scrutiny Committee have already indicated an intention to look at: Housing (in conjunction with the People and Communities Overview and Scrutiny Committee); and the Local Transport Plan;
- The Safeguarding Overview and Scrutiny Committee have already indicated an intention to look at: Neglect; and Road Traffic Collisions.

3.2 In addition, Healthwatch Dorset outlined four of their priority areas for the coming year:

- Continuing to support people's involvement and engagement in change, particularly around the Clinical Services Review and Sustainability and Transformation Plan;
- Mental Health – especially relating to the emotional health and wellbeing of children and young people;
- Reviewing Access to Primary Care services and monitoring the progress of the Primary Care Commissioning Strategy;
- Continuing to focus on inequalities and supporting those individuals with 'protected characteristics'.

3.3 The draft work programme which follows (Appendix 1) sets out the existing commitments for the Health Scrutiny Committee and four proposed key topics for review, and highlights the work being undertaken or planned by other Committees and Healthwatch Dorset.

3.4 The draft forward plan (Appendix 2) sets out a suggested schedule for the Committee's formal Committee meetings in 2018, incorporating the current commitments and reports relating to the four key topics.

4 Recommendations

4.1 That the Committee:

1 Review the draft Work Programme and consider whether it should be approved, with or without amendments;

2 Agree which Lead Member should be appointed for each of the four key topics approved under Section 4a;

3 Review the draft Forward Plan and consider whether it should be approved, with or without amendments.

Helen Coombes
Transformation Programme Lead for the Adult and Community Services Forward Together Programme

November 2017

Appendix 1

DORSET HEALTH SCRUTINY COMMITTEE – Draft Work Programme 2017/2018

1. REPORTS TO COMMITTEE				
1a. Standing items				
TOPIC	**OBJECTIVE**	**Proposed TYPE OF EXERCISE**	**Proposed TIMESCALE**	**Comment / actions**
Matters for consultation (merger, structural change, joint commissioning, substantial variations to services)	To consider and respond to matters raised for consultation by local NHS bodies, NHS Commissioners or Department of Health / other bodies.	As appropriate • Through reports and briefing to Committee. • Through ad hoc Task and Finish Groups.	As required.	Substantial variations and formal consultations to be raised by NHS partners, discussed within Officers Reference Group and reported to Committee as and when they arise.
Comments / submissions to the Care Quality Commission (CQC)	To provide input from the Committee to inform the work of the Care Quality Commission.	To be guided by discussion with the Care Quality Commission.	To be guided by CQC.	Review reports published by the CQC and, where appropriate, share DHSC reports or concerns with the CQC. Liaison meetings and/or telephone contact to be re-established between CQC and the Health Partnerships Officer and Chairman.
Local Healthwatch	To ensure the Committee is fully aware of the work of Healthwatch Dorset and the model of service delivery.	Consider any issues raised by Healthwatch Dorset as agenda programme allows.	Regular feedback to be provided to the Committee, as appropriate.	Representative from Healthwatch Dorset to be invited to attend all meetings of the Committee. Work programmes and priorities to be shared between the Committee and Healthwatch Dorset.
Dorset Health Scrutiny Committee Forward Plan	To ensure that the Committee is informed re future planned agenda items and has the opportunity to comment or contribute.	Quarterly template report.	To be prepared for each Committee meeting.	Items to be added to the Forward Plan on an on-going basis by Health Partnerships Officer. *Forward Plans for DCC Cabinet, other DCC Committees and key partner organisations to be monitored to identify agenda items of interest and/or possible collaboration.*

1b. Briefings for information within meetings				
TOPIC	**OBJECTIVE**	**Proposed TYPE OF EXERCISE**	**Proposed TIMESCALE**	**Comment / actions**
Changes within the NHS for information	To ensure the Committee is kept informed and up to date with changes that are of relevance to the Committee.	Update reports and briefings from commissioners, providers or other bodies, as appropriate.	To check before every meeting- standing item.	Where possible, items to be submitted via the Officers Reference Agenda Planning Group prior to each meeting.
Annual Report	To publicise the work of the Committee across the health community and to interested parties.	Production of an annual report.	September 2017.	Draft Report to be approved by Committee for publication each autumn. Report to be shared with Dorset Health and Wellbeing Board and other Committees, as appropriate.

2. JOINT HEALTH SCRUTINY WORK				
TOPIC	**OBJECTIVE**	**Proposed TYPE OF EXERCISE**	**Proposed TIMESCALE**	**Comment / actions**
NHS Dorset Clinical Commissioning Group: Clinical Services Review	To scrutinise and comment on proposals and consultation following a pan-Dorset review of clinical services, including a review of the Mental Health Acute Care Pathway.	Changes will need to be scrutinised on a joint Local Authority basis (Lead by Dorset County Council).	Seven meetings held so far: 20 July and 2 December 2015; 2 June and 27 October 2016; 23 February, 23 March and 3 August 2017. Further meetings will be held.	Following an initial review, options regarding clinical and community services were drawn up and reviewed, prior to public consultation. The consultation ran from December 2016 to February 2017. In addition, options for the future delivery of mental health acute care services were drawn up following engagement and co-production. Consultation was carried out between February and March 2017. In September 2017 the CCG Governing Body approved revised proposals and implementation plans are now progressing.
South Western Ambulance NHS Foundation Trust – NHS 111 Service	To scrutinise and comment on concerns raised regarding the running of the NHS 111 service.	Concerns regarding performance are being scrutinised on a joint Local Authority basis (Lead by Borough of Poole).	Two meetings held so far: 25 November 2016 and 23 January 2017. Further meeting expected in 2017.	Following allegations that the NHS 111 service provided by SWASFT was under-resourced, members from Dorset, Bournemouth and Poole are scrutinising this matter through an ad-hoc Joint Committee.

3. SCRUTINY TASK AND FINISH GROUPS				
TOPIC	**OBJECTIVE**	**Proposed TYPE OF EXERCISE**	**Proposed TIMESCALE**	**Comment / actions**
Quality Accounts	To formulate the commentary from the Committee for the Quality Accounts from • Dorset County Hospital NHS Foundation Trust; • Dorset HealthCare University NHS Foundation Trust.	Task and Finish Group comprised of the Chairman and Vice-Chairman. The relevant liaison member for each Trust will be called upon to contribute in respect of the Trust to which they are linked.	Ongoing annual process.	Task and Finish Groups met twice in 2016/17 to formulate commentary for Dorset County Hospital NHS Foundation Trust and Dorset HealthCare University NHS Foundation Trust. Relevant feedback from the CQC, NHS Improvement, Healthwatch, Help with NHS Complaints or the Trusts' own complaints services may also be incorporated into the Committee's commentary. Two Quality Account meetings will held during 2017/18 around a half-year (October) and end of year point (April). In addition the Quality Account for the Weldmar Hospice Care Trust is shared with the Committee on an annual basis; and the Quality Account for South Western Ambulance Service Foundation Trust will be considered by the Liaison Member and commentary provided as appropriate. *In recognition of the high number of Dorset residents who use Poole Hospital and the Royal Bournemouth & Christchurch Hospital, their Quality Accounts will also be circulated and/or considered by the Committee, as appropriate. The Borough of Poole and Bournemouth Borough Council Health and Adult Social Care Overview and Scrutiny Committees meet with or engage with these Trusts regularly and Borough of Poole also plan to meet with Dorset HealthCare.*

Joint Health and Wellbeing Strategy	To respond on behalf of the Committee to any consultation on the development of a new Joint Health and Wellbeing Strategy by the Dorset Health and Wellbeing Board.	Task and Finish Group consisting of three members previously identified; may need to be reviewed.	A new Strategy for the period 2016 to 2019 was adopted by the HWB in August 2016.	A Task and Finish Group responded to the consultation process for the first JHWS. The draft second Strategy was circulated to all DHSC Members and highlighted via briefings, but a formal response to the consultation was not submitted. The second Strategy was formally adopted by the Dorset Health and Wellbeing Board in August 2016 and runs until 2019.
Review of protocols relating to the Committee	To review and update all protocols that the Committee has in place in light of the implementation of the Health and Social Care Act 2012 and guidance issued by the Department of Health in 2014.	Task and Finish Group established to review protocols with Health Partnerships Officer. Specific Task and Finish Group convened to review Joint Committee arrangements.	To be completed in conjunction with Bournemouth Borough Council and Borough of Poole. Timescale dependent on all partners.	Department of Health regulations were published in 2013 and guidance was published in June 2014. The Protocol with Healthwatch and the Protocol for the Dorset Health Scrutiny Committee have been revised, but revision of the following is still to be completed: • Protocol for Joint Health Scrutiny in Bournemouth, Poole and Dorset • South West / Wessex Regional Joint Health Scrutiny Protocol

4. OTHER WORK – led by Dorset Health Scrutiny Committee				
TASK / AREA OF WORK	**OBJECTIVE**	**Proposed TYPE OF EXERCISE**	**Proposed TIMESCALE**	**Comment / actions**
Child and Adolescent Mental Health Services (CAMHS)	*To review progress of the local Transformation Plan for Emotional Wellbeing and Mental Health and the current status of referrals and access to services.*	*Review – format to be agreed.*	*By 8 March 2018.*	*DHSC received a report re CAMHS in June 2016 and 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. In addition, Healthwatch Dorset continue to receive concerns regarding CAMHS and are conducting their own work around the emotional health and wellbeing of children and young people (up to December 2017).* *DCC People and Communities Overview & Scrutiny Committee (P&C OSC) are planning to*

				hold a workshop in December to look at Mental Health. However, the focus of this is adult mental health. It has been agreed that DHSC will work with P&C OSC on the delivery of this workshop, but that a separate piece of work looking at CAMHS will be undertaken.
Transport for Health	*To review the provision of transport related to accessing health services in Dorset.*	*Inquiry Day – half day session.*	*26 February 2018* *(with follow up report to DHSC on 15 June 2018)*	*DCC People and Communities OSC will be holding an Inquiry Day to look at a range of transport issues, including public and school provision, community transport and health-related transport. It has been agreed that DHSC will work with P&C OSC in the planning and delivery of the Inquiry Day.*
Suicide Prevention	*To review progress of the Dorset Suicide Prevention Strategy.*	*Review – format to be agreed.*	*By 13 September 2018*	*A letter was sent to Chairs of all Health Scrutiny Committees by Dr Sarah Wollaston, MP, Chair of the House of Commons Health Committee, following the recommendations of a Review of Suicide Prevention published in March 2017. The letter urged Health Scrutiny Committees to get involved in ensuring the effective implementation of local plans.* *Following a pan-Dorset multi-agency event, joint and individual organisational Action Plans are being developed with support from Public Health Dorset and NHS Dorset CCG.*
The Impact of Housing on Health	*To review the extent to which inadequate housing in Dorset is having an adverse effect on the population's health.*	*Review – format to be agreed.*	*By 29 November 2018? (To be confirmed)*	*This topic is of interest in recognition of the key relationship between housing and health and the impact of poor housing on wellbeing. In Dorset the Healthy Homes Initiative is linked to the STP's Prevention at Scale programme. The Economic Growth OSC is currently also exploring the scrutiny of housing. The format of the review is to be confirmed, but it is being led by the Dorset Tri-Borough Partnership and P&C OSC have also expressed an interest in joining this review.*

OTHER WORK – under consideration or planned by other parties				
Social Isolation		*Review.*	*November 2017 to May 2018 (followed by report to P&C OSC).*	*People and Communities Overview & Scrutiny Committee – lead by Cllr David Walsh and (Officer) Paul Leivers. Planning currently in progress. If a Member of DHSC would like to join the planning group they would be welcome.*
Delayed Transfers of Care	*To highlight issues relating to the implementation of eight high impact changes, and the outcomes for people using health and adult social care services*	*Review.*	*March 2018 (to allow winter performance to be reviewed and to align with reporting cycle).*	*People and Communities Overview & Scrutiny Committee – lead by Cllr David Walsh and (Officer) Diana Balsom. Planning currently in progress.*
Road Traffic Collisions	*To review and update the Road Casualty Reduction Plan, to identify opportunities for new interventions, and to try to make it easier for members of the public to understand*	*Task and Finish Group.*	*On-going work, unlikely to meet again before January 2018.*	*Safeguarding Overview & Scrutiny Committee – Lead Cllrs Kate Wheller and Stephen Lugg, (Officer) Michael Potter.* *If any Member of DHSC would like further information or wishes to get involved in this piece of work, please contact: m.potter@dorsetcc.gov.uk*
Access to Primary Care services	*To identify registration practice, waiting times, opening times and guidance; to build links with GPs; and to monitor the progress of the CCG's Primary Care Commissioning Strategy*	*Mystery shopping exercise* *Training and support* *On-going monitoring and engagement*	*From Summer 2017*	*Healthwatch Dorset have committed to a range of work regarding Primary Care services, which will be of interest to DHSC. This will include an investigation into access to Primary Care services (GPs, dentists, opticians etc) for people living in care homes.* *DHSC will continue to liaise with Healthwatch Dorset to receive reports and work together, as appropriate.*

Appendix 2

Dorset Health Scrutiny Committee – Forward Plan, November 2017

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
Presentation	Weldmar Hospicecare Trust with Dorset County Hospital Dorset HealthCare NHS Dorset CCG Healthwatch Dorset Dorset County Council Adult Social Care	End of Life and Palliative Care in Dorset	To review the current provision of End of Life Care in Dorset and the challenges faced; To signpost members to the work and annual accounts of Weldmar Hospicecare Trust
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

Committee: 8 March 2018			
Format	Organisation	Subject	Comments
Report	Joint Health Scrutiny Committee	Clinical Services Review – update	To provide an update regarding progress, as appropriate
Report	*Multi-agency*	*Mental Health*	*To present the outcome of the work undertaken with People and Communities OSC*
Report	*Multi-agency*	*Child and Adolescent Mental Health Services (CAMHS)*	*To present the outcome of the work undertaken to review provision of and access to CAMHS*
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	Update regarding the progress and/or outcome of the Joint Committee considering issues relating to NHS 111 services

Committee: 15 June 2018			
Format	Organisation	Subject	Comments
Report	Joint Health Scrutiny Committee	Clinical Services Review – update	To provide an update regarding progress, as appropriate
Report	*Multi-agency*	*Transport (with specific reference to health-related transport)*	*To present the outcome of the Inquiry Day held in conjunction with People and Communities OSC*
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	Update regarding the progress and/or outcome of the Joint Committee considering issues relating to NHS 111 services

Committee: 13 September 2018			
Format	Organisation	Subject	Comments
Report	Joint Health Scrutiny Committee	Clinical Services Review – update	To provide an update regarding progress, as appropriate
Report	*Multi-agency*	*Suicide Prevention in Dorset*	*To present the outcome of the review into the progress of the Dorset Suicide Prevention Strategy*
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	Update regarding the progress and/or outcome of the Joint Committee considering issues relating to NHS 111 services

Committee: 29 November 2018			
Format	Organisation	Subject	Comments
Report	Joint Health Scrutiny Committee	Clinical Services Review – update	To provide an update regarding progress, as appropriate
Report	*Multi-agency*	*Housing and Health*	*To present the outcome of the review into the extent to which inadequate housing in Dorset is having an adverse effect on residents' health*
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	Update regarding the progress and/or outcome of the Joint Committee considering issues relating to NHS 111 services

<u>Further committee dates 2018</u>:

Thursday 8 March

Friday 15 June

Thursday 13 September

Thursday 29 November

Ann Harris, Health Partnerships Officer, November 2017

Dorset Health Scrutiny Committee: Glossary of abbreviations

ACS	Accountable Care System
A&E	Accident and Emergency
AT	Assistive Technology
BCF	Better Care Fund
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CSR	Clinical Services Review
DCC	Dorset County Council
DCH	Dorset County Hospital NHS Foundation Trust
DCR	Dorset Care Record
DHC	Dorset HealthCare University NHS Foundation Trust
DHSC	Dorset Health Scrutiny Committee
DoH	Department of Health
DToC	Delayed Transfers of Care
EoL	End of Life
FFT	Friends and Family Test
FT	Foundation Trust
GP	General Practitioner
HDU	High Dependency Unit
HWB	Health and Wellbeing Board
ICS	Integrated Community Services
ICU or ITU	Intensive Care Unit or Intensive Therapy Unit
KPI	Key Performance Indicator
LGA	Local Government Association
LMC	Local Medical Committee
LoS	Length of Stay
MDT	Multi-Disciplinary Team
MH ACP	Mental Health Acute Care Pathway
MIU	Minor Injuries Unit
NEPTS	Non-emergency Patient Transport Services
NHSI	NHS Improvement – The independent regulator of NHS Foundation Trusts
NICE	National Institute for Health and Clinical Excellence
NSF	National Service Framework
OAN	One Acute Network
PALS	Patient Advice and Liaison Service
PAS	Prevention at Scale
P&C OSC	People and Communities Overview and Scrutiny Committee
PCCC	Primary Care Commissioning Committee
PHFT	Poole Hospital NHS Foundation Trust
RBCH	Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
SLA	Service Level Agreement
STP	Sustainability and Transformation Plan – now Partnership
SWASFT	South Western Ambulance Service NHS Foundation Trust
ToR	Terms of Reference

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