



Meeting: Dorset Health Scrutiny Committee

Time: 10.00 am

Date: 15 June 2018

Venue: Committee Room 1, County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ

Bill Pipe	Dorset County Council
Kevin Brookes	Dorset County Council
Ray Bryan	Dorset County Council
Beryl Ezzard	Dorset County Council
Nick Ireland	Dorset County Council
Steven Lugg	Dorset County Council
Alison Reed	Weymouth & Portland Borough 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 12 June 2018, and statements by midday the day before the meeting.

Debbie Ward
Chief Executive

Contact: Denise Hunt, Senior Democratic Services Officer
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Date of Publication:
Thursday, 7 June 2018

1. **Apologies for Absence**

To receive any apologies for absence.

2. **Election of Chairman**

To elect a Chairman of the Committee for the remainder of the year 2018/19.

3. **Appointment of Vice-Chairman**

To appoint a Vice-Chairman of the Committee for the remainder of the year 2018/19.

4. **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.

5. **Terms of Reference**

To note the Committee's Terms of Reference:-

In relation to the Committee's work on Local Authority Overview and Scrutiny of Health:

- (a) To review and scrutinise matters pertaining to the planning, commissioning, provision and operation of health services in the area of the County Council;
- (b) To make reports and recommendations to relevant NHS Bodies and/or relevant health service providers and also to the Cabinet and other relevant committees of the County Council on any matter which is reviewed or scrutinised;
- (c) To give notice to require the Cabinet or the County Council to consider and respond to any reports or recommendations arising from the committee's work within two months of receipt;
- (d) Where relevant NHS Bodies and/or relevant health service providers have under consideration any proposal for a substantial development of the health service in the area of the County Council or for a substantial variation in the provision of such service:
 - (i) To receive reports from the relevant NHS Bodies and/or relevant health service providers;
 - (ii) To comment on the proposal(s); and
 - (iii) To report in writing to the Secretary of State where any of the circumstances set out in paragraph 23(9) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 apply;
- (e) To arrange for its functions under the 2013 Regulations to be discharged by an Overview and Scrutiny Committee of another local authority where that Overview and Scrutiny Committee would be better placed to undertake the

functions and the other authority agrees;

(f) In accordance with regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, to appoint joint committees with other local authorities to exercise relevant functions under the said Regulations;

(g) From time to time, as appropriate, to appoint a task and finish group consisting of members of the Committee to consider specific local issues relating to the overview and scrutiny of health;

(h) To liaise and cooperate with the Dorset Health and Wellbeing Board as set out under the Memorandum of Understanding agreed by both parties in September 2015.

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| 6. Minutes | 5 - 10 |
| To confirm and sign the minutes of the meeting held on 8 March 2018. | |
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| 7. Public Participation | |
| (a) Public Speaking | |
| (b) Petitions | |
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| 8. Joint Health Scrutiny Committee re Clinical Services Review and Mental Health Acute Care Pathway Review - Update | 11 - 18 |
| To consider a report by the Transformation Programme Lead for the Adult and Community Services Forward Together Programme (attached). | |
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| 9. Integrated Care System | 19 - 34 |
| To receive a presentation by the NHS Dorset Clinical Commissioning Group regarding the development of Dorset's Integrated Care System and how this is aligned to the delivery of the Sustainability and Transformation Plan (STP) (attached). | |
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| 10. Dementia Services Review Update | 35 - 56 |
| To consider a report by the Dementia Services Review Project Manager, NHS Dorset Clinical Commissioning Group (attached). | |
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| 11. Integrated Transport Programme - Update Report | 57 - 66 |
| To consider a report by the Service Director - Economy, Built and Natural Environment (attached). | |
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| 12. Dorset HealthCare University NHS Foundation Trust Care Quality Commission (CQC) Inspection Outcome Report | 67 - 74 |
| To consider a report by the Chief Operating Officer, Dorset Healthcare University NHS Foundation Trust (attached). | |
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| 13. Appointments to Committees and Other Bodies | 75 - 78 |
| To consider a report by the Transformation Programme Lead for the Adult and Community Services Forward Together Programme (attached). | |
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| 14. Forward Work Programme | 79 - 82 |
| To consider the Committee's Forward Work Programme (attached). | |

15. Briefings for Information/Noting

83 - 92

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

- Dorset Health Scrutiny Committee: Quality Accounts - Responses to Dorset County Hospital NHS Foundation Trust, Dorset Healthcare University NHS Foundation Trust and South Western Ambulance Service NHS Foundation Trust

16. 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

17. Glossary of Abbreviations

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18. Questions from County Councillors

To answer any questions received in writing by the Chief Executive by not later than 10.00am on 12 June 2018.



Dorset Health Scrutiny Committee

Minutes of the meeting held at County Hall, Colliton Park,
Dorchester, Dorset, DT1 1XJ on Thursday, 8 March 2018

Present:

Bill Pipe (Chairman)

Ray Bryan, Graham Carr-Jones, Nick Ireland, Beryl Ezzard, David Jones, Bill Batty-Smith and
Peter Shorland

Officers Attending: Ann Harris (Health Partnerships Officer), Mark Harris (Transformation Delivery Manager), Jo House (Senior Solicitor) and Denise Hunt (Senior Democratic Services Officer).

Others in attendance:

Des Persse (Executive Director, Healthwatch Dorset)

Mark Harris (Transformation Delivery Manager, Dorset Clinical Commissioning Group)

(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 Committee to be held on **Friday, 15 June 2018.**)

Apologies for Absence

1 Apologies for absence were received from Stephen Lugg, Peter Oggelsby, Alison Reed and Tim Morris.

Code of Conduct

2 David Jones declared a general interest as a governor of Poole Hospital NHS Hospital Trust. As this was not a disclosable pecuniary interest he remained in the meeting and took part in the debate.

Bill Batty-Smith declared a general interest as his granddaughter was employed at Dorset County Hospital. As this was not a disclosable pecuniary interest he remained in the meeting and took part in the debate.

Ray Bryan declared a general interest as a Governor of the Dorset Healthcare University NHS Foundation Trust. As this was not a disclosable pecuniary interest he remained in the meeting and took part in the debate.

Minutes

3 The minutes of the meeting held on 20 December 2017 were confirmed and signed.

It was noted that the minutes of the meeting on 13 November 2017 had been circulated with the agenda in error and had been confirmed and signed at the meeting on 20 December 2017.

Arising from the minutes of the meetings held on 13 November and 20 December 2017, Councillor Beryl Ezzard commented that the minutes had not provided a clear explanation of the reasons why there had been a reversal of the decision to refer the proposals contained in the Clinical Services Review to the Secretary of State for Health.

The Chairman explained that the criteria for a referral to the Secretary of State for Health had not been met and that dialogue continued with the Dorset Clinical

Commissioning Group (CCG) and therefore any referral at that stage would have been premature.

Public Participation

4 Public Speaking

Two public questions and one public statement were received at the meeting in accordance with Standing Order 21(1) and 21(2). All public participation at the meeting related to minute 6 in respect of the Clinical Services Review (CSR). The questions, answers and statement are attached as an annexure to these minutes.

Cllr Jon Orrell, County Councillor for Weymouth Town, addressed the Committee, stating that it was his view that Local Government Reorganisation had been organised into two distinct areas in order to protect the interests of Dorset outside of the Bournemouth and Poole conurbation and in the same way, the Dorset Clinical Commissioning Group could not be relied upon to look after the interests of the whole of Dorset due to its geography. He stated in Weymouth & Portland, the 4 most deprived areas of Dorset including Underhill, Westham, Melcombe Regis and Littlemoor would lose the most beds under the CSR proposals. He referred to a review by the National Audit Office which had concluded that the loss of NHS beds would create a shift of people into social care and subsequently burden local authority finances. Effective scrutiny arrangements would be necessary in future to ensure that the County Council received an adequate proportion of the health and social care funding in order to look after people at home.

Petitions

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

Appointments to Committees and Other Bodies

5 The Committee considered a report concerning appointments to committees and other bodies following the resignation of a member of the Committee.

Resolved

That the following appointments be agreed:-

- Joint Health Scrutiny Committee on the NHS Dorset Clinical Commissioning Group Clinical Services Review - Nick Ireland (David Jones - Reserve Member)
- Joint Health Scrutiny Committee on the NHS 111 Service provided by South Western Ambulance Service NHS Foundation Trust - Beryl Ezzard
- Liaison Member for South Western Ambulance Service NHS Foundation Service NHS Trust - Beryl Ezzard
- Lead Member for Dorset Health Scrutiny Committee for Child and Adolescent Mental Health Services - Bill Pipe

Reason for Decisions

To support the County Council's aim to help Dorset's citizens to remain safe, healthy and independent.

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

6 The Committee considered a report that updated members on the discussions and resolutions relating to the decision by the Dorset Health Scrutiny Committee to refer the Clinical Commissioning Group's (CCG) proposals for changes to service provision to the Secretary of State for Health.

The report was introduced by the Health Partnerships Officer who explained that, although the Joint Health Scrutiny Committee (JHSC) did not support a referral to the Secretary of State for Health, it had agreed that further scrutiny of the capacity and

performance of the ambulance service was necessary. This would be undertaken by another Joint Committee already established to look at the NHS 111 service and a meeting would be convened in due course.

Councillor Nick Ireland stated that there was a public perception that the Dorset Health Scrutiny Committee (DHSC) was not fulfilling its duties and that changes to the Clinical Services Review proposals had taken place as a result of campaigning rather than the direct involvement of the Committee. He noted that the retention of maternity services at Dorset County Hospital were as a result of withdrawal from discussions by the Somerset CCG. He considered that the residents in Purbeck would be disadvantaged with worse travel times in 9 out of 10 cases. Furthermore, these timings did not take account of waiting times in the ambulance on arrival at Dorset County Hospital. He proposed that there was a reversal of the decision made by the Committee on 20 December 2017 and that the proposals in the Clinical Services Review (CSR) were referred to the Secretary of the State for Health.

Responding to the proposal, the Chairman stated that evidence and justification would be required in order to make the referral and that there was no evidence to suggest that communication had broken down with the CCG.

Members debated the proposal with some of the view that there had been insufficient engagement with the CCG and a lack of evidence that the proposed changes would result in better health services for Dorset residents. They also noted that the proposals outlined in the CSR had recently been accepted for a Judicial Review. It was suggested that a working group could consider any further evidence and assess whether the criteria for a referral to the Secretary of State had been met.

Legal advice was sought on this point and the Solicitor confirmed the requirement to establish whether the threshold for a referral had been met in the first instance.

Some members considered that a referral could be made based on criteria in relation to the adequacy of the consultation and the proposals not being in the interests of the health service in the area, however, they accepted the need to consider further whether the evidence met this threshold before proceeding with a referral.

The Health Partnerships Officer informed the Committee that there had been engagement with the CCG for a period of two years prior to the formal consultation period. The Joint Health Scrutiny Committee (JHSC) had submitted its response to the formal consultation which had included the comments of the Dorset Health Scrutiny Committee (DHSC). The response had raised concerns, but had not been wholly critical of the proposals at that time.

Members also heard that Healthwatch had published its concerns regarding the consultation process and considered that there was a lack of understanding by citizens of the area in relation to the changes that were being proposed.

Following some debate, it was concluded that the Committee should examine the evidence and further legal advice was requested. The Solicitor advised that the decision made on 20 December 2017 had been based on advice provided at the meeting which suggested that the threshold had not been met. If there was further evidence then a report would be needed at the next committee meeting to outline this evidence. It was confirmed that a referral to the Secretary of State was likely to be put on hold pending the outcome of the Judicial Review.

Members felt that, even if there were insufficient grounds for a referral on the basis of inadequate consultation with the Committee, there may be grounds on the basis of the proposals not being in the interest of the health service in the area. In light of the evidence coming forward and to meet the legal requirements, Councillor David Jones

proposed that a working group of members, to include the Chairman of the Committee, was arranged. This group would ask for submissions, including from the public and Healthwatch, and submit a report to an extraordinary meeting of the Committee to which the CCG would be invited.

Members were informed of the potential time constraints in providing this information prior to the next committee meeting scheduled in June 2018 due to the time necessary for the group to gather the submissions and to produce a report.

Resolved (unanimous)

That the Committee, in the light of the referral of the proposals to Judicial Review, the concerns raised by Councillors and members of the public, establishes a task and finish group of five members including the Chairman, to reconsider the evidence and any new evidence which might be submitted and to report to a special meeting on a date to be arranged.

NHS Dorset Clinical Commissioning Group - Integrated Urgent Care Service

7 The Committee considered a report by the NHS Dorset Clinical Commissioning Group (CCG) and received a presentation by the Transformation Delivery Manager on the Dorset Integrated Urgent Care proposals.

Members asked whether the plan included greater utilisation of assets for extended periods during the day or night rather than the existing reliance on staff availability. They were informed that this was being considered as part of a project in relation to the urgent treatment centres and providing a consistent offer that included access to diagnostic testing. This project also sought to address the challenges of having staff in the right place to operate the specialist equipment.

Members also heard that it was hoped to introduce online GP consultations by December 2018 in conjunction with the 111 service, subject to the outcome of a procurement process. The expected timeframe for the call handler to refer users to an appropriate provider would be dependent on the clinical input by the Clinical Assessment Service (CAS) with the aim being to provide a seamless service. There remained challenges to be overcome concerning demand and capacity, that could be partly mitigated by GPs being able to answer calls when needed.

The Executive Director of Healthwatch stated that the proposals outlined new models of care that represented a significant variation of service that would require further scrutiny. The consultation had been very limited and inadequate and the Equalities Impact Assessment had also fallen short of what an appropriate assessment should be and should therefore be subject to further scrutiny.

The Committee was advised that this was a nationally mandated service and that a communications plan was in place to clearly articulate the arrangements once the contract was awarded.

Members asked about the urgent element of improving access given the noticeable loss of GP services and were advised that this concerned extending the hours of primary care from 6.00pm to 8.30pm Monday to Friday and to have a consistent offer irrespective of where people lived.

The greater use of technology to monitor health at home was also questioned and members were informed that technologies including Skype were continuously being considered in the context of its safe usage.

Resolved

That a further report outlining the concerns of Healthwatch in relation to the Integrated Urgent Care Service proposals is considered by the Committee at its meeting in June

or September 2018.

Reason for Decision

To support the County Council's aim to help Dorset's citizens to remain safe, healthy and independent.

Mental Health Inquiry Day December 2017

8 The Committee considered a report presented by the Commissioning Manager for Partnerships, Dorset County Council Adult and Community Services, concerning a member led inquiry day into mental health in Dorset on 13 December 2017. The key issues arising from group sessions held on the day had been described in the report and included:-

- consistency - differences in level/scope of services
- accessibility - the need to look at accessibility of services the lower end of the mental health spectrum.
- the continuing negative profile of mental health
- the lack of person-centred recovery support

The intention would be to integrate the findings of the inquiry day into the business as usual work of the operational and commissioning teams with an additional recommendation to create a joint commissioning group with the CCG and integrate with the mental health acute care pathway. This work had received a high level of support from local authority partners.

New models of care that met the needs of the community and ensured the correct levels of support were currently being investigated. The existing model of shared accommodation was inefficient and no longer considered to be appropriate. The Council was therefore working with local authority partners to provide alternative solutions that allowed people to live independently in their own homes.

Members noted that 50% of candidates in the youth parliament had campaigned on mental health issues and that help for young people at an early stage would be beneficial for their adult lives over the longer term.

The current response by dementia services was also being reviewed, particularly early onset dementia, as well as early intervention for carers facing mental health issues due to their role. The admiral nurse model would also be considered as part of this review.

Noted

Mental Health Support for Children and Young People: Inquiry Day - Scoping Document

9 The Committee considered a report concerning a review of Child and Adolescent Mental Health Services (CAMHS) including the scoping document for a proposed Inquiry Day on Monday 21 May 2018. The scope of the Inquiry Day would now include wider, lower level support, as well as the more intensive CAMHS provision.

An initial planning meeting for the Inquiry Day had taken place, with a further meeting scheduled on 4 April 2018. Planning for the event was ongoing and some initial invitations had been sent with a good response from those who had been contacted. Healthwatch was part of the planning group for this event.

Noted

Forward Work Programme

10 The Committee noted its work programme and the following additional item:-

- Accountable Care Systems - 15 June 2018, Dorset County Hospital to be invited to this meeting
- Referral to Secretary of State for Health - Report of Task & Finish Group - 15 June 2018 or earlier if practicable
- Urgent Integrated Care Service - date to be advised
- The Dementia Services Review (a briefing in June to be followed by a full report in September).

Briefings for Information/Note

- 11 The Committee considered a report containing briefings for information concerning the NHS Dorset Clinical Commissioning Group: Assisted Conception Policy and NHS England: Modernising Radiotherapy Services in England.

Noted

Liaison Member Updates

- 12 Councillor Shorland advised that the next meeting of the Dorset County Hospital NHS Foundation Trust would take place in April 2018.

Councillor Nick Ireland updated members on changes in personnel in the Dorset Healthcare University NHS Foundation Trust.

The Health Partnerships Officer advised that she would contact the South Western Ambulance Service NHS Foundation Trust with details of the new liaison member.

Questions from County Councillors

- 13 A question was submitted by Councillor Nick Ireland under Standing Order 20 (2) that was considered under minute 4 and is attached in the annexure to these minutes.

Meeting Duration: 10.00 am - 12.55 pm

Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	15 June 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	<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 following the decision made by Dorset Health Scrutiny Committee on 8 March 2018 to review whether there is a case to make a referral to the Secretary of State for Health with regard to some of the proposals for changes agreed by the CCG. The resolution agreed on 8 March was as follows:</p> <p><i>"That the Committee, in the light of the referral of the proposals to Judicial Review, the concerns raised by Councillors and members of the public, establishes a task and finish group of five members including the Chairman, to reconsider the evidence and any new evidence which might be submitted and to report to a special meeting on a date to be arranged."</i></p> <p>The Task and Finish Group subsequently met on 1 May 2018 with a view to establishing the scope and context of their work and the process involved in making a referral to the Secretary of State. In addition, the Group needed to consider the impact and implications arising from the progress of the Judicial Review which has been lodged by a Purbeck resident, and will come before the courts on 17/18 July 2018.</p> <p>Following discussion, it was agreed that it would be prudent for the work of the Task and Finish Group to be adjourned until the outcome of the Judicial Review is known. This decision was made on the basis that the grounds on which the Judicial Review have been brought mirror the</p>

	<p>concerns that the Task and Finish Group were expected to investigate. To continue would have been a duplication of work and, regardless of this, the outcome of the Judicial Review would, in legal terms, override any recommendation made by the Group.</p> <p>The minutes of that meeting are attached at Appendix 1. Although the Task and Finish Group does not meet in public, it was agreed by the members that the minutes should be made available to the Dorset Health Scrutiny Committee in full, to enable transparency.</p>
Impact Assessment:	<p>Equalities Impact Assessment: Not applicable</p>
	<p>Use of Evidence: Reports and summaries prepared for the Task and Finish Group; minutes of the Task and Finish Group.</p>
	<p>Budget: Not applicable</p>
	<p>Risk Assessment: Current Risk: LOW Residual Risk: LOW</p>
	<p>Outcomes: Not applicable</p>
	<p>Other Implications: None.</p>
Recommendation	<p>1 That members consider and comment on the report;</p> <p>2 That members support the decision by the Task and Finish Group to adjourn until the outcome of the Judicial Review has been published.</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 certain conditions. It would not be good use of public funds if the Task and Finish Group duplicated the work which will be undertaken by others in the course of the Judicial Review. In addition, it would be highly likely that key witnesses would be unwilling or unable to speak to the Task and Finish Group whilst the legal process of the Judicial Review was on-going.</p>
Appendices	<p>1 Minutes of Task and Finish Group, 1 May 2018</p>

JHSC Clinical Services Review & Mental Health ACP – update

Background Papers	Committee papers – Joint Health Scrutiny Committee: http://dorset.moderngov.co.uk/ieListMeetings.aspx?Committeeld=268 Committee papers – Dorset Health Scrutiny Committee: http://dorset.moderngov.co.uk/mgCommitteeDetails.aspx?ID=142
Officer Contact	Name: Ann Harris, Health Partnerships Officer, DCC Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk



Task and Finish Group - Clinical Services Review

Minutes of the meeting held at County Hall on
Tuesday, 1 May 2018

Present:

Ray Bryan, Nick Ireland, Tim Morris and Peter Shorland

Other Members Attending

Bill Pipe attended the meeting as an observer.

Jill Haynes, Cabinet Member for Health and Care, attending the meeting as an observer.

Officers Attending: Ann Harris (Health Partnerships Officer), Denise Hunt (Senior Democratic Services Officer), Jonathan Mair (Service Director - Organisational Development and Monitoring Officer) and David Phillips (Director of Public Health, Bournemouth, Dorset and Poole).

These notes have been prepared by officers as a record of the meeting and of any decisions reached. They are to be confirmed at the next meeting of the Task and Finish Group.

Election of Chairman

1 **Resolved**

That Ray Bryan is elected as Chairman of the Task & Finish Group.

Election of Vice-Chairman

2 **Resolved**

That Tim Morris is elected as Vice-Chairman of the Task & Finish Group.

Apologies for Absence

3 An apology for absence was received from Cllr Bill Batty-Smith.

Code of Conduct

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

Ray Bryan declared a general interest as a Governor of the Dorset Healthcare University NHS Foundation Trust.

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

Cllr Nick Ireland declared a general interest as his spouse was employed at Yeovil Hospital.

Cllr Tim Morris declared a general interest as a member of the Friends of Swanage Hospital.

Terms of Reference

5 The Terms of Reference had been drafted in order to give focus to the work of the Group.

It was noted that the reference to the Judicial Review (JR) mentioned in the Terms of Reference could influence the work of the group as it related to ongoing legal proceedings.

Resolved

That the Terms of Reference of the Task and Finish Group be agreed.

Confidentiality

6 **Resolved**

That the agenda and notes of meetings of the Task and Finish Group are available to the public.

Context

7 Members considered the paper outlining the chronology of involvement of the Dorset Health Scrutiny Committee (DHSC) and Joint Health Scrutiny Committee (JHSC) in the Clinical Services Review (CSR).

The requirement to set up a Joint Health Scrutiny Committee to consider the CSR had been necessary due to the need for the Clinical Commissioning Group (CCG) to consult across the local authorities. Hampshire and Somerset County Councils had been invited to join the Committee, the latter choosing to participate as an observer. Only the JHSC could formally reply to the CSR consultation, however, the CCG had been willing to undertake informal workshops for members of the DHSC prior to the JHSC meetings. Notes from these workshops had been included in the paperwork.

The formal response of the JHSC to the CSR consultation and consultation outcome was sent in March 2017 and August 2017 respectively, with the DHSC having had an opportunity to consider matters prior to the JHSC meetings. A subsequent letter from the CCG in September 2017 recognised the concerns and the way in which it would respond.

Jill Haynes, Cabinet Member for Health and Care, explained that when it commenced in 2015, the CSR had been the start of how the CCG could control costs and make services better, particularly in mental health and community provision. However, the CSR had since been superseded by the Sustainability and Transformation Plan (STP) that was a continuously evolving Plan agreed 18 months ago. The Plan formed the work programme for the health integration boards and Health and Wellbeing Boards as well as being an avenue for Central Government funding. It challenged some of the original elements of the CSR and it could no longer be assumed that its proposals were set in stone. Dorset had been chosen as one of the 8 accountable care systems due to the positive support that the STP had received.

The Director of Public Health informed members that overall there were 3 dimensions to be addressed including:

1. the widening health and wellbeing gap across the population
2. variations in quality of care across health and care systems
3. gaps in finance & efficiency

Whilst the CSR had addressed primarily the gaps in efficiency and quality of care, the STP focussed more widely on health and wellbeing outcomes and looking forward the focus would increasingly be on joint action at a locality level, enabling greater local engagement in discussion.

Members commented that the CSR and STP would not address the issue of hospital travel times for Purbeck residents and the inadequate road network around Bournemouth Hospital. Attention was also drawn to proposals that had been withdrawn in respect of the maternity service.

With regard to ambulance travel times, the group was informed that the issues raised had been in part due to the reliance on travel data provided by the South Western Ambulance Service Trust (SWAST). However, they were reminded that this was

JHSC Clinical Services Review & Mental Health ACP – update

being investigated as part of the remit of another JHSC that was scrutinising the NHS 111 Service provided by SWAST.

The Director of Public Health explained that there would be a period of up to 3-5 years before the proposed physical changes to Bournemouth and Poole hospitals were completed and this provided opportunities for further input by people on all sides, including the clinicians. Work was also ongoing with the Dorset County Council's Communications Team to convey clearer messages to the public that would be given a much higher priority during 2018.

Noted

Process of Referral to Secretary of State for Health

8 This item was included as part of the discussion below (Minute 9).

Judicial Review of the Clinical Services Review

9 The group was advised that Judicial Review (JR) proceedings had been brought by a service user in Dorset and a copy of the applicant's statement and the CCG's response had been shared with the Monitoring Officer in advance of the meeting. The group was verbally notified of the grounds of the JR at the meeting as outlined below :-

Ground 1: The CCG has failed to take into account a material consideration, when it expressly declined to consider the capacity of the social care sector to act as alternative provision.

Ground 2: The CCG failed to take reasonable steps to inform itself of whether alternative provision would be in place ahead of or alongside the cuts.

Ground 3: The CCG has misdirected itself when it claimed that NHS England's bed closure test is not applicable or relevant to its Decision.

Ground 4: Having misdirected itself in this way, the CCG then failed to consult on whether or not this test was satisfied.

Ground 5: If the CCG purports to have considered whether the Decisions met the bed closure test, this assertion is an error. To the extent that the CCG has taken the view that the Decisions comply with the bed closure test, that view is erroneous and unlawful.

Ground 6: The CCG's consideration of the important issue of travel times to the reconfigured hospital services was in breach of its duties under s. 14R of the National Health Service Act 2006 ("the 2006 Act") and of its duty to inform itself of essential information and was irrational.

Ground 7: The CCG's consultation was so misleading as to be unlawful, in respect of 24/7 consultant care and/or the probability of large scale acute bed closures, particularly at the PGH.

It was noted that the grounds of the JR overlapped with one of the tests for a referral to the Secretary of State for health as not being in the interests of the health service in its area and that there was the potential for the JR proceedings to replicate the scope and work of the Task and Finish Group.

It was further highlighted that the outcome of the JR would override any recommendation the group might make and that if a judge upheld the approach used by the CCG, then a referral to the Secretary of the State for Health would not succeed. In addition, if a judge found that there had been shortfalls in the process and directed the CCG to revisit the CSR, this would also mirror the actions of the Secretary of State if a referral was successful.

Following some discussion it was concluded that the work of the group had been overtaken by the legal process and it would therefore be appropriate to wait until the outcome of the JR was known before meeting again, in order to avoid duplication of work that the Court was already doing.

It was felt that adjourning the task and finish group until after the hearing, scheduled in mid July 18, would therefore be appropriate. A statement would be prepared to answer any enquiries received by individuals following the task and finish group meeting that would also form the basis of a media response.

It was also suggested that the Monitoring Officer attend the DHSC meeting on 15 June 2018 to provide background to the decision to postpone the group in light of the legal advice received at the meeting.

Resolved

1. That the work of the Task and Finish Group is postponed until the outcome of the JR is known.
2. That a short statement prepared in response to enquiries by members of the public is circulated to members of the group for information.
3. That a copy of the request for JR is circulated to the group once it is confirmed that this information can be shared.

Next Steps

- 10
- a) The work of the Task & Finish Group is postponed until the outcome of the JR is known.
 - b) The meeting scheduled on 24 May 2018 is cancelled.
 - c) A further meeting of the group to be convened in August 2018, with suggested dates to be circulated.

Date of Next Meeting

- 11 August 2018 - To be confirmed

Please delete the meeting on 24 May 2018 from your diaries.

Meeting Duration: 10.00 am - 11.30 am

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Integrated Care Systems

Phil Richardson
NHS Dorset CCG

Integrated care system?



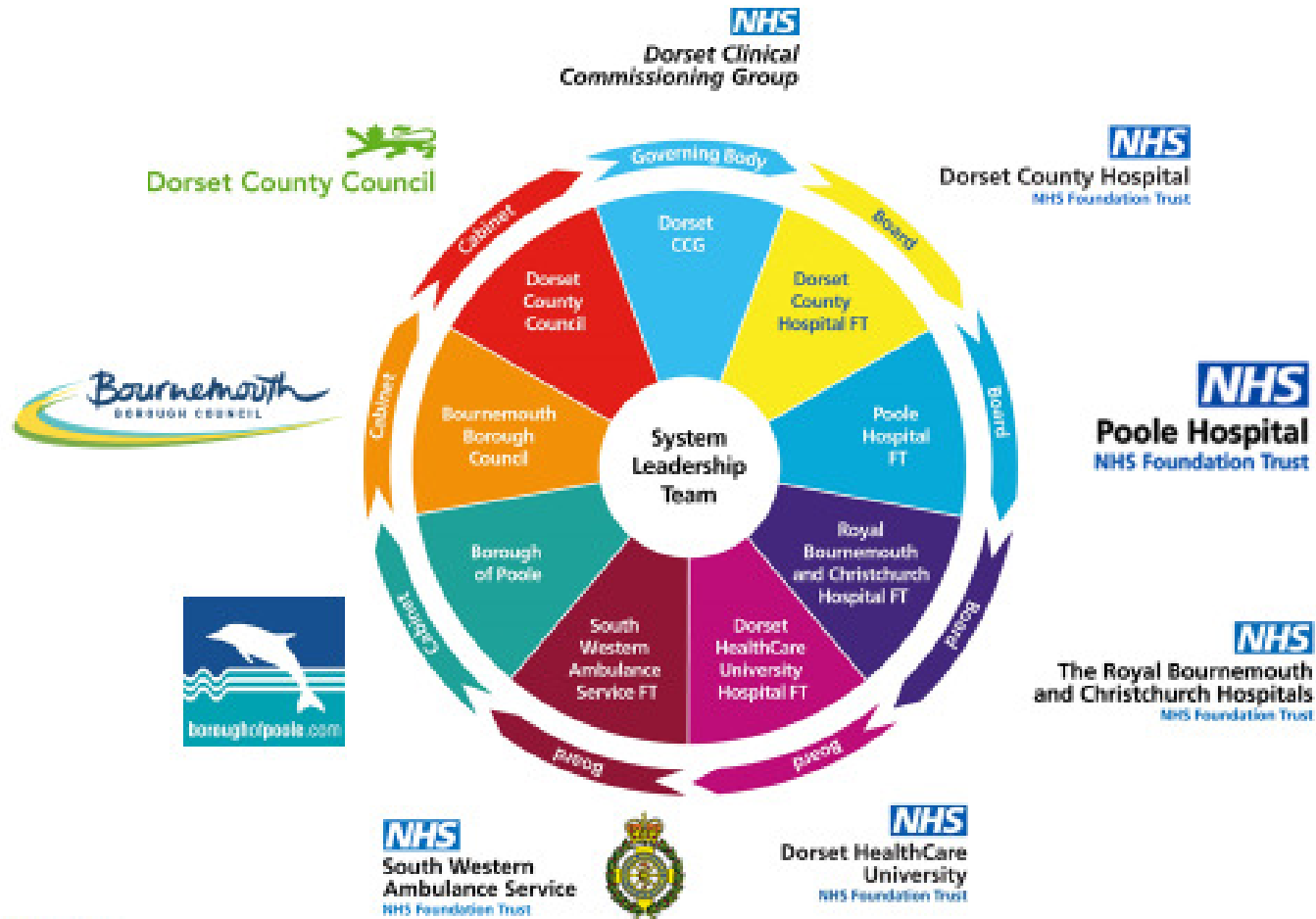
- ICS were previously called accountable care systems
- Take the lead in planning and commissioning care for their populations and providing system leadership
- A national initiative that has been extended to ten Sustainability and Transformation Plan (STP) areas, including Dorset.

Integrated care system?



- Aims to align/integrate health and care planning and delivery around population outcomes that are meaningful locally
- More control of national funding – a pot of around £450 million over the next four years to support their transformation programmes
- Fast-track improvements eg A&E, quicker GP appointments, better access to high quality cancer and mental health services.

ICS Partners in Dorset



ICS for Dorset



- Dorset is one of ten areas to become an 'integrated care system' (ICS)
- We have been an ICS in 'shadow' form since summer of 2017
- We are set to become a 'full' ICS in summer 2018/19 if the right progress has been made
- Delivery of the STP
- The changes to local hospital and community services resulting from the CSR form part of the way we will deliver these exciting and important changes to health and care services.

Memorandum of Understanding



MOU describes 4 main objectives:

- to integrate services and funding over the ICS defined population
- to make rapid progress in urgent and emergency care reform, strengthen general practice and improving mental health and cancer services
- to manage within a system financial control total and maximise efficiencies
- to act as a leadership cohort for subsequent ICS sites, demonstrating what can be achieved within increased freedom and flexibilities.

A blue rectangular sign with a 3D effect, tilted upwards. It is suspended from a blue circular dot at the top by two thin white lines. The text on the sign is white and reads 'Sustainability and Transformation Plan'.

Sustainability and Transformation Plan

STP: implementing transformation plans



The Sustainability and Transformation Plan (STP) explains how we will implement wider transformation plans including the CSR decisions.

STP – the bigger picture



3 national gaps:

Health and wellbeing

Care and quality

Finance and efficiency

In Dorset, addressed by five portfolios:

Acute hospital care (One Acute Network)

Integrated community and primary care services

Prevention

Digital

Working and leading differently

YOUR NHS

Working together to shape
Dorset's Health

STP programmes



Under each of the portfolios sit a number of programmes, e.g.:

Integrated community and primary care services

- Providing more services in community hubs closer to people's homes
- Developing integrated teams
- Improving access to GP services

One Acute Network

- Providing dedicated specialist hospitals for emergency and planned care
- Maternity
- Cancer services

STP programmes



Prevention (at scale)

- Starting well
- Living well
- Ageing well
- Healthy places

Digital

- Dorset Care Record
- Making better use of data
- Independent self-care

Leading and working differently

- Recruitment and retention of staff
- Developing leaders/staff
- Supporting staff through change
- Workforce planning

STP Portfolio Progress



One Acute Network

- Financial modelling is underway
- Poole Hospital and Royal Bournemouth Hospital merger case is being drafted.

Integrated community and primary care services

- Community hub Outline Business Cases being produced by Dorset Healthcare
- Development underway of an operating model for Shaftesbury
- Primary care workforce mapping and transition planning has been undertaken in each locality and shared with local teams for validation.

Digitally transformed Dorset

- The Dorset Care Record is now live and continues to expand its user base
- Whilst positioning our efforts and deliveries on the applications and services delivered to staff and patients, we continue to develop the underlying infrastructures needed to support all that change.

STP Portfolio Progress



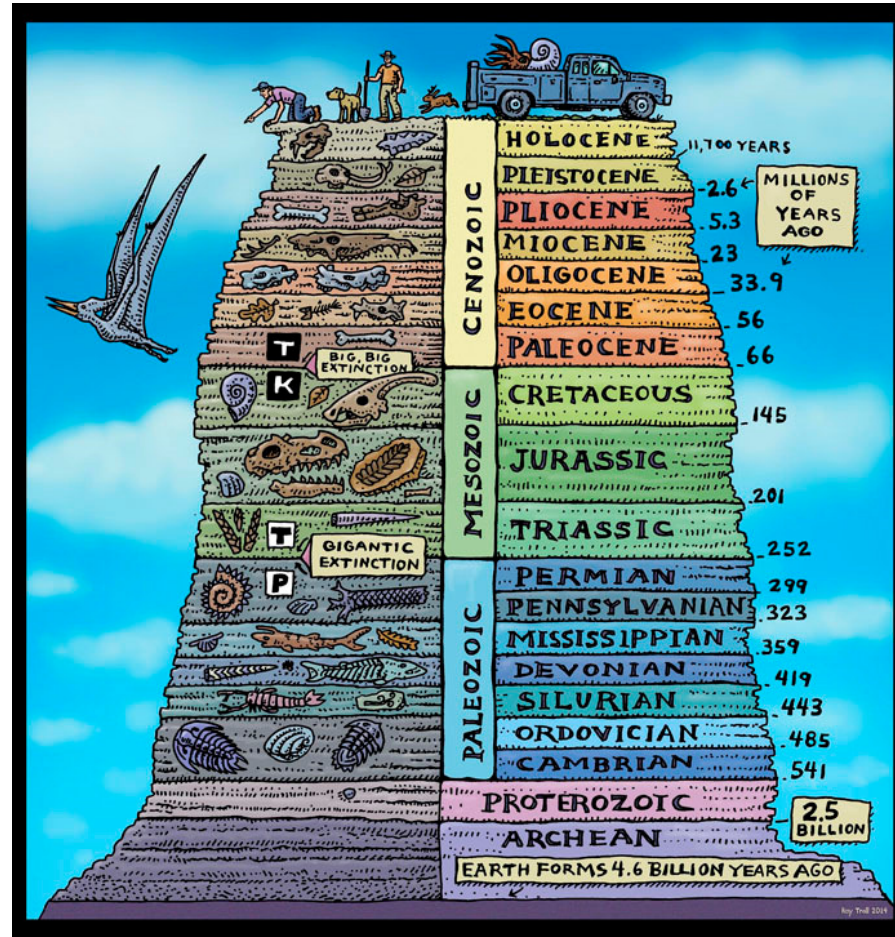
Prevention at Scale

- An integrated Children's Centre / Health Visitor pathway has been agreed and implementation planning is now underway.
- New LiveWell Dorset website is live
- A pilot for the Living Well Active programme is planned for North Dorset with engagement events scheduled in July to identify health champions who will be trained to support people to increase physical activity.

Leading and working differently

- A Stocktake took place at the February the Dorset Workforce Action Board (DWAB) in order to refocus the purpose and commitment and how we plan to work together and align work streams
- The mental health workforce expansion plan to deliver the five-year forward view is currently be assured by Health Education England and NHS England.

Timescales



Five-year plan



- Five year plan
- Different aspects will be introduced at different times - some dependent on various constraints or imperatives such as nationally mandated services (extending access to primary care, expanding access to psychological therapies)

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Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	15 June 2018
Officer/Author	Diane Bardwell, Dementia Services Review Project Manager, NHS Dorset Clinical Commissioning Group
Subject of Report	Dementia Services Review update
Executive Summary	This update gives a summary of stages and activities relating to the Dementia Services Review being led by NHS Dorset Clinical Commissioning Group. The report outlines the context for the review, the work undertaken so far and the emerging new models.
Impact Assessment:	Equalities Impact Assessment: Completed within the review
	Use of Evidence: Report provided by NHS Dorset CCG.
	Budget: N/A for DCC
	Risk Assessment: In relation to project progress Current Risk: LOW
	Outcomes: N/A
	Other Implications: N/A

Recommendation	To note and comment on the progress of the review.
Reason for Recommendation	In preparation for the Health Scrutiny Committee to be consulted on the future Strategic Outline Case for the delivery of Dementia Services.
Appendices	1 Presentation slides: Dementia Services Review, design and modelling stage
Background Papers	<p>Dementia Services Review - Project Initiation Document (Joint Health Scrutiny Committee, October 2016, see agenda item 14): DCCG Dementia Services Review Project Initiation Document Sept 2016</p> <p>Dementia Services Review - View Seeking report: DCCG Dementia Services Review View Seeking Report</p> <p>Dementia Services Review - Health and Social Care needs analysis: DCCG Dementia Services Review Health & Social Care Needs Analysis</p>
Officer Contact	<p>Name: Diane Bardwell. NHS Dorset CCG Tel: 01202 541443 Email: diane.bardwell@dorsetccg.nhs.uk</p>

1. INTRODUCTION

- 1.1 During 2014 a review of specialist dementia services to design a service model to deliver consistent, quality, agreed outcomes across Dorset, was prioritised and included in the Clinical Commissioning Programme 5 Year plan. This was against a backdrop of increasing demand for services, an ageing population and national policy. Noting in particular that specialist dementia services had inequity of provision particularly across the West of the county and service provision following the closure of the inpatient unit 'Betty Highwood' in Blandford (due to inability to recruit and retain registered staff) had not been fully considered. However due to commencement of the Clinical Services Review there was a postponement and the review re-commenced during 2016.
- 1.2 At the reinitiating of the Dementia Services Review the three Local Authorities requested to become full partners within the review and for the review to take a whole system approach including some social care services and co-dependant services and to consider the whole of the dementia pathway.
- 1.3 However, despite the best efforts of all partners as the review progressed it became apparent that the considerable stretch on local authority resources, the Local Government Review and service developments running at different timeframes were having an impact on joint working. It was confirmed on 1st February 2018 Project Board meeting that the Local Authorities were not able to deliver the next stages for an integrated review. The Project Board agreed to work together where possible but the project scope to focus more on health provision.

Statutory drivers

- 1.4 There have been a range of national documents since the 2009 'Living Well with Dementia: National Dementia Strategy'. Most current is 'Prime Minister's Challenge on Dementia 2020' and the 'Implementation plan'¹ which includes:
 - improving diagnosis, assessment and care for people living with dementia;
 - ensuring that all people living with dementia have equal access to diagnosis;
 - providing all NHS staff with training on dementia appropriate to their role;
 - ensuring that every person diagnosed with dementia receives meaningful care.
- 1.5 Dementia remains a national priority with delivery of '*Challenge on Dementia 2020 Implementation plan*' by 2020¹.
- 1.6 NHS England 2018/19 mandates for dementia are:
 - maintain a minimum of two thirds diagnosis rates for people with dementia;

¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/507981/PM_Dementia-main_acc.pdf

- implement and embed the dementia pathway, set out in the 'Implementation Guide for dementia care', and improve the quality of post-diagnosis treatment and support.
- 1.7 The Care Act 2014² created a new legislative framework for adult social care, and also gives carers a legal right to assessment and support.
- 1.8 NICE guidance 'Dementia: assessment, management and support for people living with dementia and their carers' is currently in consultation³ and will replace NICE guideline CG42 (November 2006) and 1.3 of NICE technology appraisal guidance 217.

Aim and objectives

- 1.9 The agreed vision with Dorset Dementia Partnership included in 'Living Well with Dementia in Dorset strategy':

'Every person with dementia, and their families and carers, receive high quality, compassionate care from diagnosis to end of life care. This applies to all care settings, whether home, hospital or care home'.

- 1.10 The agreed objectives to underpin the vision were by utilising a 'co-production', partnership working approach throughout the project and deliver within the current health and social care resources and finances to:
- design and deliver consistent and high quality, compassionate care and support to meet the needs of people living with dementia and their carers from diagnosis to end of life;
 - ensure equity of outcomes for people living with dementia and their carers across Dorset localities;
 - achieve and maintain a diagnosis rate of two thirds of prevalent population;
 - increase the number of people being diagnosed with dementia, and starting treatment, within six weeks from referral;
 - improve the quality of post diagnosis treatment and support for people with dementia and their carers.
- 1.11 Throughout the Dementia Services Review, the Project Board's methodology has been to apply best practice in its decision-making processes and in particular to embed 'co-production'. Co-production is a value driven approach in which decision makers e.g. professionals and citizens are involved in a relationship in which power is shared wherever possible and where there is recognition that everyone involved has a contribution to offer.
- 1.12 All engagement and communication throughout this review will ensure the legal requirements to consult about the way the NHS and Social Care is operating and about any proposed changes are followed. This includes:

² <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

³ <https://www.nice.org.uk/guidance/conditions-and-diseases/mental-health-and-behavioural-conditions/dementia>

- Consulting patients and the public;
- Keeping the local authority Overview and Scrutiny Committee informed and consulting them on the review proposals.

1.13 An Equality Impact Assessment and Privacy Impact Assessment have been completed as part of the review.

1.14 Services in scope have been adapted following the revised agreement to cover health provision directly.

Table 1. Services in scope and interdependencies

Dorset Healthcare NHS Foundation Trust	Services
	48 commissioned In-patient beds Alderney Hospital, Poole
	16 commissioned In-patient beds Chalbury Unit (currently closed)
	12 commissioned In-patient beds Betty Highwood (currently closed)
	In-reach Service
	Intermediate Care Service for Dementia (ICSD) East – providing an intensive support service
	Older persons Community Mental Health Teams
	Haymoor Day Hospital, Alderney
	Melcombe Day Unit, Weymouth
	Memory Assessment Service
Alzheimer’s Society	Memory Support and Advisory Service
Inter-dependant services	Care UK: Specialist dementia care at home (commissioned by BoP)
	Early Help and Prevention services commissioned by BBC to support people living with dementia in the community
	Respite provision
	Dementia Care homes
	Psychiatric Liaison Services
	Information provision
	Out of Hours crisis services
	Care home providers providing dementia care
	Domiciliary providers
	Safe Havens within care homes
	Dementia workforce – recruitment, retention and training
	Hospital links to Community
	Community Services Review including Frailty services

Case for change

1.15 Key influencing factors for taking forward the Dementia Services Review include:

- Ageing population – increasing pressure on health and social care;
- Inequity of outcomes – Intermediate Care Service for Dementia (ICSD) and Inreach currently only formally commissioned in the East of Dorset;
- Improving post diagnostic services
- Improving waiting times for diagnosis with a possible new national target of 6 weeks from referral to diagnosis;
- Ensuring provision of services for those with early onset dementia;

- Access to specialist dementia inpatient provision across Dorset;
- Recruitment and retention of dementia workforce;
- End of Memory Support and Advisory Service contract in September 2019.

2. HEALTH AND SOCIAL CARE NEEDS ANALYSIS

- 2.1 Stage one of the project included a comprehensive health and social care needs analysis and the output was a Needs and Data Analysis report developed jointly with the three local authorities, Public Health Dorset and Dorset HealthCare NHS Trust. A full copy of the report can be found at the following link: <http://www.dorsetccg.nhs.uk/aboutus/dementia-services-review.htm>
- 2.2 Across Dorset there are currently 187,456 people aged over 65, from this figure it is estimated that NHS Dorset CCG has 13,089 people aged over 65 living with dementia. Dorset and Poole have a higher proportion of over 65s than the England average, with Bournemouth being similar to the England average. Dorset overall has a higher life expectancy at birth and at age 65 than England averages.
- 2.3 Dorset overall has only 0.7% of over 65 years from a black and minority ethnic background. This is significantly lower than the England average of 8%. The majority live within Bournemouth localities (1.3%). People from these backgrounds are at a greater risk of developing dementia and at an earlier age than the general population.
- 2.4 Research estimates that dementia is an age related disease present in 0.9% of people aged 60 – 64 and increasing to 41.1% of those aged 95+. 61% are female and it is estimated nationally that 55% have a mild form of the disease, 32% moderate and 13% severe. The most common type of dementia is Alzheimer's Disease (62%), followed by Vascular Dementia (17%) and Mixed (10%)
- 2.5 Risk factors for dementia include age, gender, vascular health, diabetes and education. People with developmental disabilities are at increased risk of dementia, especially people with Down's Syndrome. People living in areas of deprivation are more likely to experience poorer health outcomes. Bournemouth and Weymouth & Portland experience the highest levels of deprivation. Poor vascular health, diabetes and education may link with deprivation and are modifiable risk factors.
- 2.6 Men are more at risk of developing vascular dementia due to higher rates of poor vascular health. Dorset has higher rates of coronary heart disease, stroke and transient ischaemic attack than the England average
- 2.7 The numbers of people aged over 65 diagnosed with dementia and on GP registers was 8,164 in December 2017. This indicates, against the estimated prevalence, that Dorset has diagnosed 62% of the expected population. NHS England has a target for Clinical Commissioning Groups to achieve diagnosing two thirds of its prevalent population (66.7%) so Dorset at this point had a gap of 616 undiagnosed patients.

3. VIEW SEEKING

- 3.1 Stage two was a substantial public engagement and view-seeking exercise led by Dorset CCG in partnership with the Local Authorities, Dorset HealthCare and Alzheimer’s Society. There was overall 2,107 comments made by respondents. There were 275 responses to the online or postal surveys and one email response. There were 106 attendees to the 15 community events and 149 attended the 10 outreach events and meetings. Views were gathered from service users, carers and staff. There were 498 comments mentioning aspects of services that work well, 843 comments relating to what works less well and 766 relating to ideas for improvements.
- 3.2 Key areas highlighted were around the dementia care pathway in terms of waiting times, fragmented services, confusing diagnostic pathway, poor communication and also needing improvements with respite, carer support and more joined up services.
- 3.3 The output from stage two was a comprehensive, thematic analysis report with the evaluation and report produced by Bournemouth University. Commissioning the university as an external organization to the review ensured the analysis was impartial. The View Seeking Report can be found at the following link: <http://www.dorsetccg.nhs.uk/aboutus/dementia-services-review.htm>.

4. DESIGN AND MODELLING

- 4.1 A robust co-production process has been followed within the Design and modelling stage. Membership at all events and groups was mixed and included people living with dementia, carers, voluntary sector, private sector, health and social care representatives including clinicians, GPs and commissioners. See Table 2 below.

Table 2 Summary of Design and Modelling Stage co-production

Type of group	Purpose	Attendance	Outputs
Innovation open group 16 May 2017	An open event was held for anyone interested in dementia services. National Clinical Lead as Keynote	101	Innovation and visioning Consider ‘what is’ and ‘what might be’
Co-Production Design & Modelling Groups: Poole, Bournemouth Dorchester. May – Sept 2017	3 groups made up of a wide variety of stakeholders whom considered different areas along the whole care pathway. All met together for final group to summarise the model design	Total attendance 333	Staged workshops across stages. ‘What should be’ 8 modelling summaries of whole pathway developed
Working Groups Sept 2017 – April 2018	Modelling group Diagnosis sub group Acute sub group Crisis and inpatient sub group Data and intelligence sub group. Local authorities DSR meetings	Overall approx. 70 members	Detailed model options developed across pathway. Acute hospital Action plan Data and costing of model options. Linking to local authority initiatives

Cross check event 11 April 18	Checking and validating the potential care models against critical success factors	67	Feedback and scoring on emerging model options
GP Survey (Feb 2018)	Online survey	14	Views on current services and how to improve
Community Mental Health Team survey (March 2018)	Online survey	21	Views on current services and how to improve
Team meeting visits March/April 2018	Discussions with CMHT OP and ICSD teams and Memory Advisors	Approx. 50	Checking emerging options and capturing ideas
Dementia Partnership	Update on the phases of the review and obtain feedback on related projects.	Varied Approx. 25 - 50	Regular updates
Other groups & engagement	Equality and Diversity workshop	20	Updates on review and how to be involved
	STP Patient Engagement Group	16	
	Poole Forum Learning Disability group	25	Gave solutions and ideas to support design & modelling phase
	Alzheimer's society volunteer groups	30 + 25	
	Information task and finish group	10	

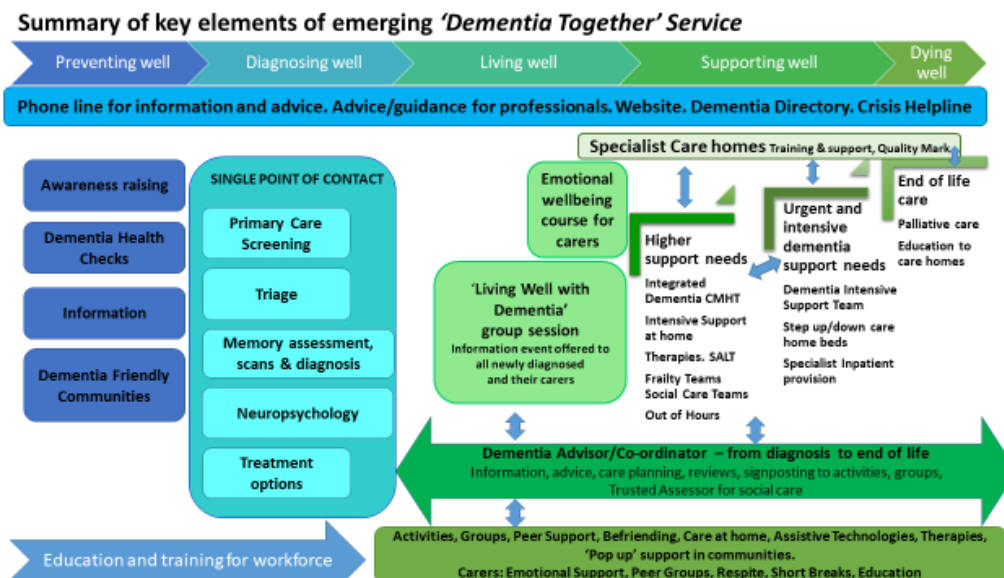
4.2 Initially the evidence from the Data and Needs Analysis, View Seeking and benchmarking was considered. Then stakeholders drawing on this and their own expertise and experiences began designing the 'ideal' model of care and this was then refined by specific 'expertise' groups considering key elements of the care pathway.

4.3 Crucial elements that were consistently flagged as important was having a single point of access to the dementia service, having a much simpler pathway and for patients and carers to have ongoing support and guidance from diagnosis to end of life. See diagram 1 below.

4.4 At a 'Cross check' event on 11 May 2018 67 stakeholders attended and critically analysed the different options and identified preferences against different options for:

- telephone helplines;
- diagnostic models;
- different models for dementia co-ordinators/advisors;
- post diagnostic support, groups and treatment;
- higher levels of need and crisis.

Diagram 1.



5. NEXT STEPS

5.1 Final modelling and costing is currently being worked upon for the Project Board to agree the different options within the Strategic Outline Case. See Table 3 for the critical success factors that will be considered.

Table 3 Critical success factors

Factor to be considered	Issues to be included when considering this factor
Can the option really be implemented?	Will there be sufficient / appropriate workforce? Will it be attractive enough to <u>retain</u> the workforce? Will the necessary IT systems be in place? Will all other necessary systems be in place?
Does the option deliver services which are safe and sustainable?	Will there be sufficient staffing and systems to ensure the safety of staff and people who use services in all settings? How vulnerable will the services be to unexpected staff shortages?
Will the option be affordable?	Using high-level estimates, do we believe that the option can be delivered by reshaping existing resources? If there will be short-term transitional costs, do we believe there will be a way of funding them? Will the option be affordable in the long term?
Will this option deliver services which will be acceptable to people?	Will services be acceptable / attractive to people who use services and the families/carers? Will they be acceptable / attractive to all groups – for example, BME communities?
Is the option based on evidence of best practice?	Is there objective, accepted evidence of the effectiveness of the proposed service model?
Will this option result in a better experience for those who use the service?	Will it promote positive relationships between those who use the service and the clinicians who support them? Will it enable people to live the lives they wish to live?

- 5.2 An NHS Assurance Stage 1 visit is being booked for July 2018. A consultation plan is beginning to be drafted with plans for consultation to commence from October over an 8 – 12week period subject to Board approval.
- 5.3 The Project Team would wish to present the Strategic Outline Case to all Health Overview and Scrutiny committees across Dorset either individually or through a Joint Agreement Process from September 2018.

Diane Bardwell, Dementia Services Review Project Manager, NHS Dorset CCG

Appendix 1

Dementia Services Review

Design and modelling stage

Update on progress

May 2018

Di Bardwell

Dorset vision

Every person with dementia, and their families and carers, receive high quality, compassionate care from diagnosis to end of life care. This applies to all care settings, whether home, hospital or care home.



Outcomes

- I have personal choice and control over the decisions that affect me
- I know that services are designed around me, my needs and my carer's needs
- I have support that helps me live my life
- I have the knowledge to get what I need
- I live in an enabling and supportive environment where I feel valued and understood
- I have a sense of belonging and of being a valued part of family, community and civic life
- I am confident my end of life wishes will be respected. I can expect a good death

Objectives

Through a **co-production approach** and **within the current resources and finances available** through **health and social care**:

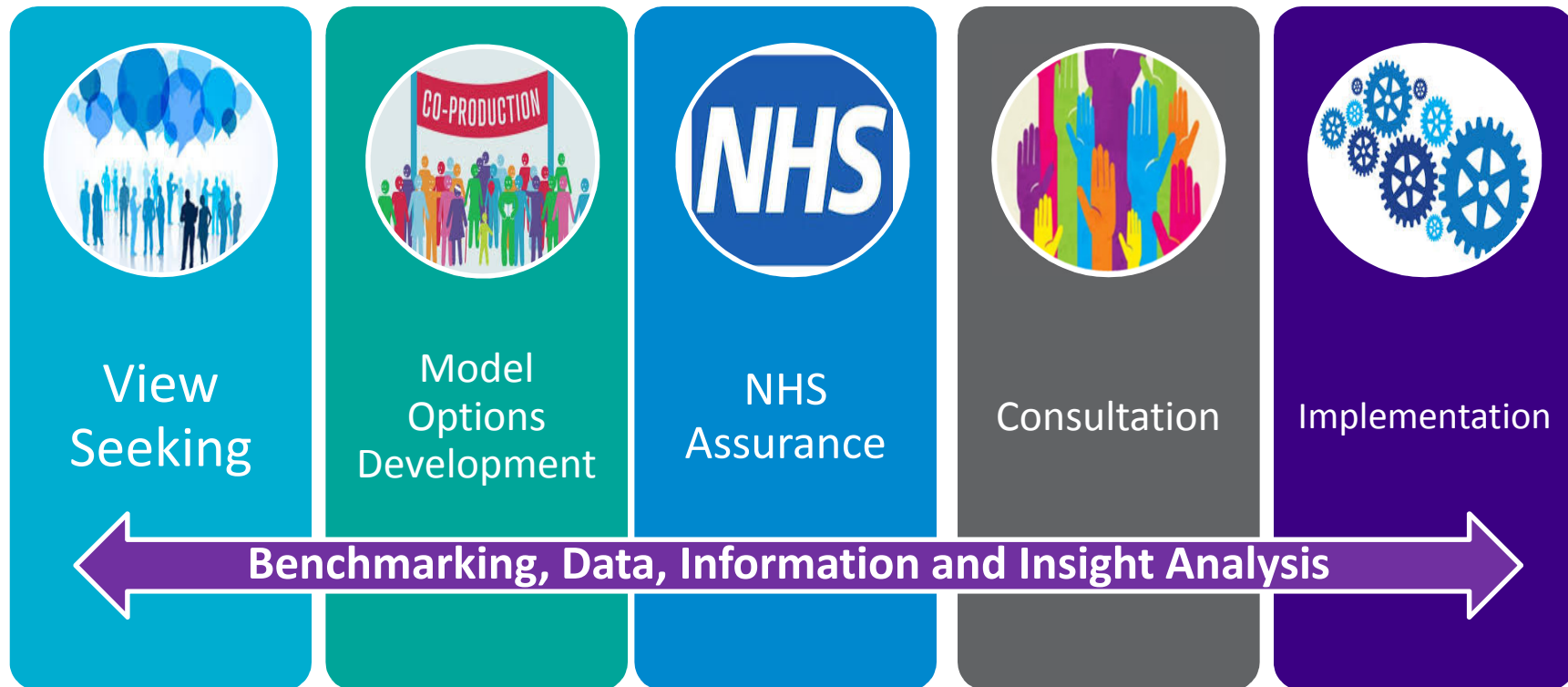
- Design and deliver consistent and high quality, compassionate care and support to meet the needs of people living with dementia and their carers from diagnosis to end of life.
- Ensure equity of outcomes for people living with dementia and their carers across Dorset localities.
- Achieve and maintain a diagnosis rate of two thirds of prevalent population.
- Increase the number of people being diagnosed with dementia, and starting treatment, within six weeks from referral.
- Improve quality of post-diagnosis treatment and support for people with dementia and their carers.

Services included in the review

Dorset Healthcare NHS Foundation Trust	48 commissioned inpatient bed - Alderney Hospital
	16 commissioned In-patient beds - Chalbury Unit (currently closed)
	12 commissioned In-patient beds - Betty Highwood (currently closed)
	In-reach service
	Intermediate Care Service for Dementia (ICSD) East –an intensive support service
	Older Persons Community Mental Health Teams
	Haymoor Day Hospital, Alderney
	Melcombe Day Unit, Weymouth
	Memory Assessment Service (MAS)
Alzheimer’s Society	Memory Support and Advisory Service (MSAS)
INTERDEPENDENCIES	Psychiatric Liaison Services
Poole Borough	Care UK: Specialist dementia care at home (domiciliary) Respite provision
Bournemouth Borough Council	Early Help and Prevention services commissioned by BBC to support people living with dementia in the community
Dorset County Council	Care Homes and Respite provision for people with dementia
Acute/Com Hospitals	Hospital links to Community
Various	Information provision Out of Hours crisis services Care home providers providing dementia care Dementia workforce – recruitment, retention and training

Review process

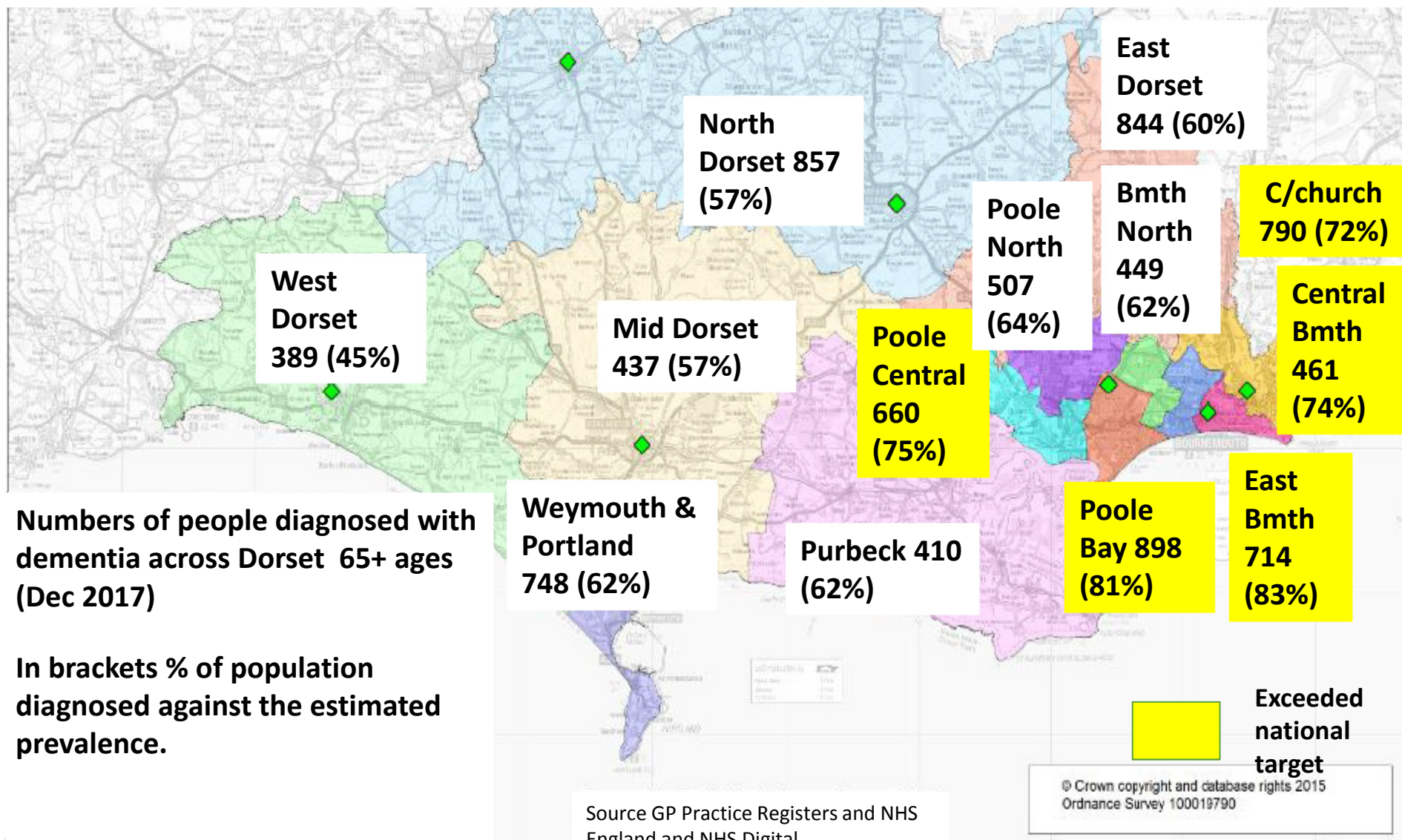
Going on the journey together to find solutions



NHS England national dementia diagnosis target (Dec 2017)

- Estimated prevalence of 65+ years = 13,164 patients
- Total aged 65+ on dementia registers = 8,164
- Diagnosis rate December 2017 = 62%
- Gap to meet national target of 66.7% = 616 patients

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Summaries across stages

DATA AND NEEDS ANALYSIS

Prevalence of dementia in Dorset estimated 13,089

Numbers of people diagnosed appears to have plateaued

Ageing population is increasing

Different demand shown across Dorset localities and rural/urban

61% of people with dementia have other health conditions

Currently 189 people have early onset dementia

Bournemouth localities and the Purbecks have the highest % of people within care homes

ENGAGEMENT & VIEW SEEKING ANALYSIS

Support groups, charities and volunteers identified as working well

Failures in care pathway

Fragmented services

No continuity of staff

Lack of support particularly post-diagnosis

Carers want more involvement in care planning

Awareness raising in general public needed

Services understaffed

Need for better respite options and carer breaks

DESIGN THEMES

Smoother and quicker diagnostic pathway

Joined up services across health and social care

Support, advice and guidance along whole pathway – Dementia Coordinator role

Information and crisis helpline

Improved support for carers

Education and training

Tackle delayed discharges

Improved care in the home

Wider options for carer breaks and respite

Meet crisis needs and higher levels of support

Dementia care pathway

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Population requiring inpatient care

Population experiencing an episode of crisis

Population with in Mental health care clusters 19-21

Population with dementia diagnosis

Population with dementia risk factors – age, vascular health etc

Population of Dorset

Each person will have a different profile of need over time, some with multiple periods of high need

Dementia – High need (Inpatient)

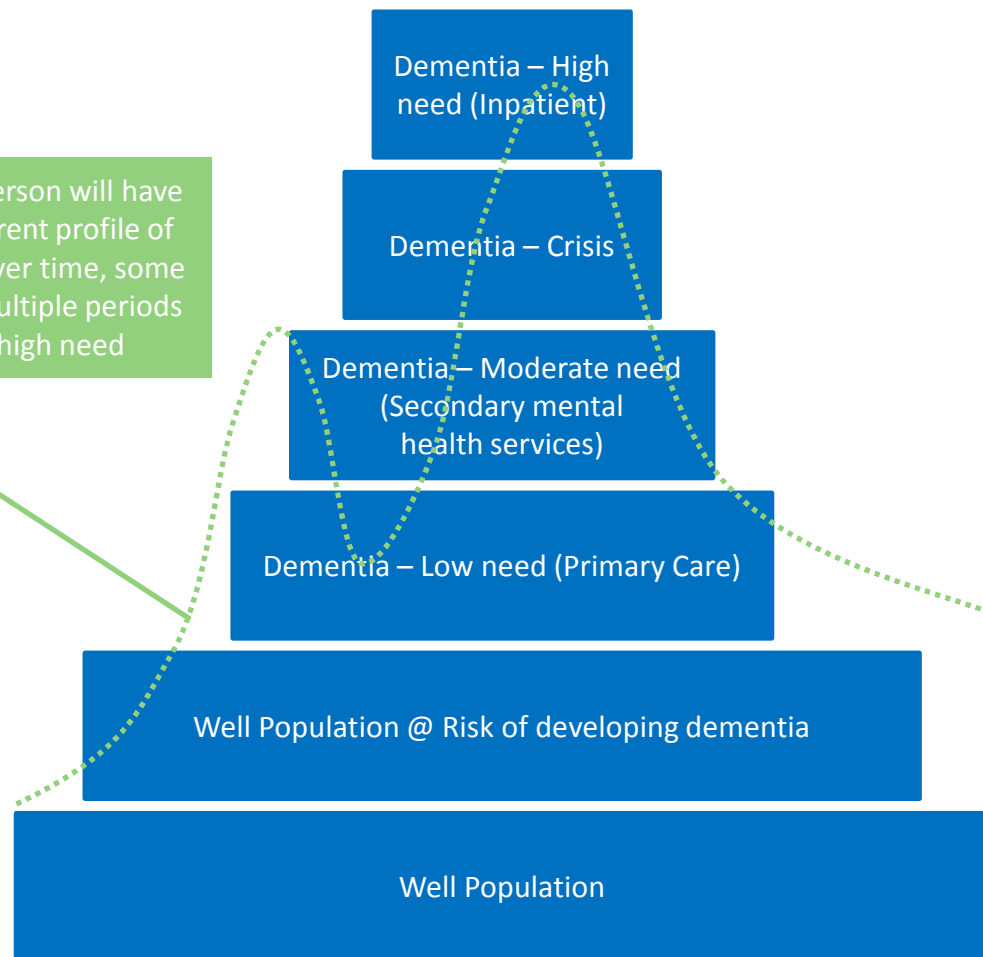
Dementia – Crisis

Dementia – Moderate need (Secondary mental health services)

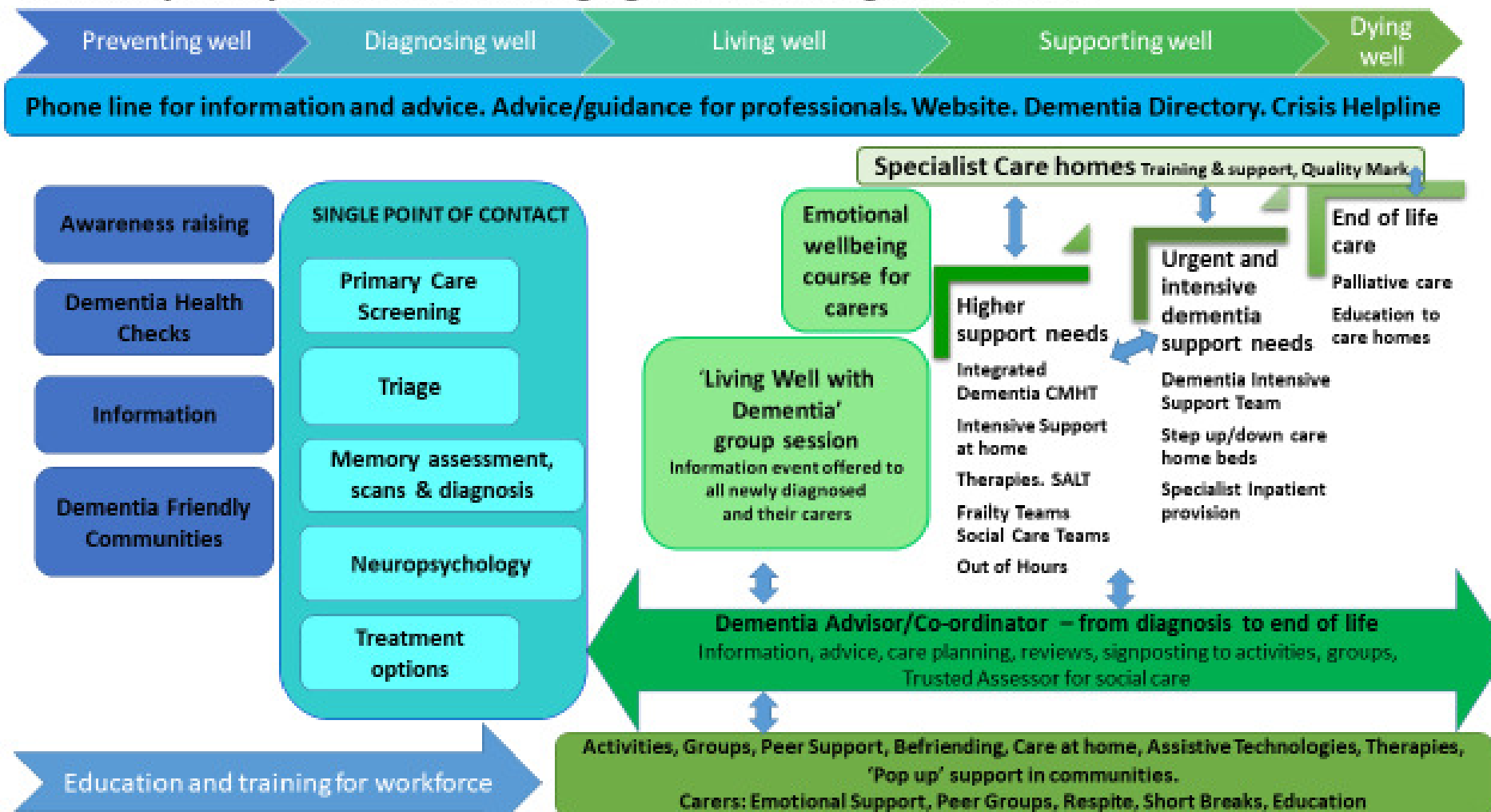
Dementia – Low need (Primary Care)

Well Population @ Risk of developing dementia

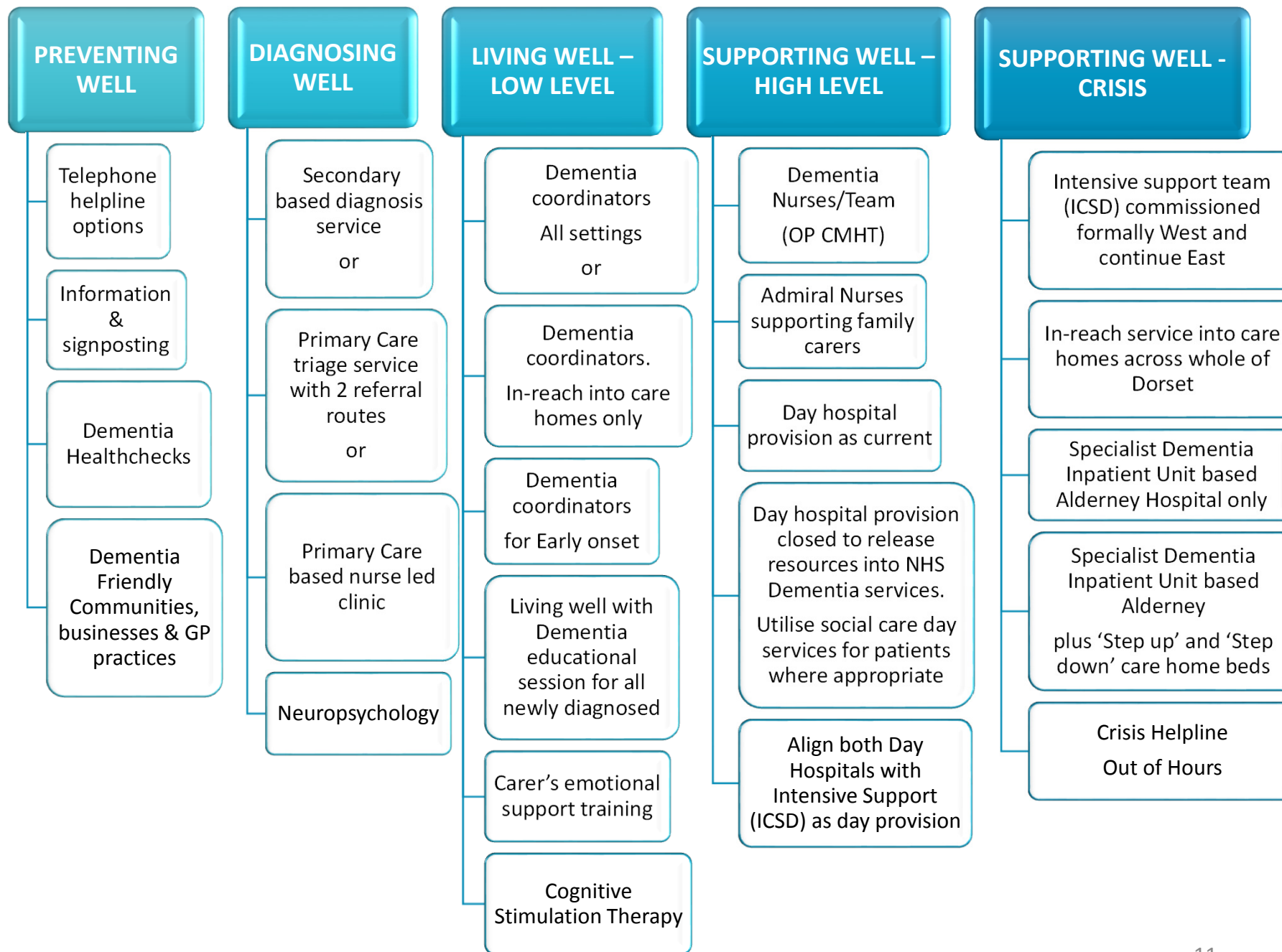
Well Population



Summary of key elements of emerging 'Dementia Together' Service



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Next steps

Deliverables	Completion date
Stage 3: Design and Modelling Shortlisted and costed model options Strategic Outline Case with model options	June 2018
Stage 4: Approvals and Consultation	December 2018
Stage 5: Evaluation of consultation and fully costed Business Case	March 2019
Stage 6: Procurement and secure service provision	September 2019
Stage 7: Mobilisation and contract management	To follow

Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	15 June 2018
Officer	Matthew Piles - Service Director - Economy, Built and Natural Environment
Subject of Report	Integrated Transport Programme – Update Report
Executive Summary	The purpose of the Integrated Transport Programme (ITP) is to improve access to healthcare in Dorset. The intention is to achieve this objective by joining-up transport planning, commissioning and service delivery between Dorset's Local Transport Authorities (LTAs) and healthcare system. This report sets out the objectives, workstreams and milestones of the programme.
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>Integrated Transport Programme (ITP) EqIA has been approved by Dorset Clinical Commissioning Group (DCCG). ITP EqIA is available on request.</p>
	<p>Use of Evidence:</p> <ul style="list-style-type: none"> • CSR Consultation Outcome. • Engagement with integrated CCGs/Local Transport Authorities (LTAs). • Engagement with Healthcare Provider Trusts. • Engagement with Patients, Staff and Visitors. • Engagement with Transport Operators. • Transport Demand Modelling. • Accessibility Mapping. • Proof of Concept Pilot Schemes.
	<p>Budget:</p> <p>The budget available for the ITP during 18/19 and 19/20 is £230,000. This has been made up of £50,000 from NHS England South West and £180,000 from the DCCG Transformation Fund.</p> <p>The ITP is also in discussion with Dorset County Council's (DCC) Sustainable Transport Team to secure £20,000 for travel planning measures</p>

Integrated Transport Programme - Update Report

	<p>Risk Assessment:</p> <p>Not Applicable – no decision required. There are however risks to the successful delivery of the programme. These are set out in the ITP risk register which is available upon request.</p> <hr/> <p>Outcomes:</p> <p>The following bullet points set out the anticipated outcomes of the Integrated Transport programme.</p> <ul style="list-style-type: none"> • High quality, sustainable transport services that meet the needs of Dorset’s residents. • A mutually supportive healthcare and transport system for Dorset. • Reduced number of ‘Did Not Attends’ to healthcare appointments. • Improved health and wellbeing of Dorset’s residents. • Greater efficiency of patient transport services and increased use of sustainable transport. • Reduction of passenger mile cost to NHS and LTAs. • Increased coverage of sustainable community transport schemes in Dorset, reducing the potential for isolation and loneliness in the county. • Minimise impact of healthcare related travel on Dorset’s transport network. <hr/> <p>Other Implications:</p> <p>The outcome of the ITP is likely to impact the planning, commissioning and delivery of transport services in Dorset. This may impact voluntary organisations along with property and asset requirements. There may also be changes to staffing needs and transport sustainability. Safeguarding of vulnerable people is a key consideration.</p> <p>Planned outcomes that surround travel planning are likely to increase physical activity contributing to increased health and wellbeing of Dorset’s residents.</p>
Recommendation	That members note and comment on the report.
Reason for Recommendation	Health-related transport was identified by Dorset Health Scrutiny Committee members as a key topic for scrutiny within their annual work programme, in recognition of the concerns raised on this matter previously.
Appendices	Appendix A – ITP Programme Diagram Appendix B – ITP Key Milestones
Background Papers	N/A
Officer Contact	Name: Joseph Rose – ITP Programme Manager Tel: 07814 794350 Email: joseph.rose@dorsetccg.nhs.uk

1. Introduction

- 1.1 The purpose of the Integrated Transport Programme (ITP) is to improve access to healthcare in Dorset. The intention is to achieve this objective by joining-up transport planning, commissioning and service delivery between Dorset’s Local Transport Authorities (LTAs) and healthcare system.
- 1.2 The programme is made up of five projects: communications & engagement; patient transport services; transport modelling; travel planning and development planning. The objectives of these projects, progress to date and future milestones for each of these workstreams is set out in the body of this report.

2. Report

- 2.1 Implementation of a joined-up transport system for Dorset is a significant and complex undertaking. As such, the overall programme of work has been split into four distinct phases.

Phase 1	Phase 2	Phase 3	Phase 4
Scoping & Assurance	Review & Outline Options for Progression	Option Development & Decision Making	Operational Implementation
Completed	In Progress	Future Phase	Future Phase
30 September 2017	31 March 2018	31 March 2019	TBA

- 2.2 Phase two of the programme completed on 31 March 2018. The purpose of this phase was to explore the potential to join-up health and transport in Dorset while identifying outline options for future integration.
- 2.3 The programme manager was initially seconded to the Clinical Commissioning Group (CCG) from Dorset County Council (DCC) for six months from October 2017 to April 2018 (phase two). Work undertaken to date has identified there is scope to join-up healthcare and transport and work to pursue transport integration should continue. The programme manager’s secondment has subsequently been extended to April 2019 to include phase three of the programme.
- 2.4 The ITP has submitted a Finance Investment Committee (FIC) funding bid for £180,000. This bid is in addition to a successful bid of £50,000 to NHS England South West and will allow the ITP to continue until April 2020 – subject to gateway reviews.
- 2.5 The delivery of phase two has allowed the programme to refine objectives and define the workstreams within each project. The ITP programme diagram is given in Appendix A. Appendix B includes the accompanying ITP key milestone plan.

Communications & Engagement

- 2.6 The objectives of the communications and engagement project are to:
- Engage with customers to establish existing healthcare accessibility issues and establish their vision of what a good system could look like.
 - Engage with other integrated CCGs and LTAs to understand their approach to transport integration.
 - Engage with transport operators to establish the scope for linking up healthcare and transport.

- Improve knowledge of available transport services to improve healthcare accessibility.
- 2.7 Initial engagement has been undertaken with Dorset's three acute hospitals to establish existing accessibility issues and understand their view on what an integrated system could look like. The ITP has also carried out workshops and/or presented at three local transport and accessibility conferences, allowing initial engagement with members of the public and transport operators. Phase three of the programme will include continued engagement with Dorset's Acute Hospitals, Dorset Healthcare, members of the public and transport operators.
- 2.8 A key area of work within phase two has been engagement with other integrated CCGs/LTAs. The ITP has carried out interviews with representatives from Somerset and Devon County Councils along with Bath & North-East Somerset (BANES) CCG. These interviews have been useful to establish existing approaches to transport integration in other areas. The ITP is due to meet with West-Berkshire Council in May 2018 which will conclude this area of work. The outcomes from these interviews will be included in a strategic outline business case (SOC) for integrated transport services which will be available in June/July 2018.

Transport Services for Access to Healthcare (TSAH)

- 2.9 The workstreams within the TSAH project have developed during phase two. It should be noted that this project includes transport services available to the public and is not only focused on those services commissioned by Dorset CCG and operated by EZec. Blue light and secure mental health transport is outside of the scope of the ITP, however, interdependencies with these forms of transport are monitored.
- 2.10 Key areas of work associated with the PTS project are as follows:
- Link-up transport services with acute, primary and community healthcare.
 - Explore the potential to use local authority fleet vehicles for travel to/from acute, primary and community healthcare.
 - Identify options for the integration of transport services in Dorset.
 - Undertake proof of concept trials to test potential approaches to integration.
 - Develop business case for the integration of transport services in Dorset.
- 2.11 Engagement with acute hospitals, local transport authorities and transport operators has facilitated initial discussions regarding the linking-up transport services with healthcare. Phase two has focused on Royal Bournemouth Hospital (RBCH) as this trust has identified existing accessibility issues. The ITP has provided a link between RBCH and Bournemouth Borough Council who are working together to establish the scope for local authority vehicles to provide transport from the hospital for patients who are not eligible for NEPTS. This work is at a relatively early stage and will be progressed during phase three. Phase three will expand the focus of this work from RBCH to include Poole General and Dorset County Hospitals.
- 2.12 The engagement with customers and other integrated CCGs/LTAs has facilitated the development of outline options for integrated transport services in Dorset. These options will be included in the strategic outline business case (SOC). The SOC will include recommendations for targeted proof of concept trials that could be carried out during phases three and four of the programme. These trials will help inform an outline business case which will be available for April 2019.

- 2.13 The ITP has provided recommendations regarding the extension of the existing NEPTS contract to the Transport Reference Group (TRG), CCG directors and the CCC. The recommendation to extend the contract was agreed and contract management colleagues are working with the provider to implement this extension.
- 2.14 Due to the significant interdependences between the ITP and NEPTS contract management, a project group has been set up to steer the delivery ITP and integrate this work with the NEPTS re-procurement project.

Transport Modelling

- 2.15 The purpose of the transport modelling project is to:
- Establish the traffic impact of the proposed STP changes to healthcare in the East of the county.
 - Carry out accessibility mapping of existing and proposed NHS service locations to support future decision making.
 - Establish likely demand for future NEPTS services to help inform the outline business case.
 - Develop online mapping system to display healthcare transport data in an easy to understand, geographically referenced format.
- 2.16 There has been progress on the transport modelling project during phase two. Project briefs have been issued to DCC's Transport Modelling and Geographical Information Services (GIS) Teams. Cost estimates have been received and the cost of this work is included in the FIC funding bid. A Privacy Impact Assessment (PIA) has been undertaken and submitted to the CCGs PIA group. Comments were received from the group and the ITP is working to include these comments in a revised PIA. Initial data gathering of transport and NHS infrastructure data has begun and will be included in a beta version of the online mapping system.
- 2.17 The ITP has been working with the One Acute Network and Integrated Community & Primary Care Services Portfolios to identify interdependencies and timelines. It is expected that this project will be largely completed during phase three.

Travel Planning

- 2.18 The objectives and workstreams of the travel planning project have developed significantly during phase two, these are as follows:
- Identify NHS travel planning best practice.
 - Carry out gap analysis of NHS Dorset travel plans against identified best practice.
 - NHS Dorset travel plan review and recommendations.
 - Contribute to the development of NHS Dorset 'apps' to include transport considerations.
 - Investigate potential for a one-stop-shop for transport advice and booking.
 - Locality Accessibility Pilot Projects (Weymouth & Portland and North Dorset)
 - Accessibility Toolkit for NHS Dorset Localities.
- 2.19 There has been significant progress on the travel planning project during phase two. The Business Travel Network (BTN) have been instructed to provide travel planning support to the ITP. The BTN are currently completing the best practice identification. Once complete, this will facilitate the review of existing NHS Dorset travel plans and

the recommendations that stem from this work. The travel plan review and recommendations are expected to be completed by June 2018. It is understood that RBCH are seeking to update their travel plan for August 2018 which fits ITP timescales.

- 2.20 The best practice identification will be incorporated into the locality accessibility pilot projects. These projects seek to improve the accessibility of healthcare in Dorset's localities by improving knowledge of available services; implementing travel plan measures; linking up transport services and infrastructure with healthcare; car park management; and, access and movement considerations.
- 2.21 The localities pilot projects are at a relatively early stage. Meetings have been held with colleagues within the primary and community care directorate / STP portfolio (ICPCS) to develop a working group for each locality. The working groups will be responsible for the development of objectives and priorities along with the implementation of the pilot projects. The outcome of the pilot projects will be incorporated in the accessibility toolkit for localities which will allow other localities in Dorset to improve access to health services. The toolkit is expected to be published for April 2019.
- 2.22 The ITP has also been working with colleagues in the Digitally Transformed Dorset (DTD) STP portfolio to contribute to the development of NHS Dorset Smartphone apps.

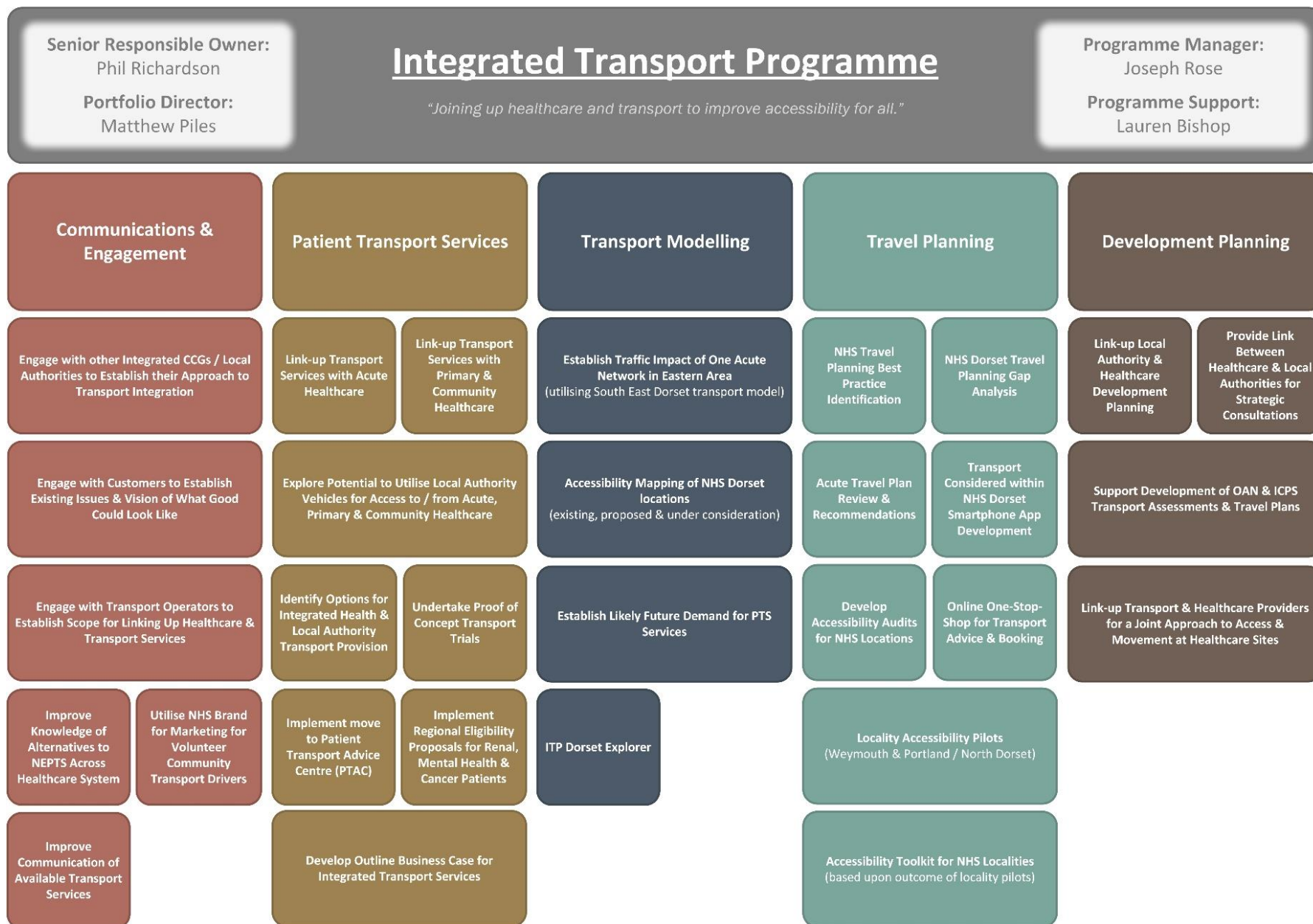
Development Planning

- 2.23 The development planning project seeks to:
- Link-up local authority and NHS development planning to improve healthcare accessibility.
 - Provide a link between healthcare and local authorities for strategic consultations.
 - Support the development of OAN and ICPCS transport assessments and travel plans.
 - Link-up transport and healthcare providers for a joint approach to access and movement at NHS Dorset sites.
- 2.24 TRG representatives from Dorset, Bournemouth and Poole councils have been present at the relevant engagement meetings with each of the acute hospitals. This has initiated discussions regarding linking-up development planning. The ITP is currently seeking to identify and integrate timelines for development planning which will be included in the updated milestones plan. The travel planning and transport modelling work will contribute to this project by providing the information required to support transport assessments and travel plans.

3. Conclusion

- 3.1. The purpose of this report is to make Health Scrutiny Committee aware of ITP progress. The programme has developed significantly during phase two. It has been identified that there is scope to join-up transport and healthcare in Dorset and the programme has progressed into phase three.
- 3.2. More details relating to the programme are available on the [ITP SharePoint Site](#). Contact Joseph Rose or Lauren Bishop to request access – joseph.rose@dorsetccq.nhs.uk or lauren.bishop@dorsetccq.nhs.uk.

Appendix A – Integrated Transport Programme – Outline Programme Plan



Appendix B – Integrated Transport Programme – Key Milestones

Project	Milestone	Year	Quarter	Date
Programme Management	Phase 2 Programme Initiation Document	Year 1 (17/18)	3	November '17
Programme Management	Decision to Move to Phase 3	Year 1 (17/18)	4	January '18
Programme Management	Phases 3 & 4.1 Funding Bid Agreed	Year 2 (18/19)	1	April '18
Programme Management	End of Phase 2 Update Report	Year 2 (18/19)	1	April '18
Programme Management	Phases 3 & 4 Programme Initiation Document	Year 2 (18/19)	1	May '18
Programme Management	Phase 3 Update Report	Year 2 (18/19)	3	October '18
Programme Management	Decision to Move to Phase 4	Year 2 (18/19)	4	January '19
Programme Management	End of Phase 3 Update Report	Year 3 (19/20)	1	April '19
Programme Management	Phase 4.2 (April '20 to April '21) funding bid	Year 3 (19/20)	4	January '20
Programme Management	Phase 4 Update Report	Year 4 (20/21)	1	April '20
Programme Management	End of Programme Report	Year 4 (20/21)	4	March '21
Communications & Engagement	Engagement with Integrated CCGs / LTAs Summary Report	Year 2 (18/19)	1	June '18
Communications & Engagement	Transport Focus GP Bulletin Initiated	Year 2 (18/19)	2	July '18
Communications & Engagement	Engagement with Customers Summary Report	Year 2 (18/19)	2	September '18
Communications & Engagement	Engagement with Operators Summary Report	Year 2 (18/19)	3	October '18
Communications & Engagement	Volunteer Driver Marketing Campaign initiated	Year 2 (18/19)	3	October '18
Communications & Engagement	Roll Out of Transport Marketing Materials within Locality Pilot Areas and Acutes	Year 2 (18/19)	3	November '18
Transport Services for Access to Healthcare	Transport Project Group Initiated	Year 2 (18/19)	1	April '18

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Transport Services for Access to Healthcare	Strategic Outline Business Case for Integrated Transport System	Year 2 (18/19)	2	July '18
Transport Services for Access to Healthcare	Proof of Concept Trials Outcome Report	Year 2 (18/19)	4	February '19
Transport Services for Access to Healthcare	Outline Business Case for Integrated Transport System	Year 3 (19/20)	1	April '19
Transport Services for Access to Healthcare	Work required to join-up existing transport services with healthcare implemented	Year 3 (19/20)	1	April '19
Transport Services for Access to Healthcare	Non-Emergency Patient Transport Services (NEPTS) Contract Start	Year 4 (20/21)	3	October '20
Transport Modelling	Issue Transport Modelling and Accessibility Mapping Project Brief	Year 1 (17/18)	4	January '18
Transport Modelling	Issue ITP Dorset Explorer Project Brief	Year 1 (17/18)	4	January '18
Transport Modelling	ITP Dorset Explorer Beta Version Created	Year 2 (18/19)	2	September '18
Transport Modelling	Accessibility Mapping Outputs included in ITP Dorset Explorer	Year 2 (18/19)	3	October '18
Transport Modelling	Traffic Impact Modelling Report Issued and outcomes included in ITP Dorset Explorer	Year 2 (18/19)	4	March '19
Transport Modelling	PTS Demand Modelling Report Issued and Outcomes included in ITP Dorset Explorer	Year 2 (18/19)	4	March '19
Transport Modelling	Transport modelling and Accessibility Mapping Outcomes Included in ITP Dorset Explorer	Year 2 (18/19)	4	March '19
Travel Planning	Travel Planning Project Brief Issued to Business Travel Network (BTN)	Year 1 (17/18)	3	December '17
Travel Planning	Working Groups for Locality Accessibility Pilots Initiated	Year 2 (18/19)	1	June '18
Travel Planning	NHS Dorset Travel Planning Recommendations Report	Year 2 (18/19)	2	July '18

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Travel Planning	Community Transport Trial(s) for North Dorset Locality Initiated	Year 2 (18/19)	2	August '18
Travel Planning	Community Transport Trial(s) for Weymouth & Portland Locality Initiated	Year 2 (18/19)	2	August '18
Travel Planning	Outcome of Locality Accessibility Pilots Report Produced	Year 2 (18/19)	4	February '19
Travel Planning	Accessibility Audit Finalised for Inclusion in Accessibility Toolkit	Year 2 (18/19)	4	March '19
Travel Planning	Healthcare Accessibility in Localities Toolkit Published	Year 3 (19/20)	1	April '19
Development Planning	Link Local Authorities with Health System to Join-up Strategic Development Plans	Year 2 (18/19)	1	June '18
Development Planning	Implement Joined-up Approach to Strategic Development Planning Consultations.	Year 2 (18/19)	2	August '18

Please Note: Milestones are subject to change with programme progression. Milestones targeted for completion after April '19 are subject to approval for ITP movement to phase four. Milestones targeted after April '20 are subject to funding being made available for 20/21.

Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	15 June 2018																					
Officer	Eugine Yafele, Chief Operating Officer, Dorset HealthCare University NHS Foundation Trust																					
Subject of Report	Dorset HealthCare University NHS Foundation Trust Care Quality Commission (CQC) Inspection Outcome Report																					
Executive Summary	<p>This paper presents and outlines the Care Quality Commission (CQC) 2017 inspection outcome report findings for the Dorset HealthCare University Foundation Trust.</p> <p>The Trust's overall rating has improved from 'required improvement' to 'good' and ratings for each domain are shown below:</p> <table border="1"> <thead> <tr> <th>Domain</th> <th>Rating</th> <th>Change</th> </tr> </thead> <tbody> <tr> <td>Safe</td> <td>Requires improvement</td> <td>↔</td> </tr> <tr> <td>Effective</td> <td>Good</td> <td>↑</td> </tr> <tr> <td>Caring</td> <td>Good</td> <td>↔</td> </tr> <tr> <td>Responsive</td> <td>Good</td> <td>↑</td> </tr> <tr> <td>Well-led</td> <td>Good</td> <td>↑</td> </tr> <tr> <td>Overall rating</td> <td>Good</td> <td>↑</td> </tr> </tbody> </table> <p>One of the big successes was a positive shift from 'good' to 'outstanding' for child and adolescent mental health wards, referring to our Pebble Lodge unit in Bournemouth. Inspectors found that staff had gone beyond what was required and were clearly focussed on wellbeing and recovery of young people. They were working with children and young people to create meaningful care plans and emphasising young people being part of the community.</p>	Domain	Rating	Change	Safe	Requires improvement	↔	Effective	Good	↑	Caring	Good	↔	Responsive	Good	↑	Well-led	Good	↑	Overall rating	Good	↑
Domain	Rating	Change																				
Safe	Requires improvement	↔																				
Effective	Good	↑																				
Caring	Good	↔																				
Responsive	Good	↑																				
Well-led	Good	↑																				
Overall rating	Good	↑																				

Dorset HealthCare – CQC Inspection Outcome

	<p>The inspection of core services was followed by the well-led inspection which took place from 4 to 8 December 2017.</p> <p>The CQC report noted that the senior team had led a very effective programme of improvement which had resulted in the majority of issues previously found being addressed.</p> <p>They saw evidence of excellent leadership at all levels across the trust with many dedicated, compassionate staff who strive to deliver the very best care for patients.</p> <p>Many staff who spoke with the CQC inspectors expressed pride in working for the trust and felt they are valued and able to raise concerns freely and without fear of retribution in what they felt is an atmosphere of openness.</p> <p>The final report was published on 13 April 2018.</p>
Impact Assessment:	Equalities Impact Assessment: N/A
	Use of Evidence: Report provided by Dorset HealthCare University Foundation Trust.
	Budget: N/A
	<p>Risk Assessment:</p> <p>Current Risk: LOW Residual Risk: LOW</p>
	Outcomes: N/A
	Other Implications: N/A
Recommendation	That the Dorset Health Scrutiny Committee note and comment on the content of the report.
Reason for Recommendation	The work of the Committee contributes to the County Council's aim to ensure that Dorset's citizens are safe and healthy.
Appendices	Appendix 1 Core Service Inspection Ratings by Domain
Background Papers	None.
Officer Contact	<p>Name: Eugene Yafele, Dorset HealthCare University NHS FT Tel: 01202 277127 Email: eugene.yafele@nhs.net</p>

CQC Inspection Outcome Report

1. BACKGROUND

- 1.1 During 2017/18 the Care Quality Commission (CQC) changed the way they carry out inspections now that all Trusts have received a comprehensive inspection. Using information gathered from external data sources, and data submitted by the Trust, CQC will inspect certain core services followed by an inspection of 'well led' at trust level. It is intended this will be an annual process once established and selected core services will be inspected against the five domains of quality:
- Are services safe?
 - Are services effective?
 - Are services caring?
 - Are services responsive to people's needs?
 - Are services well-led?
- 1.2 On 4 August 2017 the Trust received a formal request to complete a routine provider information return (PIR) and were informed that whilst this request may not be the same every year, it would be an annual return.
- 1.3 The PIR was in the form of three workbooks, a universal workbook and one each for community and mental health services. They contained a mix of quantitative and qualitative questions as well as a list of documents to be submitted. The trust was required to submit the completed workbooks and documents requested by 25 August 2018.
- 1.4 Between 13 and 17 November 2017, the CQC carried out planned inspections of 8 core service areas:
- Acute wards for adults of working age and Psychiatric Intensive Care Unit (PICU)
 - Crisis and health based place of safety (HBPoS)
 - Learning disability services
 - Community-based mental health services for adults of working age (Adult CMHT)
 - Community-based mental health services for older people (CMHT OP)
 - Community health inpatient services
 - Community health services for children, young people and families
 - End of life care services
- 1.5 The inspection of core services was followed by the well-led inspection which took place from 4 to 8 December 2017.
- 1.6 The draft report was received on 27 February 2018 for review by the Trust and we had an opportunity to make any comments about factual accuracy. The final report was published on 13 April 2018. The structure of the reports has changed to be more succinct and we now receive one report which includes an overarching summary and then detail about each core service and the well led domain.

2. CQC FINDINGS

2.1 The CQC found that there are breaches of three regulations in four core services resulting in nine actions that we must take, and there are 36 should do actions. The ‘should do’ actions are areas for improvement but do not represent a breach in regulations.

2.2 The three regulations we are found to be breaching and the core services they relate to are shown in the table below.

REGULATION	ISSUES FOUND	SERVICES BREACHING
Regulation 12 HSCA (RA) Regulations 2014: Safe care and treatment	<ul style="list-style-type: none"> The provider must ensure theatre staff comply with the World Health Organisation “Five Steps to Safer Surgery” checklist. The provider must ensure anesthetic staff comply with the “stop before you block” requirement before inserting the anesthetic block needle. The provider must ensure that the risks to the health and safety of patients detained under section 136 are adequately assessed and mitigated. 	<ul style="list-style-type: none"> Community health inpatient services Mental health crisis services and health based places of safety
Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2014: Premises and equipment	<ul style="list-style-type: none"> The provider must take steps to ensure that risks with the environment, including ligature risks, are effectively mitigated. The provider must address the safety issues presented with sharing bedrooms. The provider must ensure that the premises used for people detained under section 136 are fit for the purpose and used in a safe way. 	<ul style="list-style-type: none"> Acute wards for adults of a working age and psychiatric intensive care units Mental health crisis services and health based places of safety
Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014: Staffing	<ul style="list-style-type: none"> The provider must ensure staff receive regular clinical supervision, appropriate to their role. The provider must ensure that they provide sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of the people requiring and using the service at all times. The provider must ensure that staff maintain accurate, complete and detailed records of crisis plans and care plans for each child or young person using the service that documentation is stored consistently in the electronic notes system 	<ul style="list-style-type: none"> Community health inpatient services Specialist community based mental health services for children and young people

2.3 Ratings are awarded for each core service against each of the 5 domains of quality. These are then aggregated to give a Trust score for each of the domains and an overarching rating. See Appendix 1 for the core service ratings.

2.4 The Trusts' overall rating has improved from 'requires improvement' to 'good' and ratings for each domain are shown below.

Domain	Rating	Change
Safe	Requires improvement	Same
Effective	Good	Improved
Caring	Good	Same
Responsive	Good	Improved
Well-led	Good	Improved
Overall rating	Good	Improved

3. AREAS FOR IMPROVEMENT

Safe

3.1 The safe domain is rated as 'requires improvement' because CQC found that theatres at some of our community hospitals were not using the World Health Organisation's checklist before surgery.

3.2 Safety of the environment on some mental health wards remained an issue and CQC had concerns in relation to the governance and capacity of the county-wide section 136 service. The inspectors felt that there was insufficient staff and capacity to manage more than one or two patients detained on section 136 without using rooms not designed for the purpose.

3.3 Staffing vacancies at some of the services were felt to have contributed to higher staff caseloads for a small number of specialist community mental health services. This meant that long waiting times from assessment to treatment continued to occur. Access to some specialist treatments such as speech and language therapy was, on occasion, delayed due to staff shortages in the community mental health services for people with learning disabilities or autism.

Effective

3.4 CQC felt there was a lack of therapeutic input on one of the acute mental health wards. While the wards had a good timetable of activities, the activities available were generally recreational and did not support patients' recovery to their fullest potential.

3.5 The inspectors found variation in the quality of care plans and patient records across services. Care plans at some of the services inspected contained insufficient patient information, while others were not written in a sufficiently person-centred style to reflect the involvement of patients in planning their own care.

Responsive

- 3.6 CQC reported concerns over the way serious incidents are investigated and thought there was a lack of consistency in the documentation of investigations into serious incidents. While some investigations had identified clear root causes to incidents and then appropriate learning drawn from detailed recommendations, other investigations had not. The trust reviews these incidents at a weekly serious incident panel which is jointly chaired by the Director of Nursing, Therapies and Quality and the Medical Director.
- 3.7 The team involved in the incident attend the panels where the investigation findings and the learning are discussed. These meetings are not minuted to enable participants to feel they can speak freely. Staff across the organisation reported to the inspection team that there is openness and transparency about safety and continual learning is encouraged. Staff reported that they felt supported to report incidents and near misses.
- 3.8 The trust invited the inspection team to observe a serious incident panel so they could witness the level of scrutiny that takes place and this invitation still stands.

4. AREAS OF GOOD PRACTICE

- 4.1 The CQC report noted that the senior team had led a very effective programme of improvement which had resulted in the majority of issues previously found being addressed. Communication across the Trust had improved with the Board and senior managers being more visible to staff. There was noticeable improvement in the culture across the Trust with increased openness and transparency and a clear desire in staff at all levels to learn and improve.
- 4.2 The CQC report states that the trust's senior leadership team have the skills, knowledge, experience and integrity necessary for successfully overseeing a large, complex organisation. They saw evidence of excellent leadership at all levels across the trust with many dedicated, compassionate staff who strive to deliver the very best care for patients.
- 4.3 The inspectors saw a clear focus on supporting both the physical and mental health of patients, regardless of whether the service they were accessing was primarily for their physical or mental health needs. Staff found innovative ways to enable people to manage their own health and care.
- 4.4 Pebble Lodge, the child and adolescent mental health ward, was noted as having met all the requirements from the last inspection and the staff had gone above and beyond what was required in making the changes. There was a strong emphasis on young people being part of the community. They raised money for a chosen charity each month and the work they had done with this allowed them to volunteer at certain sites such as a farm. There were universally positive reports about the staff from both children and their parents or carers.
- 4.5 Many staff who spoke with the CQC inspectors expressed pride in working for the trust and felt they are valued and able to raise concerns freely and without fear of retribution in what they felt is an atmosphere of openness. Staff reported that the trust has developed a culture of learning and improvement without apportioning blame.

- 4.6 CQC found that equality and diversity are promoted effectively within the organisation. Trust leads spoke passionately about the work and numerous projects they were involved in to promote equality and diversity. Staff with protected characteristics under the Equality Act told us they felt they were treated equitably, and that the senior team's willingness to engender a multicultural and diverse senior team cascaded positively through the Trust.
- 4.7 There were effective governance systems and processes in place to monitor risk and assure performance and quality across all levels of the organisation. Identified and potential risks were taken into account when planning and operating services.
- 4.8 Managers at every level of the Trust were able to access a good range of up-to-date, detailed, service-specific information and data. The electronic dashboard system allowed managers to see a spread of critical key performance indicators, which supported them in running their services. A newly revised and improved 'integrated corporate dashboard' gave Board members an appropriate level of accessible and pertinent detail about all areas of Trust performance, to allow them to make fully informed decisions. We saw how non-executive directors gave appropriate scrutiny and challenge, during Board meetings, of the information presented through the dashboard.
- 4.9 The Trust had a clear focus on continuous learning and a well-developed programme of improvement and innovation. Services across the Trust had achieved accreditation in their fields or were working towards gaining such accreditation. There was a commitment from the senior team to learn from serious incidents, including deaths, and openness in the manner in which the Trust communicated with families, staff and external agencies following incidents.

5. NEXT STEPS

- 5.1 The core service areas with identified 'must do' and 'should do' actions will develop and implement action plans to address the shortfalls. These action plans will be shared with CQC and progress will be monitored at the quarterly engagement meetings. Internally, progress with the action plans will be monitored by the Trust Board monthly.

6. RECOMMENDATIONS

- 6.1 The Dorset Health Scrutiny Committee is asked to note and comment on the report.

TRUST RATINGS 2017/18 BY CORE SERVICE AND QUALITY DOMAIN

(Arrows indicate the change in direction for the rating)

	Safe	Effective	Caring	Responsive	Well-led		Overall
Acute wards for adults of working age and psychiatric intensive care units (PICU's)	Requires Improvement ↓	Good	Good ↓	Good ↓	Good		Good ↓
Long stay/rehabilitation mental health wards for working age adults	Requires Improvement	Good	Good	Good	Good		Good
Forensic inpatient / secure wards	Good ↑	Good	Good	Good	Good		Good
Child and adolescent mental health wards	Good	Outstanding ↑	Outstanding ↑	Good	Outstanding ↑		Outstanding ↑
Wards for older people with mental health problems	Good	Good	Good	Good	Good		Good
Community-based mental health services for adults of working age	Good ↑	Good ↑	Good	Good ↑	Good ↑		Good ↑
Mental health crisis services and health based places of safety	Requires Improvement	Good ↑	Good	Good ↑	Requires Improvement ↓		Requires Improvement
Specialist community mental health services for children and young people	Requires Improvement ↓	Good	Good	Good ↑	Good		Good
Community-based mental health services for older people	Good	Good ↑	Good	Good	Good ↑		Good ↑
Community mental health services for people with a learning disability or autism	Good	Good	Good	Good	Good		Good
Forensic Community	Good	Outstanding	Outstanding	Good	Good		Outstanding
Community health services for adults	Requires Improvement	Good	Good	Good	Good		Good
Community health services for children, young people and families	Good ↑	Good	Good	Good	Good ↑		Good ↑
Community health inpatient services	Good ↑	Good ↑	Good	Good ↑	Good ↑		Good ↑
End of life care	Good	Good	Outstanding ↑	Good ↑	Good ↑		Good ↑
Urgent Care Services	Good	Good	Good	Good	Good		Good

Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	15 June 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	<p>The Dorset Health Scrutiny Committee appoints members on an annual basis to additional Joint Committees, Task and Finish Groups and Liaison roles. These appointments were reviewed by the Committee on 8 March 2018, following the resignation of a Member, but they are now due for annual review, following the cycle of appointments to the Dorset Health Scrutiny Committee by the District and Borough Councils. The positions to which appointments need to be confirmed are:</p> <ul style="list-style-type: none"> • 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 Quality Accounts Panels for Dorset County Hospital NHS Foundation Trust and Dorset HealthCare University NHS Foundation Trust; • The Liaison Member roles relating to the Dorset County Hospital NHS Foundation Trust, Dorset HealthCare University NHS Foundation Trust, NHS Dorset Clinical Commissioning Group and South Western Ambulance Service NHS Foundation Trust.

DHSC Appointments to Committees and Other Bodies

Impact Assessment:	Equalities Impact Assessment: Not applicable
	Use of Evidence: Not applicable
	Budget Risk Assessment: Not applicable
	Risk Assessment: Not applicable
	Outcomes: Not applicable
Recommendations	The Committee is asked to confirm appointments and/or 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	<p>1 Current Appointments to Committees and Other Bodies, with vacancies in bold;</p> <p>2 Liaison between Health Scrutiny Committee and Health Bodies: outline of role and responsibilities.</p>
Officer Contact	<p>Name: Ann Harris, Health Partnerships Officer</p> <p>Tel: 01305 224388</p> <p>Email: a.p.harris@dorsetcc.gov.uk</p>

Appendix 1

Appointments to Committees and Other Bodies (as at March 2018)

Committee/Panel Name	Members Appointed
Joint Health Scrutiny Committee on the NHS Dorset Clinical Commissioning Group Clinical Services Review	<ul style="list-style-type: none"> • Bill Pipe • Bill Batty-Smith • Nick Ireland • David Jones (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	<ul style="list-style-type: none"> • Beryl Ezzard • Steven Lugg • Peter Oggelsby • Graham Carr-Jones (Reserve)
Quality Accounts Panel for Dorset County Hospital NHS Foundation Trust	<ul style="list-style-type: none"> • Bill Pipe • Bill Batty-Smith
Quality Accounts Panel for Dorset Healthcare University NHS Foundation Trust	<ul style="list-style-type: none"> • Bill Pipe • Bill Batty-Smith
Liaison Member Roles	
Dorset County Hospital NHS Foundation Trust	<ul style="list-style-type: none"> • Peter Shorland
Dorset Healthcare University NHS Foundation Trust	<ul style="list-style-type: none"> • Nick Ireland
NHS Dorset Clinical Commissioning Group	<ul style="list-style-type: none"> • Bill Pipe
South Western Ambulance Service NHS Foundation Trust	<ul style="list-style-type: none"> • Beryl Ezzard

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.

Dorset Health Scrutiny Committee Forward Plan, June 2018

Committee: 15 June 2018			
Format	Organisation	Subject	Comments
Report	Dorset Health Scrutiny Committee	Appointments to Committees and other bodies	Annual appointments to key positions within the Committee.
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 emergency transport to be undertaken by the Joint Committee considering issues relating to services provided by SWASFT (hosted by Poole).
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	NHS Dorset CCG	Integrated Care System	To clarify the work being undertaken and the implications for Dorset in relation to ICS. (Report requested by Healthwatch following concerns).
Report	Dorset HealthCare University NHS FT	CQC Inspection (November/December 2017)	To present the findings following an inspection carried out by the Care Quality Commission.
Report	NHS Dorset CCG	Review of Dementia Services	To update the Committee re progress with a review of Dementia Services (following previous report in June 2016).
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	Dorset Health Scrutiny Committee	Quality Accounts – responses to DCH, DHC and SWASFT	To inform the Committee of the responses to the Annual Quality Accounts submitted on behalf of Members.

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	Mental Health Support for Children and Young People: Inquiry Day	To present a report of the Inquiry Day held in July and to consider recommendations
Report	NHS Dorset CCG	Review of Dementia Services	To present the strategic case arising from the review of Dementia Services
Report	NHS Dorset CCG	Integrated Urgent Care Service	To provide an update regarding progress with the implementation of a new IUCS, addressing the concerns raised by Healthwatch Dorset at DHSC on 8 March 2018.
Report	Dorset County Hospital NHS FT	Maternity and Paediatric Services	To receive a report from DCH regarding progress with proposals for the future of Maternity and Paediatric Services.
<i>Report (TBC)</i>	<i>Dorset HealthCare</i>	<i>Triangle of Care initiative</i>	<i>To raise awareness of Dorset HealthCare's work around enhanced carer support and involvement for carers of people with mental health needs</i>
<i>Report (TBC)</i>	<i>Dorset Health Scrutiny Committee</i>	<i>Proposed Standing Joint Health Scrutiny Committee</i>	<i>To review the concept of a Standing (permanent) Joint Health Scrutiny Committee with Bournemouth Borough Council and the Borough of Poole.</i>
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	Review of Mental Health Rehabilitation Services	To inform the Committee of a review being undertaken

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	Suicide Prevention in Dorset	To present the outcome of a review into the progress of the Dorset Suicide Prevention Strategy
<i>Report (TBC)</i>	<i>Multi-agency</i>	<i>Housing and Health</i>	<i>To present the outcome of a review into the extent to which inadequate housing in Dorset is having an adverse effect on residents' health</i>
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 13 July – Inquiry Day: Children and Young People’s Mental Health Support and Services

Thursday 13 September – Committee

Thursday 29 November – Committee

Ann Harris, Health Partnerships Officer, June 2018

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Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	15 June 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	<p>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.</p> <p>For the current meeting the following information briefings have been prepared:</p> <ul style="list-style-type: none"> • Dorset Health Scrutiny Committee: Responses to Annual Quality Accounts submitted to: <ul style="list-style-type: none"> ○ Dorset County Hospital NHS Foundation Trust; ○ Dorset HealthCare University NHS Foundation Trust; ○ South Western Ambulance Service NHS Foundation Trust • Notes following a visit to Melstock and Waterston Units at Forston Clinic, Charlton Down, by the Quality Account Panel aligned to Dorset HealthCare University NHS Foundation Trust.
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>Not applicable.</p>
	<p>Use of Evidence:</p> <p>Notes following Quality Account meetings with Health Trust representatives and notes following visit to Forston Clinic.</p>
	<p>Budget:</p> <p>Not applicable</p>

Briefings for information

	<p>Risk Assessment:</p> <p>Current Risk: LOW Residual Risk: LOW</p> <p>Outcomes: Not applicable</p> <p>Other Implications: None.</p>
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 responses to the Annual Quality Accounts of the provider Trusts are produced by sub-groups (panels) of the Health Scrutiny Committee. The provision of copies of the commentary submitted enables Members outside the panels to review the issues raised.
Appendices	<ol style="list-style-type: none"> 1. Letter to Dorset County Hospital NHS Foundation Trust. 2. Letter to Dorset HealthCare University NHS Foundation Trust. 3. Letter to South Western Ambulance Service NHS Foundation Trust. 4. Notes following visits to Melstock and Waterston in-patient units, Forston Clinic.
Background Papers	None
Officer Contact	<p>Name: Ann Harris, Health Partnerships Officer Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk</p>

Letter to Neal Cleaver, Deputy Director of Nursing, Dorset County Hospital regarding commentary for inclusion in their Annual Quality Account, May 2018

Dear Neal

Quality Account 2017/18

On behalf of the Dorset Health Scrutiny Committee, please find attached the commentary that we would like to submit following the opportunity to meet with the Dorset County Hospital NHS Foundation Trust over the past year, and in particular on 14 May 2018, to review the progress of your Quality Account.

Dorset Health Scrutiny Committee commentary for Dorset County Hospital NHS Foundation Trust, May 2018:

Three Members of the Dorset Health Scrutiny Committee are appointed annually to form a Task and Finish Group which meets twice per year with representatives of the Dorset County Hospital NHS Foundation Trust. These meetings provide an informal opportunity to discuss the progress being made by the Trust in improving quality and performance.

The annual Quality Account and Report for 2017/18 shared with the Group demonstrates another positive year for the Trust, and the Committee's representatives offer the following comments on items of particular interest or note:

- Members understand and support the decision to maintain the quality priorities identified in 2017/18 for the next year, in recognition of the need to undertake further work to improve performance in some areas and embed progress in others;
- With regard to patient safety, the reduction in the number of falls within the hospital resulting in severe harm or death was welcomed. Members were interested to hear of the on-going work to prevent as many falls as possible, including initiatives targeting community issues such as medicines reviews and the promotion of more stable day and night-time routines;
- With regard to mortality surveillance, Members acknowledged that the identification of the Trust as an outlier for excess deaths could be attributed to problems with data coding, and that a great deal of effort to address this is being undertaken;
- The failure to meet the targets regarding improving the recognition and early treatment of sepsis was disappointing, but it was helpful to hear the context in relation to recording processes. Members hope that measures implemented will deliver better performance going forwards;
- The work linked to clinical effectiveness to improve the support from hospital volunteers was very positive and the Trust is to be congratulated on securing the grant funding to implement this valuable project;
- It was disappointing to learn that progress in the timely dispatch of electronic discharge summaries is still not meeting targets. Members hope that the work to reduce backlogs and reviews of processes will help to improve the situation in the coming year;
- The focus on promoting the health and wellbeing of staff was recognised by Members as very important and the range of initiatives being developed was welcomed;
- With regard to patient safety, the deterioration in performance relating to dementia screening is a concern. It is hoped that the employment of the Dementia Nurse Practitioner will drive improvements forward, and Members welcome the continued focus on this area of work;

Briefings for information

- The lack of improvement in timely response to complaints was also noted, but Members were pleased to hear that face to face meetings with complainants were proving constructive and that, with the support of a new governance process, action on this issue would continue;
- With regard to improving the accessibility of information, work to simplify the process of developing and publishing leaflets was highlighted. Members recognised the value of being able to react more quickly to the need for changes and noted the positive reaction from patients so far.

Overall, the Dorset Health Scrutiny Committee continues to find Dorset County Hospital NHS Foundation Trust to be open and cooperative in its meetings and communications with the Committee, and Members look forward to a continuation of this constructive relationship.

Yours sincerely



Ann Harris
Health Partnerships Officer

On behalf of Dorset Health Scrutiny Committee

CC:

Patricia Miller, Chief Executive, Dorset County Hospital NHS Foundation Trust

Cllr Bill Pipe, Chair Dorset Health Scrutiny Committee

Cllr Peter Shorland, Dorset Health Scrutiny Committee

Helen Coombes, Interim Director, Adult and Community Services

Nicky Lucey, Director of Nursing and Quality, Dorset County Hospital NHS Foundation Trust

Letter to Hazel McAtackney, Head of Regulation and Compliance, Dorset HealthCare University NHS Foundation Trust, regarding commentary for inclusion in their Annual Quality Account, May 2018

Dear Hazel

Quality Account and Report 2017/18

On behalf of the Dorset Health Scrutiny Committee, please find attached the commentary that we would like to submit following the opportunity to meet with the Dorset HealthCare University NHS Foundation Trust over the past year and in particular on 23 April 2018, to review the progress of your Quality Account.

Dorset Health Scrutiny Committee commentary for Dorset HealthCare University NHS Foundation Trust, May 2018:

Three Members of the Dorset Health Scrutiny Committee are appointed annually to form a Task and Finish Group which meets twice per year with representatives of the Dorset HealthCare University NHS Foundation Trust. These meetings provide a constructive and informal opportunity to discuss the progress being made in improving quality and performance. The Committee's representatives welcome these opportunities to meet and would like to offer the following comments with regard to the Annual Quality Account for 2017/18:

- The Trust should be congratulated on its performance and progress this year. Members were delighted to hear that the Care Quality Commission has very recently awarded the Trust with an overall 'good' rating: an improvement from the previous rating of 'requires improvement';
- The work undertaken to support and involve carers this year is highly commendable, with the Triangle of Care scheme and John's Campaign being of particular interest and note;
- The work relating to the achievement of the Quality Mark for Elder-Friendly Wards is also commendable and Members hope that this can be continued in the coming year;
- Members were pleased to see a focus on suicide prevention going forwards, but questioned whether a target of a 10% reduction (by the end of 2020) was sufficiently challenging. The rationale behind the setting of this target would provide useful context;
- With regard to probable or possible avoidable deaths of patients under the Trust's care, Members noted the learning from case reviews and investigations and in particular supported the need to ensure that full records are obtained wherever possible when patients are admitted to hospitals, from within or outside Dorset;
- The outcome of the annual national staff survey shows continued improvement and demonstrates a commitment to supporting the workforce;
- Overall Members found it difficult to judge the Trust's performance against some key national indicators due to a lack of current local data or national comparison data. However, the apparent drop in performance with regard to people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral, was a cause for concern. More detailed explanation as to anomalies such as this would be helpful;

Briefings for information

- Members were pleased to note that performance against national and locally agreed quality indicators is good, with targets achieved and/or work to embed practice on-going.

In summary, the Dorset Health Scrutiny Committee has found that Dorset HealthCare University NHS Foundation Trust continues to be open and cooperative in its meetings and communications with the Committee, and Members congratulate the Trust on its work and progress over the last year.

Yours sincerely



Ann Harris

Health Partnerships Officer

On behalf of Dorset Health Scrutiny Committee

CC:

Ron Shields, Chief Executive, Dorset HealthCare University NHS Foundation Trust

Cllr Bill Pipe, Chair Dorset Health Scrutiny Committee

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

Cara Southgate, Associate Director of Nursing and Quality, Dorset HealthCare

Letter to Sharifa Hashem, Patient Engagement Manager, South Western Ambulance Service NHS Foundation Trust, regarding commentary for inclusion in their Annual Quality Account, May 2018

Dear Sharifa

Quality Account 2017/18

Many thanks for taking the trouble to meet with myself and Councillor Ezzard recently, along with Mick Barnes, to provide us with the opportunity to review the progress of SWAST's Quality Review and Account for 2017/18. On behalf of the Dorset Health Scrutiny Committee, please find attached the commentary that we would like to submit for the Account.

Dorset Health Scrutiny Committee commentary for South Western Ambulance Service NHS Foundation Trust, May 2018:

Dorset Health Scrutiny Committee, welcomes the invitation to comment on the Quality Review and Quality Account 2017/18 for the South Western Ambulance Service NHS Foundation Trust, and would like to submit the following comments:

The Dorset Health Scrutiny Committee is pleased to note the progress against the three key priorities for 2017/18, particularly with regard to improving the management of older patients and understanding the impact of delays on patients. The on-going actions to review delays and the revisions to the welfare call process are welcomed. With regard to the priority to improve the quality and timeliness of responses to complaints, it was helpful to hear more about the rigour and complexity of the process from the Patient Engagement Manager, and the Committee has requested to receive some comparative data on the performance of other Ambulance Trusts in due course.

The Committee notes the priorities identified for 2018/19 and supports those proposed (clinical effectiveness of triage within the clinical hubs, experiences of mental health patients using the 999 service and the development and implementation of 'always' events). It was reassuring to hear that resources can now be more easily re-deployed to areas of high demand and to hear that good practice is being proactively encouraged and recognised.

With regard to the reporting of key performance indicators for 2017/18, the Committee is disappointed and concerned that the current performance within the Ambulance Response Programme is not meeting targets, particularly for Category 2, 3 and 4 calls. The fact that the standards make no allowance for rurality is recognised as a problem for the Trust; the Committee welcomes the use of resources such as community responders and the Fire and Rescue Service as an alternative where appropriate.

The results of the NHS staff survey for the Trust were recognised as being generally in line with or better than comparable Trusts. It was encouraging to hear of the measures being put in place to investigate bullying issues and the recruitment efforts with individuals from the BME community.


With regard to the quality indicators, again the problem of rurality was noted in respect of the poor performance for the Trust in transporting patients potentially eligible for thrombolysis to hyperacute stroke centres within 60 minutes. The Committee would support the need for more investment nationally and locally to compensate for the increased journey times across areas such as those covered by SWAST. New initiatives such as the Mobile Urgent Treatment

Briefings for information

Centres which will provide early assistance and intervention in Dorset, alongside funding for additional vehicles, were welcomed.

Over the past year, the willingness of the South Western Ambulance Service NHS Foundation Trust to engage with members of the Dorset Health Scrutiny Committee has been helpful, and we would like to express our thanks to the Trust for this and look forward to a continuation of this engagement in the future.

Yours sincerely

A handwritten signature in black ink that reads "Ann Harris". The signature is written in a cursive style.

Ann Harris (on behalf of Dorset Health Scrutiny Committee)

Health Partnerships Officer

CC:

Ken Wenman, Chief Executive, South Western Ambulance Service NHS Foundation Trust

Mick Barnes, South Western Ambulance Service NHS Foundation Trust

Beryl Ezzard, Dorset Health Scrutiny Committee

Cllr Bill Pipe, Chair Dorset Health Scrutiny Committee

Helen Coombes, Transformation Programme Lead for the Adult and Community Forward

Together Programme

Visit to Melstock and Waterston in-patient wards, Forston Clinic,**by Cllrs Pipe and Ireland and Ann Harris, 18 May 2018**

Following a meeting of the Quality Account panel which scrutinises performance against key priorities for Dorset HealthCare University NHS Foundation Trust, the Members were invited to visit the two in-patient psychiatric wards based at Forston Clinic, on the outskirts of Dorchester. The Members, plus the Health Partnerships Officer, spent time viewing the facilities and talking to staff and a patient, and gained a valuable insight into the support provided and some of the challenges.

Melstock House:

- An assessment and treatment unit for people aged 65 years and over with severe mental illness, such as schizophrenia or severe depression;
- Patients with a primary diagnosis of dementia are not normally admitted (these patients go to Alderney Hospital in east Dorset), however the unit does admit patients that have mild cognitive impairment or patients that have not been diagnosed as having dementia yet. Occasionally patients with mild dementia are admitted when they require treatment for a different mental illness (i.e. depression);
- Currently there are 12 bedrooms with en-suite facilities. The unit is mixed sex;
- It's an open unit: doors are not generally locked and patients can move around freely, under supervision;
- The staff provide a range of activities, including trips out and including weekend activities;
- Recently funding has been secured for gardening projects, which are proving popular;
- Patients stay for relatively short periods, usually just a few weeks, until they can be stabilised and hopefully supported to return home or transferred to longer term support;
- Delayed discharges are often caused by difficulty in sourcing domiciliary care;
- A number of patients are residents from the east of Dorset;
- There can be difficulties when patients from outside the west Dorset area need to be referred to Dorset County Hospital for appointments, as the Hospital cannot/will not accept a referral from the medical staff at Melstock because this needs to come from the patient's GP. The GPs may then be reluctant to make a referral without being able to see the patient in person. It is not clear whether this is a local or national problem;
- The unit is fully occupied most of the time but does not operate a waiting list: if a patient needs a bed then one has to be found somewhere (i.e. elsewhere, if Melstock is full).

Waterston Acute Assessment Unit:

- An assessment and treatment unit for people of working age (18 to 65 years) with severe mental illness. Most patients are admitted under Sections of the Mental Health Act;
- The number of beds/rooms was recently been increased from 14 to 18, which involved the reconfiguration of existing rooms to convert office space;
- None of the rooms are en-suite (although they do have sinks);

Briefings for information

- Currently 13 men and 5 women are being supported at the unit;
- Facilities are not designed to be flexible in terms of male and female split, but the women are able to access a secure area away from the men;
- The unit as a whole is secure, with doors to certain rooms locked at all times for safety reasons. There are two outside areas, both of which are fully enclosed;
- A range of activities are available such as: gym, games room, computer room, cooking tuition, advice from CAB, secure garden areas;
- The unit is fully occupied, including a number of residents from east Dorset;
- Transport can be an issue, as there is only one pool car across the two sites: taxis sometimes have to be funded at considerable cost;
- One patient has been at the unit for over 2 years, due to a lack of suitable accommodation to move on to. The Team have been working hard with the Local Authority to try to overcome this issue;
- The staffing group is stable and includes OTs and a fitness coach (who also work with Melstock patients);
- Developments to services associated with the Acute Care Pathway Review are welcomed and should bring improvements for Dorset patients.

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
DWAB	Dorset Workforce Action Board
EoL	End of Life
FFT	Friends and Family Test
FT	Foundation Trust
GP	General Practitioner
HDU	High Dependency Unit
HWB	Health and Wellbeing Board
ICS	Integrated Care System
ICU or ITU	Intensive Care Unit or Intensive Therapy Unit
IUC	Integrated Urgent Care
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
MOU	Memorandum of Understanding
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
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 / Partnership
SWASFT	South Western Ambulance Service NHS Foundation Trust
ToR	Terms of Reference
UTC	Urgent Treatment Centre

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