Dorset Health Scrutiny Committee – 15 June 2018

Public Participation

Questions

1. Steve Bendle, Weymouth Resident
2. Avril Harris, Swanage Resident
3. Philip Jordan, Dorchester Resident
4. Philip Jordan, Dorchester Resident
5. Debby Monkhouse, Swanage Resident
6. Giovanna Lewis, Portland Resident

Statement

1. Bill Trite, County Councillor for Swanage

Agenda Item 9 - Joint Health Scrutiny Committee: Clinical Services Review and Mental Health Acute Care Pathway Review - Update

Questions

1 Question from Steve Bendle, Weymouth Resident

We understand planning is in progress to combine spending on local authority social care and the NHS in Dorset (including Poole, Bournemouth and Christchurch) through a shadow "Integrated Care System" with a combined Financial Investment Committee.

Tim Goodson has advised that new initiatives to be taken by the ICS include community hubs, replacing community beds in more accessible locations, capital grants to improve primary care quality and access, care home beds in East Dorset to meet short term shortages and designing a single "gateway" for health and primary care. He also advises the annual funding increase will be kept to 1%, which will need to cover these new initiatives, a 0.6% annual population rise, inflation of 2-3% and any other increase in the cost of provision including salary costs following the end of the freeze on NHS wages.

Dorset's medium terms financial projection says: "in Dorset the combination of rurality, aging population and increasing focus from the NHS on reducing costs in Continuing Care, and discharging people from hospital is having a significant adverse impact on ability to contain costs."

To meet the shortfall in funding for adult care in 2018/19

- Dorset imposed 3% precepts in both 2017/18 and 2018/19 raising £6.7m to cover 2018/19 adult social care costs
- the Government's Improved Better Care Fund (iBCF) provided an extra £2.3m in 2018/19

But for the future

- DCC proposes a £4m reduction in adult social care spending by 2020/21 by "reviewing care packages"
- the Government's contribution from the IBCF will end in 2020

Dorset Health Scrutiny Committee has the task of reviewing and scrutinizing the provision and operation of health services in the area of the county council which under the proposals for integrated care will in future be combined with adult social care.

1. On social care, what steps has DHSC taken to assess the adult care needs and the spending required to meet them within an ICS in particular

- what are the consequences for the quality of care of DCC's proposed £4m saving to be achieved by "reviewing care packages"; how many fewer places will there be at day centres or what reduction in hours of care provided is anticipated and what added pressure might this put on health care?
- how much of this saving will come from contributions from individuals' own resources or directly paid benefits?

- what problems may arise in combining the funding streams for free NHS health services and adult care packages which individuals may have to pay for?

2. If there is an adult care funding shortfall which means the ICS budget too will be inadequate, how does the Health Scrutiny Committee propose to discharge its statutory responsibility to hold the CCG and the shadow Integrated Care System to account in ensuring provision of health and social care to satisfy fully Dorset's need.

Response

Thank you for your question. Information has been sought from the Adult and Community Services Directorate and the Clinical Commissioning Group, to clarify current and planned governance and financial arrangements.

Currently, whilst Dorset County Council works in partnership and contributes as partners to the development of an Integrated Care System, there are no formal plans to combine health and adult social care monies in Dorset into a single budget. The local authority remains responsible and accountable for adult social care spending plans and these plans are set out in and agreed through the local authority budget setting process each year. The adult social care spending plans are therefore scrutinized by the local authority scrutiny committees, approved by Cabinet and full council.

The spending plans ensure that the local authority will meet its statutory responsibilities under the Care Act for individuals with eligible social care needs and who, following a financial assessment, do not have the funds to pay for their own care. The focus of our plans to reduce cost is to ensure that we are more efficient in our business process, we buy at a price that is sustainable but also of a consistent quality, and we focus on those with eligible need.

The Better Care Fund is currently the only formal integration of monies between health and social care, and this oversees the expenditure and performance in some specific areas where the LA and the NHS work closely together, for example hospital discharges. The plan is reported on a quarterly basis to the Health and Wellbeing Board and is also reported regionally and nationally to NHS England and the Ministry of Housing Communities and Local Government.

Where individuals may be eligible for Continuing Health Care which is non-means tested, the LA and the CCG have a local policy in place that reflects the national framework and legislation which, if a dispute about eligibility arises, both organisations and individual and their families have a clear process to follow to reach resolution.

In answer to your second question, we continue to work closely as partners and share pressures and financial challenges, seeking where we can to work together to reduce cost and improve outcomes. However, as we have no plans to fully integrate budgets and liabilities at this stage we have had no discussion about the role of the Health Scrutiny. It is important to note that under current legislation, whilst the local authority can delegate others to undertake its responsibilities it is still ultimately accountable so the current arrangements for scrutiny would continue to exist.

The shared Sustainability and Transformation Plan (STP) describes significant development around Integrated Community and Primary Care services. This includes roll out of the multi-disciplinary teams based in community hubs to support

people with complex needs who are at risk of needing more intensive health and care services. Page 26 of the STP describes the Weymouth and Portland Integrated Care Hub and the benefits both patients and staff have found from this model, including reduced demand for hospital admission. Access to these kinds of collaborative approaches therefore has the potential to avoid/reduce costs across both health and social care.

With regard to the Integrated Care System, the Dorset Health Scrutiny Committee will be receiving a presentation from the CCG today to hear of progress and to have an opportunity to raise questions and/or concerns. Members will have the opportunity to request a further report from the CCG for future meetings.

2 Question from Avril Harris, Swanage Resident

My concern is the likely fatalities caused by closure of Poole A&E and Maternity services.

Some serious, time critical, conditions cannot be stabilised in an ambulance.

1. With cardiac patients, SWAST assessed that in 2017, 140 patients' lives would have been endangered by the longer journey to RBH.

2. With Trauma, NHS England's guideline is 45 minutes to a trauma unit. SWAST say we can't get from Swanage to Southampton, RBH or DCH, in 45 minutes. 524 trauma cases were stabilised or treated at Poole in 2017.

3. With maternity cases, two thirds of Dorset babies born in hospital, (4,544), were born at Poole in 2016/17. 573 needed transitional care, and 492 needed Poole Specialist Neonatal care.

4. Figures for some other time-critical conditions: in 2017, Poole A&E treated 344 people with stroke, 125 with sepsis and 53 with meningitis.

Closure of Poole A&E would have meant a potentially fatal risk to all 140 cardiac cases. For the other conditions, some would have shorter journeys to RBH, but Poole is better located for the Dorset population as a whole. If even a third of these with time critical emergencies had longer journeys, that's 500 people at risk.

The SWAST Report about the impact on the Ambulance Service showed that at least 160 people per year who arrive by ambulance were likely to die due to longer journey time.

The methodology used is likely to underestimate risk:

- over a 4 month period, 3,000 people would have had longer journeys
- this figure does not include the 80% of maternity and paediatric, or the 15-40% of other emergencies, who did not arrive by ambulance
- SWAST did not analyse cases with the longest total journey time, but only considered additional journey time
- measures used to reduce from 3,000 to 700 the patients identified as likely to be at risk~~,~~ are open to question, yet this still suggests 2,100 people are likely to be at risk over the course of a year
- just 150 cases were randomly selected from the 700. Some of these only had an additional journey of 2 minutes
- SWAST still found that in 34 of the150 cases (23%), there was definite risk due to the longer journey time. A Practice Nurse with 17 years' experience

looked at the 34 cases and assessed that about a third were in imminent danger of dying, including 3 of the 4 paediatric cases.

If these figures are applied to the 2,100 people likely to be at risk over a year, 483 would be at serious risk, and 161 likely to die, due to longer journey time.

I urge this Committee to fulfil its statutory duty and refer these dangerous plans affecting Swanage, and our million plus visitors, for Independent Review.

Response

Thank you for your question regarding concerns about risks to residents as a result of the proposed changes to trauma and maternity services in Poole and requesting that the Dorset Health Scrutiny Committee refers the matter to the Secretary of State for Health.

Since the Committee last met on 8 March, a Task and Finish Group to consider the case for referral has been established and a report regarding their first meeting (on 1 May 2018) will be presented today. At that meeting a unanimous decision was made to adjourn the Group's work until the outcome of the Judicial Review brought by a Purbeck resident has been published towards the end of July. However, following discussion by the Committee on 15 June, it has been agreed that the Task and Finish Group will now reconvene before that point to progress the work more quickly.

3 Question from Philip Jordan, Dorchester Resident

QUESTION ON DCH M&P for 15 JULY 2018 DHSC

Following the CCG announcement regarding 24/7 Consultant led DCH Maternity & Paediatrics Services at the start of the last 2017 DHSC;

& bearing in mind the current NHS Dorset ICS, along with e.g. such developments as the Acute Care/One Dorset approaches &/or initiatives:

Please, how can DHSC be certain of, & have sight of, what is being planned, delivered & implemented when: on the permanent fully accessible 24/7 Consultant led DCH Maternity & Paediatric Services set; along with related support & staffing & other necessary resources?

Response

Thank you for your question regarding maternity and paediatric services at Dorset County Hospital and the way in which Dorset Health Scrutiny Committee can keep up to date with and scrutinise developments.

It had originally been our intention to have a report from the Hospital regarding the future of maternity and paediatric services on today's agenda, but, at the request of the Hospital, this has been deferred to our meeting on 13 September 2018. We hope to receive a detailed update at that point and will then be in a position to judge the progress being made and the impact of any changes.

4 Question from Philip Jordan, Dorchester Resident

QUESTION FOR 15 JUNE 2018 DHSC REGARDING UPDATES SINCE DEC 2017 DHSC

This June 2018 DHSC Question set concerns the delivery of the Dorset NHS CSR i.e.

Starting it's initial active project work in Autumn 2014, the CSR's aim was for Public Consultation about a year later – a date amended after 2015's General Election, for more project work before the Public Consultation now from Dec 2016 to Feb 2017 – thus with NHS Assurance etc, it was CCG final CSR Decisions in Sep 2017 & DHSC scrutiny of the CSR Decisions in Nov & Dec 2017, so:

it could help DHSC if they had clear understanding of what has been going on anyway outside the CSR e.g.

regarding Vanguard &/or Dorset Care Record?
&/or

what has been going on since the CSR Decisions e.g. regarding Acute Care/One Dorset etc?

&/or

As network share specialist skills develop in Dorset between East & West; & as the Dorset Care Record seems ever more to link with that of Hampshire & the Isle of Wight,

could it be ever harder for DCH to link up with Yeovil – as the CCG had earlier proposed?
(but which now Somerset's CCG CSR recent start seems could render such a link impractical too?)

Response

Thank you for your question. Information has been sought from the CCG in response to the part which refers to links with Yeovil and other neighbouring areas.

Prior to and at each Committee meeting, Members and colleagues from Healthwatch Dorset have the opportunity to suggest items for the Forward Plan. A draft list of agenda items is shared with all Health Partners, with a request that they notify the Health Partnerships Officer of any matters that need to be added. Today's agenda includes a number of items that are inter-linked with the CSR (Integrated Transport, the Integrated Care System and the Dementia Services Review) and at the next meeting of the Committee there will be further items (again, the review of Dementia Services, Integrated Urgent Care Services and Maternity and Paediatric Services). The Dorset Care Record has been outlined to the Committee within the wider remit of the Sustainability and Transformation Plan, and it will be referenced today within the presentation about the Integrated Care System.

With regard to your question about the future of links with Yeovil and Somerset, the Dorset Care Record has gone live, and is being used to support better joined up care, by sharing key information. This is being enhanced over coming months with additional content. At present it is limited to the Dorset area, but discussions have been taking place around feeding information in from neighbouring hospitals where this relates to Dorset residents, including Yeovil hospital.

The CCG is working closely with Hampshire and the Isle of Wight on information systems, and have recently been selected as one of only three areas in the country for a Local Health and Care Record Exemplar project. The links to Hampshire are important because patients living in the eastern areas of Dorset often use Hampshire based services. Similarly, patients from western parts of Hampshire use Royal Bournemouth. In addition, University Hospital Southampton is a tertiary centre for the whole of Dorset and there are many clinical network links across the wider Wessex footprint.

However the intention is to work with all of our neighbours, and the bid specifically named Yeovil and Salisbury as areas Dorset needs to work with to support seamless care for residents and patients across these boundaries. (The bid also names Frimley, as the same cross border issues apply for Hampshire with Frimley as for Dorset with Yeovil and Salisbury).

With respect to the technology support to maternity across the Somerset boundary, the CCG has been actively working with the Somerset Maternity transformation team about how our technology can better support maternal choice.

More generally Dorset CCG continues to work with Somerset CCG over a number of areas of shared concern, and have a meeting with them last thing today (Friday) to receive an update on their progress with establishing a Clinical Services Review. This will help in providing the Committee with a comprehensive update at its next meeting. In the meantime opportunities to share learning across the CCGs around successful pathway redesign work are being explored, supporting better outcomes for Dorset and Somerset patients who access planned care services at Yeovil District Hospital.

5 Question from Debby Monkhouse, Swanage Resident

Referral of CCG plans to the Secretary of State, and Task and Finish Group

Seven months ago, on 13th November 2017, DHSC voted unanimously and unilaterally to refer the CCG plans, including the plans to downgrade Poole A&E and close Poole Maternity, to the Secretary of State for Independent Review. They did so because there were concerns that these plans do not meet the Health needs of DCC residents.

At the Committee on 20th December, this decision was overturned by 5 votes to 3, following a process that has since been questioned by the BBC, residents and some Committee Members. A significant number of complaints were made about the Chair's conduct, some of which remain unanswered.

The subsequent granting of a full Judicial Review Hearing to residents trying to save services and beds has also begged the question as to why Dorset Health Scrutiny Committee has not referred the CCG plans.

On 8th March this Committee agreed to set up a Task and Finish Group to look again at the question of referral. The Group met for the first time on 1st May, but was immediately adjourned until after the Judicial Review Hearing.

The Judicial Review Hearing on 17 and 18 July will look at whether the CCG followed due process in making their decisions to cut services.

Dorset Health Scrutiny Committee's task is different. The Committee has a statutory duty to ensure that changes to services improve health services for DCC residents.

Whether the CCG followed due process, or not, in arriving at their decisions, it is impossible to see how the CCG plans to:
'Save' £229 million per annum against expected expenditure by 2020
Downgrade Poole A&E
Close Poole Maternity
Close Community Hospitals and/or beds in 5 of 13 Dorset locations
Close 245 acute beds
will make health services better for DCC residents.

Swanage and the surrounding villages will lose safe access to A&E and Maternity services, putting lives at risk, and increasing lives lived in disability.
4 of the 5 Community Hospitals that are closing or losing beds - Ferndown, Portland, Wareham, and Westhaven - are in DCC area.

There is no legitimate reason for Dorset Health Scrutiny Committee to further delay the referral of the CCG plans.

Please could the Committee consider referring the CCG plans as soon as possible, to support the Judicial Review that residents have been put in the position of having to fund and lead?

Response

Thank you for your question regarding the matter of referral of the CCG plans to the Secretary of State.

At the meeting of the Task and Finish Group on 1 May 2018 (the minutes of which will be presented today) a unanimous decision was made to adjourn the Group's work until the outcome of the Judicial Review brought by a Purbeck resident has been published in mid to late July. The reason for this will be outlined within the report: the Group were acting on advice from Legal Services and felt that it would not be a good use of public funds to continue whilst the Judicial Review was being undertaken.

However, following discussion by the Committee on 15 June, it has been agreed that the Task and Finish Group will now reconvene before that point to progress the work more quickly.

6 Question from Giovanna Lewis, Portland Resident

At your previous meeting I came to state the case for Portland's 16 Community Beds. Since then, I have attended CCG meetings, met with the Chief Executive of Dorset Health Care, and been invited to meet with Dorset's Primary Health Care Director.

In their Decision Making Business Case (which forms the basis plan for becoming an Integrated Care System on 1st April this year) the CCG tell us that, whilst Dorset is predicted to need:

- 657 more acute beds (36%) and 70 more community beds (17%)

they are actually planning to

- cut 245 acute beds (13%) and cut 136 community beds (40%)

because they intend to develop what they call 'care closer to home' – which briefly means the goal of keeping people out of hospital and discharging others much earlier, by increasing community health and care services – which in turn will likely will result in care currently provided by the NHS being transferred to already stretched County Council budgets.

Add to this that

- the BMA say 'care closer to home' is not being adequately resourced,
- the RCN say there is a shortage of district nurses

and

- early discharges result in more re-admissions,

it is easy to become concerned about some of the forthcoming consequences of this plan, not to mention Council budgets.

Cornwall was one Council that decided not to support the establishment of an Integrated Care System (previously called an Accountable Care System). However, Dorset became one on 1 April this year. Cornwall Council said that whilst they support the integration of health and care services, they have decided not to support the establishment of an ICS.

So, I ask all Councillors here today:

1 Have you had sufficient opportunity to fully understand what is being asked of you? Have you been given the time to ask your questions and receive clear answers from the CCG? (We all know how intangible their documents and presentations can be to the layman).

2 Are you satisfied that you know enough to make the decision to let these CSR plans go through unchallenged?

3 Will you consider finding out why Cornwall decided not to accept the establishment of an Integrated Care System?

I urge all Councillors here today, if you are in any doubt, then please use the powers you have vested in you to refer this matter to the Secretary of State for Health and Social Care.

Dorset's 766,000 residents all rely upon you to make the best decisions possible for us. Please be our best advocates and champions and use the power which is given to this Health Scrutiny Committee and refer this matter to the Secretary of State for Health and Social Care. Thank you.

Response

Thank you for your three questions.

With regard to the Integrated Care System, today's agenda includes an item on this, to be presented by the CCG. This will provide Members with an opportunity to find out more about the System, and to request further information outside the meeting and/or as a future agenda item.

With regard to the Clinical Services Review, the Task and Finish Group established after the Committee's last meeting on 8 March met on 1 May and agreed to adjourn their work until the outcome of the Judicial Review brought by a Purbeck resident has been published, towards the end of July. However, following discussion by the Committee on 15 June, it has been agreed that the Task and Finish Group will now reconvene before that point to progress the work more quickly.

With regard to the decision by Cornwall County Council not to establish an Integrated Care System we understand that this was essentially a political decision, which it would not therefore be appropriate for us to comment on. Cornwall's Cabinet did however agree to the development of integrated strategic commissioning for health and social care, within certain parameters. This is a link to the Cabinet decision on 28 March: https://democracy.cornwall.gov.uk/mgAi.aspx?ID=70267

Statement

1 Councillor Bill Trite, County Councillor for Swanage

The issues concerning Poole A&E and the closure of Poole Maternity have been with us for many months and my position with respect to them has not changed throughout this period. I have never sought to enter into any debate over the organisation or reorganisation of clinical services themselves. That is well beyond my expertise. The only two things which have consistently bothered me have been and continue to be the following:

1. The potential adverse consequences of taking patients with life-threatening conditions from Swanage or elsewhere in the ISLE of Purbeck to Bournemouth Hospital, when such patients are at present taken to Poole Hospital. If and when this is to be done, there can be no doubt that on most if not all occasions the journey will take significantly longer, for obvious reasons of geography and traffic congestion. I have been alarmed to hear claims by those supporting the current proposals that there will be very little or no difference in such timings, but anyone familiar with the realities of south-east Dorset will know otherwise. As far as I know, ambulances do not (yet, at least) offer the same facilities as hospitals to make the additional time irrelevant. Under such conditions, it seems logical to me that lives could easily be at risk;

2. At least as important as the time taken to transport a patient to hospital is the time it takes to get an ambulance to the patient in the first place. I appreciate that the ambulance service is organised separately, but that's no reason to evade the issue since the patient is just as dead wherever, precisely, responsibility lies. Recently a constituent of mine collapsed in the street and had to wait from approximately 10pm to 2am for an ambulance to reach her in Swanage. She died shortly afterwards.

Considerations of health and precaution in respect of Swanage and the Isle of Purbeck therefore lead me to support the referral of the CCG plans to the Secretary of State.