



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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