



## Dorset Health Scrutiny Committee

Minutes of the meeting held at County Hall, Colliton Park,  
Dorchester, Dorset, DT1 1XJ on Thursday, 29 November 2018

**Present:**

Bill Pipe (Chairman)

Kevin Brookes, Beryl Ezzard, Nick Ireland, David Walsh, Alison Reed, Peter Oggelsby,  
Tim Morris, Bill Batty-Smith and Peter Shorland

Officers Attending:- Paul Leivers (Assistant Director - Commissioning, Community Services, Partnerships and Quality), Ann Harris (Health Partnerships Officer); Claire Shiels (Assistant Director, Commissioning and Partnerships) and Denise Hunt (Senior Democratic Services Officer).

Other Officers in Attendance:-

Elaine Hurl (Senior Commissioning Manager (Mental Health) - NHS Dorset CCG  
Martyn Webster (Manager) - Healthwatch Dorset

(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 on **Thursday, 7 March 2019.**)

**Apologies for Absence**

48 Apologies for absence were received from Councillor Ray Bryan, Councillor David Jones and Helen Coombes (Transformation Programme Lead for the Adult and Community Services Forward Together Programme).

**Code of Conduct**

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

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

Councillor Bill Batty-Smith declared a general interest as a Governor of the Dorset Healthcare University NHS Foundation Trust.

Councillor Kevin Brookes declared a general interest as a Governor of Dorset County Hospital NHS Foundation Trust.

Councillor Nick Ireland declared a general interest due to his wife's employment at Yeovil Hospital.

**Minutes**

50 The minutes of the meeting held on 17 October 2018 were confirmed and signed.

Arising from the minutes, the Liaison Member for the South Western Ambulance Service NHS Foundation Trust advised that she had circulated an update to the Committee following the previous committee meeting.

## **Public Participation**

### 51 Public Speaking

There were no public questions received at the meeting in accordance with Standing Order 21(1).

Two public statements were received at the meeting in accordance with Standing Order 21(2). The statements are attached as an annexure to these minutes.

In response to a statement by Ms Debby Monkhouse, which was read aloud by the Chairman in her absence, it was confirmed that the Committee would write to the Secretary of State for Health and Social Care. This letter would state that:-

- the Committee was aware of the representation made to the Secretary of State by Bournemouth Borough Council in opposition to the Dorset Health Scrutiny Committee's referral;
- the Dorset Health Scrutiny Committee had received a counter representation from Ms Monkhouse (which would be attached to the letter); and
- it remained the Dorset Health Scrutiny Committee's position that the CCG's proposals would cause added risk to life and that the proposals for staffed community services were unproven, as detailed in its submission.

### Petitions

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

## **Mental Health Support for Children and Young People: Inquiry Day**

52 The Committee considered a report by the Transformation Programme Lead for the Adult and Community Services Forward Together Programme following an Inquiry Day held on 13 July 2018.

Councillor David Walsh, who chaired the Inquiry Day, explained how the initial focus on Child and Adolescent Mental Health Services (CAMHS) had been widened to incorporate lower level support and mental wellbeing. Invitations had been sent to around 80 organisations with 40 people attending on the day. The event had begun with a compelling account by a young person regarding her experience of being unwell and needing the support of mental health services to recover. This had been helpful in setting the context for the day which was structured around the 4 elements of the "Thrive Model" for mental health.

A presentation was given by the Senior Commissioning Manager (Mental Health) - NHS Dorset Clinical Commissioning Group (CCG) and the Assistant Director, Commissioning and Partnerships, Dorset County Council (DCC) that set the context and importance of the Thrive Model and the challenges ahead. These were described as follows:-

1. Getting advice: building and promoting resilience, self-help, advice and signposting for children going through temporary difficulties, and sitting below NHS mental health services.

The challenges were around the range of different offers across the county, services disappearing due to lack of funding leading to changes in service delivery; adequate confidence and skills in the workforce in dealing with mental health issues; capacity in other services, lack of understanding of CAMHS, recovery education model and whole school approaches to mental health, for example, physical activity to support wellbeing.

2. Evidence based support: ie getting on the right pathway on diagnosis of a condition including CAMHS, social services and other different types of therapy.

The challenges in this area included workforce understanding of wider CAMHS services, inappropriate referrals, signposting to other services, developing the offer for children's emotional health and wellbeing within schools following the recent Government Green Paper.

### 3. Getting more help in the community or in hospital.

Challenges were around children having treatment outside Dorset, a lack of tier 4 beds for acutely unwell young people (which was a national problem,) out of hours CAMHS services and supported housing and care packages at the time they were needed.

### 4. Getting risk - more complex support

The challenges included increasing workforce skills particularly for self-harming, multi-agency risk plans with shared responsibility and accountability and joint commissioning between the CCG and other partners to refocus services around the Thrive Model.

The Committee was provided with an update on how activity across the County sat alongside the local transformation plan which had been refreshed in October 2018 and now described the Thrive Model in a much clearer way, including the challenges and opportunities. The new care models would enable a more joined up approach to commissioning and providing adequate pathways.

The Thrive Model was the perfect conduit to shape further services so that NHS expertise was accessed much earlier as outlined in the recent government Green Paper. A business case for additional investment would be submitted to the CCG to enable this work to continue and re-shape the offer for children.

In response to a question about the current lack of continuous packages of care or consistency of staff, it was explained that the ambition to join up commissioning would greatly assist with currently disjointed care package arrangements. A workforce culture shift would also be required to build confidence in staff in dealing with mental health issues. It would be important that all agencies took responsibility and did not immediately step away from a patient once a referral had been made to another agency.

Councillors highlighted the need to identify children with mental health issues from primary school age, and that although there were instances where training was given for newly qualified teachers (NQTs) in some schools, it was not known whether this was taking place consistently across all Dorset schools. It was confirmed that this could be further investigated, although the Local Authority did not have a great deal of influence in this area.

Members were informed that work was taking place around emotional literacy for young people and different interventions, such as the "I can problem solve" programme that had resulted in a large impact on children in both emotional literacy and academic achievement. The SEND reforms also assisted in addressing this area.

The Local Transformation Plan (LTP) advocated a whole school approach to mental health issues arising from adverse childhood experience due to poor situations at home or other issues that formed a pre-cursor to mental health problems.

Members asked whether school exclusion pupils were included and were informed that a monthly multi-disciplinary meeting was convened to discuss the reasons behind exclusions. A whole family approach to support was also provided in the flash

courses and the longevity and skills of the assessor was a key factor in getting to know the family circumstances with wraparound services for parents and carers.

Councillor Walsh outlined the recommendations contained in the report that had been developed as a result of the Inquiry Day. Members discussed how one of the recommendations in relation to engaging young people on an on-going basis could be achieved, in particular, with members of the Youth Parliament and youth workers.

The Assistant Director - Commissioning & Partnerships advised that she would be able to facilitate a conversation with members of the Youth Parliament about opportunities for engagement so that this could be built into their workplan for next year.

### **Resolved**

That the set of recommendations outlined in the report be agreed and circulated to key Dorset organisations as appropriate.

### **Reason for Recommendation**

The Committee supported the County Council's aim to help Dorset's citizens to remain safe, healthy and independent.

## **Dorset Suicide Prevention Strategy**

53 The Committee considered a report by the NHS Dorset Clinical Commissioning Group (CCG) setting out the approach that has been taken in Dorset.

Members were informed that the National Suicide Strategy had come into force in 2016. The umbrella pan-Dorset Plan covered the 6 key themes from the National Strategy with all organisations signed up to the Plan which included a commitment from Dorset HealthCare to achieve zero suicides within in-patient units. Each organisation had its own governance and would develop its own plan to cover the areas that it could influence. Overall governance would be via the CCG Integrated Community Care Service Programme Board and the local authority Health and Wellbeing Board.

An event on Monday 26 November 2018 relaunched the suicide prevention work and gathered views from attendees including the need to widen input from the community; the need to focus on families, carers, friends (who spot warning signs); the focus on making meaningful lives or helping to build better lives and the need for one aspirational suicide prevention plan for the whole County.

Next steps involved:-

- quarterly meetings of the Steering Group - each organisation would attend with set agenda items and the theme for each meeting decided at the previous meeting;
- a first meeting of the Steering Group in March 2019 would focus on lived experience and putting people as the central focus of the work;
- support from the CCG to develop the wider partnership group to support the Plan and enable the reach across Dorset.

The Chairman asked whether the views expressed at Monday's event would be taken forward in the development of the Strategy and it was confirmed that all of the views from the groups who attended had been noted and would not be discounted. The Steering Group meeting in March would set the agenda for the whole year, with some suggestions becoming meeting themes. Suggestions had also been made to include community safety teams, the RNLI and coastguard in the Steering Group.

Councillor Ireland, who attended the event, considered this a very useful meeting with great enthusiasm and buy in by the parties who were there and a consensus of agreement on the areas where there were gaps in provision. He felt it was important

to understand that people presented through different routes such as housing and to include these as areas of focus to better identify those at risk.

A member commented that having a plan with a lot of stakeholders involved was different from delivering on the plan. She drew attention to the difference in the approach taken if someone did not indicate that they were feeling suicidal despite the fact that they might feel suicidal on a different occasion. There were also difficulties in getting back into the system once a patient had been discharged. Questions were asked in relation to access to mental health services as a result of routine depression screening at GP surgeries and how suicide risk was picked up in children.

It was confirmed that the Plan was for all ages across mental health services generally. The majority of people who committed suicide did not access these services, although there may have been increased visits to their GP but not for mental health issues.

Members asked whether the Plan made provision for people in prison and it was confirmed that the Prison Service had been invited to attend Monday's event and, although unable to attend, the Service had provided a statement that it wished to be involved in development of the Plan. An outstanding question remained whether prisoners were included in suicide numbers. It was known that most suicides occurred in inpatient units or in prison and so these were the key areas.

The Assistant Director - Early Help & Community Services outlined the areas of DCC's involvement including communications, the Environment and Economy Directorate (walks and green spaces for mental health) and planning policies and the Children's Services Directorate in terms of the Thrive Model. This was about the benefit of linking everything together including public health to provide prevention at scale. A further meeting with officers would take place to assess how to take the work forward and involve all of the services in the new Dorset Council.

Councillor Alison Reed drew attention to the need for mental health services in Weymouth and Portland as an area of deprivation. In particular, she highlighted an issue with many children with high needs in one of the schools and also the high number of rough sleepers.

The Chairman reported that the Collingwood Wing at HMP Verne, Portland would be for the sole use of jailed veterans and it was hoped that the benefit of peer support would assist in reducing incidences of suicide in the veteran population.

### **Resolved**

That a further report on progress with the Dorset Suicide Prevention Strategy is provided in June 2019.

## **Annual Reports 2017/18 and Work Programmes for 2019 - Dorset Health Scrutiny Committee and Healthwatch Dorset**

54 The Committee considered a report that included annual reports on behalf of the Committee and also that of Healthwatch Dorset. The Committee's annual report represented a formal record of discussions during the past year that would be shared with the Health and Wellbeing Board. It was usual practice to consider the work programme for 2019-20 at this stage, however, it had been felt necessary to postpone this discussion until after March 2019 when the new Dorset Council would come into being.

The Manager of Healthwatch Dorset informed the Committee of the following current areas of interest to Healthwatch:-

- Transfers of Care and the "Home from Hospital" project:-

This project would follow the experiences of individual people on discharge from hospital, the aim being to track the ongoing support that needed to be met and offer the perspective of the person's journey rather than the care pathway. Soon to be discharged people had already been recruited in Bournemouth with Dorset County Hospital and Poole Hospital to follow in the New Year. Healthwatch had found that people were very keen to talk to them and visits would be offered to a person's home or by telephone. It was hoped that this would provide a wider picture of whether the packages of care were in place as well as the enablers and barriers.

- Access to primary care services for people in care homes

Access to NHS services was a right of every citizen and this did not change for a person living in a care home. However, the reality was that there were greater problems in accessing services from a care home. Starting with dental services, Healthwatch had been in touch with every care home in Dorset to ask about this. The draft report had been sent to NHS England who commissioned dental services as well as local authorities, the Dorset Care Homes Association and Partners in Care. Responses to the report were due by Christmas 2018 and would be published alongside the report in January 2019.

- Young people's emotional health and wellbeing

Although there was no separate project at the moment, Healthwatch was keeping a watching brief and actively wished to support carrying through the recommendations from the Inquiry Day.

- Involvement of local people in the shape of future health care services in Dorset, relating to changes to services resulting from the Clinical Services Review (CSR).

The primary interest of Healthwatch was in local people having accessible information about the proposals for change and opportunities for people to have their say and for their views to be incorporated into the decision making process. Healthwatch had offered regular support to NHS organisations over the past 4 years in consulting with the public. There was general support for the direction of travel behind the proposals and also significant anxiety of the potential effect of the changes in some parts of the County that had resulted in campaign groups. Whilst making no judgement on the views expressed, Healthwatch applauded them for organising themselves and giving a voice to local people.

- Access to GP services for people with learning disabilities

This project was currently in abeyance as Healthwatch was looking for a partner to work with them in visiting GP practices to assess whether there was equality of access.

Members asked whether people who had already been discharged from hospital could participate in the "Home from Hospital" project and it was confirmed that they could become involved by using the contact details on the Healthwatch leaflet and website.

It was further noted that there was a lack of understanding that people remained under the care of the hospital following discharge from hospital and that GP services were being called upon under "hospital at home". It was known that not all nursing duties took place within care homes due to a lack of staff or equipment and that it was often cheaper for the care home to call a district nurse rather than train its own staff, which a member felt was an abuse of the system. The NHS should charge the home

for the services provided by the district nurse in nursing homes, however, often this did not happen.

Members highlighted that individuals could be put off from engaging in the CSR process by campaign groups with a wider political agenda and that anything that Healthwatch could do to encourage individuals to keep involved in the conversation would be welcomed.

It was confirmed that Healthwatch was interested in how the CCG would get the involvement of the general public as there was a tendency for the silent majority, who were open to new ideas, to not be heard. It was Healthwatch's view that this had been lacking so far and was more of an issue of communication and having accessible information rather than engagement.

The Chairman thanked Healthwatch for the report and asked that the issue that had been raised in relation to the use of primary care services in care homes be investigated as part of the project for access to primary care services for people in care homes.

### **Resolved**

1. That the content of the Dorset Health Scrutiny Committee Annual Report be noted and agreed as a true record of the work of the Committee from 1 April 2017 to 31 March 2018;
2. That the Healthwatch Dorset Annual Report 2017/18 and work priorities for 2019 be noted; and
3. That detailed discussions regarding the Committee's work programme for 2019 be deferred until the first meeting under the new Dorset Council.

### **Reason for Recommendations**

- a) To maintain a record of the work of the Committee and to provide a summary for those who are interested in that work;
- b) To support the role of Healthwatch Dorset and to ensure that the Committee was aware of the priorities identified; and
- c) To enable the Committee to fulfil its duties under the new Dorset Council after 1 April 2019.

### **Dorset Health Scrutiny Committee Forward Plan**

55 The Committee considered a report by the Transformation Programme Lead for the Adult and Community Services Forward Together Programme that provided the forward plan for the last scheduled meeting of the current Health Scrutiny Committee prior to the inception of the new Dorset Council in April 2019. A briefing on the health and housing item had been attached to the plan following a meeting between officers and Councillors Kevin Brookes and Tim Morris.

### **Resolved**

1. That the Forward Plan for the meeting to be held on 7 March 2019 outlined at Appendix 1 be noted; and
2. That the approach for the scrutiny of Housing and Health in 2019 suggested at Appendix 2, Section 4.2 be agreed and considered at the meeting in June 2019.

### **Reason for Recommendations**

To enable the Committee to fulfil its current duties to support the health and wellbeing of Dorset's citizens and to make best use of opportunities for scrutiny.

### **Briefings for Information**

56 The Committee considered a report containing briefings for information concerning the following topics:-

- Review of Mental Health Rehabilitation Services (NHS Dorset CCG)
- Review of Musculoskeletal (MSK) Physiotherapy Services (NHS Dorset CCG)

A presentation was given on the mental health rehabilitation review that had been included in the report. Members heard that needs analysis and view seeking had been undertaken and that options were currently being developed. The CCG noted that the proposals should improve the bed offer and provide more opportunities for patients after services in the future. The Committee was asked for its view on whether the proposal would be viewed as an enhancement of existing services or whether public consultation would be necessary.

It was confirmed that public consultation would not be required, but that a further report should be submitted to the Committee in March 2019.

### **Resolved**

1. That a report is considered on the review of Mental Health Rehabilitation Services in March 2019; and
2. That a report is considered on the review of MSK Physiotherapy Services in June 2019.

### **Liaison Member Updates**

57 The following updates were provided by Liaison Members:-

#### **Councillor Nick Ireland - Dorset Healthcare University NHS Foundation Trust**

Councillor Ireland reported on the long Board meeting the previous day. He reported that Ron Shields, the Trust's Chief Executive, had resigned and would leave his post at the end of March 2019. There was much discussion about the closure of Portland Hospital and the lack of a new hub with mixed messages leading to confusion. There continued to be staffing pressures and difficulties in recruitment.

#### **Beryl Ezzard - South Western Ambulance Service NHS Foundation Trust**

No meetings had been held.

#### **Bill Pipe - NHS Dorset Clinical Commissioning Group**

Funding for the Wareham hub would be in place in January 2019. A site had been secured by a land swap and some modular housing being built partly on the site that had been allocated could be easily moved. There had been very little discussion on the CSR during the public part of the meeting.

#### **Peter Shorland - Dorset County Hospital NHS Foundation Trust**

A recent inspection had resulted in an upgrade from "requires improvement" to "good" in line with other hospitals in Dorset.

### **Questions from County Councillors**

58 There were not questions submitted under Standing Order 20(2).

### **Glossary of Abbreviations**

59 The glossary had been provided for information.

Meeting Duration: 10.00 am - 12.20 pm



## Dorset Health Scrutiny Committee – 29 November 2018

### Item 4a - Public Participation

#### Statements

#### 1. **Debby Monkhouse, Swanage Resident**

We were delighted that the Committee voted to refer the CCG plans, on the grounds that:

- i) The risk to life due to extended travel times in emergency as a consequence of plans to downgrade Poole Regional Trauma A&E and close Poole Neo Natal County Specialist Maternity Unit
- ii) The closure of Community Hospitals, before replacement staffed Community Services 'closer to home', that are proven to reduce demand for Community Hospital and acute beds, are in place

Regarding i) the Committee are aware that Dorset CCG calculated for the High Court that, if Trauma A&E and Specialist Maternity were no longer available at Poole, over the 4 months of the Ambulance Trust Report 132 patients were at potential harm, which scales up to 396 patients over a year.

With regard to the extent of the potential harm that these patients would have faced, in several cases the danger is self evident from the details in the Report: an unresponsive child who would have faced a 9 minute longer, a child post cardiac arrest, a mum-to-be with internal bleeding due to ectopic pregnancy in extreme pain with fatally low blood pressure facing a 19 minute longer journey. A Dorset A&E Dr reviewed the cases in the Ambulance Trust Report and assessed that just under half were in imminent danger of dying, so that any longer journey was likely to prove fatal. This scales up to 183 per year likely fatalities - I have attached the table of likely fatalities and the calculation on the next page for ease of reference.

Regarding ii) Community Hospital beds have been closed at Portland (16), Ferndown (22), and Wareham (16). No hub was promised at Ferndown. No location has been identified for the promised hub on Portland nor is there any evidence of genuine intention to locate a hub there. The hub for Wareham is a distant dream as temporary housing is now being located on the planned site. In their Decision Making Business Case the CCG also plan to close 34 beds at Westhaven and 48 at Alderney.

In an unprecedented move, in breach of Dorset Health Scrutiny Committee's powers and responsibilities, and potentially in breach of ongoing legal process, Bournemouth Council has now written to the Secretary of State objecting to Dorset Health Scrutiny's referral of the plans. There are many issues with the letter which completely misrepresents the known facts: Councillor D'orton-Gibson is fully aware that there are a range of time critical conditions that cannot be treated in the Ambulance, as is evidenced by the Ambulance Trust Report, and from Poole Hospital's Annual Report, that more than 50% of those attending Poole A&E (37,500 in 2017/18) are admitted.

The Joint Committee has no jurisdiction, and, in any case, the CCG failed to lay the evidence of 396 per year at potential harm, should Trauma A&E and Specialist Maternity services be lost from Poole, before the Joint Committee.

Please could Dorset health Scrutiny Committee send a robust response to this letter to the Secretary of State?

**Likely Dorset fatalities = 183 per year of those transported by Ambulance  
if Trauma A&E & Specialist Maternity Services are lost at Poole**

Taken from Ambulance Trust Report (Jan-Apr 17). See Cases below:

12 Adults from the 150 sample reviewed = 56 from the 696 Adults identified as at risk

56 Adults + 2 Maternity + 3 Children = 61 over 4 months, or 183 per year

Diagnosis	Maternity Paediatric Or Adult	Details	Extra Journey Mins	Potential Harm
Overdose non opiate	Adult, 90	Overdose zopiclone and paracetamol	21	Yes – reducing Glasgow Coma Scale (GCS) and difficult airways management
Sepsis	Adult, 95	Chest sepsis - aspiration	21	Yes - red flag sepsis with shock, Glasgow Coma Scale 3, peri-arrest, 21 extra minutes without antibiotics
Haemorrhage	Adult, 91	Large rectal bleed	20	Possible large PR bleed, hypotensive and becoming shocked
Overdose - unspecified	Adult, 42	Mixed overdose	18	Possible – fluctuating Glasgow Coma Scale requiring airway intervention
Overdose - unspecified	Adult, 49	Unresponsive	17	Yes – airways management difficult
Trauma	Adult, 33	Knocked over by car? Knocked out.	14	Yes – agitated and dropping Glasgow Coma Scale
Diarrhoea and vomiting	Adult, 82	D&V sepsis	14	Yes – very hypotensive despite fluids
Sepsis	Adult, 83	Chest infection – likely sepsis	14	Yes – red flag sepsis with shock, Glasgow Coma Scale 6, peri-arrest, extra minutes without antibiotics
Stroke	Adult, 85	? Cardio-Vascular Aneurysm	14	Yes – increased travel time with unconscious patient needing CT scan
Neurological	Adult, 84	Cerebro vascular event (CVE) haemorrhaging	9	Yes – Reduced Glasgow Coma Scale with possible CVE event
Stroke	Adult, 89	?Stroke or TIA – mild improvement	9	Yes – confirmed cerebro vascular event although still within window
Cardiac arrest	Adult, 76	Cardiac arrest after ambulance arrived	4	Possible, difficult to do CPR in moving ambulance for further minutes
Haemorrhage after birth	Maternity	No pulse improved en route	9	SWAST left blank
Ectopic pregnancy	Maternity	Extreme hypotension systolic bp 66mHg, pain score 10/10	19	SWAST left blank – bleeding into abdominal cavity causing fatally low blood pressure and extreme pain
Multiple Convulsion	Child	Child remained Glasgow Coma Scale 3	9	SWAST left blank – Glasgow Coma Scale 3 = unresponsive
Cardiac Arrest	Child	Post cardiac arrest	4	SWAST left blank
Medical	Child	Very sick child	4	SWAST left blank

## 2. **Giovanna Lewis, Portland Resident**

Firstly I would like to thank those Councillors on Dorset Health Scrutiny Committee who had the courage to show their concern for the safe well being of residents and voted to refer Dorset CCG plans for Independent Review, against the back drop of continued pressure and spin from Dorset CCG to do otherwise. Dorset CCG are employees of the NHS and therefore have no choice but to fiercely defend their position with any means they can muster – their paymasters demand it.

I truly believe that the cuts they propose will cause much, much greater risk to Dorset's residents and further erode the wonderful health services we have.

Daily, there are posts on Defend Dorset's facebook page with stories of very long waiting times for ambulances – and that is before Poole A+E is downgraded and patients with serious medical problems will be forced to travel further for help. This must surely be only the tip of the iceberg? If the only thing we have on offer is more consultant led care and specialisms – then why can't the £147m fund promised to the CCG be used to employ more consultants in our existing A+E hospitals? This surely would be a cheaper and less contentious solution than reducing Dorset's 3 A+E's down to 2?

Regarding Portland Hospital. Portland saw 3 public engagement meetings on the Island at the end of October. We were shocked to hear Ron Shields response to questions about staffing - admissions that his Trust had not done enough to recruit staff, and certainly could do better. We have learned to audio record such meetings so that we cannot later be accused of misrepresentation as we have dishonestly been done so in the past.

Portland was assured by Ron that the hospital would not go until a new site had been found for the planned Community Hub without Beds. Do we believe him when:

- At one of the engagement meetings a member of Portland Hospital Staff revealed that she had been told by the Estates Department that the hospital would be gone in 3 months.
- I was also told this a short while ago by another member of staff.
- At DHC's Trust Board meeting at the end of December we found an item referring to the possible disposal of Portland Hospital to raise funds for capital investment, but no mention of any site being found for the new Community Hub, nor how it was to be funded.
- Portland' plan has been on the table for almost 2 years now – yet a site has still not been found – whilst at the same time possible sites and funding have been discussed for other Community Hubs around Dorset.
- Those agenda's also both suggested that the services at Portland Hospital could be transferred to its two GP surgery sites!
- And now, we have discovered that local scrap metal companies have been asked to provide quotes for clearing out Portland Hospital and the underground abandoned old naval hospital.
- Weekly I hear stories of elderly people being 'shunted' around the County in a scramble to find community beds to relieve pressure on acute beds. This is getting worse by the day.

Many people on Portland believe that the Hospital should be retained and not sold off. We should use this current fine building for our Community Hub, fill it with more much needed services for the Island (we have been made aware that many providers would be keen to move into this building), and keep it until such time that there is a change in national policy and sound staffing investment so that Portland's Community Beds can be brought back.

More worryingly – and not what appears to be sound financial management - Portland Hospital was gifted to the Island many years ago by the ‘War Department’ and it holds no liability in terms of rent or mortgage loan – it is freehold and free to use. However, Community Hubs are funded by new loan structures which DHC’s own Finance Director says are very like PFI’s and is not happy to incur. This does not make financial sense.

Ron Shields also agreed that Community staffing (to support Care Closer to Home) is an expensive way of providing care – yet we are told that treating people in their own homes, rather than in hospital beds, is the solution. I have worked with this ‘hub and spoke’ method in sheltered housing and seen the fall in standards, lack of continuity and increased pressure it brings about. It is not a system fit to replace Community Hospital beds.

Can Councillors please agree to support the retention of Portland’s hospital and that it is used for other health services until such time that Portland’s Beds can be brought back to serve the needs of the elderly and infirm here on the Island. Thank you.