**Public Questions and Statement for the Dorset Health Scrutiny Committee on 8 March 2018**

**Questions**

1 Question from Chris Bradey

**Please follow due process and meet duties to residents**

On 13th November this Committee voted unilaterally to refer for Independent Review the plans to downgrade Poole A&E, close Poole Maternity, and close NHS beds. This Committee decided to make a unilateral referral, because it was not expected that the Joint Committee would support referral.

After the 13th November Meeting, Councillor Pipe, Chair of both Dorset and Joint Committees, told the BBC, and the Echo, that the plans would be referred. On 12th December he proposed to Purbeck District Council that the CCG plans be opposed, which was supported unanimously. Yet Councillor Pipe failed to vote to refer the plans at the Joint Committee on 12th December, and voted against referral at Dorset Health Scrutiny on 20th December. Had Councillor Pipe voted to refer as promised, the outcome at both Committees would have been a tie. As Chair, he would then have had the casting vote. Having promised Councillors, residents and the media that he would refer these plans, Councillor Pipe has, in fact, prevented referral of the plans.

The Councillors on this Committee also have a responsibility to represent their electorate. 37,000 residents signed petitions to Save Poole A&E & Maternity.

This Committee has a statutory duty to ensure any change to health services improves services for residents. The Committee knows that these plans move emergency and maternity services out of safe reach for tens of thousands of DCC residents, and that we bear the brunt of the Community Hospital cuts.
In order to meet the statutory duty to residents, the plans must be referred.

As Councillor Pipe stated in the Echo on 19th November:
***"The main concern is ambulance travel time, particularly from the more remote parts of Dorset, which before now would have used Poole Hospital. Swanage is a particular concern. It's a town in a cul-de-sac with one road in and one road out. If you get an accident on the A351, then you've got no chance."***

South West Ambulance say blue light travel time alone from Purbeck to Royal Bournemouth is 57 minutes. Time to Dorset County is 47 minutes, however, adding the 'best' ambulance response time of 8 minutes, we are up to 55 minutes, leaving 5 minutes to call the ambulance and load/unload the patient. Time to access emergency services is outside the 'golden hour' even if the ambulance service performs perfectly. Reviewing the service cannot change this. There is no evidence that the CCG continues to engage with this issue, or that community services will reduce forecast need for beds by 1/3.

Indeed nothing has happened to explain the Committee's review of their decision to refer. Could the Committee please honour their decision to refer for Independent Review the plans to downgrade Poole A&E, close Poole Maternity, and close Dorset NHS beds?

**Response**

Thank you for your question in relation to the decision by the Dorset Health Scrutiny Committee not to proceed with a referral to the Secretary of State for Health on 20 December 2017. You are correct in stating that the Committee initially voted to make a referral on 13 November, however it was noted at the time that this would be "pending a meeting of the Joint Health Scrutiny Committee".

When the Joint Committee subsequently met on 12 December they were able to hear about and discuss a wide range of evidence from different stakeholders, setting out the rationale behind the pan-Dorset proposals for future health services and the hoped-for benefits. Representatives from the Ambulance Service were amongst those who reported to the Committee that they supported the proposals and had confidence that the Clinical Services Review would deliver improved access to care closer to home and better outcomes in terms of specialist care, where this is required. However, it was clear that Members still had some concerns about access, particularly for residents in rural areas, and it was therefore agreed that some additional, targeted scrutiny would be undertaken to look in detail at the performance and capacity of emergency transport for health. On balance, Members of the Joint Committee did not feel able to support the Dorset Health Scrutiny Committee's decisions to make a referral to the Secretary of State. There were three votes in support of the Dorset Health Scrutiny Committee decision, five against and two abstentions. It would not in fact have made a difference if Cllr Pipe had voted to support the decision.

An additional meeting of the Dorset Health Scrutiny Committee took place on 20 December, which provided them with the same opportunity to hear the evidence in support of the proposed changes and to hear directly from affected provider stakeholders such as Dorset County Hospital and South Western Ambulance Service. Members also considered the vote taken by the Joint Committee not to support Dorset's intention to make a referral to the Secretary of State.

Having considered the new evidence before them and having reviewed the basis on which referrals can be made, a majority of Dorset Health Scrutiny Committee's members felt that it would not be in the interests of Dorset's residents as a whole to proceed. Informal advice was sought from the Independent Reconfiguration Panel to establish their initial view as to whether the Dorset Committee would have a valid case. The IRP's response was that "referral to Secretary of State is a last resort and should only be exercised once all other options have been exhausted." Given the CCG's willingness to continue to engage with both the Dorset and Joint Health Scrutiny Committees, and their particular acknowledgement of the need for on-going work on matters relating to travel and equality of access, it was not felt that a referral would be justifiable and beneficial to all Dorset's residents.

There were three votes in favour of continuing with a referral and five against. Instead, members agreed to support the resolution proposed by the Joint Committee that detailed joint scrutiny work around emergency transport related to the changes would be undertaken.

The Borough of Poole will be hosting the additional scrutiny work and the first meeting is currently being arranged.

2. Question from Giovanna Lewis

As the judicial review is still underway and actions remain outstanding, I trust it is not too late to state the case for Portland's 16 Community Hospital Beds, which are targeted for closure under this STP.

I have been surprised to find that many Portland Residents still do not know this is happening, and I have received many personal stories from Residents praising the services they have received there.

I would like to cover 3 areas of concern:

1 Quality of Care - The care and treatment given here to our elderly Residents in need of severe rehabilitation assessment and end of life care is exemplary. Its' relaxed and calm atmosphere, where staff are happy, and have the time to feed and keep patients clean, and answer questions from patients and families, is much treasured.

2 Geography and Transport. There is no nursing home and no hospice on Portland. Roads are often congested and slow and can double expected travelling times.

Portland (Underhill) comes within the top 10% of deprivation in the country and 37% of its residents do not own a car. You need £10 and two buses to get to Westhaven Hospital each day and for Dorchester it is more.

In addition Portland it set to lose its last remaining day care facility, and possibly its' Children's Centre too.

3 Beds - It is estimated that 245 acute Hospital beds will be lost to Dorset under this STP, and Community Hospital beds in 5 of 13 Dorset locations, including Portland. Portland Hospital is an important key player in easing bed pressure when patients can be transferred there from DCH. We have all seen the appalling images on TV of what happens when there are not enough beds.

At this week's Health Select Committee Hearing it was said that:

a) the concept of moving care closer to home is a good one, but is not being done with sufficient funds.
b) the nursing workforce is growing in acute care, but greatly declined in community care, especially district nurses,

and

c) implementing change on the scale required by STP's will increase risk, as staff have little or no slack for supporting and implementing change.

**I strongly request that our Democratically Elected Representatives here today do not close Portland Hospital beds – but keep it open as a 'Community Hub with Beds'.**

**If this does not happen, I ask that you:**

1. **Clearly outline what provision will be made to replace these beds, and**

2. **Give reassurance that this new provision will be put in place before Portland Hospital Beds are closed, to ensure no gap in service**

**Response**

Thank you for your question in relation to the STP (Sustainability and Transformation Plan / Partnership) and in particular the proposals linked to the Clinical Services Review and community services on Portland. Although the STP as a whole falls under the governance of the Health and Wellbeing Boards, the specific changes proposed for integrated community services are under the scrutiny of the Joint Health Scrutiny Committee. The Joint Committee includes three Dorset Health Scrutiny Committee members and, although the Dorset Committee receives regular updates and has held a number of informal sessions regarding these matters, the key discussions must take place at the Joint Committee.

Concerns about the capacity of community services to cope following the closure of hospital beds have been raised by Dorset's members in relation to a number of areas, including Portland, North Dorset and East Dorset in particular. We understand that, as a result of the CCG's consultation and the Governing Body decisions, there will now be 4 Community Hubs without beds rather than the 5 originally proposed, and there will be an overall gain in the number of community beds across the county.

Assurance has been given by the Clinical Commissioning Group that no beds will close until they are confident that alternative capacity has been built in the community. The Joint Committee will monitor the implementation of proposals going forwards to ensure that this is the case.

**Statement**

3 Statement from Stephen Bendle

We ask the Scrutiny Panel to ask the CCG to review their proposals for Westhaven Hospital, moving the Linden Unit to St Ann's at Poole and, it appears, closure of Westhaven's 34 community health beds in the medium term.

To be blunt, the CCG's proposals seem to be based on making savings and trying to justify them by adding some low level community provision which is then spun by PR consultants to make it sound much better than it can possibly be. STPs should instead start from the principle of how to meet needs and only then decide whether lower cost solutions are possible.

Linden Unit

The CCG's proposal to move the Linden Unit to St Ann's at Poole is the final nail in the coffin of Dorset's rurally distributed mental health provision. This comprised 5 seven-bed units in east Dorset at Sherborne, Bridport, Dorchester, Shaftesbury (and one other) and a 14-bed unit at Westhaven. Successive mergers and cuts have seen these closed with the result that the Linden Unit ended up with the most acute cases for which it had not been designed. Moving the Linden Unit to St Ann's at Poole may now make sense for acute cases but it leaves north, west and south Dorset with extremely limited mental health provision for its ordinary needs.

The CCG propose a further 16 acute beds, 12 at St Ann's and 4 at the Forsten Clinic at Charlton Down near Dorchester. We would assume that these 12 beds at St Ann's are additional to another 14 (i.e. 26 new St Ann's beds in total) to replace the Linden Unit. This needs clarification.

The closure of the ward at the Forsten Clinic following a damning CCQ report led to it being refurbished but the fundamental problem was a lack of staff and we are concerned that cuts could lead to the situation being repeated, especialey as provision appears to being made for acute psychotic patients only so that those with lower care needs will have available to them very limited services.

We call on the scrutiny panel to ask CCG to look again at how the demand for the less acute mental health services throughout eastern Dorset can be properly met, not with sticking plasters like "Front Rooms" open at weekends and under-staffed community services but with "rural-proofed" provision of the kind which existed before the closure programme started.

Mental health poses risks to the sufferer, to relatives and to the public and inadequate treatment and support leads to cases becoming worse. The CCG's assumption that the only beds needed are acute beds in Dorchester and Poole should be challenged.

Westhaven Community Hospital

Westhaven Community Hospital is one of 19 nationally under threat from Sustainability and Transformation Plans (STPs). St Leonards in the New Forest and Alderney in Poole are two others also in Dorset. STPs are aimed at saving £22billion.

Westhaven has 34 beds for predominantly elderly people requiring rehabilitation, palliative care, stroke and dementia care. The Quality Care Commission's inspection in 2013 (prior to a change of management) found services met the required standard save only that there were insufficient staff on duty to ensure proper care and safety. The solution to this is surely not closure but more staff on duty.

Dorset Health Care University NHS Foundation Trust which runs Westhaven and other hospitals has been assessed as providing "outstanding" community forensic mental health services but a comprehensive service needs the availability of local care beds as well as outreach. Replacing these dedicated care beds with extra support for people placed instead in local care homes as the CCG seems to be suggesting is impractical, unrealistic and moreover likely to be more costly.

A move to "community hubs" means moving from proper residential care in a community hospital where relatives and friends can offer extra support, to intermittent care provision at home or in care homes where the support is unlikely to be at the level needed either in quality or quantity. This approach puts unacceptable stress and pressure on the individuals themselves, on the staff and on their relatives. It seems likely to provide a lower standard of care and will have greater risks of people being hospitalized. It is surely a false economy.

Summary

The King's Fund has urged local health practitioners to fight harder to preserve community mental health facilities if, as Theresa May has promised, mental health services are to be given the same weight as physical care provision. This surely applies to both mainstream services and those for elderly people.

We call on the Scrutiny Panel to do as King's Fund ask and tell the CCG to think again about their community provision. Care in the community is a good principle but provision needs to be properly designed and fit for purpose and almost certainly needs to include some permanent beds. We urge the Scrutiny Panel to ask for

- properly thought through rural mental health services for north, east and west Dorset similar to that which used to exist which is fit for the purpose of meeting a range of needs for those who do not need immediate hospitalisation
- to retain the 34 community beds at Westhaven for elderly people requiring rehabilitation, palliative care, stroke and dementia care so they can be given the care and support they need while recovering or while the option of community provision is being examined, or shown to be impracticable.

## Question submitted under Item 14 - Questions from Councillors

**1 Question from Cllr Nick Ireland, Dorset Health Scrutiny Committee Member and County Councillor for Linden Lea**

Research shows us that positive employment practices and work environments are linked with high quality patient care.

The NHS Staff Survey findings for 2016 identified a number of concerns at Dorset County Hospital.

These include the figures for bullying and harassment from managers/colleagues at 26%.

Other key factors that are of particular concern are:

- Staff motivation at work
- Staff ability to contribute towards improvements at work
- Staff confidence and security in reporting unsafe clinical practice
- Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves

Is the Scrutiny Committee aware of these negative findings and going forward, how will the Committee encourage a more positive working culture/environment at DCH which will result in better patient care?

### Response

Thank you for your question regarding the results of the NHS staff survey and the specific results for individuals working at Dorset County Hospital.

Quality Account meetings are held between representatives of the Dorset Health Scrutiny Committee and the Hospital on a regular basis. The next meeting takes place on 26 April and this would provide an opportunity to explore the results in more detail and to compare the results of the 2016 survey with the 2017 survey, which have recently been published. Following that meeting, if the Quality Account Group feel it would be appropriate, a request can be made for the Trust to bring a report to a future Committee meeting.

With regard to the key concern highlighted, the results of the 2017 survey indicate that 25% of respondents experienced harassment, bullying or abuse from staff in the last 12 months, a reduction of 1%. This did not represent a statistically significant improvement. Nationally, the results for Dorset County Hospital were the same as the average result for all Acute Trusts (25%). The ‘best’ score achieved by an Acute Trust was 19%.