



## Dorset Health Scrutiny Committee

Minutes of the meeting held at County Hall, Colliton Park,  
Dorchester, Dorset, DT1 1XJ on Monday, 13 November 2017

**Present:**

Bill Pipe (Chairman)

Alison Reed, Ros Kayes, Nick Ireland, Peter Oggelsby, Bill Batty-Smith, Tim Morris and  
Peter Shorland

Officers Attending: Ann Harris (Health Partnerships Officer) and Helen Coombes (Transformation Programme Lead for the Adult and Community Forward Together Programme) and Denise Hunt (Senior Democratic Services Officer).

Others in attendance:

Dr Phil Richardson (Director, Design and Transformation, NHS Dorset CCG)

Des Persse (Executive Director, Healthwatch Dorset)

Caroline Hamblett (Chief Executive, Weldmar Hospicecare)

Hilary Lawson (Dorset Healthcare University NHS Foundation Trust)

Neal Cleaver (Deputy Director of Nursing, Dorset County Hospital 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 **Thursday, 8 March 2018.**)

**Apologies for Absence**

36 Apologies for absence were received from Ray Bryan, Graham Carr-Jones, David Jones and Steven Lugg.

**Code of Conduct**

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

Cllr Bill Batty-Smith declared a general interest as his granddaughter was employed by the NHS.

Cllr Alison Reed declared a general interest as she was employed as a community nurse by Dorset Healthcare University NHS Foundation Trust.

Cllr Peter Shorland declared a general interest as a Governor of Yeovil Hospital.

Cllr Ros Kayes declared a general interest as a mental health professional.

**Minutes**

38 The minutes of the meeting held on 4 September 2017 were confirmed and signed.

**Public Participation**

39 Public Speaking – Clinical Services Review and Referral to Secretary of State for Health

Three public questions were received from Deborah Monkhouse, Chris Bradey and David Holman at the meeting in accordance with Host Authority Standing Order 21(1). The questions are attached as an annexure to these minutes. The responses to the questions were addressed within the discussion outlined below.

Three public statements were received from Philip Jordan, Steve Clark and Margaret O'Neill in accordance with Standing Order 21(2). The statements are attached as an annexure to these minutes.

Councillor Bill Trite addressed the Committee as the Local Member for Swanage. He endorsed the concerns expressed by the public speakers and referred to a local petition signed by 8000 people which reflected the serious concern in relation to this proposal. He stated that it would take significantly longer for patients from Swanage and the Isle of Purbeck to travel to Bournemouth Hospital leading to an increase in fatalities due to the longer journey time. Swanage had a high proportion of elderly and vulnerable people as well as the worst traffic congestion during the Summer and the ambulance service had a poor record of responding to emergencies in this area.

He informed the Committee that Swanage Town Council submitted its views to the Dorset Clinical Commissioning Group (CCG) on 27 February and 18 September 2017. The response by the CCG had not been received in time for consideration at a recent Town Council meeting, however, it failed to answer the points that had been made. He therefore asked the Committee to consider referring the matter to the Secretary of State for Health on the basis that the plans were insufficient to meet the needs of the area.

Cllr Ros Kayes stated that the matter should be referred to the Secretary of State by the Dorset Health Scrutiny Committee (DHSC) at this stage and that there were sufficient reasons to inform a referral such as the lack of an equalities impact assessment, no clear financial plan and the reduction in numbers of beds. She considered that it would be inappropriate to wait until the Joint Health Scrutiny Committee meeting in February 2018 on the basis that implementation and funding of the existing plan would be underway.

The Chairman stated that Dorset was a member of a Joint Health Scrutiny Committee that had been set up to consider the proposals within the Clinical Services Review and any concerns related to those proposals and the associated consultation process. However, the individual authorities, including Dorset, had reserved the right to refer the proposals to the Secretary of State.

In light of the concerns raised, the DHSC could invite the Joint Health Scrutiny Committee (JHSC) to further scrutinise the proposals regarding the reduction in the number of acute hospital beds and the travel and transport implications and provide a view on whether Dorset should make a referral to the Secretary of State. This approach would fit with the governance arrangements as the scrutiny of the proposals and the way in which the consultation was conducted had been delegated to the Joint Committee. However, the ultimate decision to make a referral to the Secretary of State was retained locally with the DHSC in this instance.

Members of the Committee endorsed the concerns made by members of the public at the meeting and made further comments on travel times and the performance data in relation to the ambulance service.

*The meeting adjourned in order that officers could obtain further legal advice to inform the decision making process and the Committee reconvened at 11.05am.*

The Chairman confirmed that a referral to the Secretary of State could be made by the Committee pending a meeting of the JHSC to consider whether a referral could be made jointly. However, if the JHSC did not agree on this way forward, there remained the right for the DHSC to continue with a referral.

Cllr Ros Kayes proposed that the matter be referred by the DHSC to the Secretary of State on the basis of the reduction in number of acute beds, insufficient planning for

travel times, an insufficient Equalities Impact Assessment, lack of a clear finance plan, lack of integration with the ambulance service and a reduction in the provision of A&E services at Poole Hospital.

This was seconded by Cllr Tim Morris and supported unanimously by the Committee.

Cllr Kayes further amended the proposal by requesting that a meeting of the Joint Committee was convened by Friday 15 December 2017 that was also supported by the Committee.

The Chairman thanked members of the public for attending the meeting and assured those who had submitted questions that they would receive a written response.

**Resolved** (unanimous)

1. That the Dorset Health Scrutiny Committee make a referral to the Secretary of State for Health regarding the outcome of the Clinical Services Review, pending a meeting of the Joint Health Scrutiny Committee by 15 December 2017; and,
2. That the referral is made based on concerns about the proposed reduction in the number of acute hospital beds, the reduction in Accident and Emergency services at Poole Hospital, concerns about travel times, confidence in the ambulance service data, and the lack of a clear Equality Impact Assessment or financial plan.

**Petitions**

- 40 There were no petitions received at the meeting in accordance with the County Council's Petition Scheme.

**Clinical Services Review and Mental Health Acute Care Pathway Review - Update**

- 41 The Committee considered a report providing an update on the Joint Health Scrutiny Committee (JHSC) convened to scrutinise the NHS Dorset Clinical Commissioning Group's Clinical Services Review (CSR) and the Mental Health Acute Care Pathway Review.

Members noted that the Clinical Services Review timeline had concluded in September 2017 and requested a more detailed timeline beyond this timeframe. It was confirmed that a new timeline was currently being developed by the CCG that would be available in December 2017.

The Chairman asked whether a Memorandum of Understanding existed for the integration of paediatric services between Dorset County Hospital and Yeovil District Hospital. He expressed the Committee's view that it would be preferable if services were retained at Dorset County Hospital to avoid the need to travel out of the County. The Committee was informed that a Memorandum of Understanding had been agreed between the hospitals around working together and there would be a joint Dorset and Somerset CCG paper on a sustainable maternity and paediatric service for the West of the County.

Points were raised in respect of the CCG's response to the letter on behalf of the JHSC regarding the findings of the CSR and Mental Health Care Pathway Review consultations. It was noted that the letter included an invalid link to the equalities impact assessment, and members considered there to be a lack of value placed on the concerns expressed by Healthwatch and of the concerns of people who responded to the consultation through petitions, particularly in respect of the Poole A&E services. The Executive Director of Healthwatch confirmed its published review had commented that the CSR consultation could have been better and that further consultation with the public must be taken in future in relation to service delivery.

**Noted**

## **End of Life and Palliative Care in Dorset**

- 42 The Committee considered a report concerning the provision of End of Life and Palliative Care in Dorset. A presentation given by Hilary Lawson, Dorset Healthcare University NHS Foundation Trust, Neal Cleaver, Dorset County Hospital and Caroline Hamblett, Chief Executive - Weldmar Hospicecare, had been included in the report.

It was confirmed that the aim was to provide end of life care for people in the same way regardless of where a person lived and that community nurses worked closely with care homes in areas where there was no community hospital.

Speaking as a community nurse working in a multi-disciplinary environment, Cllr Alison Reed raised a number of issues including the need for improved communication and patient history for patients not known to community nurses, problems in accessing information on the computer System 1 and issues of equipment being in place at the right time. Hilary Lawson agreed to meet separately with Cllr Reed following the meeting with the aim of working towards resolving the problems experienced on the ground.

The Committee was subsequently advised that community equipment had been jointly commissioned by Health and Social Care for the past 3 years and that the issue could be one of a lack of knowledge.

The CCG confirmed that a group working with the Dorset Care Record was looking at ways to improve access to System 1 across the Primary Care and Community Trusts. This work was at an early stage and the concerns relating to access to the system by community nurses would be fed back to this group.

Members asked whether there was sufficient funding to employ a nurse for end of life care for people suffering from motor neurone disease. It was confirmed that additional funding for a nurse had been provided by the CCG and Motor Neurone Disease Society and that charitable money would be used if this funding was not available in future.

The Committee discussed end of life live-in care packages in the home and were advised that some live-in packages were supported as part of the Dorset Care Framework jointly commissioned with Dorset County Council and the CCG. There remained a fundamental issue of a lack of people in the workforce in order to provide the necessary care, even when all funding was in place.

### **Noted**

## **Work Programme and Forward Plan**

- 43 The following members agreed to participate in the areas of work outlined below:-
- Child and Adolescent Mental Health Services (CAMHS) – Ros Kayes
  - Transport for Health – Bill Pipe
  - Suicide Prevention – Nick Ireland
  - The Impact of Housing on Health – Alison Reed / Tim Morris
  - Road Traffic Collisions – Peter Oggelsby

### **Resolved**

That the forward plan be noted.

## **Briefings for Information/Noting**

- 44 There were no briefings for information at this meeting.

## **Liaison Member Updates**

- 45 Cllr Ireland advised the Committee that he had attended a Dorset County Hospital Board meeting in September 2017 when the discussion had included nursing

retention and recruitment (and impact of Brexit), the review of maternity and paediatric services and issues around the development of a strategy between Yeovil District Hospital and Taunton Hospitals. There had been no formal consultation in Somerset yet.

**Questions from County Councillors**

46 No questions were asked by members under Standing Order 20.

Meeting Duration: 10.00 am - 12.35 pm

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## Public Questions and Statements for the Dorset Health Scrutiny Committee on 13 November 2017

### Questions

#### 1 Question from Deborah Monkhouse, a Swanage Resident

Here is my question and evidence supporting my concern:

The plans to downgrade Poole A&E and close Maternity assume that the South West Trust Ambulance Service will be able to transport many Dorset County Council residents, in an emergency, further than they have to do at the moment. Are you confident that our ambulance service, that can not meet it's targets for safe pick up times now, will be able to meet this further challenge? If not, would you consider referring these plans to the Secretary of State for Independent Review?

South West Ambulance Trust's Integrated Corporate Performance Report for September <https://www.swast.nhs.uk/Downloads/SWASFT%20downloads/SWASFT%20Corporate%20Performance%20Reports/ICPRSeptember2017.pdf> shows on page 13 that SWAST have missed their target of attending 75% of Dorset category 1 (imminent danger of loss of life) call outs in 6 of the last 7 months. There are no plans to increase funding and they can not recruit staff.

I had a respiratory arrest in my twenties, when I lived in London. I was in a coma for several days and my family were told I had a 50% chance of survival. The Respiratory Consultant subsequently told me I would have died if I had got to hospital 10 minutes later.

When I moved to Dorset I thought the length of the journey from Swanage to Poole was just about acceptable in an emergency. I bought a nebuliser that I could take en route to try to stabilise myself, and I am prescribed nebuluses. I am very worried about the travel time to Bournemouth in an emergency.

I don't only speak for myself, but for the over 8,000 Purbeck residents who were worried enough about this issue to sign a petition to Save Poole A&E and Maternity. If you are not confident that I will be able to access life saving treatment within a reasonable timescale in an emergency, would you consider referring the plans to downgrade Poole A&E and close Poole Maternity to the Secretary of State for Independent Review?

#### **Response** (extract from written correspondence)

The Committee discussed your question at their meeting on 13 November and acknowledged your concerns. Please be assured that these concerns, along with others, have been raised by the Joint Health Scrutiny Committee (supported by direct input from the Dorset Health Scrutiny Committee) within the context of on-going meetings with the Clinical Commissioning Group on this specific matter since September 2014. The minutes of all the public meetings held can be found on Dorset for You:

Link to Dorset Health Scrutiny Committee:

<http://dorset.moderngov.co.uk/mgCommitteeDetails.aspx?ID=142>

Link to Joint Health Scrutiny Committee:

<http://dorset.moderngov.co.uk/mgCommitteeDetails.aspx?ID=268>

In addition, a number of informal workshop sessions have been held regarding the Clinical Services Review for both Dorset and Joint Committee Members, enabling more in-depth consideration of the proposals and issues arising from those proposals.

The Joint Committee is the statutory body which was tasked with responding to the formal consultation for both the Clinical Services Review and the Mental Health Acute Care Pathway Review, back in March 2017. Following the publication of the consultation findings, the Joint Committee met with the CCG and received detailed feedback. The Joint Committee then reviewed the key concerns that had been raised by respondents during the consultations, and wrote to the CCG on 29 August 2017 with a series of recommendations to be considered prior to the CCG's key decision making meeting on 20 September 2017. The CCG responded to those recommendations on 15 September, acknowledging the concerns raised and, where relevant, setting out the actions that would be taken.

I note that the focus of your particular question to the Dorset Health Scrutiny Committee is a concern regarding the changes to A&E and maternity services at Poole Hospital and the ability of the Ambulance Service to respond to emergency cases in a timely way. When the Joint Committee (which includes three core Dorset Members) wrote to the CCG on 29 August they made the following comments and recommendations with regard to transport and access to services:

- *The Committee welcomes the additional work that has been undertaken by the CCG in connection with **concerns raised during the consultation processes about transport and access to services**. The review carried out by the Ambulance Service and the partnership work being led by Dorset County Council is reassuring, but the Committee would urge the CCG to take full consideration of all issues raised in relation to transport and travel. In particular, it is clear that travel times for private transport continue to cause concern, compounded by cuts to public transport funding, rurality and congestion. **The Committee recommends that work continues with the Local Authorities and Ambulance Service, to ensure that transport and access concerns are fully explored and that mutually beneficial solutions can be put in place.***
- *When reviewing the outcome of the Clinical Services Review consultation in relation to Option B for the delivery of a Major Emergency Centre, Members noted the **reliance on the building of a new spur road to improve access to Bournemouth Hospital**. This was felt to be a risk, should the building of the road not progress (it is understood that the planning application is yet to be submitted) and in addition it was noted that if the road is built it would be more beneficial to residents living in east Dorset, in terms of reducing travel times, and not necessarily beneficial to those coming from west Dorset. **The Committee recommends that the CCG ensure that plans to increase the level of service delivery at Royal Bournemouth Hospital would still be appropriate and achievable, should the new spur road not progress.***

In addition, the Joint Committee also made the following comments and recommendations regarding the re-location of services from Poole to Bournemouth (please note that the Cancer Service is in fact to remain at Poole Hospital):

- *With regard to the proposals relating to **the establishment of distinct roles for Bournemouth and Poole Hospitals**, Members acknowledge that the consultation results for the open questionnaire showed a slight majority in favour of Option B (Bournemouth as the location of the MEC (Major Emergency Centre)), but the residents' survey showed a majority in favour of Option A (Poole as the MEC site). However, Poole Councillors do query whether respondents were aware of the full*



implications of the options, namely that cancer and maternity services would move from Poole to Bournemouth if Option B is agreed. Whilst recognising that perspectives will differ, Members noted that it is not possible for service provision to continue as it is currently. **The Committee acknowledges the rationale behind the proposals to establish distinct roles for Bournemouth and Poole's Hospitals but recommends that the CCG ensures that the views of all affected residents are taken into consideration and that any adverse consequences are mitigated to benefit the whole system.**

The CCG responded to these particular comments and recommendations as follows:

**Joint Committee Recommendation:**

***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.*

**Joint Committee Recommendation:**

***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.*

**Joint Committee Recommendation:**

***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 full content of all the CCG's responses can be found within the agenda papers for Dorset Health Scrutiny Committee's meeting held on 13 November 2017 (under item 41):

<http://dorset.moderngov.co.uk/ieListDocuments.aspx?CId=142&MId=1015&Ver=4>

With regard to your request that the matter be referred to the Secretary of State for Health, on 13 November the Dorset Health Scrutiny Committee voted in favour of the following resolution:

1. *That the Dorset Health Scrutiny Committee make a referral to the Secretary of State for Health regarding the outcome of the Clinical Services Review, pending a meeting of the Joint Health Scrutiny Committee by 15 December 2017; and,*
2. *That the referral is made based on concerns about the proposed reduction in the number of acute hospital beds, the reduction in Accident and Emergency services at Poole Hospital, concerns about travel times, confidence in the ambulance service data, and the lack of a clear Equality Impact Assessment or financial plan.*

An additional meeting of the Joint Health Scrutiny Committee has therefore been convened for 12 December 2017, meeting at 9.30am in the Council Chamber, County Hall, Dorchester. Following this meeting, the Dorset Health Scrutiny Committee is also likely to convene for an additional meeting, the date for which has been provisionally set for 20 December 2017, again at 9.30am.

The Joint Health Scrutiny Committee was set up specifically to consider the proposals within the Clinical Services Review and any concerns related to those proposals, and the associated consultation process. However, the individual Authorities, including Dorset, have reserved the right to refer the proposals to the Secretary of State, should they wish to do so. In light of the questions raised by yourself and other individuals, the Dorset Health Scrutiny Committee will ask the Joint Committee to provide a view as to whether Dorset should make a referral to the Secretary of State. As you may be aware, the process of making such a referral is complex, in that certain conditions must be met and the Committee would have to demonstrate that all efforts to resolve matters locally had been exhausted. In that respect, my initial opinion is that adequate scrutiny has been carried out on most of the issues in question, and that the CCG have clearly acknowledged the concerns and expressed a willingness to continue to address them. However, further consideration may be justified with regard to the specific matter of increased travel times for Purbeck residents and the robustness of the equality impact.

By taking this matter to the Joint Committee and seeking their view, the governance arrangements which the County Council must adhere to would be satisfied, in that the scrutiny of the proposals has been delegated to the Joint Committee, but the ultimate decision as to whether a referral to the Secretary of State should be made was retained locally. If the Joint Committee took a vote on the matter and disagreed with Dorset Members' views, the Chair has the discretion to bring that back to the Dorset Committee to decide whether to continue with a referral.

## 2 Question from Chris Bradey

Here is my question, followed by evidence which supports my concerns:

Are you happy with the impact on Dorset County Council residents lives of plans to close up to 245 Dorset acute NHS beds? If not, would you consider referring these plans to the Secretary of State for Independent Review?

Last Winter the Red Cross called the acute bed shortage across England a 'humanitarian crisis'. The Nuffield Trust reports that both Poole and Royal Bournemouth Hospitals declared Opel 3 & 4 alerts, equivalent to the old 'black' alerts, over several weeks last Winter. Black alert usually means hospitals having to divert patients elsewhere to receive emergency care, due to lack of acute beds.

It is against this backdrop of shortage of acute beds affecting emergency treatment, and a projected rise in demand for acute beds, that the CCG are planning to close 245 acute beds in Dorset Hospitals. It will not be possible to move more people safely through less A&E locations into less acute beds. There is a concern that these plans reflect the primacy of cost cutting over the value of human life in Dorset.

The bed calculations are set out on page 104 of the CCG's Decision Making Business Case (Sept 2017). There are **currently 1810** acute beds available. However, over the next five years (including demographic growth, and change in activity), **forecasted demand is for 2467** acute beds.

Yet the plan (p105) actually shows an overall reduction of the current 1810 acute beds by 178 beds. The CCG **plan to provide just 1632** acute beds, representing a **reduction of 33% against the forecasted demand** for acute beds in Dorset. Plans show an increase of 236 beds at Bournemouth, a reduction of 407 beds (to just 247) at Poole and a reduction of 74 beds at Dorset County.

The CCG are hoping to replace 67 of these 245 acute Hospital beds with acute beds in the Community, reducing the total acute beds loss to 178 beds. However, it is not clear where the community beds will be located, how these will be managed to maintain standards, or who will provide them.

[The report states that: "To achieve the net reduction in beds significant further](#) work must be undertaken within the community to embed new ways of work and new models of care."  
(p104)

Pages 104 to 107 set out planned works streams to achieve large reductions in demand for acute beds; however there is no evidence cited that a reduction of 33% in the forecasted demand for NHs beds can be achieved.

Some of the planned measures have been adopted already and achieved "slight" reductions. This issue is highlighted as a highly significant risk (p136) but the only remedies suggested are "regular reviews".

If you are not happy with the potential impact on the lives of Dorset County Council residents that will result from the Clinical Commissioning Group's plans to cut up to 245 acute plans across Dorset, please consider referring these plans to the Secretary of State for Independent Review.

**Response** (extract from written correspondence)

The Committee discussed your question at their meeting on 13 November and acknowledged your concerns. Please be assured that these concerns, along with others, have been raised by the Joint Health Scrutiny Committee (supported by direct input from the Dorset Health Scrutiny Committee) within the context of on-going meetings with the Clinical Commissioning Group on this specific matter since September 2014. The minutes of all the public meetings held can be found on Dorset for You:

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In addition, a number of informal workshop sessions have been held regarding the Clinical Services Review for both Dorset and Joint Committee Members, enabling more in-depth consideration of the proposals and issues arising from those proposals.

The Joint Committee is the statutory body which was tasked with responding to the formal consultation for both the Clinical Services Review and the Mental Health Acute Care Pathway Review, back in March 2017. Following the publication of the consultation findings, the Joint Committee met with the CCG and received detailed feedback. The Joint Committee then reviewed the key concerns that had been raised by respondents during the consultations, and wrote to the CCG on 29 August 2017 with a series of recommendations to be considered prior to the CCG's key decision making meeting on 20 September 2017. The CCG responded to those recommendations on 15 September, acknowledging the concerns raised and, where relevant, setting out the actions that would be taken.

I note that the focus of your particular question to the Dorset Health Scrutiny Committee is a concern regarding the proposed reduction in the number of acute hospital beds. Whilst this is not something that the Dorset or Joint Committee have raised formally (in writing) with the CCG, it is a matter that has been considered under the context of the anticipated shift of care from the acute sector to the community. In that respect, both the Dorset and Joint Committee have sought reassurance that any anticipated increase in demand for the community sector is adequately resourced, both in terms of beds and workforce.

When the Joint Committee (which includes three core Dorset Members) wrote to the CCG on 29 August they made the following comments and recommendations with regard to the capacity of beds and workforce:

- *With regard to **Integrated Community Services and the establishment of Community hubs with and without beds**, the Committee recognises that divided views were expressed during the consultation exercise, with many individuals voicing concerns about the potential loss of much-valued facilities in their localities. The suggested use of beds within care homes as an alternative in some areas was also questioned by respondents, and Members echoed this concern. **The Committee recommends that careful consideration is given to the concerns raised by those who responded to the consultation regarding the potential loss of community beds in localities across Dorset and Poole, and the use of care home beds to provide capacity.***
- *The Committee noted that, to successfully implement the proposals within both the Clinical Services Review and the Mental Health Acute Care Pathway Review, there*

would have to be **a sufficient workforce** in place. Whilst recognising the CCG's intentions to create networks to support and develop the workforce, it remains to be seen whether recruitment and retention can meet the demands of the services. **The Committee recommends that the CCG continues to focus on workforce development, alongside partner organisations, to ensure that planned changes can be properly supported and recognises that this is the role of the STP partnership.**

The CCG responded to these particular comments and recommendations as follows:

**Joint Committee Recommendation:**

***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.*

**Joint Committee Recommendation:**

***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.*

The full content of all the CCG's responses can be found within the agenda papers for Dorset Health Scrutiny Committee's meeting held on 13 November 2017 (under item 41): <http://dorset.moderngov.co.uk/ieListDocuments.aspx?CId=142&MId=1015&Ver=4>

With regard to your request that the matter be referred to the Secretary of State for Health, on 13 November the Dorset Health Scrutiny Committee voted in favour of the following resolution:

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2. *That the referral is made based on concerns about the proposed reduction in the number of acute hospital beds, the reduction in Accident and Emergency services at Poole Hospital, concerns about travel times, confidence in the ambulance service data, and the lack of a clear Equality Impact Assessment or financial plan.*

An additional meeting of the Joint Health Scrutiny Committee has therefore been convened for 12 December 2017, meeting at 9.30am in the Council Chamber, County Hall, Dorchester. Following this meeting, the Dorset Health Scrutiny Committee is also likely to convene for an additional meeting, the date for which has been provisionally set for 20 December 2017, again at 9.30am.

The Joint Health Scrutiny Committee was set up specifically to consider the proposals within the Clinical Services Review and any concerns related to those proposals, and the associated consultation process. However, the individual Authorities, including Dorset, have reserved the right to refer the proposals to the Secretary of State, should they wish to do so. In light of the questions raised by yourself and other individuals, the Dorset Health Scrutiny Committee will ask the Joint Committee to provide a view as to whether Dorset should make a referral to the Secretary of State. As you may be aware, the process of making such a referral is complex, in that certain conditions must be met and the Committee would have to demonstrate that all efforts to resolve matters locally had been exhausted. In that respect, my initial opinion is that adequate scrutiny has been carried out on most of the issues in question, and that the CCG have clearly acknowledged the concerns and expressed a willingness to continue to address them. However, further consideration may be justified with regard to the specific matter raised by other individuals of increased travel times for Purbeck residents and the robustness of the equality impact.

By taking this matter to the Joint Committee and seeking their view, the governance arrangements which the County Council must adhere to would be satisfied, in that the scrutiny of the proposals has been delegated to the Joint Committee, but the ultimate decision as to whether a referral to the Secretary of State should be made was retained locally. If the Joint Committee took a vote on the matter and disagreed with Dorset Members' views, the Chair has the discretion to bring that back to the Dorset Committee to decide whether to continue with a referral.

3 Question from David Holman

Longer travel times in an emergency for many Dorset County Council residents

The downgrading of Poole A&E and the closure of Poole Maternity, against which 37,000 local voters petitioned, will result in significantly longer travel times and increased risk of mortality in an emergency for most Dorset County Council residents.

Steer, Davies Gleave, who looked into travel times for the CCG in March 2015 cite 30-45 minutes as the maximum acceptable travel time in acute stroke, major trauma or maternity emergency.

From parts of Dorset, including Purbeck, we will no longer be able to access services, even by blue light ambulance, within recommended 'safe' times.

Please would you consider referring these serious deficiencies in the CCG plan to the Secretary of State for Independent Review?

**Response** (extract from written correspondence)

The Committee discussed your question at their meeting on 13 November and acknowledged your concerns. Please be assured that these concerns, along with others, have been raised by the Joint Health Scrutiny Committee (supported by direct input from the Dorset Health Scrutiny Committee) within the context of on-going meetings with the Clinical Commissioning Group on this specific matter since September 2014. The minutes of all the public meetings held can be found on Dorset for You:

Link to Dorset Health Scrutiny Committee:

<http://dorset.moderngov.co.uk/mgCommitteeDetails.aspx?ID=142>

Link to Joint Health Scrutiny Committee:

<http://dorset.moderngov.co.uk/mgCommitteeDetails.aspx?ID=268>

In addition, a number of informal workshop sessions have been held regarding the Clinical Services Review for both Dorset and Joint Committee Members, enabling more in-depth consideration of the proposals and issues arising from those proposals.

The Joint Committee is the statutory body which was tasked with responding to the formal consultation for both the Clinical Services Review and the Mental Health Acute Care Pathway Review, back in March 2017. Following the publication of the consultation findings, the Joint Committee met with the CCG and received detailed feedback. The Joint Committee then reviewed the key concerns that had been raised by respondents during the consultations, and wrote to the CCG on 29 August 2017 with a series of recommendations to be considered prior to the CCG's key decision making meeting on 20 September 2017. The CCG responded to those recommendations on 15 September, acknowledging the concerns raised and, where relevant, setting out the actions that would be taken.

I note that the focus of your particular question to the Dorset Health Scrutiny Committee is a concern regarding the changes to A&E and maternity services at Poole Hospital and the ability of the Ambulance Service to respond to emergency cases in a timely way. When the Joint Committee (which includes three core Dorset Members) wrote to the CCG on 29 August they



made the following comments and recommendations with regard to transport and access to services:

- *The Committee welcomes the additional work that has been undertaken by the CCG in connection with **concerns raised during the consultation processes about transport and access to services**. The review carried out by the Ambulance Service and the partnership work being led by Dorset County Council is reassuring, but the Committee would urge the CCG to take full consideration of all issues raised in relation to transport and travel. In particular, it is clear that travel times for private transport continue to cause concern, compounded by cuts to public transport funding, rurality and congestion. **The Committee recommends that work continues with the Local Authorities and Ambulance Service, to ensure that transport and access concerns are fully explored and that mutually beneficial solutions can be put in place.***
- *When reviewing the outcome of the Clinical Services Review consultation in relation to Option B for the delivery of a Major Emergency Centre, Members noted the **reliance on the building of a new spur road to improve access to Bournemouth Hospital**. This was felt to be a risk, should the building of the road not progress (it is understood that the planning application is yet to be submitted) and in addition it was noted that if the road is built it would be more beneficial to residents living in east Dorset, in terms of reducing travel times, and not necessarily beneficial to those coming from west Dorset. **The Committee recommends that the CCG ensure that plans to increase the level of service delivery at Royal Bournemouth Hospital would still be appropriate and achievable, should the new spur road not progress.***

In addition, the Joint Committee also made the following comments and recommendations regarding the re-location of services from Poole to Bournemouth (please note that the Cancer Service is in fact to remain at Poole Hospital):

- *With regard to the proposals relating to **the establishment of distinct roles for Bournemouth and Poole Hospitals**, Members acknowledge that the consultation results for the open questionnaire showed a slight majority in favour of Option B (Bournemouth as the location of the MEC (Major Emergency Centre)), but the residents' survey showed a majority in favour of Option A (Poole as the MEC site). However, Poole Councillors do query whether respondents were aware of the full implications of the options, namely that cancer and maternity services would move from Poole to Bournemouth if Option B is agreed. Whilst recognising that perspectives will differ, Members noted that it is not possible for service provision to continue as it is currently. **The Committee acknowledges the rationale behind the proposals to establish distinct roles for Bournemouth and Poole's Hospitals but recommends that the CCG ensures that the views of all affected residents are taken into consideration and that any adverse consequences are mitigated to benefit the whole system.***

The CCG responded to these particular comments and recommendations as follows:

**Joint Committee Recommendation:**

***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.*

**Joint Committee Recommendation:**

***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.*

#### **Joint Committee Recommendation:**

***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 full content of all the CCG's responses can be found within the agenda papers for Dorset Health Scrutiny Committee's meeting held on 13 November 2017 (under item 41):  
<http://dorset.moderngov.co.uk/ieListDocuments.aspx?CId=142&MId=1015&Ver=4>

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## Statements

### 4. Statement by Philip Jordan

#### Sustainability & Access etc Statement to November 2017 DHSC re: 20 Sep 17 Special Meeting of DCCG Governing Body Decisions

To make RBH Dorset's Major A&E Hospital is flawed,

- as it's:
- at Dorset's extreme edge with western Hampshire, an area with its own Major Emergency & Planned Care @ USH (more flexible & economic than Dorset conurbation's unresolved duo),
  - effectively ignoring DCCG Board's Jan 15 Public Q&A on Access etc & related Consultation points &/or Questions for 20 Sep 17: lodged to comply with DCCG instructions, yet, seemingly ignored by not being answered &/or not included in proceedings &/or decisions

To allow resolution of the above RBH/other CSR flaws;

I requested the CCG (again) postpone (the CSR - this time) Decisions:

they didn't!

5. Statement by Steve Clark

As a Purbeck resident and Corfe Castle Parish Councillor my prime concern is of course the closure of the A and E at Poole and the lengthy travelling time to Bournemouth as we do believe there is a clinical risk in delay: "the sooner the better" is what all doctors say. We have studied the CCG decisions and detailed business case and believe they are seriously flawed and will not succeed. I can elaborate on these points if requested.

The urgent care service will not be an adequate replacement as some conditions need consultant support after tests and the public will soon feel forced to go to Bournemouth: in Northumbria which has the first purposed built emergency hospital the urgent care services at the other hospitals were soon downgraded

The CCG plans for a third (over 800) less beds than forecast demand and there is no coherent plan in the business case to achieve this: only a set of intentions.

There is no financial plan (only outline building costs) on how the reorganisation will save money and the costs -for example double running of services, relocation costs, IT, redundancy, agency services etc are not quantified. Running Bournemouth as an emergency only hospital to meet peak demand is inherently expensive.

Poole hospital loses 62% of its beds (something not mentioned in the consultation FACTS document) and with the loss of so many services will become financially unviable inevitably leading to a later proposal for a huge hospital in Bournemouth to save money.

In the meantime Poole hospital is now blighted and will not be able to recruit long term positions in A and E.

The unaccountable CCG Governing Body did not debate these issues. We are looking to the elected Dorset County Council to fight for a good health service in Dorset and refer the review to NHS England.

Ambulance waiting times

Reducing A&E and Maternity locations relies on the claim that the population can access Royal Bournemouth within 30 minutes. DCC residents not only face a much longer journey but I am very concerned about the length of time it takes an ambulance to come.

Three examples that I know of are:

DD.12.16 [REDACTED] was diagnosed with a life threatening/life limiting [REDACTED] in Poole A&E.

At 7.50pm Poole A&E called her [REDACTED] to say that an ambulance would come within 8 minutes to take [REDACTED] to the Wessex Neurological Centre at Southampton. However the ambulance did not arrive at Poole until 10.15pm, two and a half hours later. Poole reported an Opel alert on DD.12.16: shortage of acute beds.

DD.6.17 [REDACTED] fell in Swanage, fracturing [REDACTED], [REDACTED] was in a lot of pain and could not move. The ambulance was called at 10pm. [REDACTED] was categorised '3T', which meant the ambulance should come within 40 minutes. The ambulance came 3 hours 20 minutes later. [REDACTED] died on [REDACTED] of a pulmonary embolism. [REDACTED] GP told the Coroner he believed that [REDACTED] having to lie still for three and a half hours the previous Friday was a contributory factor. The Coroner told [REDACTED] daughter [REDACTED] that [REDACTED] was the third case in two weeks of elderly people falling, have very long ambulance waits, and subsequently dying.

The ambulance service said there wasn't an ambulance to send.

DD.7.17 and DD.8.17 [REDACTED] aged [REDACTED], who lives in [REDACTED], and who has [REDACTED], was categorised as red 2 – blue light – but waited 2 hours on both occasions for an ambulance to come. [REDACTED] is admitted on average [REDACTED] times per year to Poole. [REDACTED] says ambulances picking [REDACTED] up mainly come from Poole having dropped off patients; they will be having to come from Bournemouth once Poole A&E goes. [REDACTED] is very concerned the longer wait and longer journey to Bournemouth that [REDACTED] will regularly face at times when [REDACTED] life is at risk.

We rely on DCC Health Scrutiny to ensure health plans meet our needs, as DCC residents. The plans to close Poole A&E and Maternity will increase fatality and lives lived in disability for DCC residents.

Please do not refer plans endangering DCC residents on, for consideration at a later date by a group representing areas with competing interests.

Please address this issue now within DCC by referring these dangerous plans to the Secretary of State for independent review.

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