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Agenda

Dorset County Council

Meeting:	Dorset Health Scrutiny Committee
Time:	10.00 am
Date:	8 March 2018
Venue:	Committee Room 1, County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ.

Bill Pipe (Chairman)	Dorset County Council
Alison Reed (Vice-Chairman)	Weymouth & Portland Borough Council
Ray Bryan	Dorset County Council
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 5 March 2018, and statements by midday the day before the meeting.

Debbie Ward
Chief Executive

Date of Publication:
Wednesday, 28 February 2018

Contact: Denise Hunt, Senior Democratic Services Officer
County Hall, Dorchester, DT1 1XJ
01305 224878 - d.hunt@dorsetcc.gov.uk

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 - 16

To confirm and sign the minutes of the meeting held on 13 November 2017 and 20 December 2017.

4. **Public Participation**

(a) Public Speaking

(b) Petitions

5. **Appointments to Committees and Other Bodies** 17 - 20

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

6. **Joint Health Scrutiny Committee Re: Clinical Services Review and Mental Health Acute Care Pathway Review - Update** 21 - 30

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

7. **NHS Dorset Clinical Commissioning Group - Integrated Urgent Care Service** 31 - 44

To consider a report by the Deputy Director - Urgent and Emergency Care, NHS Dorset Clinical Commissioning Group.

8. **Mental Health Inquiry Day December 2017** 45 - 60

To consider a report by the Commissioning Manager, Partnerships (attached).

9. **Mental Health Support for Children and Young People: Inquiry Day - Scoping Document** 61 - 66

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

10. **Forward Work Programme** 67 - 70

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

11. **Briefings for Information/Note** 71 - 80

To consider a report by the Transformation Programme Lead for the Adult and Community Services Forward Together Programme. This report includes the following items:-

- NHS Dorset Clinical Commissioning Group: Assisted Conception Policy
- NHS England: Modernising Radiotherapy Services in England

12. **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

13. **Glossary of Abbreviations** 81 - 82

14. **Questions from County Councillors**

To answer any questions received in writing by the Chief Executive by not later than 10.00am on 5 March 2018.

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Dorset County Council

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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Dorset Health Scrutiny Committee

Minutes of the meeting held at County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ on Wednesday, 20 December 2017

Present:
Bill Pipe (Chairman)
Ros Kayes, Ray Bryan, Nick Ireland, Peter Oggelsby, Bill Batty-Smith, Tim Morris and Peter Shorland

Officers Attending: Helen Coombes (Transformation Programme Lead for the Adult and Community Forward Together Programme), Ann Harris (Health Partnerships Officer) and Lee Gallagher (Democratic Services Manager).

For certain items as appropriate: Tim Goodson (Chief Officer, Dorset Clinical Commissioning Group), Dr David Haines (Clinical Chair, Purbeck Locality), Stuart Hunter (Chief Finance Officer, Dorset Clinical Commissioning Group), Jennie Kingston (Deputy Chief Executive, South Western Ambulance Service NHS Foundation Trust), Dr Karen Kirkham (Clinical Chair, Weymouth and Portland Locality), Patricia Miller (Chief Executive, Dorset County Hospital NHS Foundation Trust), Paul Miller (Director of Strategy, Poole Hospital), Sally O'Donnell (Locality Director, Dorset Healthcare University NHS Foundation Trust), Dr Phil Richardson (Director, Design and Transformation, Dorset Clinical Commissioning Group), Adrian South (Deputy Clinical Director, South Western Ambulance Service NHS Foundation Trust), Dr Forbes Watson (Clinical Commissioning Group Chairman) and Dr Simone Yule (Clinical Chair, North Dorset Locality).

(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

47 Apologies for absence were received from Cllrs David Jones, Graham Carr-Jones, Steven Lugg and Alison Reed.

(Note: Cllr David Jones did not attend the meeting as he was a governor of Poole Hospital.)

Code of Conduct

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

Minutes

49 The minutes of the meeting held on 13 November 2017 were confirmed and signed.

Note: Maternity and Overnight Children's Service in Dorchester
At this point in the meeting, Tim Goodson, Chief Officer of the Dorset Clinical Commissioning Group (CCG), announced that the CCG intended to work to maintain a consultant-led maternity and overnight children's service in Dorchester as part of a single maternity and paediatrics service for Dorset. The retention of services was identified as a result of the conclusion of the Clinical Services Review public

consultation. The delivery of consultant-led maternity services would also seek to be integrated across Dorset County Hospital and Yeovil District Hospital for the Dorset population.

In addition, it was reported that Somerset CCG would also be undertaking a review of clinical services which would include maternity and paediatrics. The future possible configuration across Dorchester and Yeovil would continue to be discussed by both CCGs.

Dorset CCG's Governing Body would agree a way forward in the new year, and if a sustainable model was possible then public consultation would be undertaken on the proposals before making any decision.

Patricia Miller, Chief Executive of Dorset County Hospital NHS Foundation Trust welcomed the retention of the services at Dorset County Hospital as good news for patients and staff.

Noted

Public Participation

50 Public Speaking

Three public questions and two public statements were received at the meeting in accordance with Standing Order 21(1) and 21(2). All public participation at the meeting related to minute 51 in respect of the Clinical Services Review (CSR). The questions, answers and statements are attached as an annexure to these minutes.

Petitions

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

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

51 The Committee received presentations by the Clinical Commissioning Group (CCG) and the NHS partners in response to the Dorset Health Scrutiny Committee's request to make a referral to the Secretary of State (SoS) for Health in respect of the concerns about the Clinical Services Review at its meeting on 13 November 2017, and subsequent consideration of further information at the Joint Health Scrutiny Committee meeting on 12 December 2017. The remit of the referral was 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.

All concerns raised as part of the referral request related to the proposals in respect of the acute hospitals which included:

- a major emergency hospital (MEH) at Bournemouth with 24/7 consultant led Accident & Emergency (A&E) Department;
- a major planned hospital at Poole including an Urgent Care Centre 24/7; and,
- Emergency and planned hospital at Dorchester with retention of A&E services.

Tim Goodson, Chief Officer for the Dorset CCG, also drew attention to his announcement earlier in the meeting on the intention to work to maintain a consultant-led maternity and overnight children's service in Dorchester as part of a single maternity and paediatrics service for Dorset.

Three public questions and two public statements were received at the meeting under public participation. The questions, answers and statements are attached as an annexure to these minutes.

Detailed presentations were received in relation to:

Ambulance Travel Times

The presentation focused on the assessment of the proposed changes in the CSR, which included population growth and service demand, and had taken into account the impact on travel times as a result. The changes would see a transformation of service provision as a whole system plan, and would look to ensure people were taken to the right hospital at the right time which would save lives through the right care being provided at the right place, in addition to reducing the number of transfers between hospitals by ambulance. Fewer patients who call 999 were taken to hospital these days (over half were treated on-scene) and, of those who were taken, only 1% were deemed to be life threatening cases. 85% of future ambulance journeys could be made in the same or less time than the existing arrangements. From the remaining 15%, with particular reference to Purbeck, there was a spread of admissions to Dorchester, Bournemouth and further afield to other hospitals depending on the circumstances of the emergency which would see an increase in travel time, but these would be to the most appropriate hospital setting for the patient rather than the closest hospital.

In terms of ambulance waiting times to transfer patients to A&E, the pressure on services was a major concern of the NHS and proposed changes to Royal Bournemouth Hospital would include mitigation through the physical extension of the A&E service in a revised hospital design over the next 5 years. New road access to the Hospital from the A338 was raised, but it was clarified that the new road would be needed with or without the hospital changes. The plan would also evolve over time and would continually change and adapt moving forward.

The 'golden hour' concept was discussed by members, and challenged by NHS professionals as the reality of population, dispersity and transport in Dorset did not make the concept realistic, and it also did not take account of the care provided in the ambulance and the start time of the hour being from the point of injury or trauma, where it was often not possible to arrive at hospital within an hour.

The Chairman drew attention to the recommendation of the Joint Health Scrutiny Committee on 12 December 2017 to jointly scrutinise the capacity and performance of the ambulance service. Further views were expressed by members which included the lack of funding available to resource the Ambulance Trust; concern over the funding of transport to rural-proof Dorset, including travel times without ambulance; and support for community based transport initiatives.

Integrated Transport

Following the concern raised above, clarification was given by the CCG that it was not their statutory responsibility to provide funding for integrated transport, but it was willing to be part of identifying solutions. The CCG was already embedded in a process of joint working with the County Council to address rural isolation through a Pan-Dorset Transport Reference Group with health identified as a priority. Investment in the non-emergency Patient Transport Scheme had also been increased from £3m to £5m through an integrated transport programme.

Matthew Piles, Service Director – Economy from Dorset County Council, provided an overview of the joint working to identify and use assets and knowledge to effectively facilitate travel planning and deploy community and local transport initiatives, including schemes which included opening school bus routes to the public.

Community Based Services

An extensive summary on the steps being taken to move community care closer to

the home for patients was provided, which would lead to less patients needing to access acute care. Support was voiced by a range of GPs from across the whole of Dorset in respect of primary care provision, which explained the background input of over 600 clinicians to the CSR, the history of integrated health and social care services. A number of initiatives were outlined which included providing appropriate and timely care to enable people to stay at home; to avoid stays in hospital of more than 2 days; encouragement of school leavers and graduates to enter caring professions to support community care; relocation of diabetic support in Purbeck out of hospital setting; a Community Hub in Wareham as a template for other areas moving forward; a Community Services Reference Group in North Dorset; work with the Local Authority to improve domiciliary care; providing a focus on the wider determinants of public health; an Urgent Care Centre in Weymouth which prevented 30k of admissions to Dorset County Hospital (DCH); development of a frailty team including support for end of life care plans; development of GP access 7 days per week; enhanced intermediate care solutions (including a Community, Physical and Mental Health Hub in Bridport); and work beyond social care with recognition through local planning for key worker housing. Sally O'Donnell, Locality Director Dorset HealthCare, reiterated the value of the integrated work which had already started, which is building the infra-structure ahead of the planned changes associated with the CSR.

The benefits of the CSR to the wider population were felt by the CCG, hospitals, the South West Ambulance Trust and GPs to far outweigh the increase in time taken to get to hospital in emergency situations. It was also felt that any delay in the progression of the CSR would create a real risk to patient care and to funding.

Members highlighted that the question of a referral to the SoS for Health was not a criticism of the professionalism of people working in health services.

<u>Acute Hospital Services</u>
Patricia Miller, Chief Executive Dorset County Hospital (DCH), emphasised the support from her Trust for the proposals and noted that there would not be enough money in the system without the changes. DCH saw the retention of A&E and trauma services and the development of integrated community and primary care hubs as critical, and welcomed the announcement made by the CCG regarding the retention of maternity and paediatric services. The Chief Executive committed to making sure that any changes would deliver the best outcomes for Dorset residents.

Paul Miller, Director of Strategy Poole Hospital, also noted that the proposed changes to Poole Hospital were fully supported by the Hospital itself. He noted that it had taken 5 years to reach this point and implementation of the changes would take another 4-5 years. In addition to other views expressed, Poole Hospital also felt that the review could not afford a delay from a referral to the SoS for Health. There was still lots of opportunity for further detailed discussion on changes, but the national funding was not available indefinitely and progress needed to be made to enable an exciting future for Poole Hospital.

<u>Financial Plan</u>
The Financial Plan was part of the wider Sustainability and Transformation Plan and Clinical Services Review decision making process. Assurance had been given by NHS England through the process for securing national funding of £147 for the transformation of services in Dorset. The Plan would continue to be developed through investment into community, primary care and mental health whilst managing the reconfiguration of acute provision.

<u>Reduction in Acute Beds</u>
Bed movements were explained as part of the focus to increase care in people's

homes and in the community through integrated services, and avoid people entering the acute hospital setting. Planned Hospitals would then work to reduce patient time spent in hospital, and result in less need for beds from 1810 to 1632. The situation was more complex for Emergency Hospital settings, but was part of the whole picture of what bed shape would be needed for the future.

Equality Impact Assessment (EqIA)

The CCG had considered the variance of needs across all protected characteristics, and geography of Dorset, through clinical teams and through sense checking through a Patient, Carer and Public Group, which considered the clinical design and data. Other wider groups were also involved in the process for sense checking. Feedback was fed into the formal EqIA through an independent review and workshop with groups. The EqIA would continue to develop and was treated as a live document at the heart of CSR. Moving forward there would be a Patient Group with an independent Chairman to provide an assurance role in addition to the formal scrutiny process.

Concern about the 'minimal impact' conclusions of the EqIA not reflecting the issues within the document was raised, to which the CCG indicated that the document would be further developed to reflect issues about travel times; impact on rural and deprived areas; child poverty; disabled travel arrangements; teenagers access from Weymouth and Portland; and cuts to public transport.

It was explained by the CCG that existing services would have similar impacts to those detailed in the EqIA. There were a difficult set of issues faced and the CSR would seek to improve outcomes through the proposals around acute and community provision, but would not be able to resolve every issue.

Cllr Jon Orrell, County Councillor for Weymouth Town, addressed the Committee as a local councillor and as a GP to express his view that there needed to be sustainable change through Prevention at Scale to ensure community integration of health and social care. He explained that the need for ongoing savings had previously resulted in community services being diminished after a reduction in hospital beds. He also expressed the need for health organisations to recognise and have regard to the democratic process when reviewing services. Dr Forbes Watson, as the Chairman of Dorset CCG, refuted the claims made by Cllr Orrell and attention was drawn to the plan explained in detail at the meeting, which was leading wider influence on NHS systems and would impact on provision beyond Dorset across the Country. He also confirmed that the plan constantly responded to change and could be modified to meet demands and needs.

Recognition was given to the need to ensure the best use of assets through facilities and buildings to best serve Dorset. The focus of the CSR was repeated by the CCG, that it would provide what was best for the general public and what was in the best interests of patients. Original proposals looked at acute provision differently in relation to locations of emergency and planned hospitals, but through the extensive review process the proposals had been changed and refined, through testing and assessment of sites to provide a model which was the most sustainable for Dorset. The £147m funding from the NHS would also allow reconfiguration to take place through the best utilisation of assets.

In relation to the impact across Dorset, and on DCH in particular, if Poole Hospital was to retain A&E and major trauma services, it was explained that although there would not be a downgrading of DCH there would need to be consideration given to the services that had been reserved for DCH as it was not possible to keep all services at all sites.

At the end of the debate the Chairman summarised the areas considered throughout

the meeting including the contributions from professionals and health partners, and that a decision was needed based on service provision for the whole of Dorset, not just Bournemouth and Poole. He explained that in his view the continuation of a referral to the SoS for Health did not meet the necessary criteria for referrals and proposed an additional recommendation, subject to the referral to the SoS for Health not being progressed, to support the JHSC's resolution regarding the joint scrutiny of the capacity and performance of ambulance services. A further request was made to include detailed scrutiny of transport arrangements related to the changes.

On being put to the vote, the Committee voted to not progress the referral to the SoS for Health, and agreed the additional recommendation above.

Resolved

1. That the presentation by NHS Dorset Clinical Commissioning Group be noted;
2. That the outcome of the Joint Health Scrutiny Committee meeting held on 12 December 2017 be noted;
3. That, in light of the further information that has been provided and developments that have taken place, the Committee do not proceed with a formal referral to the Secretary of State for Health; and,
4. That the Joint Committee's resolution that some detailed (joint) scrutiny work around the capacity and performance of the ambulance service be supported, and detailed scrutiny of transport arrangements related to the changes would also be undertaken.

Questions from County Councillors

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

Meeting Duration: 9.30 am - 1.05 pm

Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	8 March 2018
Officer	Helen Coombes, Transformation Programme Lead for the Adult and Community Forward Together Programme
Subject of Report	**Appointments to Committees and Other Bodies**
Executive Summary	The Dorset Health Scrutiny Committee appoints members on an annual basis to additional Joint Committees, Task and Finish Groups and Liaison roles, and has appointed Lead Members for key reviews in 2018. However, following the resignation of a member, it is necessary to appoint new representatives to: • The Joint Health Scrutiny Committee relating to the Clinical Services Review and Mental Health Acute Care Pathway Review; • The Joint Health Scrutiny Committee relating to the NHS 111 service and ambulance services provided by South Western Ambulance Service NHS Foundation Trust; • The Liaison Member role relating to the South Western Ambulance Service NHS Foundation Trust; • The Lead Member role for the DHSC Work Programme 2018, in relation to the Inquiry Day looking at mental health support for children and young people.
Impact Assessment:	Equalities Impact Assessment: Not applicable
	Use of Evidence: Not applicable.

	Budget/ Risk Assessment: Not applicable.
Recommendations	The Committee is asked to appoint new members to the bodies as set out in the Appendices to this report.
Reason for Recommendations	The Committee supports the County Council's aim to help Dorset's citizens to remain safe, healthy and independent.
Appendices	1 Current Appointments to Committees and Other Bodies, with vacancies in bold; 2 Liaison between Health Scrutiny Committee and Health Bodies; 3 Lead Members for Dorset Health Scrutiny Committee Work Programme, 2018.
Officer Contact	Name: Ann Harris, Health Partnerships Officer Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk

Appendix 1

Appointments to Committees and Other Bodies (July 2017)

Committee/Panel Name	Members Appointed
Joint Health Scrutiny Committee on the NHS Dorset Clinical Commissioning Group Clinical Services Review	• Bill Pipe • Bill Batty-Smith • **VACANCY** • Nick Ireland (Reserve) • Alison Reed (Reserve)
Joint Health Scrutiny Committee on the NHS 111 Service Provided by South Western Ambulance Service NHS Foundation Trust – Future remit to include emergency transport provision	• Steven Lugg • Peter Oggelsby • **VACANCY** • Graham Carr-Jones (Reserve)
Quality Accounts Panel for Dorset County Hospital NHS Foundation Trust	• Bill Pipe • Bill Batty-Smith
Quality Accounts Panel for Dorset Healthcare University NHS Foundation Trust	• Bill Pipe • Bill Batty-Smith
Liaison Member Roles	
Dorset County Hospital NHS Foundation Trust	• Peter Shorland
Dorset Healthcare University NHS Foundation Trust	• Nick Ireland
NHS Dorset Clinical Commissioning Group	• Bill Pipe
South Western Ambulance Service NHS Foundation Trust	• **VACANCY**

Appendix 2

Liaison between Health Scrutiny Committee and Health Bodies
(extract from Dorset Health Scrutiny Committee Protocol, June 2016)

Liaison members are to be appointed by the Dorset Health Scrutiny Committee to be the main contact with the NHS bodies currently operating in Dorset (NHS Dorset Clinical Commissioning Group, Dorset HealthCare University NHS Foundation Trust, Dorset County Hospital NHS Foundation Trust, South Western Ambulance Service NHS Foundation Trust).

The main responsibilities of the appointed Liaison Members are:

I. To become aware of the working of the Trust/Board by meeting with key staff and attending Board and other meetings as appropriate.

II. To participate in the work of any Task and Finish group established to scrutinise the Trust/Board to which they are attached.

III. Receive copies of board papers and annual reports.

IV. Be known to the appropriate Local Healthwatch contact.

V. To give a brief oral/written report to the Committee on important or unusual events regarding the Trust/Board to which they are attached, when appropriate.

Nomination and appointment of members to each of the liaison roles will be agreed by the Committee as required, and roles will be undertaken on a voluntary basis.

Appendix 3

Lead Members for Dorset Health Scrutiny Committee Work Programme, 2018

Child and Adolescent Mental Health Services (CAMHS) – Cllr Ros Kayes

Transport for Health – Cllr Bill Pipe

Suicide Prevention – Cllr Nick Ireland

The Impact of Housing on Health – Cllrs Alison Reed / Tim Morris

Road Traffic Collisions – Cllr Peter Oggelsby

Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	8 March 2018
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	A Joint Health Scrutiny Committee was convened in July 2015 in response to the undertaking of a wide-ranging Clinical Services Review (CSR) by NHS Dorset Clinical Commissioning Group (CCG), which officially commenced in October 2014. The remit of the Committee was subsequently expanded to cover a Mental Health Acute Care Pathway (MHACP) Review, running separately but in parallel to the CSR. This report provides an update regarding a decision made by Dorset Health Scrutiny Committee on 13 November 2017 to refer the CCG's proposals for changes to service provision to the Secretary of State for Health, and the discussions and resolutions which followed at meetings of the Joint Health Scrutiny Committee on 12 December and the Dorset Health Scrutiny Committee on 20 December.
Impact Assessment:	Equalities Impact Assessment: Not applicable.
	Use of Evidence: Reports and summaries published by NHS Dorset CCG; minutes of the Joint Health Scrutiny Committee.
	Budget: Not applicable.

	Risk Assessment: Current Risk: LOW Residual Risk: LOW
	Other Implications: None.
Recommendation	1 That members consider and comment on the report; 2 That members support the work of the Joint Committees scrutinising the Clinical Services Review and emergency health transport, going forwards.
Reason for Recommendation	The Committee supports the County Council's aim to help Dorset's citizens to remain safe, healthy and independent. The Dorset Health Scrutiny Committee has the power to make referrals to the Secretary of State for Health but is required to abide by conditions, including an expectation that efforts have been made to resolve matters locally before a referral is made.
Appendices	1 Minutes of Joint Health Scrutiny Committee, 12 December 2017
Background Papers	Committee papers – Joint Health Scrutiny Committee: http://dorset.moderngov.co.uk/ieListMeetings.aspx?CommitteeId=268 NHS Dorset CCG Dorset Vision website: https://www.dorsetsvision.nhs.uk/
Officer Contact	Name: Ann Harris, Health Partnerships Officer, DCC Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk

Joint Health Scrutiny Committee re Clinical Services Review and Mental Health Acute Care Pathway Review – Update

1 Background

1.1 The Dorset Health Scrutiny Committee receives an update report regarding the Reviews at each of its Committee meetings. On 13 November 2017 three questions and three statements were submitted to the Committee, expressing a number of concerns, particularly in relation to the impact of changes on residents living in the Purbeck area. The individuals submitting the questions and statements requested that Dorset Health Scrutiny Committee refer the matter to the Secretary of State for Health so that a full review could be undertaken. Following discussion, Members agreed to make a referral, pending an urgent meeting of the Joint Health Scrutiny Committee.

2 Joint Health Scrutiny Committee meeting, 12 December 2017

2.1 The Joint Committee subsequently met on 12 December 2017 to respond to the concerns and to consider its position, in accordance with governance. The Joint Committee received presentations and evidence from NHS Dorset Clinical Commissioning Group (CCG) and a range of providers, including the acute hospitals, community health services and general practice.

2.2 Members recognised the concerns raised, in particular noting the difficulties in relation to emergency access to acute and maternity services for some individuals. However, a majority of Members voted NOT to support the decision by Dorset's Members to make a referral to the Secretary of State, proposing instead that detailed scrutiny of emergency ambulance services would be more appropriate and beneficial.

2.3 The Joint Committee resolved:

1 That the referral by the Dorset Health Scrutiny Committee to the Secretary of State for Health regarding the outcome of the Clinical Services Review is not supported by the Joint Health Scrutiny Committee; and

2 That the Joint Health Scrutiny Committee undertakes some detailed scrutiny work around the capacity and performance of the ambulance service.

2.4 It was further agreed that this detailed scrutiny work would be undertaken by the Joint Committee which had originally been established to look at the NHS 111 service provided by South Western Ambulance Service NHS Foundation Trust (SWAST). This Joint Committee last met in January 2017.

3 Dorset Health Scrutiny Committee meeting, 20 December 2017

3.1 An additional meeting of the Dorset Health Scrutiny Committee was duly convened on 20 December 2017, to enable consideration of the outcome of the Joint Health Scrutiny Committee, and agreement as to how to proceed. Members heard evidence from NHS Dorset CCG outlining the rationale behind the decisions that had been made and emphasising their view that the changes would benefit all Dorset's residents. Support for the changes was also expressed by a range of representatives from the local acute hospitals, community health services and general practice.

3.2 Members discussed whether to proceed with a referral to the Secretary of State, based on the additional information that had been provided and on the advice that a referral was unlikely to meet the necessary criteria. By a majority vote, Members resolved NOT to proceed, but to support the proposed further scrutiny of ambulance services and emergency transport, in relation to the changes to be implemented under the Clinical Services Review.

4 Next steps

4.1 An informal meeting has since taken place between the Chairs of Dorset, Bournemouth and Poole Health Scrutiny Committees to discuss the next steps and the focus of the next meeting of the Joint Committee convened to scrutinise services provided by SWAST. The Borough of Poole will continue to host this particular Joint Committee and will canvass members to find a convenient date.

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

March 2018

Appendix 1

Dorset County Council

Joint Health Scrutiny Committee - Clinical Services Review

Minutes of the meeting held at County Hall,
Colliton Park, Dorchester, Dorset, DT1 1XJ on
Tuesday, 12 December 2017

Present:

Bill Pipe, Bill Batty-Smith, Ros Kayes, Vishal Gupta, Jane Newell, David Brown, Ian Clarke, David d'Orton-Gibson, Rae Stollard, David Harrison and David Keast

Other Members Attending
Jon Orrell and Katharine Garcia attended the meeting as observers.

Officers Attending: Helen Coombes (Transformation Programme Lead for the Adult and Community Forward Together Programme), Ann Harris (Health Partnerships Officer), Jonathan Mair (Head of Organisational Development - Monitoring Officer) and Matthew Piles (Service Director - Economy) and Denise Hunt (Senior Democratic Services Officer).

For certain items, as appropriate
Debbie Fleming (Chief Executive, Poole Hospital NHS Foundation Trust), Tim Goodson (Chief Officer), David Haines (Locality Chair for Purbeck), Stuart Hunter (Chief Finance Officer, Dorset Clinical Commissioning Group), Patricia Miller (Dorset County Hospital NHS Foundation Trust Chief Executive), Sally O'Donnell (Locality Director Dorset Healthcare University NHS Foundation Trust), Tony Spotswood (Chief Executive, The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust) and Forbes Watson (Clinical Commissioning Group Chairman).

(Notes:(1) 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).

Apologies for Absence

19 Apologies for absence received from Roger Huxstep (Hampshire) and Hazel Prior-Sankey (Somerset).

Code of Conduct

20 A general interest was declared by Cllr Ros Kayes added that she was employed in the mental health profession outside of Dorset and on occasion, her employer received funding from Dorset HealthCare University NHS Foundation Trust.

Minutes

21 The minutes of the meeting held on 3 August 2017 were confirmed and signed.

Public Participation

22 Public Speaking

Nine public questions and three public statements were received at the meeting in accordance with Standing Order 21(1) and 21(2). All public participation at the meeting related to minute 23 in respect of the Clinical Services Review (CSR). The questions, answers and statements are attached as an annexure to these minutes.

Cllr Jon Orrell, as County Councillor for Weymouth Town, addressed the Joint Committee as a Borough and County Councillor, local GP and former CCG Locality Chairman, describing the way in which local hospitals and community beds had been

eroded despite assurances that public money could be reinvested in community services. He stated that beds in NHS hospitals could be defended and he anticipated the loss of further beds if the CSR proposals were implemented. He also highlighted weaknesses in the consultation process that had been outlined in a report by Healthwatch. He asked the Joint Committee to support the Referral to the Secretary of State for Health on the basis that the proposals would not be in the interests of the health service in the area.

Petitions

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

Public Participation - Questions and Statements

23 Public Speaking

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Cllr Jon Orrell, County Councillor for Weymouth Town, addressed the Joint Committee as a Borough and County Councillor, local GP and former CCG Locality Chairman, describing the way in which local hospitals and community beds had been eroded despite assurances that public money could be reinvested in community services. He stated that beds in NHS hospitals could be defended and he anticipated the loss of further beds if the CSR proposals were implemented. He also highlighted weaknesses in the consultation process that had been outlined in a report by Healthwatch. He asked the Joint Committee to support the Referral to the Secretary of State for Health on the basis that the proposals would not be in the interests of the health service in the area.

Petitions

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

NHS Dorset Clinical Commissioning Group: Clinical Services Review

24 The Joint Committee received presentations by the CCG and the NHS partner organisations, with the opportunity for questions by members of the Joint Committee following each presentation.

Members were given a brief outline of the need for change by the Chairman of the CCG, and a reminder of the proposals in respect of the acute hospitals that included:-

- a major emergency hospital (MEH) at Bournemouth with 24/7 consultant led Accident & Emergency (A&E) Department;
- a major planned hospital at Poole including an Urgent Care Centre 24/7;
- Emergency and planned hospital at Dorchester with retention of A&E services.

The Chairman emphasised that this was a 5 year phased plan, which had received majority support.

Poole Hospital – Robert Talbot, Medical Director and Consultant Surgeon

Dr Talbot described the need to address the financial problems, variations in the quality of care across different specialities and hospital trusts and workforce issues. Poole Hospital supported option B and would continue to be a busy local facility that would be enhanced by the £62m investment in order to deliver high quality elective surgery.

Dorset County Hospital (DCH) – Patricia Miller, Chief Executive

DCH would remain a planned and emergency hospital with 24/7 A&E services. The provision of services closer to where people lived would reduce the need for travel to hospital which was particularly important for frail elderly patients to retain independence at home and prevent long term care. The creation of a hub on the DCH site was therefore supported, ensuring the same level of service as other localities. The CCG decision to work with Yeovil Hospital with regard to paediatric services was also supported and work would continue to pursue this option.

Royal Bournemouth Hospital (RBH) – Tony Spotswood, Chief Executive, Alison O.Donnell, Medical Director and Mark Sopher, Clinical Director of Cardiology
The Trust was acutely sensitive to travel concerns and already admitted 2,500 residents a year from Purbeck for emergency care. As an MEH, the hospital could provide better outcomes for those who were acutely unwell and emergency services were already provided for particular types of heart attack and out of hours service for Dorset.

The Chief Officer (CCG) highlighted the award of £147M capital funds to improve facilities (at RBH and other units), which was over a third of the total NHS money that had been available across the country. A full business case was required to draw down this money and he expressed concern that a referral to the Secretary of State might give the wrong message to the Department of Health.

Following the presentation, Cllr Kayes highlighted that the national population centred model of care did not take into account travel times from rural areas and she asked how the proposals protected against inequalities and a two tier healthcare system and allow travel to a specialist centre within the “golden hour”.

In response, members were informed that services provided at DCH would remain largely unchanged and that the community hubs would prevent hospital admissions which was already being seen in Bridport and Weymouth. DCH would be working closely with RBH to ensure that the final delivery model met the needs of patients and be capable of repatriating patients to local hospitals as soon as possible.

Cllr Jane Newell asked whether some maternity services could remain in Poole due to increased population arising from homes being built in Poole and East Dorset.

CCG representatives explained that replacement of maternity services in Poole had been suggested 30 years ago and there was an opportunity to have a bespoke facility that was fit for purpose. A significant amount of care would continue within the community hub at Poole. A further benefit would be fewer women travelling from Bournemouth, where there were greater levels of antenatal activity.

Cllr David D’orton-Gibson noted that concerns were mainly around transport and not reaching hospital within the “golden hour” and asked about plans to address rural ambulance issues and the rationale behind the choices made in relation to the acute hospitals.

In response, members were informed that the delivery of outcomes was the key factor and that a patient could be transported beyond the nearest hospital to reach a centre that would deliver the best care. Furthermore, there were insufficient numbers of doctors and nurses to support the current pattern of provision and the proposed changes would support 24/7 care in specialist centres.

Siting of an MEH in Bournemouth had been the preferred option as RBH was a newer hospital on a larger footprint, making it cheaper to build on and expand in future. Location had also been a factor with quicker access for patients in East Dorset and West Hampshire. Poole Hospital was an older building on a constrained site and

could not support the 1000 beds necessary for an MEH and, due to its public transport links, had been considered a more suitable location for planned treatments. Option B had therefore represented the best use of both sites with the cancer centre and urgent care centre remaining at Poole. The net result of patient flow between the two hospitals had shown no overall loss in footfall.

Cllr Brown asked about the reduction in bed numbers at Poole Hospital.

Members were reminded that the CCG commissioned services rather than beds. It was confirmed that Poole currently had 654 beds and that the estimate for a planned hospital was 247 beds, the reduction being due to the many treatments that were now provided as day cases. In terms of the overall position, there would be a reduction from 1800 to just over 1600 acute beds which was compensated by more beds in the community, giving a net reduction of around 100 beds.

Cllr Kayes asked when a decision would be taken regarding maternity and paediatric services at DCH and was informed that it had been decided to defer the decision to enable Somerset CCG to undertake more work and that any alternative proposal would be subject to a separate public consultation and scrutiny process.

South Western Ambulance NHS Foundation Trust – Adrian South, Clinical Director

Members received a presentation regarding the work carried out around travel times and containing performance information, with particular regard to the Purbeck area. Travel time is critical to patient outcome in only a small percentage of cases. Additional ambulance resource of 3 ½ hours per day would be required as a result of the CSR proposals (although it was noted that not all the issues raised relate to the CSR) and further modelling would be undertaken once the decision on maternity and paediatric services had been announced.

Cllr Kayes remained concerned that residents in rural Dorset would experience increased journey times and suggested further investigation to inform the CCG of the additional financial support required.

Cllr D'orton-Gibson requested further detail concerning the additional 3 ½ hours ambulance provision to support the CSR, the way in which ambulances were deployed following a long journey to hospital and whether patients would be discharged more quickly from an ambulances in future.

It was explained that there would be a significant reduction in the number of inter-hospital transfers as a result of the proposals, particularly in relation to Bournemouth and Poole. It had also been evidenced that travelling to a centre of excellence and receiving the best quality of care superseded travel time. Improvements were already being seen in discharging patients from ambulances which were subsequently dynamically deployed to the most appropriate job. Non-emergencies represented a different challenge that could be met in rural communities by the hubs.

The Service Director, Economy (Dorset County Council) outlined the work being undertaken between the CCG and the Local Authorities regarding transport for health care. The focus is on offering a range of options and reducing the overall need for travel.

It was confirmed that CCG funded patient transport for those with clinical need and investment had been doubled in recent years. Rural transport would continue to be subject to wider discussion with local authority colleagues in relation to the Local Transport Plan and should not be subsidised by the NHS. Part of the transport solution lay in the CSR plans to provide care closer to home so that there would be less need to travel.

Community Services
Members were informed by the Locality Chair of the integration of services within community hubs, with specific references to the Purbeck area. The range of multi-agency work was emphasised, along with the need to be bold about the changes and the shift in resources from the acute to community sector.

Financial Plan
Members heard that the Finance Plan had been through an NHS England assurance process and would continue to be developed as the changes were implemented.

Equality Impact Assessment (EqIA)
An EqIA had been undertaken and copies were available at the meeting. The CCG noted that this was a 'live' document.

Elements of the EqIA were questioned, in particular, that it did not take account areas or rural deprivation and isolation and that transport had not been recognised as having a major impact.

The Chief Officer (CCG) responded that the CSR was a 5 year commissioning plan that had been backed by a financial plan and assurance process. The detail and feasibility would form part of the implementation phase and the travel impact lessened if care was moved closer to where people lived. The CCG noted that they are happy to receive more input to the EqIA.

Following the presentations, members asked about the extent of powers of the Joint Committee and were advised that the ability to refer the CSR to the Secretary of State for Health remained with the individual local authorities and had not been delegated to the Joint Committee. The Dorset Health Scrutiny Committee (DHSC) had already agreed to make this referral and therefore the Joint Committee could support the DHSC in its referral or express a view back to its respective committees.

The Chairman and Chief Officer (CCG) summed up, recognising that there are major changes planned but that they believe it is the right thing to do for the people of Dorset. They stated that the CSR had been through a high level scrutiny and assurance process to reach this point and the Secretary of State for Health had expressed his support through the capital bid, which represented a third of the total national fund.

On conclusion of the debate, the Chairman stated that it had been made clear from all the public interest and questions and statements that the Joint Health Scrutiny Committee had received, that many individuals had concerns over the CCG's plans for the future of Health Services in Dorset. In particular, it was clear that confidence was needed with regard to timely access to services, whether by ambulance or other forms of transport.

With regard to ambulance services, although the Joint Committee had been assured that increased capacity would be released for SWAST and that modelling had been undertaken to assess the future capacity needed, it was difficult to make a genuine determination as to whether the performance of SWAST would improve sufficiently to cope with the changes to the locations for delivery of services.

The Chairman proposed that the Dorset Health Scrutiny Committee commit to undertaking some detailed scrutiny work around the capacity and performance of the ambulance service.

The proposal was seconded by Cllr Bill Batty-Smith and subsequently amended that the Joint Health Scrutiny Committee undertake this review. The proposal was supported as amended. It was suggested that the review could be linked to the existing Joint Committee which is scrutinising the NHS 111 Service provided by SWAST.

Resolved

1 That the referral by the Dorset Health Scrutiny Committee to the Secretary of State for Health regarding the outcome of the Clinical Services Review is not supported by the Joint Health Scrutiny Committee; and

2 That the Joint Health Scrutiny Committee undertakes some detailed scrutiny work around the capacity and performance of the ambulance service.

Reason for Decision

The role of the Joint Committee was to scrutinise the Clinical Services Review and Mental Health Acute Care Pathway Review, to ensure the best outcomes for health and wellbeing for all citizens.

Meeting Duration: 9.30 am - 1.20 pm

Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	8 March 2018
Officer	Sue Sutton, Deputy Director – Urgent and Emergency Care, NHS Dorset Clinical Commissioning Group
Subject of Report	**NHS Dorset Clinical Commissioning Group – Integrated Urgent Care Service**
Executive Summary	NHS Dorset CCG is in the process of tendering the existing 111, Single Point of Access (SPOA), GP Out-Of-Hours (OOH) and Night Nursing services together with a new Clinical Assessment Service (CAS) and Urgent element of Improving Access to General Practice Services (IAGPS). These services will be collectively known as the Integrated Urgent Care (IUC) service.
Impact Assessment:	Equalities Impact Assessment: Attached (by NHS Dorset CCG).
	Use of Evidence: Report provided by NHS Dorset CCG.
	Budget: N/A for Dorset County Council.
	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: N/A
Recommendation	The Committee is asked to note and comment on the contents of this report.
Reason for Recommendation	The work of the Committee supports the County Council's aim to help Dorset's citizens to remain safe, healthy and independent.
Appendices	Appendix 1 – Equality Impact Assessment
Background Papers	None.
Officer Contact	Name: Sue Sutton, NHS Dorset CCG Tel: 07867 351718 Email: sue.sutton@dorsetccg.nhs.uk

Sue Sutton
Deputy Director, Urgent and Emergency Care for NHS Dorset Clinical Commissioning Group
March 2018

1. SERVICE OVERVIEW

1.1 NHS Dorset CCG is in the process of tendering the existing 111, Single Point of Access (SPOA), GP Out-Of-Hours (OOH) and Night Nursing services together with a new Clinical Assessment Service (CAS) and Urgent element of Improving Access to General Practice Services (IAGPS). These services will be collectively known as the Integrated Urgent Care (IUC) service.

1.2 Activity and financial modelling has been undertaken to support service design and the establishment of an appropriate financial envelope for the service. The activity and financial model comprises three components (111/CAS; IAGPS (Urgent) and OOH; and Management and Governance) which are shown at a high level in Figure 1.

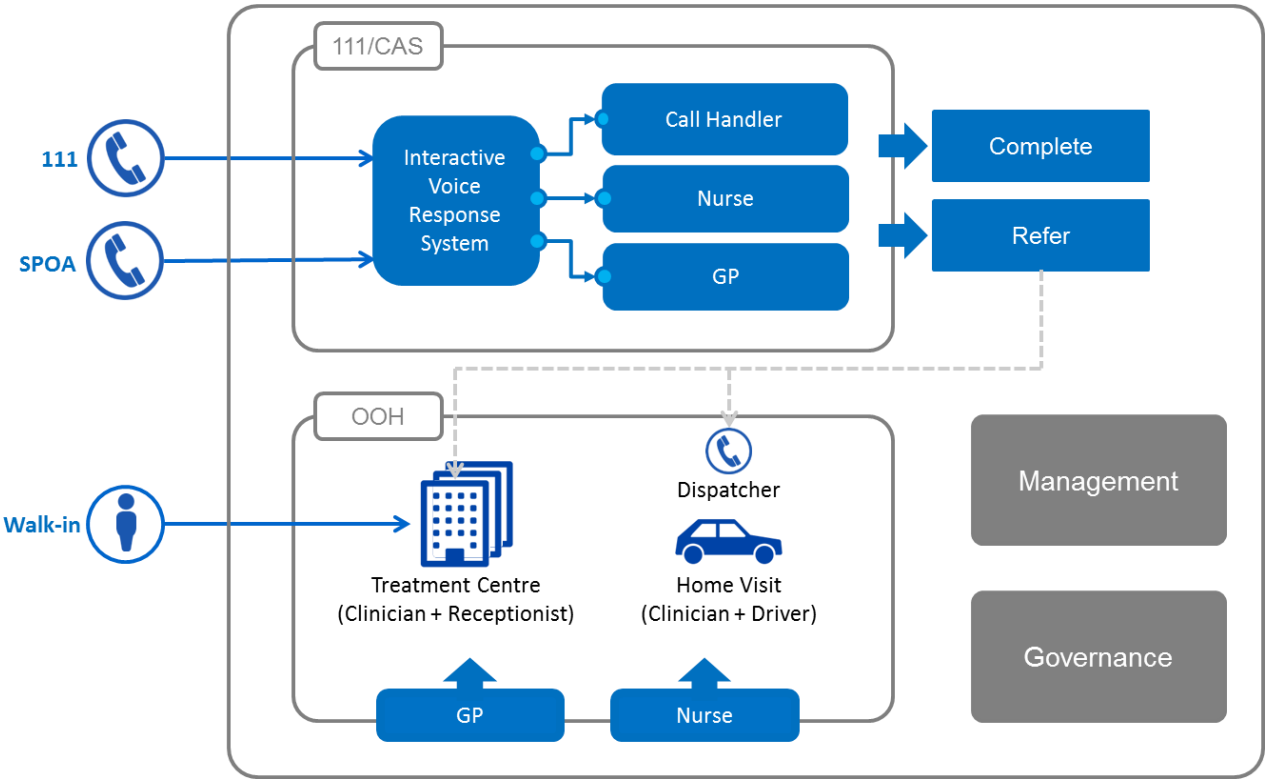


Figure 1 – High level model of the IUC service showing the component 111/CAS and IAGPS (Urgent) and Out of Hours (OOH) services supported by common management and governance systems.

1.3 Calls arrive at the CAS where they pass through an Interactive Voice Response System (IVR), before passing to a call agent. The agent responds to the call and either the call completes, is referred on to another service, or is passed to another agent (clinician, GP) either as a warm-transfer or request to call back. Patients may be referred to the OOH service from 111/CAS (with a booking made).

1.4 The Primary Care service receives referrals from the 111/CAS service, and also walk-in patients. Patients may be seen within the treatment centre, or an appropriate clinician may be dispatched to the patient's home location. Providers have flexibility to choose the most appropriate staff mix to deliver a clinical and cost effective service. The mix of staff and shift patterns are key elements of the staffing model. The skill mix team will align with NHS Dorset CCG's Clinical Services Review (CSR) implementation, linking with community hubs and Multi-Disciplinary Teams (MDTs). Both services are supported by management and governance to provide quality assurance, training, performance reporting and, system development.

1.5 The 111 contact centre is staffed 24/7, with call volumes varying significantly during the day and across the week. The quantity of staff, and staff mix, is heavily dependent upon the performance requirements on the service (calls answered within 60 seconds) and the volume of traffic presented to the call centre. The staffing requirements for clinicians in the national mandated IUC service specification are more relaxed compared with 111 Call Advisers, given the difference in response time to calls (30 minutes compared with 60 seconds). This allows providers to develop more flexible staffing models, including the concept of 'virtual' clinical call advisers who may be located outside of the contact centre. This benefits both providers with economies of scale in 111/CAS contact centre operations, as well as providers who can leverage clinical staff from other services (e.g. using staff in the OOH service to triage CAS calls).

1.6 The population of Dorset is distributed unevenly throughout the county. More than 50% of the population is concentrated in the south eastern corner, around Bournemouth and Poole, balanced against large sparsely populated areas to the north and west. A small, but significant, percentage of GP patients are located across the boundary in surrounding counties. This presents challenges in delivering cost effective, high quality, uniform access to location based services and reasonable response times to patients at home.

1.7 The development of a primary care OOH service gives providers greater scope to develop innovative staffing models using the best skills of GPs, nurses and other allied health professionals. Within the OOH staffing models scenarios have been considered which give a greater preference for either GPs or Nurses to understand how provider costs might change.

1.8 One of the national drivers for establishing the CAS is to increase the number of calls which are completed within the 111/CAS service and not referred to other services (such as emergency treatment centres). It should be noted that the current 111/OOH provider has clinicians in the 111 service that review 20% of calls, and GP telephone triage in the Out of Hours service. Accounting for telephone triage by clinicians in both services, approximately 20% of calls already receive a clinical review. Whilst the national specification calls for over 50% of calls to be reviewed by a clinician, the evidence base quoted is for improvements in systems with no or limited clinical input. The second action to improve consult and complete is to implement a GP Online capability within the 111/CAS. This requires that 20% of the GP consultations are done online, with the expectation that this will improve completion rates and reduce onward referrals. On behalf of the Dorset Accountable Care System community, the commissioner is aiming to procure a joint solution for GP on-line consultations and the IUC/111 on-line service. The timescale for this may precede the award of contract for the IUC service. The successful bidder will therefore need to integrate with the selected 111 Online solution. The supplier is expected to plan for interoperability and to work to exploit all useful features and handover from the 111 Online service as this develops.

1.9 The implementation of IAGPS may impact upon the referrals into the OOH service, though the impact on OOH activity levels is expected to be small given that IAGPS (Urgent) appointments will be delivered by the out-of-hours service, i.e. there is no change in the fundamentals of service provision.

1.10 The development of GP led Urgent Treatment Centres (UTCs) has informed the decision to co-locate, and potentially integrate UTC and OOH services during common opening hours of operation. Within rural areas of Dorset, where activity levels are insufficient to support either OOH or UTC service individually, it may be possible to

signpost patients that would attend a UTC (MIU) or Emergency Department to a more locally provided OOH service.

2. CONCLUSION AND RECOMMENDATION

2.1. The procurement process for IUC services is ongoing. The committee is asked to note the report.

APPENDIX 1 – EQUALITY IMPACT ASSESSMENT

Equality Analysis Form

It is desirable to undertake an Equality Analysis as part of our commitment to patients, staff and the public, to be attached to any procedural document and submitted to others as required or needed. A separate action plan may be needed to mitigate impacts.

Does the proposed policy, or changed practice, impact differentially on any of the protected characteristics (as defined in the Equality Act, 2010)?

Name of Strategy/Policy/Plan: Delivery of an Integrated Urgent Care (IUC) Service for Dorset.

Name of person undertaking the assessment: Rob Munro

Date of the assessment: 05/02/2018

Please consider impact (among others) in terms of:

- **Accessibility;**
- **Communication needs;**
- **Appropriateness of the service;**
- **And any other relevant matters.**

What are the intended outcomes of this work? *Include outline of objectives and function aims*

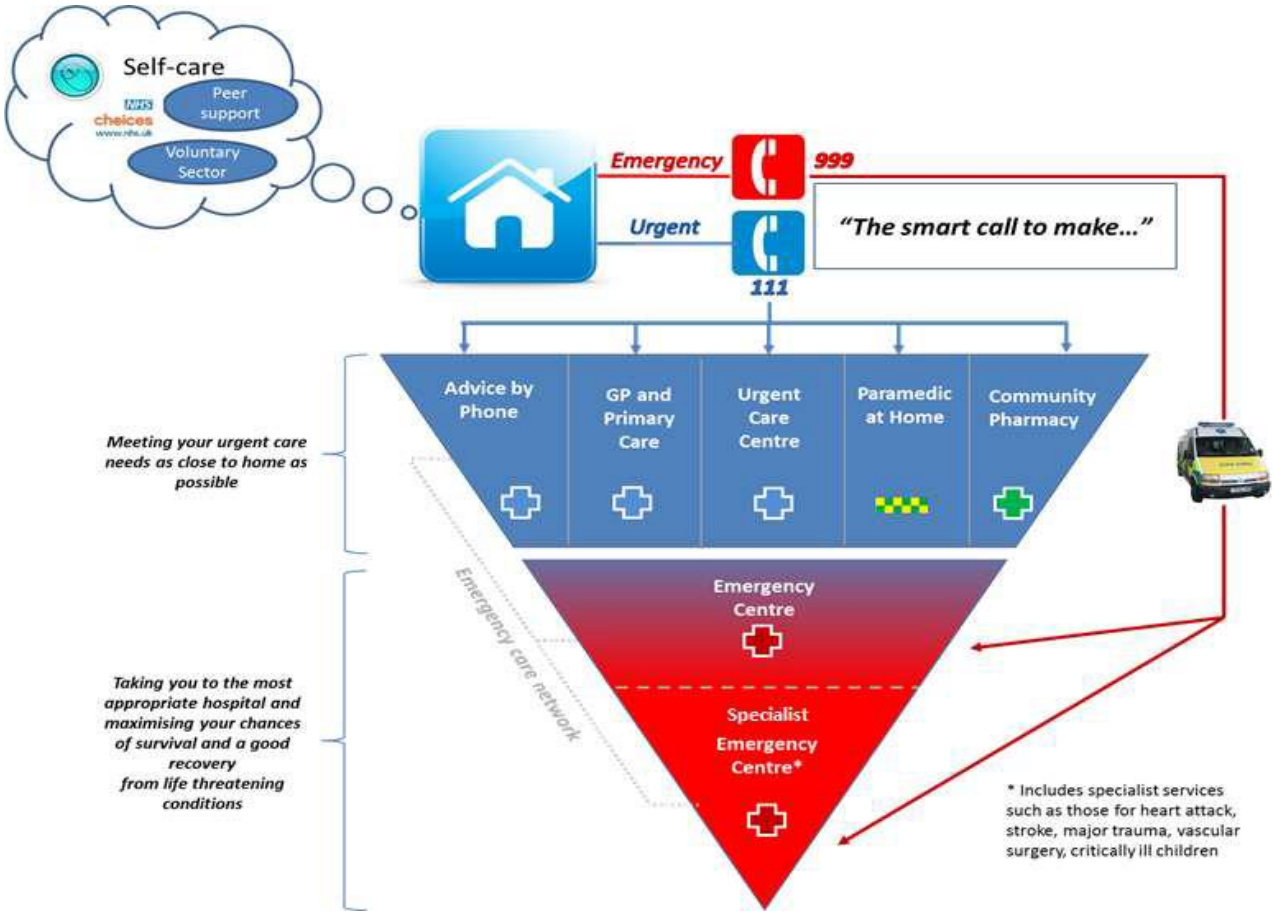
The aim of this project will be to deliver an Integrated Urgent Care (IUC) Service which will assess the needs of people and advise on or access the most appropriate course of action, including:

- Where clinically appropriate, people who can care for themselves will be provided with information, advice and reassurance to enable self-care;
- Where possible people will have their problem dealt with over the phone by a suitably qualified clinician;
- People requiring further care or advice will be referred to a service that has the appropriate skills and resources to meet their needs;
- People facing an emergency will have an ambulance dispatched without delay;
- 999 will continue to provide an emergency service whilst 111 will take all calls requiring urgent but not emergency care.

The Urgent and Emergency Care (UEC) Review (NHSE 2013) sets out a simple vision:

- For adults and children with urgent care needs, we should provide a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience for patients, carers and families;
- For those people with more serious or life-threatening emergency care needs, we should ensure they are treated in centres with the right expertise, processes and facilities to maximise the prospects of survival and a good recovery.

The shape and structure of the future system (NHSE, 2013) has been visually described as:



The IUC Service will form part of the Dorset Integrated Urgent Care System, which will be made up of services working together across the Dorset Health and Care System in an integrated way, cutting across the One Acute Network and Integrated Community Services (ICS) programmes of work within the STP. This will enable more patients to be appropriately reviewed and treated in an out-of hospital environment.

Transforming how UEC Services are provided across Dorset's acute and community settings, enhancing the community offer; reducing inappropriate A&E attendances, inappropriate ambulance conveyances and avoidable admissions is a key component of the STP and the Clinical Services Review.

Alongside the NHS Five Year Forward View and the publication of the Keogh report there are three additional sets of key guidance that are of particular relevance:

- Commissioning Standards Integrated Urgent Care (September 2015);
- Transforming Urgent and Emergency Care services in England. Safer, faster, better: good practice in delivering Urgent and Emergency care (August 2015);
- Integrated Urgent Care Service Specification (August 2017).

The desired outcomes of the IUC Service project are to deliver the 12 National Integrated Urgent Care Commissioning Clinical Standards which are listed below:

- At the heart of the integrated urgent care system will be a 24/7 NHS 111 access line working together with 'all hours' GP services;

- Additional clinical expertise available in NHS 111 call centre, via IVR or via warm transfer (e.g. Pharmacy, dental, MH and GPs);
- Enhanced Clinical assessment of green ambulance dispositions;
- Enhanced clinical assessment of ED disposition, and direct booking from NHS 111 into ED;
- Direct booking from NHS 111 into GP OOHs and, later, GP In hours;
- Direct booking from NHS 111 Community services and 'fast response' multi-professional community team;
- Special Patient Notes (SPNs), End-of-life and Anticipatory Care Plans to be available at the point in the patient pathway which ensures appropriate care;
- Integration via joint management of NHS pathways & capacity by NHS 111 and GP OOH;
- All providers working with IUC demonstrate integration by joint working to manage UEC patient pathways & capacity;
- Local Directory of Services to hold accurate information across all acute, primary care & community services, and to be expanded to include social care;
- Enhance patient experience by early identification of call that would benefit access of clinical adviser not pathways;
- Ambulance services pass green disposition back to the appropriate Clinician within the IUC Service.

Initial impact assessment	Description of impact, and outline of any mitigation.
Race / ethnicity / nationality *Attitudinal, physical and social barriers.*	Improving outcomes for all patients should be of benefit to this group, so at this stage we do not anticipate any adverse impact. Ongoing consultations and engagement events will yield more insight into how we can work to minimise the impact around language barriers and multicultural issues. The IUC Service will have a language line in place and will be monitored to ensure the provision of an adequate interpretation service is maintained. For non-English speakers Language Line (tbc) will be used by the service as well as translated leaflets explaining the service being available on the NHS Choices website.
Gender *Men, Women, Boys and Girls.*	This protected characteristic should not have any adverse impact to the new model of the IUC Service in Dorset. Procurement of these models of care will recognise and acknowledge the needs of male and female patients and will continue to be built into any design.
Religion or belief *Christianity, Islam, Non Abrahamic religions, Agnostics, Atheism*	It is not thought that the IUC Service will have any significant impact on religion or belief either negatively or positively, however awareness about places of worship within any proposed clinical hub will still need acknowledgement.

Sexual orientation *Lesbian, Gay, Bi-Sexual and Transgender*	It is not thought that the IUC Service will have any significant impact on either gender either negatively or positively.
Age *Detail across age ranges on old and younger people. This can include safeguarding, consent and child welfare.*	In planning for this procurement, Dorset CCG recognises that overall the population of Dorset enjoys relatively good health with a higher life expectancy than the England average. The IUC Service will reflect the needs of the elderly as well as the young in the appropriateness of its services, accessibility issues and ensuring that communication and interaction systems are of maximum benefit. It is the vision that the introduction of the IUC Service will mean there is less confusion over where to go for urgent care needs for all ages.
Disability *(e.g.) learning disabilities, physical disability, sensory impairment and cognitive impairment.*	Overall it is anticipated that the introduction of the IUC Service will impact in a positive way to what is currently and often confusing urgent care system. However, the quality of the service once "live" is particularly important and regular monitoring will be essential together with appropriate marketing to the individual protected groups. The two key groups identified in Dorset are: • The deaf community: Talk Type (tbc) will be available upon the launch of the service. • Learning disabilities: Easy to read leaflets for the launch of the service.
Marriage and civil partnership. *Part-time working, shift-patterns, general caring responsibilities.*	It is not thought that the IUC Service will have any significant impact on marriage and civil partnership either negatively or positively.
Pregnancy and maternity. *Detail on working arrangements, part-time working, infant caring responsibilities.*	It is not thought that the IUC Service will have any significant impact on pregnancy and maternity either negatively or positively.
Transgender. *This can include issues such as privacy of data and harassment*	It is not thought that the IUC Service will have any significant impact on the transgender group either negatively or positively.
Other identified groups *Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.*	

Engagement and involvement

Have you engaged stakeholders in gathering evidence or testing the evidence available? If not what do you intend to do?

A patient focus group was held on the 27 October 2016 and gave us the opportunity to seek feedback from a patient/public perspective and provided the group with an understanding as to why we are looking to redesign the current model for urgent care services in Dorset. We have also reviewed any information which has previously been gathered via the CSR engagement events and also the detail provided by Healthwatch.

As part of the procurement process a market engagement event was held on 30 November 2016 with a clinical engagement held on 11 January 2017. Further engagement was carried out during November and December and arrangements have been made to attend GP membership groups and locality meetings to gain feedback. A workshop was held on 15 June 2017, with a second market engagement event held on 29 November 2017.

The need to redesign urgent and emergency care services in England and the new models of care which propose to do this are set out in the Five Year Forward View (5YFV). The Urgent and Emergency Care Review proposes a fundamental shift in urgent and emergency care services and there is evidence available resulting from this review.

If you have engaged groups please list below and include who was involved, how they were involved and the key outputs:

Groups engaged	**Date and type of engagement**	**Outputs from activity**
Patient focus group	27/10/2016 Small focus group	9 attendees were due to attend but only 3 people attended on the day. Discussion focussed on people's lived experience and feedback was captured in two parts: **Part One: What was particular good/positive about your experience of the 111 service?** Attendees had positive experiences of the 111 service and clearly advocated the value of having a dedicated telephone number to ring out of hours. This was seen to be reassuring and effective in terms of signposting for appropriate care/treatment. **Part Two: What could be better/considered when providing a future 111 service?** The strongest message was about a lack of knowledge of the 111 service –

		particularly amongst people who might be older and live alone. Attendees made some suggestions about what might be done to help raise awareness amongst this group. They also felt that a good service is very much dependent on the people employed to deliver it and that thorough training was essential.
Market Engagement Event	30/11/2016 Presentation by Dorset CCG followed by provider 1:1 discussions	Key points which were captured during this event were: • The length of contract should be over a longer term with a clear preference for five plus two. • With regard to funding, majority of providers expressed a clear preference for a block payment with a degree of activity on top. • Direct booking was raised by many of the providers and having an arrangement where OOH were able to book into primary care at the beginning of the day and primary care able to refer patients to OOH at the end of the day; • Thought needs to be given to career pathways within the 111 service; • Most providers were interested in partnering up with a 111 provider.
GP/Clinical engagement	11/1/2017 Presentation by GP Clinical Chair followed by table top discussions	Main points captured from this event were: • Information goes from clinician to call handler then information can be lost in translation. Works better clinician to clinician. • More collaborative working across the board will improve patient experience • Need to look at portfolio working for the next generation of GPs for greater flex in the system/greater

		growth potential in professional development • Next generation of population need educating in the appropriate services and how they should be used. Should be working with schools as the police do. • Concerns around workforce – the national model is not really possible currently if GP focussed.
IUC Workshop	15/6/2017 Presentation by Dorset CCG followed by focussed questions with a Q and A to finish	Main points captured from this event were: • Interoperability between multiple systems is key – previous experience and existing blockers are making some providers uneasy • Getting GPs on board to develop the local offer is crucial regardless of which procurement options is opted for); subsequently the availability and training across the whole workforce will be key to success • The proposed model will encourage the forging, sustaining and improvement of professional to professional relationships, which will lead to more warm handovers, giving the impression of a single of organisation to the public • Skill mix offers a number of effective dispositions NHS 111 from, which in turn offers a wide range of services for patients from the initial point of contact • Integration will allow a patient to be directed effectively from the initial point of contact
Market Engagement	29/11/2017 Presentation by Dorset CCG followed by	Main points captured from this event were:

	focussed questions with a Q and A to finish	• How many times do I have to tell my story, patient needs to be able to only have to tell it once • Information about patient needs to be contemporary and easy for health professionals to locate • Knowledgeable staff. Patients need to feel confident in the staff • Patients should be encouraged to agree to share their records because it supports integration. It is key to help patients understand and build confidence in the service, which will enable them to be treated how they want to be: holistically. • A current lack of confidence in the 111 system is apparent but already signs of improvement been seen by patients – the concept of the CAS was seen as positive. The target of the 50% clinical input will ensure the service is improved, with patients' expectations being able to be managed much more effectively.

Summary of Analysis of the overall impact

Considering the evidence and engagement activity you listed above, please summarise the impact of your proposals. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.

The IUC Service is intended to have a positive effect on care access and choice for patients. Modelling criteria and the service specification for this will have been adopted based on an understanding of local need to ensure new models of integrated urgent care have a positive impact on health outcomes.

Engagement with local clinicians, providers and the public will inform new models of care to address concerns raised about accessibility and responsiveness to need.

The IUC Service provider(s) will need to address the needs of diverse populations through offering choice of how services can be accessed and care personalised to meet individual needs of patients and carers.

The IUC Service provider(s) will need to ensure they address the needs of a diverse population, many living with long term health conditions and social care needs. Models of access, advice, assessment and treatment services will consider the needs of patients with the most complex needs to ensure there is appropriate access to care and flexibility of service provision to meet personalised care needs.

- Simpler, more accessible and joined up services;

- Based around primary care and natural geographies and communities;
- Provided by teams working better together;
- Flexible and responsive to people's needs;
- Including social care, mental health and other services, and the voluntary sector;
- Supporting people to look after themselves better, preventing ill health;
- Providing help and support available when people need it.

New models of care will consider how evidence of public health outcomes can inform the design of services to better meet the needs of at risk populations addressing the current gaps in services that exist and providing a better response to health inequalities.

The Accessible Information Standard, implemented on 31 July 2016, aims to provide people who have a disability, impairment or sensory loss with information that they can easily read or understand. This will ensure that all care providers:

- Ask people if they have any information or communication needs, and find out how to meet their needs. Record those needs clearly and in a set way;
- Highlight or 'flag' the person's file or notes so it is clear that they have information or communication needs and how those needs should be met;
- Share information about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so;
- Take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

Name of person who carried out this assessment: Rob Munro

Date assessment completed: 05.02.2018

Directorate lead: Sue Sutton

Date assessment was signed: 16.02.2018

Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	8 March 2018
Officer	Siobain Hann Commissioning Manager, Partnerships, Dorset County Council
Subject of Report	**Mental Health Enquiry Day December 2017**
Executive Summary	As part of the People and Communities Overview and Scrutiny Committee work programme, a member lead enquiry day into mental health in Dorset was carried out on 13 December 2017 at the Dorford Centre, Dorchester. The day was well attended with a mix of people with lived experience, their carers and wider community and statutory stakeholders. Presentations were provided on: • the Acute Care Pathway by the Dorset Clinical Commissioning Group • Co-production by the Dorset Mental Health Forum • Integrated Prevention Service by Dorset County Council Commissioning The major element of the day was group work to explore key areas of support and service provision and identify key gaps, constraints and possible solutions. The outcome of the day was to identify areas of work that could be drafted into a delivery plan moving forward. The issues raised have been collated according to the key delivery areas of personalisation: • Service • Practice • Commissioning/Joint working

	To move the work forward it has been recommended that practice and service are owned by the project group delivering new joint working arrangements between social care and health. A joint commissioning group lead by Dorset County Council and the Clinical Commissioning Group is proposed to bring together the work of the Acute Care Pathway (ACP) and a commissioning review of social care services and early help in line with the findings of the enquiry day. The key themes that emerged from the day are as follows: (i) Consistency There are significant differences in the level, scope and style of services across the county (ii) Accessibility Across Dorset, people are finding it hard to access services that meet their specific need (iii) Community Facing There is disengagement of local communities' due to the image and perceptions of mental health which focus at the complex end of the scale (iv) Style and Culture (Personalisation) The style of service provision (in both health and social care) does not always lend itself to a person-centred recovery focused approach Further detail of the issues raised are set out in the appendices attached. These will be drawn together and embedded into existing or planned areas of work, for example, the project group for integrated working with Dorset Healthcare University Trust, and a proposed Joint Commissioning Group with the Clinical Commissioning Group.
Impact Assessment:	Equalities Impact Assessment: The completion of the equality quality impact assessment will form part of the project plan development to inform and support key lines or enquiry and activity.
	Use of Evidence: Formal Consultation event

	Budget: Within existing commissioning and operational budgets of the Clinical Commissioning Group and Dorset County Council
	Risk Assessment: To be completed once formal delivery plans in place
	Other Implications: The work will seek to engage with: • The voluntary and community sector to support early help • Advocacy groups to keep the voice of the user at the centre of the work • Statutory agencies to ensure a joined-up approach to delivery and best use of available resources
Recommendation	The Committee is asked to note and comment on the workshop activity, findings and summary of future ideas.
Reason for Recommendation	Members of the People and Communities Committee and Dorset Health Scrutiny Committee requested that work be carried out to further understand the needs of mental health services users and their carers in the communities of Dorset, ensuring that Dorset County Council can fulfil its commitments under the four key outcomes: • Safe • Healthy • Independent • Prosperous
Appendices	1. Summary table of key issues identified 2. Summary of workshop notes 3. Areas for action
Background Papers	None.
Officer Contact	Name: Siobain Hann Tel: 01305 224679/7104679 Email: s.hann@dorsetcc.gov.uk

Debbie Ward
Director for Adult and Community Services
March 2018

MENTAL HEALTH ENQUIRY DAY

REPORT ON OUTCOMES

1. Introduction

1.1 One in four people in the UK will suffer from mental ill health each year[1], with approximately 11,400 people over 65 years old in Dorset living with Dementia by 2025.[2]

1.2 These statistics illustrate the significance of varying forms of mental health on the community of Dorset and this need requires a response from both the statutory, and voluntary and community sectors.

1.3 Dorset County Council Adult and Community Services, under the Care Act 2014, have a statutory responsibility to provide information, advice and support as well as the right to an assessment and the provision of care for the most vulnerable members of our community.

1.4 The local authority has set out four high level outcomes that drive it's work in meeting its key statutory responsibilities, these are:

(a) Safe
(b) Healthy
(c) Independent
(d) Prosperous

1.5 To meet the challenges of these high-level outcomes and the responsibilities upon it to support our communities, Dorset County Council Adult and Community Services has set out an ambitious transformation programme with the vision to:
" … work with people, communities and other organisations to improve and maintain their wellbeing, to live as independently as possible, recognising some individuals and groups may need more support than others."

1.6 This report and the work that will be derived from it will be carried out within the context of the County Council's statutory duties and the transformation vision which sets out the key principle of personalisation.

2. Mental Health Enquiry Day

2.1 The Lead Member for Mental Health within the People and Communities Committee undertook to carry out an enquiry day to help the authority better understand the challenges faced by people in Dorset who experience mental ill health and to consider opportunities to address them.

2.2 The event was carried out with support from Adult and Community Services officers on 13 December 2017 and involved stakeholders from Council Members, the Local

[1] Government response to the Five Year Forward View for Mental Health 9th Jan 2017.
[2] The State of Dorset – Health and Social Care Report 2017. Dorset County Council

Authority mental health teams, the Clinical Commissioning Group, Dorset Police, Dorset Mental Health Forum, Housing, Mental Health Providers and service users and carers.

2.3 The structure of the day included an introduction and intentions of the day by Councillor Mary Penfold and Harry Capron, Assistant Director, Operations – Adult and Community Services and presentations by the Dorset Clinical Commissioning Group on the work and outcomes of the Acute Care Pathway (ACP) and the Dorset Mental Health Forum on Co-production and their experience of the work of the ACP, and Dorset County Council Commissioning on Integrated Prevention Service.

2.4 This was followed by group discussions on key topic areas which the group members were asked to break down into gaps, constraints and solutions. These were fed back to the group and have subsequently been collated to provide more formal feedback to attendees as part of the view seeking process.

2.5 The day provided a significant amount of feedback and solutions to address key issues. This report seeks to present the findings and set out actions to address the issues raised within the context of the key principle of personalisation as set out in section one of this report, and to deliver this through a culture and process of co-production.

3. Personalisation and Co-Production as the key principles and culture of future work.

3.1 The Department of Health description of Personalisation is as follows:

> "… every person who receives support, whether provided by statutory services or funded themselves will have choice and control over the shape of that support in all care settings."

The intention behind personalisation is to ensure that services are tailored to meet the needs of individuals rather than the more historical "one size fits all" approach.

There is evidence from the enquiry day that service users and carers managing mental health and specifically dementia and dual diagnosis are still not reaping the benefits of the opportunities created through personalisation.

Personalisation is achieved through the building blocks of Commissioning and Joint Working, Practice and Service as defined though the activity of co-production. This is illustrated in the diagram below which is a variation on the National Health Service House of Care.

3.2 The Dorset Mental Health Forum was a key partner in the Mental Health enquiry day and were asked to present the concept of co-production and their experiences of this within the work of social care and health and most specifically in relation to the recent work to design the Acute Care Pathway for Mental Health.

The presentation provided many thought provoking ideas and quotes to help set the culture of engagement for the day. This included a definition of the term Co-production as set out by Boyle and Harris in 2010 and a definition of recovery attendees to reference back to in their discussions.

3.3 "Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change".

"…Recovery is about taking back control over your own life and your own problems, about not seeing your problems as being uncontrollable, or that their control is just the province of experts. It is about understanding yourself what is possible and what you can do to help yourself." (Repper 2009)

4. Findings by theme

4.1 The enquiry day sought to utilise group discussions within specific community and service areas to help focus the discussions. These were:

(a) The Mental Health Act
(b) Employment, benefits and Debts
(c) Access to Services
(d) Crisis Care
(e) Housing

4.2 The feedback was collated and has been set out within this report against the key areas of personalisation (see Appendix One):

(a) Practice
(b) Service
(c) Commissioning and Joint working.

5. Problem Statements and Objectives

5.1 In considering the above issues that have been raised under the areas of practice, service and commissioning, it is possible to see key themes or problem statements emerging from the view seeking. These in turn can be reflected back to become the overarching objectives of the work carried forward from the enquiry day.

(a) Consistency – There are significant differences in the level, scope and style of services across the country

(b) Accessibility – Across Dorset, people are finding it hard to access services that meet their specific need which is not dependent upon having a GP.

(c) Community Facing – There is disengagement of local communities due to the image and perceptions of mental health which focus at the complex end of the scale

(d) Style and Culture (Personalisation) – The style of service provision (in both health and social care) does not always lend itself to a person-centred recovery-focused approach

6. Ideas for the Future

6.1 To identify key projects or groups to take away and own the work derived from the findings of the day.

(a) Practice – Inform joint working development between health and social care such as requiring Integrated Services Managers to take back findings and feedback to their teams, utilising the expertise within those team to address issues and plan changes, good practice. For example, promoting person-centred working and recovery.

(b) Service – To inform the development of models of care and operating pathways and procedures for teams. This includes improving access to services for people with complex needs where access does not come via a GP, as well as investigating the responses from the local authority Adult Access Team.

(c) To develop future commissioning intentions through a formal Joint Commissioning Group where Dorset County Council and Dorset Clinical Commissioning Group can bring together the work of the ACP and the findings of the enquiry day. In particular issues where crisis services have been used when early intervention such as tenancy support, could have more effectively met and reduced the need.

Appendix One: Summary of key issues.

Personalisation Area	Key Issues
Practice	• Successful Integration There were many key areas that were raised as key elements for a successful integration of the health trust and social care operational teams. These included, information sharing, consistent practice, simplified systems for entry into statutory support and the need to ensure the new model enabled a positive shift in culture. • Communication The provision of information and advice easily accessible and understandable
Service	• Adequate Resource Concern was raised that changes to services as part of the Acute Care Pathway review and wider could have an impact on capacity across the county. That capacity needed to be in the right places. • Dual Diagnosis – Lack of access to mental health services where a person has needs around substance abuse.
Joint Working/Commissioning	• The public image of Mental Health The public perception of someone with mental health was seen as a barrier to people accessing help not only from statutory service but also from their own local community, including neighbours. People felt unable and unwilling to ask for help, seeing this as a move into dependency. • Information, Advice, Guidance and Support Concerns was voiced at the lack of information on what services are available, and advice and support in accessing them. This was particularly the case for those who may not be eligible for statutory support under the Care Act where there was a perception that you need to be crisis to access mental health services. • Early help and Prevention

	Care and Support is perceived to be targeted to the most complex need. Lack of support for those who have lower levels of mental health. Images and perceptions of mental health also create a barrier to those with lower levels of mental and need seeking support. Thereby reducing an escalation in ill health. • Accommodation Access to and stability of accommodation was key to discussions with issues around discrimination, quality, appropriate types of accommodation and benefits all being key factors to a person's ability to secure and maintain accommodation. • Financial Stability Employment and the ability to access with significant sickness records or the need to be flexible were key themes as well as the ability to access benefits. These had to be applied for electronically and did not take into consideration the specific issue around mental health, focusing more on physical health both in the application and appeals process. • Access to Services Each group raise issues of entry points and' access to services with complex and restrictive eligibility criteria to a wide variety of services. Often weighted to those most unwell, not recognising the spectrum of ill health. • Dementia Services Concerns around the current response to Dementia with a specific focus on the needs of those with early onset dementia. • Age specific services Further work to be completed to understand broad concerns around the under 18 years and over 65 year old groups.

Appendix Two: Summary notes of the Enquiry Day.

Service – Relates to social care and health services i.e. the CMHTs		
Gaps	**Constraints**	**Solutions**
MH Act		
• What about older people (Over 65's) • Time constraints on sessions from GP's/ CMHT's may not meet individual needs • Complex systems with entry points and criteria: • Not person centred • People have to fit into services • CFR's/retreats not accessible for people 'under the influence' • Info about services and how to access them • Trained staff/training and awareness	• CMHT eligibility criteria are not accessible for people with substance use • Organisational and accountability • May not wish/ be able to access retreats • Organisational agreement/ practicalities/modelling • Different accountabilities and information sharing constraints • Not visitable until too late. Prevent admission and subsequent consequences. Lack of understanding by statutory agencies • Many services/ complex access and eligibility criteria • Change in definition of public place for SI36 likely to increase no of sections	• Skilled assessment and signposting/response as appropriate • Capacity in the right place. • Acute hospitals • Move trained staff to areas where there is a need • Cultural shift for individuals/partners so they use the new model
Employment, Benefits and Debts		
• People become known through housing, but otherwise don't come to notice • Medical assessors for PIP etc are focused on physical health • People who don't meet CMHT criteria don't always get some level of support • Pathway- Do we pick up people early enough when they go off sick with MH? • Changes to ELA creating added pressures (And no longer ring fenced) • Young men with dementia not able to get attendance allowance of DLA/PIP also difficult • Inconsistency of support	• DCH seeing spike in patients with needs and difference between known and unknown • Many people don't have diagnosis • Not always known to authorities • No address for claims etc • Not officially diagnosed • UC- Problems on how to claim and need for computer/online access. 6 weeks delay • Zero hours and poor contracts mean irregular pay, no ick pay etc • Services often non-statutory • get benefits (Lots of appeals court) Questions asked in court/asst. not appropriate and can deter people, especially those with MH.	• YouTrust crisis intervention- Goes to people's homes to help with advice and forms etc. • Retreats and CFR's may offer more local places to assess and provide support & advice- Not in an acute environment • Assists can often be done at home (More relaxed environment)- As long as you 'justify' or ring to ask • Some good resources bit not in all areas (e.g. Comm. Resource Teams) • Need income to help integration or for self • Good links needed with Community Resource Teams and YouTrust

	• Admissions lead to loss of independence • Drive towards full employment, but employers have not been employing people with poor history/sick record • Can be difficult for people to return to work • Gaps in CV's difficult to explain, need to have confidence in conversation • Rules at UC (Telling people to save up 6 weeks of rent) • Benefits paid to individuals rather than providers- Lacking skills to manage the money • Application for UC is online only and 'threat' of UC process is frightening • Carers often have to give up work sue to lack of flexibility by employer and unpredictable nature of MH • PIP- Looking for consistent need, but MH is not consistent	• Can help people to get vol. work, but may affect benefits, can lead into employment though • Educating employers and schools is important • CAB brilliant at helping people with debts • CAB can help with advice and form filling etc (But capacity to help varies) • Dorset Advocacy will also help • YouTrust help with benefits and challenging • Comm. Res Team can help in Dorset, but some employers reluctant to employ people with Asperger's • Job carving- Dorset Healthcare to change the tasks and create jobs that individuals want to do- Making best use of peoples skills • Make interviews more accessible- Eg 'Live Interview' where someone watches a potential employee during a trial period thus avoiding interviews that can be intimidating • Need to support carers better- Provide compassionate leave and flexibility (Reduces staff turnover and sick leave) • 'Local induction' to support people in the first days and weeks. To help reduce number who leave almost immediately as feel they cannot cope with job (Environment, expectations etc) • Get the right person for the job

		• Work coaches through Job Centres- Will help with all aspects of looking for work • Working Links? DWP funded possibly only n Weymouth
Access to Services		
• Availability of voluntary services for people with Dementia	• Eligibility Criteria- Prevent people getting help • Lack of trust/knowledge about neighbours • People not wishing to be dependant (Not asking for help) • Rurality • Images of MH • Cultural differences and understanding • People unaware of rights • Belief that only very serious crisis' will receive a service	• Flexible form services • Community involvement (Eg Dementia friendly towns) • Link services to wider community services (Pub, community centres, social and faith groups) • One point of contact • Share power • Shift to prevention- Self-definition (Eg Of crisis) and share power • Involvement of faith and other community groups
Crisis Care		
	• Accessibility to services • Clear referral process	• GP's need to be more accessible • Community rooms provide education and support for professionals
Housing		
• Discrimination in community and housing	• Area, situation make it difficult for them E.g. Other people in block are 'chaotic' • Losing accommodation • Change of consultation- Modelling • Limiting thinking being brave to change • There isn't enough of a voice going up Nationally	• Choice and control in living situation • Need flexibility • Housing needs to be tied to their personal infrastructure • 'Trade advisor' and 'Check a trade' for housing and landlord checks • Driving up standards

<u>Practice</u> – This relates to systems and process of the operational teams		
Gaps	**Constraints**	**Solutions**
MH Act		
• Out Of Hours services are stretched too thin and generic model	• People/services not aware of step down options particularly recovery education centre	• 24/7 AMHP service separate from Out Of Hours co-located with crisis teams

Employment, Benefits and Debts		
• Is hospital DCH linking in with all the services available? Social workers notice inconsistent • Inconsistency of support	• Social Workers no longer able to give advice on benefits etc- Have to stick to stat. roles	• Build awareness for staff, some people maybe under the Psych. Liaison Service, but not all.
Access to Services		
Crisis Care		
• Safeguarding (Self neglecting) • Shared activates • Primary and secondary care • Catering for carers at times of crisis • Portland and North Dorset accessing crisis help	• Team boundaries	
Housing		
• Managing quality		• Help sooner

<u>Commissioning/Joint working</u> – Services that have to be designed and procured or where we need to work in partnership to design or change things such as housing and benefits.		
Gaps	**Constraints**	**Solutions**
MH Act		
• Gaps in commissioning: • CCG- MH • Public Health- Drug and alcohol • Safe places • And what about younger people 18 and under • Need for SB6 suite in West and more capacity in St Ann's	• Workforce (Lack of)	• Need a safe space. (Alcohol workers involved) • Joint strategic commissioning plans, 'Change the dialogue' and inclusive not exclusive responses • Social/community/faith based safe spaces. Statutory services support these developments. Building community resilience • Need pathways to recovery education sector • Integration and services designed around individuals
Employment, Benefits and Debts		
• Now small organisations have to cover sick pay it's a disincentive to employ people (Sick pay is often		

more than wages)- Is there a cut off point below which employers are not liable, due to size of workforce, for EG for only 1 day per week? • Reduction in vocational support services (More for LD then MH?)		
Access to Services		
• Transport links • Carers services • Cultural • Services • Knowledge		• Making services more easily accessed by those who need them, when they need them.
Crisis Care		
• Rural community • Criteria too difficult • What happens if Rethink closes? They run the carers groups • Accommodations • Transport	• Transport • Funding	• Advice line • Budget taxi services
Housing		
• Appropriate housing • Rules around Housing/Tenancy/Benefits • Understanding of valuable types of accommodation/housing • Owned by consumers • LGR/ New targets		• Co-production of a range of accommodation such as shared lives, PA's and flats • A centre for communities. Building community capacity

Appendix 3: Areas for Action

1. Summary of Themes and Areas for Action (Major Challenges and responses) Timescales or feedback in a years' time (March 2019 OSC Meeting).

Theme	Action Area	Responsible Group	Contributors
Practice	Successful Integration	Integration Project Group	Service Users and Carers
	Communication Plan		
Service	Adequate resource	Integration Project Group	Service Users and Carers
	Dual Diagnosis		Service Users and Carers. Public Health?
Commissioning/Joint Working	MH Image		Service users and carers
	Information, Advice, Guidance and Support		Service users and carers
	Early Help and Prevention	Commissioning Group	Service users and carers
	Accommodation	Commissioning Group	Service users and carers
	Financial Stability	Commissioning Group	Service users and carers
	Under 18's	Children's Services	Service users and Carers Transitions
	Dementia Services Including early onset.	Dementia Services Project Group	Commissioning Group Service Users and Carers
	Over 65's		
	Access to Services Statutory	Integration Project Group	Service Users and carers
	Access to Services – Commissioned and Community	Commissioning Group	Service Users and carers Integration project Group?

Note: Activity and timescales to be determined by individual groups.

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Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	8 March 2018
Officer	Helen Coombes, Transformation Programme Lead for the Adult and Community Services Forward Together Programme
Subject of Report	**Mental Health Support for Children and Young People: Inquiry Day – Scoping document**
Executive Summary	In November 2017 Dorset Health Scrutiny Committee agreed that, as part of its annual work programme, it would undertake a review of Child and Adolescent Mental Health Services (CAMHS). Following discussion with colleagues in Children's Services, the Clinical Commissioning Group and HealthWatch Dorset, it is proposed that the focus is widened, to incorporate lower level support and services. The purpose of the review would be: • To look at the provision of and access to support and services for children and young people with mental health needs in Dorset, across the spectrum of need; • To review the progress and impact of the Local Transformation Plan for Children and Young People's Emotional Wellbeing and Mental Health (presented to Dorset Health Scrutiny Committee in June 2016 and refreshed in October 2016). The attached scoping document (Appendix 1) sets out the rationale behind the review and the suggested approach to be taken. An Inquiry Day to inform the review is being planned and will take place on Monday 21 May. Initial invitations have been sent to key participants and further invitations will be circulated once a final list has been drawn up. Members are asked to consider the scoping document and contribute to the planning of the Inquiry Day, the outcome of which will form the basis of a report to the Committee on 13 June 2018.

Impact Assessment:	Equalities Impact Assessment: The proposed Inquiry Day would address issues of inequality with regard to access to services and support.
	Use of Evidence: Previous report to Health Scrutiny Committee, 7 June 2016 (see Background Papers). Review of children and young people's mental health services: Phase one report, Care Quality Commission, October 2017: http://www.cqc.org.uk/news/releases/cqc-completes-initial-review-mental-health-services-children-young-people
	Budget: Not applicable.
	Risk Assessment: Current Risk: LOW Residual Risk: LOW
	Other Implications: None.
Recommendation	1 That members consider and comment on the scoping document for the Inquiry Day regarding support and services for children and young people with mental health needs in Dorset; 2 That members support the Inquiry Day and commit to attend on 21 May 2018.
Reason for Recommendation	The Committee supports the County Council's aim to help Dorset's citizens to remain safe, healthy and independent.
Appendices	1 Scrutiny Review – Planning and Scoping Document: Mental Health Support for Children and Young People 2 Minute from Dorset Health Scrutiny Committee, 7 June 2016
Background Papers	Committee papers – Dorset Health Scrutiny Committee, 7 June 2016 (see agenda item 21): Report to DHSC re CAMHS - 7 June 2016
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

March 2018

Appendix 1

Scrutiny Review - Planning & Scoping Document
Mental Health Support for Children and Young People

What is the Purpose of the Review? • *Specify exactly which Outcome(s) the review is examining?* • *Also being clear what the review is <u>not</u> looking at* • *What is the Scrutiny Review seeking to achieve?* • *Where possible refer to VFM issues of service cost, service performance and/or customer satisfaction.*	The purpose of the review would be: • To look at the provision of and access to support and services for children and young people with mental health needs in Dorset, across the spectrum of need; • To review the progress and impact of the Local Transformation Plan for Children and Young People's Emotional Wellbeing and Mental Health (presented to Dorset Health Scrutiny Committee in June 2016 and refreshed in October 2016). This links to the Corporate Plan outcomes around supporting Dorset's residents to be safe and healthy, and the desired outcome to reduce the prevalence of mental health conditions. The review will look at issues which were of concern to the Health Scrutiny Committee in June 2016 (see minutes at Appendix 2), particularly timely access to CAMHS support, an increase in referrals and an increase in the number of young people denied treatment. However, there will also be a focus on wider support for emotional wellbeing and mental health, including that provided by community groups, youth services and schools. The review will be in the format of a 'Select Committee': an Inquiry Day at which a range of stakeholders will have the opportunity to respond to presentations and ask questions.
What are the Criteria for Selection? • *Why has this particular topic been considered to be a priority issue for scrutiny?* • *Which of the principle criteria promoted by the Centre for Public Scrutiny does it satisfy?*	This review has been selected because it reflects national and local concerns about the availability of CAMHS. In addition, it supports the Dorset Sustainability and Transformation Plan's theme of prevention, in that early access to support for emotional and mental health support can reduce or eliminate the progression of mental illness. The development of the Local Transformation Plan for Children and Young People's Emotional Wellbeing and Mental Health was undertaken by NHS Dorset CCG in partnership with Bournemouth, Dorset and Poole Councils, Public Health Dorset and a wide range of other stakeholders, including NHS providers, the voluntary and community sector, schools and the public. The refresh of this document in October 2016 sets out what had been achieved by that time and the on-going plans for service improvements. A review of progress will highlight areas of success and areas for further development. The role of the County Council with regard to Children's Services (social care, schools and youth services in particular) can be considered, recognising the importance of integrated services and joint approaches.

What are the Indicators of Success? • *What factors / outcomes will demonstrate that this Scrutiny Review has been a success?*	The review will provide an opportunity for stakeholders to share their experiences and expertise, with a view to making recommendations for any improvements to services that might be required. The outcome of the review should contribute to work being led by NHS Dorset CCG, in conjunction with partner organisations.
What Methodology / Approach is to be followed? • *What types of enquiry will be used to gather evidence.* *Following a structured and proportionate review process, which is likely to involve the active consideration of evidence, direct representation(s), a review of financial, performance and risk data to arrive at an objective opinion against some Key Lines of Enquiry;*	The review will be in the format of a 'Select Committee': an Inquiry Day at which a wide range of stakeholders will have the opportunity to respond to presentations and ask questions. Key evidence about the prevalence of mental health problems amongst young people, and performance and financial data about service provision will be provided on the day. In addition, attendees will have the opportunity to display information about the support and services they provide. The stakeholders who will be invited will fall into the following groups: • Young people and their carers affected by mental health issues and Healthwatch/user representatives; • Front-line practitioners who support those young people and their carers/families; • Strategic leads who are responsible for the over-arching approach taken in supporting young people and their carers/families; • Commissioners and providers who are responsible for the planning, sourcing and provision of support to children and young people with mental health needs (from both the statutory and voluntary and community sector). The supporting Key Lines of Enquiry are: - *If we do nothing where is the trend heading, is this OK?* - *What's helping and hindering the trend?* - *Are services making a difference?* - *Are they providing Value for Money?* - *What additional information / research do we need?* - *Who are the key partners we need to be working with?* - *What could work to turn the trend in the right direction?* - *What is the Council's and Members role and specific contribution?*
What specific resources & budget requirements are there? *What support is required for the review exercise?* • *specialist staff* • *any external support* • *site visits* • *consultation*	As far as possible costs will be absorbed in-house: The Inquiry Day will be hosted by Dorset County Council, with key input from NHS Dorset CCG, Dorset HealthCare University NHS Foundation Trust, Dorset County Council Children's Services and Healthwatch Dorset. The venue will be the Dorford Centre in Dorchester. Supporting materials will be sourced from the CCG and DCC.

• *research*	Members may wish to consider whether the County Council is able to provide a working lunch for participants and travel expenses for service users and carers who appear before the panel.
Are any Corporate Risks associated with this Review? *Identify any weaknesses and barriers to success*	Although there are no direct corporate risks, the Children's Services Risk Register includes the following: • *Failure to keep children safe that are known to or in the care of Dorset County Council*
Who will receive the review conclusions and any resultant recommendations?	• Dorset Health Scrutiny Committee; • Safeguarding Overview and Scrutiny Committee; • People and Communities Overview and Scrutiny Committee; • Dorset Health and Wellbeing Board; • Strategic Alliance for Children and Young People; • Partner organisations, including NHS Dorset CCG, Dorset HealthCare University NHS Foundation Trust; • All attendees.
What is the Review Timescale? • *Identify key meeting dates and any deadlines for reports or decisions.*	• Inquiry Day to be held in May 2018; • Report to Dorset Health Scrutiny Committee on 15 June 2018; • Report to be circulated to stakeholders after 15 June, with any recommendations; • Update on progress to Dorset Health Scrutiny Committee in March 2019.
Who will lead the Review Exercise? • *Identify a nominated:* *- Elected Member* *- Lead Officer*	Lead Member: TBC Lead Officers: • Ann Harris, Dorset County Council Adult & Community Services; • Claire Shiels, Dorset County Council Children's Services; • Elaine Hurll, NHS Dorset CCG; • Louise Bate, Engagement and Communications Lead, Healthwatch Dorset.
Media Interest / Publicity • *Communications Plan* • *Do we need to publicise the review to encourage community involvement?* • *What sort of media coverage do we want? (e.g. Fliers, leaflets, radio broadcast, press release, etc.)*	It is not the intention that the Inquiry Day will be open to the general public, only to key stakeholders and an invited audience. Communications will therefore be limited appropriately. The report collating the outcomes and recommendations arising from the event will be presented at Health Scrutiny Committee, which is a public meeting to which the press may attend.
Completed by: Date:	Ann Harris, Health Partnerships Officer, Dorset County Council Adult & Community Services, January 2018
Approved by Scrutiny Committee Date:	Dorset Health Scrutiny Committee, March 2018

Appendix 2

Appendix 2: Minute from Dorset Health Scrutiny Committee, 7 June 2016

21. Child and Adolescent Mental Health Services PDF 401 KB

To consider a report by the Director of Service Delivery, NHS Dorset CCG and the Director for Children's Services, Dorset County Council.

Minutes:
The Committee considered a joint report by the Director of Service Delivery, NHS Dorset Clinical Commissioning Group and the Director for Children's Services, Dorset County Council. The report outlined the service context for the provision of child and adolescent mental health services (CAMHS), focusing on the performance, particularly around access and waiting times. Improvements had been made in these areas as a result of the range of actions undertaken by the commissioners and providers. However, it was recognised that it was still an area of concern.

The report outlined areas of additional investment in Emotional Wellbeing and Mental Health through the submission of a transformation plan to NHS England on behalf of local partnerships. The report also outlined progress on the development of a new Emotional Wellbeing and Mental Health Strategy for children and young people. Public consultation on the strategy had been completed in May 2016, and the feedback received was now being analysed. An implementation plan would be published in September 2016.

Some concerns were raised by members regarding the increase in referrals and the increased number of patients being denied treatment. The Committee were reassured that increases were a reflection of what was happening nationally. Dorset's number was below average compared other parts of the Country.

It was noted that historically, a large number of cases had not been identified as soon as they should have been. Officers explained that various different work streams had been undertaken with schools and teaching staff in an attempt to up-skill educational professionals to enable them to identify mental health issues in young people. This would help increase awareness and allow access to treatment at a much earlier stage. It was suggested that the recent review of youth services and changes being made to how Youth Workers delivered services would provide an opportunity to help recognise and prevent mental health issues at an early stage.

The committee felt that there were possible concerns arising over the effect of certain aspects of modern life and believed that the restructuring of youth services had a very important part to play. The Committee suggested that the matter be passed to the appropriate overview committee for consideration on a future agenda. Officers informed the Committee that work in this area had already been undertaken, and would be included as part of the relevant overview and scrutiny committee's work programme in the future.

Dorset Health Scrutiny Committee Forward Plan, March 2018

Committee: 8 March 2018			
Format	Organisation	Subject	Comments
Report	Dorset Health Scrutiny Committee	Appointments to Committees and other bodies	To appoint representatives, following the resignation of a Member
Report	Joint Health Scrutiny Committees	Clinical Services Review and Mental Health Acute Care Pathway Review – update	To provide an update regarding the work of the Joint Committees, including the additional scrutiny of transport to be undertaken by the Joint Committee considering issues relating to services provided by SWASFT
Report	Multi-agency	Mental Health – Acute Care Pathway and Integrated Prevention and Support	An opportunity to hear about the discussions and outcome of the workshop organised by People and Communities Committee on 13 December 2017
Report	Dorset Health Scrutiny Committee, plus partner organisations	Mental Health Support for Children and Young People: Inquiry Day	An opportunity to review the draft scope of the Inquiry Day and for members to contribute to the planning of the event
Report	NHS Dorset CCG	Integrated Urgent Care Service	To inform the Committee of the procurement of an Integrated Urgent Care Service, to include NHS111, Clinical Assessment and GP Out of Hours Services
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	NHS Dorset CCG	Assisted Conception policy	To raise awareness of the revised policy, which clarifies eligibility
Briefing	NHS England	Modernising radiotherapy services in England	To inform members of proposed changes to the provision of specialist radiotherapy services and a response provided on behalf of the Committee to consultation

Committee: 15 June 2018			
Format	Organisation	Subject	Comments
Report	Joint Health Scrutiny Committees	Clinical Services Review and Mental Health Acute Care Pathway Review – update	To provide an update regarding the work of the Joint Committees, including the additional scrutiny of transport to be undertaken by the Joint Committee considering issues relating to services provided by SWASFT
Report	Multi-agency	Transport (with specific reference to health-related transport)	To present the outcome of the Inquiry Day hosted by DCC People and Communities Overview and Scrutiny Committee
Report	Multi-agency	Mental Health Support for Children and Young People: Inquiry Day	To present the outcome of the Inquiry Day undertaken to review provision of and access to mental health support for children and young people
Report	Dorset County Hospital	Maternity and Paediatric Services	To receive a report from DCH regarding progress with proposals for the future of Maternity and Paediatric Services
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
Report (TBC)	Dorset Health Scrutiny Committee	Proposed Standing Joint Health Scrutiny Committee	To consider the concept of a Standing (permanent) Joint Health Scrutiny Committee with Bournemouth Borough Council and the Borough of Poole.

Committee: 13 September 2018			
Format	Organisation	Subject	Comments
Report	Joint Health Scrutiny Committees	Clinical Services Review and Mental Health Acute Care Pathway Review – update	To provide an update regarding the work of the Joint Committees, including the additional scrutiny of transport to be undertaken by the Joint Committee considering issues relating to services provided by SWASFT
Report	Multi-agency	Suicide Prevention in Dorset	To present the outcome of a 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

Committee: 29 November 2018			
Format	Organisation	Subject	Comments
Report	Joint Health Scrutiny Committees	Clinical Services Review and Mental Health Acute Care Pathway Review – update	To provide an update regarding the work of the Joint Committees, including the additional scrutiny of transport to be undertaken by the Joint Committee considering issues relating to services provided by SWASFT
Report	Multi-agency	Housing and Health	To present the outcome of a 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

Future committee dates 2018:

Friday 15 June

Thursday 13 September

Thursday 29 November

Other key dates 2018:

Monday 21 May, Mental Health Support for Children and Young People: Inquiry Day, Dorford Centre, Dorchester

Ann Harris, Health Partnerships Officer, March 2018

Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	8 March 2018
Officer	Helen Coombes, Transformation Programme Lead for the Adult and Community Services Forward Together Programme
Subject of Report	**Briefings for information / note**
Executive Summary	The briefings presented here are primarily for information or note, but should members have questions about the content a contact point will be available. If any briefing raises issues then it may be appropriate for this item to be considered as a separate report at a future meeting of the Committee. For the current meeting the following information briefings have been prepared: • NHS Dorset Clinical Commissioning Group: Assisted Conception Policy • NHS England: Modernising Radiotherapy Services in England.
Impact Assessment:	Equalities Impact Assessment: Not applicable.
	Use of Evidence: Information provided by NHS Dorset Clinical Commissioning Group and NHS England.
	Budget: Not applicable.

	Risk Assessment: Current Risk: LOW Residual Risk: LOW
	Other Implications: None.
Recommendation	That Members note the content of the briefing reports and consider whether they wish to scrutinise the matters highlighted in more detail at a future meeting.
Reason for Recommendation	The work of the Committee contributes to the County Council's aim to help Dorset's citizens to maintain health, safety and independence.
Appendices	1. NHS Dorset Clinical Commissioning Group: Assisted Conception Policy 2. NHS England: Modernising Radiotherapy Services in England.
Background Papers	None.
Officer Contact	Name: Ann Harris, Health Partnerships Officer Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk

NHS Dorset Clinical Commissioning Group

Appendix 1

Briefing note: NHS Dorset Clinical Commissioning Group

NHS Dorset CCG Fertility Assisted Conception Policy changes	Contact name: Hannah Nettle Contact email: Hannah.nettle@dorsetccg.nhs.uk

1. Purpose of this briefing

1.1 The purpose of this briefing is to advise members of the Health Scrutiny Committee of NHS Dorset Clinical Commissioning Group's (CCG) decision to make changes to the Fertility Assisted Conception policy in order to:

- Provide greater clarity and improve the experience for couples accessing assisted conception treatment/s
- Limit emotional stress for those accessing the treatment
- Improve the clarity of the description of the policy criteria

1.2 The number of fertility cycles offered to couples was not included in the review as Dorset CCG made a decision in 2015 to approve the commissioning of one cycle of treatment.

2. Background

2.1 The commissioning of assisted conception (Fertility) services has a direct and significant impact on all couples identified as meeting the criteria for assisted conception services in Dorset. National evidence based research and guidance advises that although most women fall pregnant within two years of unprotected sexual intercourse, around 10% of couples are unsuccessful. This is called infertility and there are a range of reasons why couples do not conceive, including various medical conditions in the man or the women, the woman's age, obesity and/or lifestyle factors such as smoking or drinking. There are a number of potential treatments for infertility including medical and surgical interventions. However, some couples can only conceive with the help of complex assisted conception treatments such as in-vitro fertilisation (IVF), Intracytoplasmic sperm injections (ICSI) and Intrauterine insemination (IUI).

2.2 The Criteria Based Access Protocol (CBAP) for Assisted Conception, was updated and subsequently approved in February 2015. This was to align it with the Governing Board recommendations, the Equality Act (2010-2012), best practice and NICE guidance. Key changes included:

a) Number of cycles of IVF treatment commissioned reduced from two cycles to one cycle.
b) Removal of the lower age limits for women: previously only women between age 30-35 years could access treatment.
c) Removal of the upper age limit for men: previously men had to be 55 years or under to access treatment.
d) Increased upper age limit for women, completing a treatment cycle 'by the age of 42'.
e) Same access to treatment for same sex couples as heterosexual couples.
f) BMI for female changed from 19-29 to 19-30 and for males from 35 to 30.
g) Definition and clinical indication aligned with NICE guideline 156 for IUI, IVF, ICSI.

2.3 Since the policy went live on the 1 April 2015 commissioning matters and issues relating to the policy have been raised via stakeholders; including clinicians delivering local fertility services, patients and requests to the individual patient treatment panel. As a

result of this the policy was reviewed taking these into account and a set of proposed changes were developed, and consulted which have been agreed by the CCG.

3. Proposed Changes

3.1 During August and September 2017 people with lived experience of accessing the assisted conception pathway were invited to meet with the CCG and Fertility Centre to give their views on the proposed policy changes and feedback any other areas for service improvement.

3.2 Further views were sought from those with lived experience of cancer and whose fertility might be affected by medical treatment.

3.3 Overall there was majority support for the proposed changes with one exception relating to cryostorage, fertility preservation treatment for women. Egg Oocyte cryopreservation is the freezing and storage of eggs that may be thawed for use in future in-vitro fertilisation treatment cycles. Embryo Cyrostorage is the freezing and storage of embryos that may be thawed for use in future in-vitro fertilisation treatment cycles. Nationally 2013 data (Human Fertilisation and Embryology Authority (HFEA)) states birth rate using frozen eggs was 14%, and birth rate per cycle started after frozen embryo transfer using woman's own eggs was around 25% (the success rate declines to around 17-10% from age 40-43+). The proposed change was that patients who are undertaking potential medical treatment likely to impair fertility are eligible for egg/oocyte harvesting and storage, and for couples in a three-year stable relationship they are eligible to access egg/oocyte harvesting, fertilization and embryo storage (embryo creation and storage). There was a split view that embryo creation and storage should be available to all but the majority felt that the three-year period for couples to access embryo creation and storage was too long.

3.4 The secondary care clinical staff delivering local fertility services supported all the proposed changes with exception to cryostorage and felt when a couple receive a cancer diagnosis, having criteria that stipulates that they have to have been together in a stable relationship for over three years before being able to access cryostorage could significantly restrict people's chances of having their own children in the future if the option continues to be restricted only to egg storage. The current policy does not support people who have been together for a shorter period of time, but are clear that they will be together a long time and wish to have children in the future

3.5 Following consultation, the proposed policy change for cryostorage was amended and the time period for couples to access embryo creation and storage was removed, see item 1 in the table below.

3.6 On the 20 December 2017 Dorset CCG Clinical Commissioning Group Clinical Commissioning Committee approved the proposed policy changes to be effective on the 1 January 2018.

3.7 Please see table one, for the key changes that have been agreed:

	Change in policy – effective from the 1st January 2017	**Current policy**
1	Where medical treatment will impact fertility (e.g. cancer treatments) couples have the option to discuss access to egg or embryo cryostorage, however clinical judgement will be applied to determine	No criteria apply to cryopreservation and as a result Individual Patient Treatment (IPT) requests are raised to gain clarity. This adds a further step and delay in process in an already often urgent and stressful situation.

	which option is most appropriate. Female patients have access to egg cryostorage.	
2	The length of egg/embryo storage period funded by the NHS is up to age 40 but must not exceed appropriate HFEA regulations.	10-year cryostorage period for eggs and embryos. (This storage period can be limiting for some females e.g. those who may have had cryostorage in their early 20's.)
3	Couples entitled to access 1 additional cycle of IVF or ICSI where couples have gone through a long process to reach egg collection and have unexpected failed fertilisation and do not create an embryo.	Not available.
4	Couples entitled to access 1 additional cycle of IVF or ICSI when they abandon treatment on the first cycle and do not achieve egg collection because of either a) being at risk of ovarian stimulation or b) do not stimulate (under stimulate).	Not available.
5	Patients diagnosed with absolute infertility to be entitled to immediately access NHS funded assisted conception services.	Not current policy - the two-year waiting time is inappropriate for those with absolute cause infertility as no period of trying to conceive will alter the chances of pregnancy without assisted conception treatment.
6	Patients are able to delay implantation of frozen embryo up to 12 months.	Not current policy - this has not been clear in the old policy and has caused IPT requests to be raised.
7	Couples are able to commence treatment within 3 months if clinically appropriate.	Not current policy - some patients wish to progress treatment prior to the 3 month wait time and Salisbury assisted conception service have deemed patients clinically appropriate to proceed.
8	In line with (NICE) Same Sex Female couples are able to access NHS assisted conception treatment after demonstrating infertility through 6 self-funded cycles of Donor Insemination (DI).	Current policy means same sex couples have to demonstrate unexplained infertility through 12 self-funded cycles of Donor Insemination.
9	Same sex male couples can be referred for infertility investigations after 6 cycles of DI where no pregnancy results for which the man's donated sperm has been used.	No criteria in the old policy for same sex male couples.

4. Conclusion:

4.1 Discussion at the CCG Clinical Commissioning Committee concluded:

- These are positive changes to the policy for patients that will improve access to patients going through the assisted conception pathway. It will also clarify elements of the policy that are currently unclear.
- It will improve experience of assisted conception treatments and will limit emotional distress compared to the current policy.

- The changes to the policy provide a fair and equitable offer of assisted conception treatments within the financial constraints.
- It was recognised that this policy aligns with the Equality Act, however it was noted that at any time national policies and drivers may change that could initiate further review of the policy.
- Same sex female couples access to NHS funded treatment aligns to NICE Guideline 156 for to best practice.

Definitions / Glossary of Terms

ICSI Intracytoplasmic Sperm Injection (ICSI) is a variation of in-vitro fertilisation in which a single sperm is injected into the inner cellular structure of an egg.

IUI Intrauterine Insemination (IUI) involves timed insemination of sperm into the uterus. This can be completed as part of a natural unstimulated cycle (unstimulated IUI) or following stimulation of the ovaries using oral anti- oestrogens or gonadotrophins (stimulated IUI).

IPT Where patients are outside of the criteria and clinical exceptionality exists requests for Individual Patient Treatment (IPT) can be made through the CCG IPT process.

IVF In-Vitro Fertilisation (IVF) is a technique whereby eggs are collected from a woman and fertilised with a man's sperm outside the body.

The term IVF usually refers to the full cycle of treatment, where one or two embryos which have resulted from the in-vitro fertilisation process are then transferred to the womb with the aim of starting a pregnancy.

The main procedures involved in IVF treatment are:

- pituitary down regulation: switching off the natural ovulatory cycle to facilitate controlled ovarian stimulation;
- ovarian stimulation: administration of gonadotrophins to encourage the development of several follicles followed by administration of hCG to mature eggs ready for collection;
- egg collection followed by semen production or sperm recovery;
- IVF;
- transfer of resulting embryos to the uterus;
- luteal support: administration of hormones to aid implantation of the embryos.

Appendix 2

Briefing note: NHS England – Modernising Radiotherapy Services in England

1 Background

1.1 In late December, Dorset Health Scrutiny Committee became aware (via concerned colleagues in the Isle of Wight) that NHS England had launched a consultation on radiotherapy services in October 2017. The consultation was seeking feedback on a new specification for adult radiotherapy services and, due to the level of interest, the consultation period had been extended to 24 January 2018**.**

1.2 The notification circulated by NHS England was as follows:

The development of the proposed service specification sits alongside NHS England's £130 million investment in radiotherapy equipment, which was announced last year and is aimed at delivering the vision for radiotherapy services.

Our aim is to encourage radiotherapy providers to work together in Networks to concentrate expertise and improve pathways for patients requiring radical radiotherapy for the less common and rarer cancers. This will help to increase access to more innovative radiotherapy treatments, increase clinical trial recruitment and make sure radiotherapy equipment is fully utilised, securing greater value for money. There is no intention to reduce the number of radiotherapy providers, nor is it considered to be a likely outcome of these proposals.

The specification has been developed by talking to doctors, nurses, radiographers and public and patient engagement groups and was informed by a period of stakeholder engagement in 2016. A report of this work is available.

Through the consultation, NHS England will be seeking more views on these proposals from patients, carers, members of the public, clinicians and anyone else who may have an interest in radiotherapy services.

How people can give their views
NHS England is keen to receive feedback and answer questions on the proposals for the vision of radiotherapy services across England. Feedback will help NHS England to further shape and refine proposals for the delivery of safe and effective high quality radiotherapy services that are easy for people to access and meets their needs. The consultation period, runs from 18 October 2017 to 24 January 2018.

If you have any questions or comments about the consultation, please get in touch via england.npoc-cancer@nhs.net.

1.3 NHS England (Wessex) advised that *"the proposal for our sub region suggests creating a network at Oxford for radiotherapy patients in Hampshire, Isle of Wight and Dorset."*

1.4 In response to the consultation, the Isle of Wight Council (Policy and Scrutiny Committee on Adult Social Care and Health) wrote to NHS England expressing concerns, with specific regard to travel implications for their residents in terms of distance and cost, should the specialist radiotherapy services be based at Oxford.

1.5 Recognising that Dorset's residents could be similarly affected (and therefore potentially disadvantaged), attempts were made to establish what the local impact might be, including the number of individuals involved and what travel support would be provided in future. Unfortunately no response to queries was received from NHS England or local contacts prior to the deadline. A response to the consultation was therefore submitted without the benefit of full information, but hopefully registering the key concerns.

2 Response on behalf of Dorset Health Scrutiny Committee

2.1 A response to the consultation on behalf of the Committee was submitted on 24 January 2018 via e-mail, as follows:

On behalf of the Dorset Health Scrutiny Committee, I would like to raise the following points / questions, for consideration:

- *Dorset Health Scrutiny Committee has some concerns as to what the impact will be on patients from Dorset if individuals who would normally have been treated at Poole Hospital will in future have to travel to Oxford. It is not clear from the information that has been provided how many patients are likely to be affected each year, neither is it clear whether what is being proposed is in addition to services that will continue to be provided in Poole and (in future) in Dorchester. We seek reassurances on these questions.*

- *The Committee would like to know whether any travel support will be provided (other than the usual funding available to those on low income and the NEPTS for those who qualify)? It is certainly extremely difficult to get to Oxford from parts of Dorset by public transport, and a journey by car would take well over two hours from many parts of the County. The proposals mention accommodation and that the specification will "seek to encourage" provision. The Committee would prefer a clearer approach to this concern, with a definite commitment to the provision of accommodation where required.*

- *The consultation documents state that some Networks will be introduced in April 2018. When would any changes affecting residents of Dorset be introduced?*

- *The Committee recognises the benefits of specialised treatment centres for rare and very complex conditions and understands the rationale behind their introduction. However, rural areas such as the County of Dorset, with a high number of older residents no longer able to drive or use public transport (which may in fact not exist), need particular support to ensure equity of access to Health Services. We know, from previous discussions with cancer clinicians locally, that some individuals choose not to receive treatments when access to those treatments is too onerous as a result of the distances involved. As a Committee we would not be able to support changes to services which might not be of benefit to the local population, and we would be grateful if you could respond to the concerns raised.*

3 Update from NHS England

2.1 Following submission of the response to the consultation, NHS England were contacted again to try to clarify the proposals and the potential impact for Dorset. The Lead Commissioner for radiotherapy services subsequently contacted the Health Partnerships Officer and provided the following information:

- The establishment of networks relates to strategic oversight and scrutiny to deliver consistent practice and reduce clinical variation;
- If the proposals are taken forward, the local network would link Southampton and Oxford;
- The radiotherapy concerned would be in relation to a small number of very rare cancers, and one of the first pieces of work will be to undertake a stocktake of the numbers of cases across the network;
- At the moment, the consultation is about testing principles to find out whether services that may not be sustainable can be joined and integrated across sites;
- Southampton is already a specialist centre for radiotherapy and is likely to continue to be so;
- If, following the outcome of the initial consultation, changes to local services are felt to be necessary, they will require further local consultation.

2.2 Over 11,000 responses were received in response to the current consultation and these are currently being collated. This will take at least eight weeks. In the meantime, conversations with Cancer Alliances across the county continue, alongside discussions with clinicians and other professionals involved in the delivery of radiotherapy services.

4 Update from Dorset Cancer Centre (Acting General Manger, Oncology, Poole)

4.1 In addition to the update from NHS England, the General Manager of the Oncology Centre at Poole Hospital provided the following information, which may give some reassurance to Members:

We are not really anticipating much of a change to the radiotherapy service in Dorset. We already have a good relationship with the other trusts giving radiotherapy in the Wessex region, and expect this to continue. Our paediatric patients and cranial stereotactic patients already go to Southampton as the regional specialist centre for those types of patients, and this will not change.

Looking at the clinical framework and scenarios, Poole (with Dorchester as a satellite unit of Poole) will still be treating pretty much the same cohort of patients as we are at the moment. The only difference would be some rare site work we currently do may have to go to Southampton. It is unlikely it would have to go to Oxford. These would be very small numbers of patients with sarcoma, penile cancer or rare head and neck tumours, and will have little impact on the workload in Dorset. I anticipate no impact on the satellite unit at Dorchester at all.

The aim of this proposal is for services to be more networked to provide support across regions more easily if needed, especially in areas such as radiotherapy physics where recruitment and retention is challenging. Also to have more consistency of practice, enabling better pathways for the rare tumour types.

Ideally the radiotherapy community wanted these networks to be based on the current cancer alliances, as these are already in place and work well; we have very good links across Wessex already in place for radiotherapy. In reality I can probably see Wessex working as its own network within the larger remit, with just an oversight from a regional point of view, but as yet there is no detail on how this will work, and no timescale to work with.

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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
CAS	Clinical Assessment Service
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
IAGPS	Improving Access to General Practice Services
ICS	Integrated Community Services
ICU or ITU	Intensive Care Unit or Intensive Therapy Unit
IUC	Integrated Urgent Care
IVF	In-vitro Fertilisation
IVR	Interactive Voice Response
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
OOH	Out of Hours
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
SPOA	Single Point of Access
STP	Sustainability and Transformation Plan – now Partnership
SWASFT	South Western Ambulance Service NHS Foundation Trust
ToR	Terms of Reference
UTC	Urgent Treatment Centre

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