

# 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	<b>Joint Health Scrutiny Committee re Clinical Services Review and Mental Health Acute Care Pathway Review – Update</b>
Executive Summary	<p>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.</p> <p>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.</p>
Impact Assessment:	<p>Equalities Impact Assessment: Not applicable.</p>
	<p>Use of Evidence: Reports and summaries published by NHS Dorset CCG; minutes of the Joint Health Scrutiny Committee.</p>
	<p>Budget: Not applicable.</p>

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	<p>Risk Assessment: Current Risk: LOW Residual Risk: LOW</p>
	<p>Other Implications: None.</p>
Recommendation	<p>1 That members consider and comment on the report;</p> <p>2 That members support the work of the Joint Committees scrutinising the Clinical Services Review and emergency health transport, going forwards.</p>
Reason for Recommendation	<p>The Committee supports the County Council’s aim to help Dorset’s citizens to remain safe, healthy and independent.</p> <p>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.</p>
Appendices	<p>1 Minutes of Joint Health Scrutiny Committee, 12 December 2017</p>
Background Papers	<p>Committee papers – Joint Health Scrutiny Committee: <a href="http://dorset.moderngov.co.uk/ieListMeetings.aspx?Committeeld=268">http://dorset.moderngov.co.uk/ieListMeetings.aspx?Committeeld=268</a></p> <p>NHS Dorset CCG Dorset Vision website: <a href="https://www.dorsetvision.nhs.uk/">https://www.dorsetvision.nhs.uk/</a></p>
Officer Contact	<p>Name: Ann Harris, Health Partnerships Officer, DCC Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk</p>

## **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



## **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**

#### 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

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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

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## 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

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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

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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.

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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