Public Document Pack

Agenda

Dorset County Council

Meeting:	Dorset Health Scrutiny Committee
Time:	10.00 am
Date:	29 November 2018
Venue:	Committee Room 1, County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ

Bill Pipe (Chairman)	Dorset County Council
Kevin Brookes	Dorset County Council
Ray Bryan	Dorset County Council
Beryl Ezzard	Dorset County Council
Nick Ireland	Dorset County Council
David Walsh	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 (Vice-Chairman)	West Dorset District Council

Notes:

- The reports with this agenda are available at www.dorsetforyou.com/countycommittees then click on the link "minutes, agendas and reports". Reports are normally available on this website within two working days of the agenda being sent out.
- We can provide this agenda and the reports as audio tape, CD, large print, Braille, or alternative languages on request.
- **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 26 November 2018, and statements by midday the day before the meeting.

Debbie Ward
Chief Executive

Date of Publication:
Wednesday, 21 November 2018

Contact: Denise Hunt, Senior Democratic Services Officer
County Hall, Dorchester, DT1 1XJ
01305 224878 - d.hunt@dorsetcc.gov.uk

1. **Apologies for Absence**

To receive any apologies for absence.

2. **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.

3. **Minutes** 5 - 12

To confirm and sign the minutes of the meeting held on 17 October 2018.

4. **Public Participation**

(a) Public Speaking

(b) Petitions

5. **Mental Health Support for Children and Young People: Inquiry Day** 13 - 26

To consider a report by the Transformation Programme Lead for the Adult and Community Services Forward Together Programme (attached).

6. **Dorset Suicide Prevention Strategy** 27 - 46

To consider a report by the NHS Dorset Clinical Commissioning Group (attached).

7. **Annual Reports 2017/18 and Work Programmes for 2019 - Dorset Health Scrutiny Committee and Healthwatch Dorset** 47 - 82

To consider a report by the Transformation Programme Lead for the Adult and Community Services Forward Together Programme (attached).

8. **Dorset Health Scrutiny Committee Forward Plan** 83 - 88

To consider a report by the Transformation Programme Lead for the Adult and Community Services Forward Together Programme.

9. **Briefings for Information** 89 - 102

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

- Mental Health Rehabilitation Review
- Review of Musculoskeletal Physiotherapy Services

10. **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

11. **Questions from County Councillors**

To answer any questions received in writing by the Chief Executive by not later than 10.00am on 26 November 2018.

12. **Glossary of Abbreviations** 103 - 104

This page is intentionally left blank

Dorset County Council

Dorset Health Scrutiny Committee

Minutes of the meeting held at County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ on Wednesday, 17 October 2018

Present:
Bill Pipe, Kevin Brookes, Ray Bryan, Beryl Ezzard, Nick Ireland, David Walsh, Alison Reed, Peter Oggelsby, Bill Batty-Smith, Mike Lovell and Peter Shorland

Members Attending:-
Jill Haynes, Dorset County Council Cabinet Member for Health and Care
Kate Wheller, Weymouth & Portland Borough Councillor for Wyke Regis and Dorset County Councillor for Portland Harbour
Keith Day, Dorset County Councillor for Bridport
Bill Trite, Purbeck District Councillor for Swanage North and Dorset County Councillor for Swanage

Officers Attending:- Helen Coombes (Transformation Programme Lead for the Adult and Community Forward Together Programme), Ann Harris (Health Partnerships Officer), Jonathan Mair (Service Director - Organisational Development (Monitoring Officer)) and Denise Hunt (Senior Democratic Services Officer).

Other Officers in Attendance:-
NHS Dorset Clinical Commissioning Group: Tim Goodson (Chief Officer), Matthew Baker (Senior Locality Lead), Alan Betts (Deputy Director Transformation and Change), Ann Bond (Principal Primary Care Lead), Katherine Gough (Head of Medicines Optimisation), Phil Richardson (Transformation Programme Director) and Sue Sutton (Deputy Director of Service Delivery).

Dorset County Hospital NHS Foundation Trust: Patricia Miller (Chief Executive)
Dorset Healthcare University NHS Foundation Trust: Ron Shields (Chief Executive)
Healthwatch Dorset: Des Persse (Executive Director).

(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, 29 November 2018**.)

Election of Chairman

32 **Resolved:-**
That Bill Pipe be elected as Chairman for the 2018/19 year.

Apologies for Absence

33 Apologies for absence were received from Councillors David Jones and Tim Morris. Councillor Mike Lovell attended the meeting as a substitute for Councillor Tim Morris.

Code of Conduct

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

Cllr Alison Reed declared a general interest as an employee of the Dorset Healthcare NHS Foundation Trust. She also declared that she was a registered patient at the Abbotsbury Road Surgery where she also facilitated service delivery in her role as a District Nurse. She confirmed that she would take further advice from the Monitoring Officer should the closure of Abbotsbury Road Surgery be discussed due to her employment at this surgery.

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

Councillor Ray Bryan 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 and he advised that his son was a patient at Abbotsbury Road Surgery, Weymouth.

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

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

Minutes

35 The minutes of the meeting held on 15 June 2018 were confirmed and signed.

Public Participation

36 Public Speaking

There was one question received at the meeting in accordance with Standing Order 21(1).

There were 14 public statements received at the meeting in accordance with Standing Order 22(2).

Public Participation was conducted in relation to Item 7 - Report regarding the work of the Dorset Health Scrutiny Committee Task and Finish Group Re: Clinical Services Review and Item 10 - Glucose Monitoring Device for Individuals with Diabetes.

The question and statements are attached as an annexure to these minutes.

Councillor Nick Ireland raised the issue of censorship of part of a statement submitted by Mr Chris Bradey and asked for confirmation that this decision had been taken under paragraph 21(2)g of the Constitution. He considered the majority of the statement to be factual and had been highlighted in the local press.

The Monitoring Officer confirmed that paragraph 21(2)g had been relied upon in this instance. Questions and statements were published on the website in advance of the committee meeting and in the absence of a chairman prior to the meeting, he had not been happy for the Council to publish derogatory information concerning the former chairman on the website. However, a ruling on whether it would be appropriate for this material to be read out could be made at the meeting by the Chairman. Following discussion with the Chairman he confirmed that it was the decision of the Chairman that the relevant section of Mr Bradey's comments should not be read aloud at the meeting.

Statements by Councillor Ray Nowak, Councillor Colin Huckle, Councillor Gary Suttle and Claudia Sorin in relation to Item 7 were read aloud by the Chairman.

Councillor Bill Trite addressed the Committee and asked the CCG to confirm whether in the area of Swanage and nearby villages, the number of people who would be put at risk of death as a result of longer travel times, would be the same, greater or lower than was presently the case. He made reference to the comments of Councillor Gary Suttle, Leader of Purbeck District Council and the letter from Richard Drax, MP for South Dorset.

A statement by Councillor Suttle, Leader of Purbeck District Council, read out by the Chairman, offered his sincere apologies for being unable to attend the Committee on behalf of Swanage and Purbeck residents. He said that he would like to reassure residents of Purbeck and Swanage in particular that his views had not changed and that he had nothing to add to the evidence that he gave on behalf of residents at the evidence session of the Task & Finish Group.

Petitions

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

Glucose Monitoring Device for Individuals with Diabetes

37 The Committee considered a report by the NHS Dorset Clinical Commissioning Group (CCG) that outlined the processes followed to determine the local NHS prescribing arrangements for the flash glucose monitor, Freestyle Libre®.

The report was introduced by the Head of Medicines Optimisation who outlined the timelines for the decisions that had been made since 2015.

She stated that an application for use in children had been made by Paediatric consultants at Poole General Hospital (PGH) and Dorset County Hospital (DCH) to the Dorset Medicines Advisory Group in September 2018 and a decision would be made that day.

Members highlighted the longwinded nature of the processes involved that would benefit up to 200 patients based on the current criteria. The necessary data collection to provide the evidence would not be onerous and they questioned why a trial was necessary when it was already available on prescription in Wales and Ireland. It should not be a postcode lottery and access should not be restricted for Dorset residents.

The CCG Head of Medicines Optimisation explained the formulary and approvals processes used in Dorset. She confirmed that an application for use by children had only recently been received and that this cohort had not been excluded.

Members felt that young people, in particular, would engage and benefit the most from using this device and it would help in setting out a lifestyle in which they could manage their condition at an early stage.

Whilst appreciating the trials and processes, members wished to know how much longer it would take for residents to get access to the device when neighbouring counties had gone through a similar process and had reached a conclusion. They noted that the process appeared to be longwinded in light of the trials that had already taken place in other counties and that Diabetes UK had estimated that there were approximately 4,469 people with Type 1 Diabetes living in Dorset.

Members were informed that the decision on adults had been made and that a system of education and specialist initiation was currently being put in place. A decision in relation to use of the device by children was imminent.

It was confirmed that this was not a trial, but a period of 6 months to assess whether the device worked for a limited number of individuals and submitting data to national data collections. This was being overseen by the National Institute for Health and Care Excellence (NICE) who recognised that there was limited trial evidence, only 1 of which concerned children. The data would be available in February / March 2019 and a reassessment of whether it should be released into primary care would take place at that point.

Members considered that attention to the timescale available to people would be critical in some instances, however, they were informed that there was no evidence to suggest that using the device would change long term outcomes, particularly if patients were already measuring blood glucose levels.

Despite these reassurances, members could not understand why the lengthy timescales were necessary leading to a considerable delay into 2019, when neighbouring local authorities were already prescribing the device.

The CCG Head of Medicines Optimisation confirmed that the same restricted criteria and limited cohorts were being used in other areas and had been based on cost effectiveness and clinical evidence. Further national guidance was expected in future.

The CCG Chief Officer explained that Dorset was not an outlier in terms of this product, but acknowledged that the timescales were slightly behind. In the event that a treatment delivered strong outcomes then the NHS could implement it in 3 months, however, those strong outcomes were not currently evident, although this may change over time. All of the evidence gathered so far had been submitted to NICE who had concluded that a bigger cohort was required to demonstrate the benefits of the device. This process was needed in order to prioritise funding.

A representative from Diabetes UK, addressed the Committee at the Chairman's discretion. He explained that he worked with CCGs in the South West, and although the device was limited in other areas, there were more people using it than the 200 people in Dorset. He had been informed by a paediatrician that the device was being distributed "like hot cakes" in Gloucestershire and was seen as very beneficial. He considered that the evidence was mounting that suggested the device could make dramatic improvements and avoid unpleasant outcomes for patients with diabetes.

Resolved

1. That the Chairman formally writes to the NHS Dorset CCG to highlight the need to fall in line with the rest of the UK and to make the Freestyle Libre® device more widely available to people in Dorset who would clearly benefit;
2. That a further report on progress and availability for patients with Type 1 diabetes is considered by the Committee in March 2019;
3. That the decision of the CCG decision in relation to children's provision be formally relayed to the Committee.

Following deliberation of this item it was confirmed that use of the device by children in Dorset had been approved by the CCG Committee that afternoon.

Report regarding the work of the Dorset Health Scrutiny Committee Task and Finish Group Re: Clinical Services Review

38 The Committee considered a report providing an update on the work of the Task & Finish Group - Clinical Services Review (CSR).

The Chairman of the Task & Finish Group presented the report and explained that the Group had spent much time learning and listening from the public and from the NHS commissioners and providers. A great deal had been achieved from these meetings and he thanked those involved for their input. He confirmed that, as a result of the two meetings, a clear explanation for some of the issues had been provided.

The Dorset Clinical Commissioning Group (CCG) had listened and had answered the Group's questions that arose following the meeting with the public representatives. This had ultimately led to the recommendation outlined in the report and it was important to keep talking and to trust the committee to work on a way forward to

achieve what the public wanted.

In future it was anticipated by the CCG that ambulance times to the Royal Bournemouth Hospital (RBH) would be much quicker due to the major road improvements in that area and that this would assist in reducing ambulance journey times. The Group had also been promised that the Swanage ambulance station would remain open 24/7, fully manned with ambulances. There were also additional new ambulance vehicles in the pipeline for Dorset.

The Chairman of the Group emphasised that the NHS needed to improve and that this would come about by some of the changes proposed in the CSR. The £147m funding for PGH and RBH would be essential elements in improving care for residents across the whole County.

The Group therefore recommended to continue to negotiate with the CCG to do what was right and to make the case on behalf of residents.

Following the introduction, the CCG Chief Officer read from a statement which is attached as an annexure to these minutes. In summary, he highlighted the following points:-

- All parties acknowledged the financial pressures and the unsustainability of the current system.
- Dedicated NHS staff were going above and beyond to provide services that were not sustainable.
- The CSR plans had been backed by NHS organisations in Dorset and were underpinned by the Sustainability and Transformation Plan approved by local authority partners in Dorset.
- Centres of excellence and care closer to home would improve patient care and was an evolutionary process that could not be implemented until such time safe services were in place.
- That the CSR plans had been subject to various governance process, including the Dorset Health Scrutiny and Joint Health Scrutiny Committees.
- That further work was ongoing with the South Western Ambulance Service NHS Foundation Trust (SWAST) in relation to ambulance travel times and that the focus of the CSR concerned getting a patient to the right place the first time and dedicated emergency care on one site with a 24/7consultant led service.
- 33,000 patients currently attend A&E where there was no consultant on site.
- That paramedics may spend a significant time providing medical assistance on scene to give patients the best chance of survival.
- Some of the original proposals in the CSR had subsequently been revised.
- That the 7 grounds for the Judicial Review had been dismissed and it had been confirmed at that time that the CCG had acted on the grounds set out by Parliament.
- The assertion that the consultation results from Weymouth & Portland had been grouped together with West Dorset was unfounded as Weymouth & Portland had its own set of consultation results.
- That CCG officers lived in Dorset and used NHS services. The CCG wanted to ensure high quality services were in place in future, but there were no easy solutions and some courageous decisions would be required in order to move forward.

At the Chairman's discretion Debby Monkhouse addressed the Committee and showed evidence of an NHS presentation showing a travel time of 47 minutes to DCH and 57 mins to RBH. She also advised that an FOI request by Langton Parish Council had shown a journey time of 1 hour 45 minutes.

She explained that the crucial issue was the South Western Ambulance Service NHS Foundation Trust (SWAST) report and that further review by a wider group of clinicians who had requested more time to access hospital records had not been completed.

The meeting was adjourned for a short period at this juncture.

Councillor Ireland, who was a member of the Task & Finish Group, commended Councillor Bryan on his chairmanship. He had not been able to attend the last meeting, but had listened to a recording and concluded that no new information had been provided that would change his mind. The Committee had resolved to refer the CSR proposals to the Secretary of State in November 2017 and many councils in the Dorset area had requested that the Committee made such a referral. The CCG was an unelected body, and councillors were the elected representatives and the only recourse against the outcome of the CSR. He considered that councillors would be failing in their duty to represent the people to their detriment. He proposed that a referral to the secretary of state was made, however, the Monitoring Officer advised that such a proposal would negate the report recommendation and that in order to support a referral to the Secretary of State that members should simply vote against the report recommendation. In the event that the Committee resolved to make a referral then there needed to be a clear basis on which the referral should be made.

Councillor Alison Reed suggested the ambulance times and moving care closer to home in the context of the large loss of community beds as relevant areas.

The CCG Chief Officer stated that SWAST supported the proposal as a way of reducing transfers between the PGH and RBH. Poole would remain a vibrant community hospital that would continue to provide a variety of services as well as DCH. The travel analysis had been undertaken by a private company with no vested interest in the outcome

Members highlighted that community hospitals had already been shut with no alternative provision in place including the imminent closure of Wareham Hospital in 2 weeks' time and no commitment for services on Portland. Members were therefore supportive of deferring some of the changes until alternative provision had been identified.

Members asked whether there would be additional funding for the DCH A&E Department under the proposals. The Chief Executive of DCH advised that the increase in footfall at DCH A&E had been recognised and a capital bid had been put forward to extend the department, the outcome of which would be known the following month.

Councillor David Walsh left the meeting prior to the vote being taken on this item.

In accordance with Standing Order 44, the votes for and against recommendation 1 were recorded as follows:-

For (4): Bill Pipe, Ray Bryan, Kevin Brookes and Bill Batty-Smith

Against (6): Beryl Ezzard, Nick Ireland, Peter Shorland, Alison Reed, Peter Oggelsby, Mike Lovell

Abstain (0)

Following the recorded vote, it was agreed that recommendation 3 was no longer valid. A vote on recommendation 2 was taken by a show of hands.

Resolved

1. That the CSR proposals be referred to the Secretary of State for Health and Social Care for the reasons outlined below:-
   - concern that the travel times by the South West Ambulance Service NHS Foundation Trust have not been satisfactorily scrutinised and that the evidence needs further investigation to the current claim that these travel times will not cause loss of life.
   - no local alternative to the loss of community hospitals given Dorset's demographic with its ageing population and how that service will be delivered.

2. That the Joint Health Scrutiny Committee hosted by the Borough of Poole to undertake the work requested in relation to the ambulance service be convened as soon as possible.

Appointments to Committees and Other Bodies

39 **Resolved**

That Kevin Brookes be appointed as the substantive member and that David Walsh be appointed as the reserve member to the 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.

Integrated Urgent Care Service

40 This item was deferred for consideration at a future meeting.

Integrated Care System: Primary Care Transformation Programme Review and Evaluation

41 This item was deferred for consideration at a future meeting.

Briefing for Information - Repatriation of Activity from Bridport Hospital to Dorset County Hospital

42 **Resolved**

That the matter be delegated to the Committee Chairman and that consultation is requested on this matter.

Briefing for Information - Maternity and Paediatric Services at Dorset County Hospital NHS Foundation Trust

43 The Committee considered a briefing paper on progress following a decision by the NHS Dorset CCG to retain 24/7 Obstetric and inpatient paediatric services at DCH as part of an integrated service across Dorset in order to provide members with an overview of the progress being made in this area.

The Chief Executive of DCH advised that detailed work had commenced based upon the Maternity Transformation Plan attached to the report. Sign off of elements of the plan was ongoing and there was not yet a public facing document.

During the first phase in April 2019 a business case for 24/7 obstetric care at RBH and DCH would be produced to show how much the service was likely to cost. The second phase would look at an integrated approach for children's services for 0-25 year olds in conjunction with the local authority looking at health needs, education, housing as well as other influential determinants of health. This phase had been delayed as the team had been busy working on a community paediatric model, and in addition, the Dorset County Council's Children's Social Care team had requested a year to do the groundwork due to work associated with an Ofsted inspection.

Members asked about the status of the former proposal to work with Somerset CCG. They were advised that the Somerset CCG had commenced its own CSR and that commissioners and providers in Dorset had been invited to attend some of their workstreams. She confirmed that once a decision was made in Dorset, the door

would remain open to Somerset to allow for the provision of sustainable services.

In response to a question, the Chief Executive confirmed that although not in competition with Yeovil to deliver the service, that Somerset CCG had published a case for change and were looking to develop a single service for Somerset, however, no further details were known at this stage in order to assess the implications for DCH.

The CCG Chief Officer stated that the CCG had not yet made a decision and had asked Yeovil and DCH to come back with proposals that would need to go through the correct processes including public consultation and the relevant health scrutiny committees.

Noted

Forward Work Programme

44 The committee noted its work programme.

Liaison Member Updates

45 Liaison member updates from Bill Pipe (NHS Dorset Clinical Commissioning Group) and Nick Ireland (Dorset Healthcare University NHS Foundation Trust) would be circulated to members via e-mail.

Questions from Councillors

46 There were no questions submitted under Standing Order 20(2).

Glossary of Abbreviations

47 The glossary had been provided for information.

Meeting Duration: 2.00 pm - 5.10 pm

Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	29 November 2018
Officer	Helen Coombes, Transformation Programme Lead for the Adult and Community Services Forward Together Programme
Subject of Report	**Mental Health Support for Children and Young People: Inquiry Day**
Executive Summary	In November 2017 Dorset Health Scrutiny Committee agreed that, as part of its annual work programme, it would undertake a review of Child and Adolescent Mental Health Services (CAMHS). However, following discussion with colleagues in Children's Services, the Clinical Commissioning Group and Healthwatch Dorset, it was agreed that the focus should be widened, to incorporate lower level support and services and mental wellbeing. The purpose of the review, which would take the initial form of an Inquiry Day, would be: • To look at the provision of and access to support and services for children and young people with mental health needs in Dorset, across the spectrum of need; • To review the progress and impact of the Local Transformation Plan for Children and Young People's Emotional Wellbeing and Mental Health (presented to Dorset Health Scrutiny Committee in June 2016, refreshed in October 2017 and again in October 2018). The Inquiry Day was held on 13 July 2018. Invitations were sent to more than 80 organisations and individuals with an interest in the mental health of children and young people, and around 40 people attended on the day. Those who attended represented a range of statutory, community and voluntary bodies, including health services commissioners and providers, Children's Services, Adult Social Care, Public Health, schools and colleges, mental health charities and support organisations and youth services.

	The event began with an account from a young person regarding her experience of becoming mentally unwell and needing the support of services to recover. This provided an honest and helpful context to the day, which was then structured around the four elements of the 'Thrive Model' of mental health: getting advice; getting help; getting more help; getting risk support. Attendees heard about the work currently going on and the services available in relation to each element, and heard about the challenges and the areas for development. After each section the floor was opened for questions and discussion. At the conclusion of the event a draft set of recommendations was collated, to be reviewed and agreed by Dorset Health Scrutiny Committee.
Impact Assessment:	Equalities Impact Assessment: The proposed Inquiry Day aimed to address issues of inequality with regard to access to services and support.
	Use of Evidence: Previous report to Health Scrutiny Committee, 7 June 2016 (see Background Papers); evidence presented and notes taken at Inquiry Day, 13 July 2018 Review of children and young people's mental health services: Phase one report, Care Quality Commission, October 2017: http://www.cqc.org.uk/news/releases/cqc-completes-initial-review-mental-health-services-children-young-people
	Budget: Not applicable.
	Risk Assessment: Current Risk: LOW Residual Risk: LOW
	Other Implications: None.
Recommendations	1 That members consider and comment on the report of the Inquiry Day regarding support and services for children and young people with mental health needs in Dorset; 2 That members review the recommendations arising from the Inquiry Day and agree to a final set, to be circulated to key Dorset organisations, as appropriate.
Reason for Recommendation	The Committee supports the County Council's aim to help Dorset's citizens to remain safe, healthy and independent.
Appendices	1 Notes outlining presentations and discussions at Children and Young People's Mental Health Inquiry Day, 13 July 2018

Background Papers	Committee papers – Dorset Health Scrutiny Committee, 7 June 2016 (see agenda item 21): Report to DHSC re CAMHS - 7 June 2016 Committee papers – Dorset Health Scrutiny Committee, 8 March 2018 (see agenda item 9): Report to DHSC re Scoping for Inquiry Day - 8 March 2018 Dorset Local Transformation Plan for Children and Young People's Emotional Wellbeing and Mental Health, refreshed October 2018: https://www.dorsetccg.nhs.uk/wp-content/uploads/2018/04/draft-dorset-cyp-ltp.pdf
Officer Contact	Name: Ann Harris, Health Partnerships Officer, DCC Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk

Appendix 1

Children and Young People's Mental Health Inquiry Day hosted by Dorset Health Scrutiny Committee, 13 July 2018

1 Introduction

An introduction to the Inquiry Day was given by Cllr David Walsh, Chairman of the People and Communities Overview and Scrutiny Committee (Dorset County Council) and (as of October 2018) a Member of Dorset Health Scrutiny Committee. Cllr Walsh outlined the purpose of the Day:

- To look across the levels of support provided to children and young people with mental health needs, and their families;
- To look at what works well, gaps in provision and ways of making things better in the future;
- To hear from a young person about their experience of mental health services and support;
- To consider the four elements of the Thrive Model of mental health support (getting advice, getting help, getting more help and getting risk support);
- To consider questions and comments from a panel of Councillors and from the invited audience;
- To agree some recommendations for the Dorset Health Scrutiny Committee to review at their meeting on 13 September 2018.

2 Nikita Adams, Peer Specialist

Nikita had been invited to speak at the Inquiry Day about her personal experiences of mental health services and her journey to recovery, leading to her current role as a Peer Specialist supporting other young people going through similar issues. Nikita explained that she had at first 'normalised' her mental health problems before realising that what she was feeling was not normal. Following an escalation of her condition, she had been sectioned under the Mental Health Act and admitted to in-patient care at Pebble Lodge, where she struggled to accept help initially. However, after a further admission to Pebble Lodge, access to the peer support programme was the catalyst for recovery. Nikita expressed her gratitude to the Child and Adolescent Mental Health Service (CAMHS) and emphasised that, despite the difficulties she had with services and the set-backs, she would not be alive today without the support that the Team provided.

3 Louise Bate, Healthwatch Dorset

Louise introduced three short films which had been produced in collaboration with young people and local organisations with an interest in mental health and explained that Healthwatch Dorset had run a campaign entitled 'Be Yourself, Everybody Else is Taken', which resulted in numerous creative projects. In addition, a project entitled #Lifeunfiltered had been supported by Bournemouth University, alongside voluntary and statutory organisations, and this had resulted in a video produced by young people to tie in with national Mental Health Day in October 2017.

The three short films provided powerful messages about young people's emotions and experiences and can be accessed via these links:

LifeUnfiltered introduction:
https://www.youtube.com/watch?v=KRCizkYX7KM&t=7s

LifeUnfiltered film:
https://www.youtube.com/watch?v=AMBopOoGOr0&t=1s

Be Yourself film:
https://www.healthwatchdorset.co.uk/resources/be-yourself-whats-your-mind

Discussion points following the videos included:

- The importance of developing trust and the value of lived experience;
- The need for openness in households and not sugar-coating issues;
- The role of schools, from primary level, in promoting mindfulness and nurturing pupils, in the hope of averting the need for higher level support which can be difficult to access;
- Recognition that some young people are happy to ask for help in schools but others need to be able to access it elsewhere, such as via youth services;
- The need for continued support, beyond disclosure and identification;
- The need to provide advice and support at places where young people are most comfortable, with the option for anonymity if necessary;
- Examples of innovative initiatives, such as an 'anxiety dog' in Weymouth College, out of hours and summer break projects in schools, play therapists and chickens in school settings;
- The dangers of the Internet and social media with regard to learned behaviour and bullying, but also the value of on-line support and the opportunity for young people to share experiences or vent their frustrations;
- Parents and carers not always having the skills to support young people and/or having their own mental health problems.

4 The context around mental health services and support for children and young people in Dorset – Elaine Hurll, Senior Commissioning Manager for Mental Health, NHS Dorset Clinical Commissioning Group

Elaine outlined the background to the current provision of mental health services and support for children and young people in Dorset, including the adoption of a Local Transformation Plan in 2015, which was refreshed in October 2017[1]. This year a total of £2.7 million will be allocated to transformation funds, with a climate of interest in mental health supporting developments and investment. A number of improvements have already been implemented, including: revised CAMHS referral guidance; the appointment of seven Psychological Wellbeing Practitioners (supporting children and young people with anxiety and depression); the procurement of an on-line counselling service; and planned peer support and recovery education.

Elaine set out some of the targets for services and noted that Dorset is performing well. With regard to the national target that, by 2020/21, at least 35% of young people with a

[1] Pan Dorset Local Transformation Plan: Children and Young People's Mental Health and Wellbeing: https://www.dorsetccg.nhs.uk/wp-content/uploads/2018/04/draft-dorset-cyp-ltp.pdf

diagnosable mental health condition receive treatment from NHS funded services, it was recognised that this is unambitious, but Dorset CCG is committed to supporting the other 65% of young people too. Local waiting times for referral to assessment and treatment have shown a steady improvement over the last two years.

With regarding to further developments, transformation funding will be supporting psychiatric liaison services and Psychological Wellbeing Practitioners, and funding will continue within the CCG's baseline budget. An additional two in-patient beds are to be provided at Pebble Lodge and a new PICU (Psychiatric Intensive Care Unit) is to be commissioned by NHS England. This is a particularly important development which would provide eight beds, preventing local children and young people from having to be placed outside the area at times of crisis. It was confirmed that the PICU beds may be used by patients from other areas of the country, but other units are also being built in the South West so it is hoped that in future there will be sufficient capacity.

5 The Thrive Model

The Thrive model for mental health support was originally developed by the Tavistock Centre, putting children and young people at the centre and allowing them to 'thrive'. The model helps to change the focus of services so that they are not just concentrated on core-CAMHS but (in line with the Government's Green Paper[2]) they encompass schools, early help and other support too.

6 Thrive: Getting Advice – Claire Shiels, Assistant Director for Children's Services, Dorset County Council

Claire introduced the first stage of the Thrive model: getting advice. This includes recognising the importance of: supporting families, physical activity, social networks, community involvement and participation and mental health awareness – being able to have a conversation. The difficulty of community involvement in rural areas was noted, in view of the likelihood of reduced opportunities and options.

This stage of the model involves supporting children and young people with mild or temporary difficulties (and identifying those who may go on to develop more serious problems) and supporting people who want to self-manage. There is a lot of information available in Dorset and on-line, but it needs to be of good quality. Claire highlighted some of the sources of advice locally including:

- Mental health 'wheels';
- Mental health champions
- Pastoral support;
- CHAT health (a text-based service via the School Nursing Service);
- Targeted group work in schools;
- The voluntary and community sector;
- General Practitioners;
- An evidence-based programme of resilience building, especially in early years;
- Educational Psychologists;
- Emotional literacy support assistants in schools;
- Mental Health 'first aid' training.

[2] https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper/quick-read-transforming-children-and-young-peoples-mental-health-provision

Challenges to getting advice and areas for development cited included:

- Consistency across Dorset;
- Keeping up to date with changes to service delivery;
- Workforce skill and confidence to deal with mental health issues;
- Capacity in other services;
- A lack of understanding as to the role of core-CAMHS;
- The Recovery Education Model;
- Whole school approaches to mental health (including an academic resilience programme).

Discussion points and questions included:

- A query as to how we engage effectively with young people and whether we are missing a large group who won't ask for help;
- The need to protect remaining youth services, following the substantial loss of funding in recent years, and the need for street services and open access;
- The particular difficulties for young people in rural areas to access remaining youth services, due to poor transport links;
- The need for more innovative use of resources such as community transport;
- The impact of social isolation on young people and the fact that it is an inter-generational problem: do we do enough to join up groups?;
- The need for a system with good communication and hubs to co-ordinate services;
- The role of the seven Family Partnership zones, which are developing at different rates but provide a forum to bring people together;
- The value of core-CAMHS having a presence in schools;
- The work that Public Health are undertaking with schools (for example around mindfulness and relaxation) and the money that will be available to them through the Prevention at Scale programme;
- The differences in approach (and effort) made by schools, with some providing little or no visible support but others providing good information about help available in a prominent position;
- The recognition that teachers cannot 'do it all' and need to be able to sign-post confidently;
- The need for age-appropriate advice throughout childhood and teenage years.

7 Thrive: Getting Help – Stuart Lynch, CAMHS Manager, Dorset HealthCare University NHS Foundation Trust

Stuart explained that this Thrive stage was about young people who need higher levels of intervention, generally, but not purely, from CAMHS. Those interventions should be brief and evidence-based. Young people who are referred to CAMHS at this stage are put onto one of 21 different 'pathways'. The key features and range of 'help' available includes:

- A multi-disciplinary workforce (CAMHS, Social Workers, Psychologists, Nurses, Psychiatrists etc);
- Seven Wellbeing Practitioners currently, with more to be trained;
- Different types of therapies;
- One-to-one and/or group therapies, with work currently underway to look at booking systems (on-line) and locations;
- Training for schools and hospitals;
- Support for parents and carers;
- Local clinics.

The current challenges and areas for development include:

- The need for wider workforce development to understand the service offer – the range and levels;
- The need for clarity around referral guidance (with visits to GPs and schools being undertaken by CAMHS staff);
- The need for effective sign-posting and full knowledge re what is available;
- The further development of the 'offer' around emotional health and wellbeing in schools (as per the Green Paper proposals);
- The requirement for more early help to prevent the need for CAMHS intervention, including the Recovery Education Model such as peer support and sessions with youth groups and schools;
- The challenge of supporting children and young people who feel they cannot leave home to access services and need confidence building just to cross this initial hurdle.

Discussion points and questions included:

- Queries regarding the time between referral to treatment: Stuart noted that there is an eight week target, but more complex cases have a four week target, which varies according to risk. Dorset is currently ranked 2nd out of 80 CAMHS teams with regard to their response to urgent referrals;
- A query as to whether CAMHS treat children aged under 5 years. Although this would not be ruled out, Stuart would be concerned if a child of this age needed CAMHS, and felt that they would probably be better supported through other services. Where referrals do come in for such young children, they mostly relate to behavioural difficulties, so work with the parents is often the solution. Other problems at this age include neuro-development issues (such as autism, which requires specialist input) and attachment disorders. In some parts of Dorset groups have been set up to help parents with attachment problems, but this is not a universal service;
- Similarly there is a perinatal service across Dorset, but this is patchy and needs to be more consistent;
- There is an increased focus on whole family approaches now and the need for this and help in the early years was emphasised;
- The Educational Psychology Service also provides training and support to providers and early years settings re how they in turn can provide support and sign-posting;
- A query as to how many appointments are cancelled at short notice by the CAMHS team and what steps are being made to give at least 24 hours notice. Stuart noted that the service would try not to cancel at short notice, but staff illness or clients in crisis in need of urgent care could mean that this is unavoidable at times. The rates of cancellation (by the service or clients) are reviewed, as are 'do not attends'. It was suggested that clarity and openness about the reasons behind any late cancellations would help young people and their families to understand;
- With regard to early years support and child protection, it was noted that there are numerous cases where parents with Asperger's or autism have their children taken into care because they didn't get the support they needed. There are Units to help parents such as these, but there was a lack of clarity as to locations, which Stuart offered to address outside the Inquiry Day;
- Transgender young people have particular difficulties in accessing the support they need, which is not necessarily CAMHS. However, a particular issue is that schools will not allow pupils to change their names and gender details unless a formal letter has been provided by CAMHS. In addition, there is a need for CAMHS staff to be trained to support transgender young people, but a lack of funds to facilitate this. It

was noted that the Tavistock Centre is a specialist centre for transgender issues and they are keen for CAMHS teams to enhance their involvement, in recognition of the higher rate of mental health problems amongst this group of individuals. Stuart confirmed that in Dorset training sessions had already been held and that the Tavistock Centre are looking at whether they could send a worker to support further initiatives. The matter of the need for a letter of confirmation (about being transgender) was acknowledged as being a problem, which Stuart hoped is improving. The need for CAMHS and the Tavistock Centre to be more closely involved with schools was also acknowledged;

- With regard to the 21 pathways, the degree to which a pathway is prescriptive was queried, as was the undertaking of reassessment. Stuart explained that reviews would be carried out and that there was a flexible approach to changes. Progress is reviewed at key points and young people are encouraged to have a say about their priorities and choices;
- With regard to the peer specialists who work with CAMHS, a training programme has been developed and the next group are now working through it. Currently the peer specialists are based in in-patient wards and can talk one-to-one with individuals and work on particular projects and participate in groups in community team settings. There is a need for a succession of peers, as they progress and move on. Feedback about their role is very good and Stuart is keen to develop this further. It was noted that it is also important for them to be able to go into schools, as the personal stories are powerful;
- With regard to when young people first access help, can CAMHS support them while they are waiting for their first formal appointment? It was acknowledged that more needs to be done in this area: some mapping of support was undertaken in Poole, but there is a need for better links with the third sector (notwithstanding the problems the third sector faces with funding). Consideration is also being given to the best model to collate information and keep it up to date, which is vital;
- There has also been discussion around the development of a peer navigator role with CAMHS, which could have a big impact. The value of peer support was recognised, but the process of creating them is long and their own wellbeing needs must be protected. Not all those who start the process are able to continue, but where they are successful they can also help to change staff culture.

8 Thrive: Getting More Help – Stuart Lynch, CAMHS Manager, Dorset HealthCare University NHS Foundation Trust

The third stage of the Thrive model relates to the need for more intensive and longer-term support, in the community or as an in-patient. Services at this stage include:

- CAMHS and multi-disciplinary teams;
- The eating disorder service;
- Pebble Lodge (in-patient unit);
- Places of Safety, for those who need to be sectioned;
- Crisis support, which is provided within each of the CAMHS teams and includes Psychiatric Liaison Nurses working in hospitals and Out of Hours services.

The current challenges and areas for development around getting more intensive help include:

- Young people needing to be placed outside Dorset – sometimes at considerable distance;
- A lack of suitable care on discharge from in-patient care;
- A lack of suitable places of safety at times of crisis;
- A lack of Tier 4 beds (PICU) and the challenges of building a new unit at Westbourne, next to Pebble Lodge;
- The need to develop evidence-based training pathways to include parent training;
- The out of hours services needs further development and there is a move towards a 24 hour service, with CAMHS in conjunction with the Psychiatric Liaison Service (it makes sense to do this as soon as possible);
- The need for more supported housing placements and appropriate care for young people on discharge.

Discussion points and questions included:

- A query as to the barriers to the proposed PICU: Stuart explained that proposals had gone through the first planning stage, and engagement had been undertaken with the local community. Some of the community were not happy about the plans, but the Trust (Dorset HealthCare) are keen to explain the current difficulties with accessing local placements and the level of need. The role of the County Council in helping the proposals to progress was questioned and Stuart noted that he would be happy to share the plans and that support from Councillors would be very helpful;
- A query as to why the Linden Unit in Weymouth could not be used for children and young people's in-patient care was raised. Elaine responded that the building would not be fit for the purpose and that most demand for the service is in the east of the County. In addition, co-location (with Pebble Lodge) is the best option, as it allows crisis staffing support;
- With regard to bed shortages, it was noted that young people may have to wait three months for in-patient care, and there is a need for flex in the system. In such situations consideration is given as to whether it is better to try to support the individual locally in the community or send them to an out of area placement. However, there may be barriers to local support and legal reasons why this may not be possible if the young person has been Sectioned;
- With regard to any language difficulties when young people from ethnic minorities are referred to services, Stuart advised that a translation service was available to staff;
- The 'Retreat' service, for those who self-identify as being in mental health crisis, is having a beneficial impact on adults who might have been subject to Section 136 admissions (although this service is not accessible 24 hours per day). It was suggested that it would be useful to see whether a similar service would be helpful for children and young people. It was agreed that open access models work well – and there might be existing networks such as youth centres that could act as hosts (rather than setting up something new). Dorset's conversion rate from Police contact to Section 136 admission is already low, so a Retreat system for young people (and their parents or carers) would be really beneficial;
- It was suggested that the 'Community Front Rooms' model recently implemented for adults could also be useful (informal drop-in facilities in non-medical settings);
- Boys and young men are known to be less willing to come forward to talk about problems. Stuart noted that there are no particular plans to tackle this separately, but that mental health workers are linked to schools generally. There is a need to shift the focus to places where it would be easier to talk to them. A project with AFC Bournemouth has been successfully engaging with young people and if it works well

then consideration will be given to further development. Other innovative opportunities will also be explored;
- Young people say that they don't always want talking therapies, so this can be a challenge: services may have to take a leap of faith and go against, for example, NICE Guidelines;
- Working with parents can also be challenging: sometimes they feel that they don't know what is going on, but confidentiality can be a barrier. Dorset HealthCare and the CCG have talked about parents' support groups, and at Pebble Lodge parents are invited in every six weeks. Once the young person is discharged parents often still want to attend for on-going support, and they could have a role as peer specialists too;
- One of the schools highlighted a parents' support group they have, which has its own What's App group. The school has also produced a directory of services;
- With regard to peer specialists and their individual futures, Nikita noted that she wouldn't want to be continually defined by her mental health experiences: we don't want to create 'professionally unwell' people, but this is a powerful role and helps people to work out what matters to them;
- A query was raised regarding young carers (of parents with mental health problems) and where services sit. Dorset Advocacy noted that they do not receive referrals for young carers. Claire noted that Children's Services do have a service for young carers, but this does not support everyone and some young people do not want support from the Council. Stuart advised that CAMHS are now part of Dorset HealthCare's 'Triangle of Care' programme, which aims to include all carers in discussions and decisions about the cared-for person (where appropriate);
- It was noted that a transitions team has recently been put together by Dorset County Council, including commissioners and practitioners, with a view to identifying gaps in services for young people. This will include step-down housing.

8 Thrive: Getting Risk Support – Claire Shiels, Assistant Director for Children's Services, Dorset County Council

Claire outlined the final Thrive stage, which incorporates the children and young people who can be the most challenging to support: those who do not wish to engage with services or, where they do engage, are not responding to the help and/or treatment being provided. This is a collective area of work for all agencies.

Circumstances which contribute to children and young people falling into this category include:

- They may not be in the right place or time to engage, for example due to inappropriate housing situations. (It was noted that this can be a particular issue for children in care);
- They may be in a period of acute illness and/or self-harming;
- They may have an emerging personality disorder, which can be difficult to diagnose;
- They may simply not be able to engage, despite trying.

Services include:

- An on-going assessment process and outcomes monitoring of treatment;
- Multi-agency working;
- Crisis management;

The current challenges and areas for development around getting risk support include:

- The need for more workforce training to instil confidence in managing young people in this group;
- The need for shared responsibility and multi-agency risk plans;
- The need to better understand children and young people at risk from child sexual exploitation and criminal exposure.

Discussion points and questions included:

- A query about prison in-reach: Claire confirmed that the Youth Offending Team work with CAMHS. It was noted that there are high levels of suicides in prisons, particularly amongst young people, but that Children's Services, the CCG and Dorset HealthCare are talking jointly about this issue;
- With regard to severe mental illness and emerging personality disorder, a query was raised as to how services cope with this. Elaine responded that, historically, there had been a poor service and that the condition can attract stigma and blame. However, there are lots of different pieces of work going on and agencies now have a plan to take forward to ensure a better, more consistent service. Diagnosis of personality disorder can be difficult with younger people, and is rarely done before the age of 20 as it can be fluid and changeable. It may be better described as complex trauma. The management of this in childhood has improved, but there is scope for further improvement and, although formal diagnosis may not take place until the age of 20, treatment which is beneficial would be offered at an earlier stage. The Educational Psychology Service are currently working with a virtual schools network around complex trauma and have committed time to providing training;
- The role of schools was raised, in the context that they feel they are often asked to be the lead professionals in cases, but hold monthly multi-agency professionals' meetings to which other professionals fail to attend. The challenge to commissioners and providers is, if schools are asked to step in, how will the other agencies support them?
- Given that children grow up at different rates, how do services decide when to work with them? It was explained that mental health services are needs-based and individuals don't have to have a formal diagnosis. However, it was noted that some services, such as Welfare Benefits, do require a formal diagnosis, so this can be a problem;
- A query was raised as to why working with these children and young people and their families can be particularly challenging. It was noted that there can be difficulties in identifying the core and/or contributory factors, such as: social care, mental health, behavioural problems, schooling. The focus is on managing risk. A lot of work is going into transition planning at the moment, as this can be particularly complex. Transition planning should start at least 6 months prior to a move into Adult Services, although some young people stay with CAMHS for a longer period of time where appropriate;
- With regard to young people with a learning disability and mental health problems, a number of them would fall into the 'risk' category of Thrive. This can result in uncertainty as to which agency is best able to support the young person. One example of care where agencies frequently meet and reflect on the case is working well, but it is not clear whether this could be fully rolled out. The Safeguarding Children Board have discussed this issue and there is funding to invest in it.

9 Recommendations

Following the discussions around the four stages of the Thrive model, the attendees at the Inquiry Day reviewed the key concerns and what recommendations they might wish the Dorset Health Scrutiny Committee to consider within the report to be presented on 29 November 2018. Those recommendations will be circulated to key Dorset organisations with a role to play in supporting children and young people with mental health problems and their families, and are as follows:

1 Age should not be a barrier or hindrance to services and support:
- Services must not forget children aged under 5 (or their parents and carers);
- Young people must not be allowed to 'fall through the net' at the age of 18. Statutory organisations should consider whether we are asking young people with mental health problems to transition to Adult Services too soon, when they have particular vulnerabilities? (Children with learning disabilities already have the option not to transition until the age of 25, demonstrating that this is possible)

2 Members should challenge and lobby on behalf of children and young people to improve:
- Access to welfare benefits and the removal of unreasonable restrictions;
- The transport offer, particularly in rural areas, to enable young people to participate in activities and to access advice, help and support whenever they need it;
- Joint working between commissioners and providers, to ensure shared priorities and best use of funds;
- Support for planning applications where those applications relate to the development of new or enhanced facilities for mental health services.

3 The Health Scrutiny Committee should engage with young people on an on-going basis to ensure that their voice is heard.

4 Whole system resourcing should be developed to support a broader range of mental health support for children and young people, to include:
- Youth services;
- Preventative services and early intervention;
- Models of support such as the Retreats and Community Front Rooms, which are being developed for adults and should also be considered for children, young people and their carers;
- Educational support – for teachers, pupils and schools;
- Specialist schooling, where necessary;
- Access to training, including costs and materials;
- Joint commissioning for complex cases.

5 Support for transgender children and young people should be improved, with particular reference to the need for further training of professionals and better communications between services.

6 Good communication must be maintained between agencies and service users, including:
- A co-production approach to service development (learning from experience in adult mental health engagement);
- Speaking to hard to reach groups and individuals;
- Ensuring that professionals engage in multi-agency meetings.

7 Mapping of community and voluntary sector resources that support children and young people's mental health and wellbeing should be undertaken, and the most effective way of doing this should be explored.

8 Councils and Councillors should be mindful of the consequences of their decisions on the mental health and wellbeing of children and young people. In particular, access to services needs to be facilitated at all times, by whatever means.

9 The use of technology should be developed where this would enable and encourage young people to engage with advice, help and services. This could include access to on-line resources for information and advice and Skype for appointments, where appropriate.

10 Parents and carers should have access to information about the care and support being provided to their child and be fully involved in decision-making, as appropriate. In addition, support for parents and carers themselves should be further developed.

Ann Harris, Health Partnerships Officer, Dorset County Council

Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	29 November 2018
Officer	Elaine Hurll, NHS Dorset Clinical Commissioning Group
Subject of Report	**Dorset Suicide Prevention Strategy**
Executive Summary	A letter was sent to Chairs of Health Scrutiny Committees by Dr Sarah Wollaston, MP, following the conclusion of the House of Commons Health Committee inquiry into suicide prevention and the publication of a final report on 16 March 2017. The letter urged Health Scrutiny Committees to have a role in scrutinising the implementation of local suicide prevention plans. Dorset Health Scrutiny Committee subsequently agreed that Dorset's Suicide Prevention Strategy would be considered within their annual work programme for 2018. The report and presentation which follows set out the approach which has been taken in Dorset and the progress which has been made towards the 10% target in terms of reducing the incidence of suicides.
Impact Assessment:	Equalities Impact Assessment: The Strategy aims to support vulnerable groups in particular.
	Use of Evidence: Information taken from House of Commons Health Committee, Public Health England, NICE and NHS Dorset CCG.
	Budget: Not applicable.
	Risk Assessment: Current Risk: LOW Residual Risk: LOW

	Other Implications: None.
Recommendations	That Members note and comment on the report and presentation and consider whether to undertake further scrutiny and/or to make recommendations for further actions.
Reason for Recommendations	The work of the supports the County Council's aim to help Dorset's citizens to remain safe, healthy and independent.
Appendices	1. Briefing: Pan-Dorset suicide action plan and prevention at scale (April 2018) 2. Dorset Co-Produced Suicide Prevention Action Plan (March 2018)
Background Papers	House of Commons Select Committee Report, 2017 Select Committee Report: Suicide Prevention
Officer Contact	Name: Ann Harris, Health Partnerships Officer Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk

Dorset Health Scrutiny Committee – Review of Suicide Prevention Strategy, 2018

1 Background: Letter from the House of Commons Health Committee, March 2017

1.1 A letter was sent to Chairs of Health Scrutiny Committees by Dr Sarah Wollaston, MP, following the conclusion of the House of Commons Health Committee inquiry into suicide prevention and the publication of a final report on 16 March 2017:

https://publications.parliament.uk/pa/cm201617/cmselect/cmhealth/1087/108702.htm

1.2 The letter states:

"We noted that there is a role for local scrutiny of implementation of suicide prevention plans in the first instance and we considered that this local scrutiny could be a role for health overview and scrutiny committees within local authorities."

1.3 And makes this specific recommendation:

"We recommend that health overview and scrutiny committees should also be involved in ensuring effective implementation of local authorities' plans. This should be established as a key role of these committees. Effective local scrutiny of a local authority's suicide prevention plan should reduce or eliminate the need for intervention by the national implementation board."

1.4 The report includes the following on the matter of the Quality of local authorities' plans:

"19. The Secretary of State, in his ministerial foreword to the progress report, states that he is "delighted that 95 per cent of local authorities now have plans in place or in development". We are also pleased to hear of this improvement since the All Party Parliamentary Group on Suicide and Self-Harm Prevention's 2014 survey, which found that 30% of local authorities in England did not have a plan.

20. However, while it is commendable that "95 per cent of local authorities now have [suicide prevention] plans in place or in development", we do not know anything either about the quality of the plans themselves or about how well the plans are being implemented. As PAPYRUS (a charity dedicated to the prevention of suicide in young people, whose Chief Executive we met on our visit to Merseyside) notes in written evidence, "the presence of a document in a local authority is no proof of activity" and "there needs to be proper and effective accountability in delivering on local suicide prevention plans".

21. We welcome the fact that 95 per cent of local authorities have a suicide prevention plan in place or in development. However we are concerned that there is currently no detail about the quality of those plans. It is not enough simply to count the number of local authorities which report that they have a plan in place.

22. It is essential that there is a strong and clear quality assurance process to ensure that local authorities' plans meet quality standards. This will also enable more support to be provided to local authorities where it is needed. In its response to this report, the Government should set out how the quality assurance process will work; who will be responsible for it; how it will report; how often it will be carried out; and when it will start.

23. We recommend that Public Health England's suicide prevention planning guidance for local authorities should be developed into quality standards against which local authorities' suicide prevention plans should be assessed."

2 Resources and Best Practice Guidance

2.1 Public Health England (PHE) – Local Suicide Prevention Planning – A practice resource

https://www.gov.uk/government/publications/suicide-prevention-developing-a-local-action-plan

This resource is aimed at local authorities and partner agencies. It sets out the context behind the need for action on suicide prevention and provides guidance and links to a wide range of publications and resources.

2.2 Within the introduction the resource explains:

"The national strategy outlines two principle objectives: to reduce the suicide rate in the general population and provide better support for those bereaved or affected by suicide. There are six areas for action:

1. reduce the risk of suicide in key high-risk groups
2. tailor approaches to improve mental health in specific groups
3. reduce access to the means of suicide
4. provide better information and support to those bereaved or affected by suicide
5. support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. support research, data collection and monitoring"

2.3 The resource further notes that:

"This guidance is structured around the three main elements that the All-Party Parliamentary Group on Suicide and Self-harm Prevention recommends as essential to successful local implementation of the national strategy:

1. Establishing a multi-agency suicide prevention group involving all key statutory agencies and voluntary organisations.
2. Completing a suicide audit.
3. Developing a suicide prevention strategy and/or action plan that is based on the national strategy and the local data."

2.4 With regard to local action, the resource recommends the following **Priorities for suicide prevention action plans:**

(Professor Louis Appleby, Chair of the National Suicide Prevention Strategy Advisory Group)

Priorities
1. Reducing risk in men, especially in middle age, with a focus on: economic factors such as debt; social isolation; drugs and alcohol; developing treatment and support settings that men are prepared to use
2. Preventing and responding to self-harm, with a range of services for adults and young people in crisis, and psychosocial assessment for self-harm patients
3. Mental health of children and young people, with joint working between health & social care, schools & youth justice, and plans to address the drastic increase in suicide risk between 15 to 19 year olds
4. Treatment of depression in primary care, with safe prescribing of painkillers & antidepressants
5. Acute mental health care, with safer wards & safer hospital discharge, adequate bed numbers & no out of area admissions
6. Tackling high frequency locations, including working with local media to prevent imitative suicides
7. Reducing isolation, for example through community-based support, transport links and working with third sector
8. Bereavement support, especially for people bereaved by suicide

2.5 Within the appendices to the resource there are 'prompts for local leaders'. These prompts are key questions that the authors suggest should be asked when considering:

- The needs of local area with respect to suicide prevention – for example, what information is currently held, how do the rates of suicide compare with similar areas;
- The response to those needs – for example, what steps have been taken to deal with the issues and who is involved in this work and how are gaps in knowledge and/or services being dealt with.

2.6 NICE Guidelines (published in September 2018)

https://www.nice.org.uk/guidance/ng105

NICE (National Institute for Health and Care Excellence) recently published a new guideline on 'Preventing suicide in community and custodial or detention settings'.

2.7 NICE explain that:

"This guideline covers ways to reduce suicide and help people bereaved or affected by suicides. It aims to:

- help local services work more effectively together to prevent suicide
- identify and help people at risk
- prevent suicide in places where it is currently more likely."

2.8 Within the guidelines, there are sections on partnership working, strategies and suicide prevention action plans, and with regard to **suicide prevention strategies**, the guidelines recommend the following actions:

- Develop a multi-agency strategy based on the principles of the Department of Health and Social Care's suicide prevention strategy for England and other relevant strategies. It should emphasise that suicide is preventable, and it is safe to talk about it.
- Identify clear leadership for the multi-agency strategy.
- Consider how to measure activities to prevent suicide. Include the introduction of constructive, meaningful preventive activities (for example, education and physical activity) rather than focusing on suicide numbers alone.
- Review local and national data on suicide and self-harm to ensure the strategy is as effective as possible.
- Assess whether initiatives successfully adopted elsewhere are appropriate locally or can be adapted to local needs, or whether previously successful initiatives can be reintroduced.
- Oversee provision and delivery of training and evaluate effectiveness.

2.9 With regard to **suicide prevention action plans**, the guidelines recommend:

- Develop and implement a plan for suicide prevention and for after a suspected suicide. Ensure the approach can be adapted according to which agencies are likely to spot emerging suicide clusters (a series of 3 or more closely grouped deaths linked by space or social relationships).
- Identify clear leadership for the action plan.
- Interpret data to determine local patterns of suicide and self-harm, particularly among groups at high suicide risk (when the rate of suicide in a group or setting is higher than the expected rate based on the general population in England).
- Compare local patterns with national trends.
- Prioritise actions based on the joint strategic needs assessment and other local data to ensure the plan is tailored to local needs.
- Map stakeholders and their suicide prevention activities (including support services for groups at high risk).
- Share experience and knowledge between stakeholders. Also share data, subject to local information sharing agreements.
- Keep up-to-date with suicide prevention activities by organisations in neighbouring settings.
- Oversee local suicide prevention activities, including awareness raising and crisis planning.
- Review the action plan at a time agreed at the outset by the multi-agency partnership.

3 The Local Response

3.1 The Dorset Suicide Prevention Action Plan

https://www.dorsetccg.nhs.uk/wp-content/uploads/2018/04/Suicide-Prevention-Strategy-Action-Plan.pdf

The local Plan was published in April 2018 by NHS Dorset CCG, but is a multi-agency document developed in collaboration with:

- Dorset HealthCare University NHS Foundation Trust
- Dorset Mental Health Forum
- Dorset Mind

- The Samaritans
- Dorset Police
- Office of Dorset's Police Crime Commissioner
- Dorset County Council
- Bournemouth Borough Council
- Borough of Poole
- Bournemouth Churches Housing Association
- Public Health Dorset
- Bournemouth and Christchurch NHS Foundation Trust
- Poole NHS Foundation Trust
- Dorset County Hospital NHS Foundation Trust
- Dorset Mental Health Alliance
- Dorset Clinical Commissioning Group
- Dorset Fire Service

3.2 In addition South Western Ambulance Service NHS Foundation Trust and NHS England have 'signed up' to the Plan. Within the introduction, it is noted that:

> "Each organisation will be responsible for their own delivery plan selecting activities from this plan that are appropriate to them. Each organisation will nominate an individual to be responsible for compliance and completion of their delivery plan and representing them at governance meetings."

3.3 The Plan includes the following milestones and governance arrangements:

All organisations to have a written plan and a named person responsible for delivery and reporting	End June 2018
Quarterly Crisis Care Concordat meetings arranged for each quarter of the year to monitor progress	April 2018
Progress reported to ICPCS Board each quarter	From April 2018
Progress reported to Health and Wellbeing Boards annually	From April 2018
Partnership development with non-statutory partners ensuring consistent representation on Crisis Care Concordat Group	By June 2018
Partnership work ongoing with the MH Alliance to ensure consistent messaging delivery of plan	From April

3.4 The key areas of work that will be undertaken in Dorset across organisations are as follows:

- Work with high risk groups;
- Promoting mental health and wellbeing in the population as a whole;
- Reduce the means of suicide;
- Post suicide intervention;
- Promoting responsible reporting.

3.5 Sitting beneath each area of work, there are actions to be delivered by all the organisations which signed up to the Dorset Crisis Care Concordat in 2015. The Crisis Care Concordat Group has recently been reviewed and will have a specific remit for suicide prevention going forwards. On 26 November an event is being held at Merley House, Wimborne. The will bring together key stakeholders to share the work of organisations, identify named leads for every action and provide updates regarding progress. The report to Dorset Health Scrutiny Committee on 29 November will include a verbal update on the outcomes of that event.

Appendix 1

Bournemouth, Poole and Dorset councils
working together to improve and protect health

Public Health Dorset

Briefing: Pan-Dorset suicide action plan and prevention at scale (April 2018)

Purpose – This briefing presents an overview of the current work in Dorset to improve the skills in mental health and wellbeing for public facing staff in the health and care system. This work forms part of the Prevention at Scale plans, within the Dorset Integrated Care System. There are clear links between this work and the pan-Dorset Suicide Prevention Plan – published this month. This briefing provides more detail about how the ongoing workforce development involves local authority partners who are signatories to the suicide action plan.

Background

The pan-Dorset Suicide Prevention Plan is published this month (April 2018), and is a national requirement to support the national suicide prevention strategy. The plan requires statutory and non-statutory organisations who are signatories to take responsibility for their actions. One of the actions most relevant to local authorities and public health commits to promoting mental health and wellbeing in the population. The local plans that will deliver this are through implementation of the Prevention at Scale (PAS) plans within the evolving Dorset Integrated Care System (ICS).

The most important work in PAS that links directly with this action is the area of workforce skills development, which is part of the PAS Living Well Programme.

The Dorset Workforce Action Board (DWAB) has developed a strategy on 'leading and working differently' with five workstreams: developing staff, supporting our staff through change, leadership, recruitment and retention. An integral part of this strategy is how we work differently as a system within our roles in terms of building approaches to prevention, staff wellbeing and resilience into the every day business of caring for people.

To implement PAS effectively the workforce throughout the system must be confident in these skills as an important part of everyday roles. They must also be supported through the work place to strengthen awareness and understand how best to look after their own mental health and wellbeing.

Aim of Workforce Skills Development

The workforce offer in PAS aims to work with partners across the system to develop a coordinated health and wellbeing approach for staff, to improve their skills in healthy conversations and support for their own wellbeing.

Suicide Prevention Plan

The pan-Dorset Suicide Prevention Plan (SPP) covers five key areas highlighted as priority areas by the National Suicide Prevention Strategy, two of which are;

- Promoting mental health and wellbeing in the population through implementation of the Prevention at Scale plans.
- Working with high risk groups to increase knowledge and reduce stigma

Both areas link directly with the workforce development offer, through supporting high risk groups within the workforce and through developing staff to improve mental health awareness skills

PAS links with mental health and wellbeing

In the course of developing the scope of the workforce offer, staff from many different organisations have consistently identified mental health and wellbeing as areas for development, further training and support. The examples below show how this offer is being developed and implemented for staff through the system.

Examples of achievements to date

- Local authorities have a workforce offer in Bournemouth, Poole and Dorset, working with LiveWell Dorset and the workforce team, which includes a range of skills development for mental health first aid (MHFA), healthy conversations training and access to NHS health checks
- Skills development work has been undertaken (MHFA, healthy conversations, brief interventions) specifically with health and social care teams in Poole and Purbeck with Bournemouth to follow, MHFA training has been developed for staff working with children and rangers across Dorset
- Bournemouth have designed a mental health at work course for managers which is part of their mandatory programme. 400 Bournemouth managers have been trained so far and the offer is now open to Poole managers.
- As part of the Dementia Service Review, training has been developed in Making Every Contact Count (MECC) and Mental Health First Aid (MHFA) for a range of NHS staff teams
- Dorset and Wiltshire Fire and Rescue service's Safe and Well team have undertaken MECC training and expressed an interest in MHFA skills training
- Funding has been secured for support from PAS, Health Education Wessex and Dorset Workforce Action Board to support workforce skills development in areas for mental health and brief intervention
- Public Health Dorset are working with main NHS providers to develop workforce skills approach to improve mental health awareness
- GPs are offered training on suicide awareness skills

Sophia Callaghan & Caoimhe O Sullivan
Public Health Dorset
April 2018

Appendix:

Understanding the cross links and communication in terms of strategic commitment, senior engagement and the 'how' of delivery is in development stage across the system:

Strategic Commitment (Where)	**Senior Engagement (Who)**	**Front Line Delivery (How)**
Influencing role with PHD work stream leads DWAB leads	***Workforce engagement role with Senior leads***	***Support and coordination role by the workforce project to identify delivery mechanisms***
SLT DWAB – leading and Working Differently STP Work streams H&W Boards East and West ACS One Acute Network Integrated Community Services portfolio Health Education Wessex Speciality leads	Dorset Workforce Action Board (DWAB) Portfolio champion for PAS Dorset Health Care Royal Bournemouth and Christchurch Hospital Poole Hospital Local Authorities Dorset Bournemouth and Poole Dorset County Hospital / DWAB chair Clinical Commissioning Group Third Sector Help and Care	Health and Wellbeing Group coordination Specific staff teams DWAB planning forums Pre-op assessment teams Champion roles Organisational staff offers Working differently programmes Preceptorship programmes Apprentice schemes Live Well digital tool Pathway design forums Engaging programme managers

Appendix 2

A local action plan which supports the national suicide prevention strategy

Crisis Care Concordat
Mental Health

Dorset Co-Produced All Age Suicide Prevention Action Plan 2018

Introduction

This plan outlines the Pan-Dorset approach to suicide prevention which requires statutory agencies, the voluntary sector and others including the media to work together to reduce the number of suicides and the immediate and lingering effect of someone taking their life. We need to be prepared to respond effectively and sensitively to incidences of suicide and provide timely 'postvention' measures that are individually tailored to the need.

Across Dorset, Bournemouth and Poole each year an average of around 70 people (40 from Dorset, 20 Bournemouth and 10 from Poole) die by suicide. Men account for more than two in every three of these deaths. The suicide rate is highest in Bournemouth at 12 per 100,000 compared with Poole and Dorset (9 and 10 per 100,000 respectively). The Dorset suicide rate has been increasing since 2007 while trends in Bournemouth and Poole have been more variable.

Risk factors across Dorset, Bournemouth and Poole that are significantly higher than the England average include social isolation, long term health problems or disability, marital break-up and hospital admissions for self-harm. Bournemouth and Poole both have higher rates of severe mental illness and higher alcohol specific hospital admissions than the England average. In addition, Bournemouth has close to double the level of crack cocaine and/or opiate use, higher rates of Looked After Children, and higher deaths from alcohol.

Across Dorset, Bournemouth and Poole, approximately 23% of possible or confirmed suicides were currently or recently involved with specialist mental health services and 77 % were not involved with mental health services at the time of their death (based on data from July 2016 to March 2017 inclusive). This high percentage having had no contact with specialist mental health services is broadly in line with national averages. In contrast, close to two in three people who die by suicide are in contact with their GP in the year before their death (63%), with 45% having seen their GP in the month before their death. Suicide risk also rises with increasing number of GP consultations.

The economic cost of each death by suicide in England for those of working age is estimated to be £1.67 million (2009 estimates). This covers the direct costs of care, indirect costs relating to loss of productivity and earnings, and the intangible costs associated with pain, grief and suffering. What is more difficult to quantify is how long the effect of the suicide is felt by families, friends, colleagues and the wider community. We all need to dismantle the stigma attached to suicide and the all too often felt sense of isolation by those feeling vulnerable.

Dorset Co-Produced All Age Suicide Prevention Action Plan 2018

The Dorset plan should be read in conjunction with the national suicide strategy because this plan was developed to align with the key themes in the national strategy. It is also closely aligned with the Mental Health Prevention Concordat. The overarching aim of the plan is to meet the national target of reducing the number of suicides in Dorset by 10% against the baseline average of 70 by 2020/21.

The plan was developed with many key partners such as health and care services, Local Authorities, Police, community based and voluntary organisations and the delivery of the plan will be achieved in the same way. Although the signatories to the plan are all statutory partners because of their formal accountability for the reduction in suicides, the range of partners involved in supporting and promoting and delivering the plan are many and varied and they are all acknowledged with thanks and listed at the end of this document.

Across Dorset there is strong commitment to delivering this plan and delivering it in partnership. Once published these partnerships will be strengthened and formalised so that the reach of the plan is as wide as possible and the messages consistent.

Each organisation will be responsible for their own delivery plan selecting activities from this plan that are appropriate to them. Each organisation will nominate an individual to be responsible for compliance and completion of their delivery plan and representing them at governance meetings.

The key high level milestones are:

All organisations to have a written plan and a named person responsible for delivery and reporting	End June 2018
Quarterly Crisis Care Concordat meetings arranged for each quarter of the year to monitor progress	April 2018
Progress reported to ICPCS Board each quarter	From April 2018
Progress reported to Health and Wellbeing Boards annually	From April 2018
Partnership development with non-statutory partners ensuring consistent representation on Crisis Care Concordat Group	By June 2018
Partnership work ongoing with the MH Alliance to ensure consistent messaging delivery of plan	From April

Specific and SMART outcomes will be developed as each organisation develops their plans and we consolidate them as part of the crisis care concordat working group

Dorset Co-Produced All Age Suicide Prevention Action Plan 2018

Area of work	Actions	Outcomes	By whom
Work with high risk groups	• Ensure that all staff know about the high risk groups especially those their organisation comes into contact with • Ensure that suicide and suicide risk is discussed and talked about openly and routinely • Talk about mental health routinely in organisations to reduce stigma and increase knowledge about mental health • Staff training to include suicide as a topic including information about high risk groups • Identify options for delivering training and information to GPs and practice staff regarding identifying and treating depression and talking about suicidal feelings with patients • Review self-harm in terms of the care pathways and responsiveness to people who self-harm	• Fewer deaths of people in high risk groups • Stigma related to discussing suicide reduced • Increase knowledge about mental health and reduced stigma related to mental health • Reduce fear related to suicide and talking about suicide • Increase in the number of services that are prevention and recovery focussed • Knowledgeable and understanding workforce	All organisations signed up to the CCC especially those that have public facing activity
Promote mental health and wellbeing in the population as a whole	• Implementation of the Mental Health Acute Care Pathway • Implementation of the pan-Dorset Sustainability and Transformation Plan Prevention at Scale plans, in line	• Increased population wellbeing • Better access to services • Reduction in suicide attempts and deaths	All organisations signed up to the CCC especially those that have public facing activity

	with Mental Health Prevention Concordat, including increasing access to e.g. MHFA training / Five ways to wellbeing, and improved working across systems • Implementation of emotional wellbeing and mental health strategy for children and young people		
Reduce the means of suicide	• Consider suicide prevention measures when reviewing planning applications • Audit suicide hotspots in Dorset • Hospital, prisons, care centres to review ligature points and potential high risk areas • Ensure robust risk assessment procedures for all areas where suicide could occur	• Fewer deaths by suicide • Greater awareness and knowledge about Dorset's suicide hot spots • Reduction in the number of hotspots through proactive response to audit • Fewer deaths in hot spot areas • Risk assessment will ensure accountability within organisations for the strategy and action plan	All organisations signed up to CCC that have planning or public health and safety responsibilities

Post suicide intervention	• Map existing bereavement services and support pathways • Develop pan Dorset information pack for those affected by suicide – would say this needs to be a single org to co-ordinate and links to the packs already available • Ensure policies and procedures are in place seeking to prevent suicide in all care, residential or detention settings • Ensure policies and procedures cover staff because staff members working in the organisations could also be in the high risk groups	• Postvention support in place across Dorset • Better care for people in aftermath of suicide • Accessible information about suicide and the impact of suicides • Better information about organisations that can support people who are bereaved due to suicide • Support for staff who might also be in one of the high risk groups	All organisations signed up to the CCC with public facing activity
Promote responsible reporting	• Develop a pan Dorset shared protocol that is proactive and reactive and includes social media • Communications teams in all CCC organisations to work with local media to promote responsible sensitive reporting about suicide, in line with Mental Health Media Charter https://twitter.com/MHMediaCharter • Communications teams in CCC organisations to work with media organisations to ensure that they	• Clear and unsensational information in the public domains about suicide and the impact of suicide • Shared understanding about the impact of suicide and shared set of values when reporting suicides and the impact of a death by suicide • Social media influenced by the shared understanding about suicide and the impact of suicide	All organisations signed up to the CCC that interface with the media and have communications teams in contact with local and national media

	provide information about support organisations dealing with suicide		

Acknowledgements

Many organisations have been party to the development of this plan and will be pivotal to the delivery of the plan and they are listed below.

Dorset HealthCare University Foundation Trust
Dorset Mental Health Forum
Dorset Mind
The Samaritans
Dorset Police
Office of Dorset's Police Crime Commissioner
Dorset County Council
Bournemouth Borough Council
Borough of Poole
Bournemouth Churches Housing Association
Public Health Dorset
Bournemouth and Christchurch NHS Foundation Trust
Poole NHS Foundation Trust
Dorset County Hospital NHS Foundation Trust
Dorset Mental Health Alliance
Dorset Clinical Commissioning Group
Dorset Fire Service

Dorset Co-Produced All Age Suicide Prevention Action Plan 2018

Documents of interest

National Suicide Strategy https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england

National Mental Health Prevention Concordat https://www.gov.uk/government/collections/prevention-concordat-for-better-mental-health

Dorset Crisis Care Concordat http://www.dorsetccg.nhs.uk/aboutus/clinical-delivery-groups/crisis-care-concordat.htm

Crisis Care Concordat
Mental Health

Dorset Co-Produced All Age Suicide Prevention Action Plan 2018

Organisation signed up to Dorset's Suicide Prevention Plan

NHS Dorset Clinical Commissioning Group

South Western Ambulance Service NHS Foundation Trust

Dorset Mental Health Forum
promoting wellbeing & recovery

Dorset HealthCare NHS University NHS Foundation Trust

Dorset Mental Health Alliance
For a Mentally Healthy Dorset

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

Poole Hospital NHS Foundation Trust

Dorset County Hospital NHS Foundation Trust

Dorset Police

DORSET POLICE & CRIME COMMISSIONER

NHS England

Bournemouth Borough Council
Building a Better Bournemouth

This page is intentionally left blank

Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	29 November 2018
Officer	Helen Coombes, Transformation Programme Lead for the Adult and Community Services Forward Together Programme
Subject of Report	**Annual Reports 2017/18 and Work Programmes for 2019: Dorset Health Scrutiny Committee and Healthwatch Dorset**
Executive Summary	Dorset Health Scrutiny Committee operates under the requirements of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. The Committee includes 12 Members, 6 County Councillors and 6 District and Borough Councillors, representing the localities across the Dorset County Council area. Each year the Committee agrees a work programme, consisting of standing items and new matters for review and scrutiny. An Annual Report is collated, providing a summary of the year's work, setting out the range and nature of the scrutiny that has been undertaken and providing context for the coming year. Healthwatch Dorset also publish an Annual Report and set an annual work programme. Under the terms of a Joint Protocol (November 2014) between Dorset Health Scrutiny Committee and Healthwatch Dorset, the two bodies agreed to share information about their work and priorities, with a view to avoiding duplication and encouraging cooperation and support. This report therefore also provides a copy of the Healthwatch Dorset Annual Report for 2017/18 and enables Members to consider the priorities chosen by Healthwatch for 2019, whilst recognising the changes that will take place to the Committee's structure following the establishment of the new Authority on 1 April. It is suggested that Members defer detailed discussions about the Health Scrutiny Committee work programme which

	normally take place at this time of year, until their first meeting under Dorset Council.
Impact Assessment:	Equalities Impact Assessment: Not applicable.
	Use of Evidence: Minutes of Dorset Health Scrutiny Committee; notes from LGA development workshop; report by Healthwatch Dorset.
	Budget: Not applicable.
	Risk Assessment: Current Risk: LOW Residual Risk: LOW
	Other Implications: None.
Recommendations	1. That Members note the content of the DHSC Annual Report and agree that it is a true record of the work of the Committee from 1 April 2017 to 31 March 2018; 2. That Members note and comment on the Healthwatch Dorset Annual Report 2017/18 and work priorities for 2019 and consider how the work of the Committee may support those priorities; 3. That Members agree to defer detailed discussions regarding the Committee's work programme for 2019, until their first meeting under the new Dorset Council.
Reason for Recommendations	To maintain a record of the work of the Committee and to provide a summary for those who are interested in that work. To support the role of Healthwatch Dorset and to ensure that the Committee is aware of the priorities identified. To enable the Committee to fulfil its duties under the new Dorset Council after 1 April 2019.
Appendices	1. Dorset Health Scrutiny Committee Annual Report 2017/18 2. Healthwatch Dorset Annual Report 2017/18
Background Papers	Minutes of Dorset Health Scrutiny Committee: https://dorset.moderngov.co.uk/mgCommitteeDetails.aspx?ID=142
Officer Contact	Name: Ann Harris, Health Partnerships Officer Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk

Appendix 1

Dorset Health Scrutiny Committee Annual Report 2017/18

1. The role of the Dorset Health Scrutiny Committee

1.1 The Dorset Health Scrutiny Committee (DHSC) operates under the provisions of the National Health Service Act 2006 governing the local authority health scrutiny function and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, which came into force on 1 April 2013. Guidance to support Local Authorities was subsequently published by the Department of Health in June 2014[1].

1.2 The Committee currently comprises 12 elected councillors, six representing Dorset County Council and one from each of Christchurch Borough Council, East Dorset District Council, North Dorset District Council, Purbeck District Council, West Dorset District Council and Weymouth and Portland Borough Council.

1.3 The terms of reference for the Committee reflect the Regulations for Health Scrutiny and the Guidance published by the Department of Health. However, the broad remit of the Committee continues to be that it:

- Works in partnership with local health service providers and the public to improve health and wellbeing in Dorset;
- Makes constructive recommendations for improvement;
- Looks at areas or groups of people in the community who suffer from worse health than others and considers how this inequality can be improved;
- Considers and comments on major developments or changes (substantial variations) by the local NHS that will affect people in Dorset.

1.4 This report provides a summary of the work undertaken by DHSC from 1 April 2017 to 31 March 2018, reflecting on what has been achieved.

2. Dorset Health Scrutiny Committee meetings

2.1 The DHSC met formally five times during the year April 2017 to March 2018: 10 July, 4 September, 13 November and 20 December 2017, and 8 March 2018. The Committee received and scrutinised a wide range of formal reports, presentations and briefings from organisations such as NHS Provider Trusts and Commissioners, Healthwatch Dorset and Dorset County Council. Some of the key items discussed are highlighted below.

Mental Health Services

2.2 The Committee received a number of reports linked to mental health issues over the year, as follows:

[1] Local Authority Health Scrutiny: Guidance to support Local Authorities and their partners to deliver effective health scrutiny: https://www.gov.uk/government/publications/advice-to-local-authorities-on-scrutinising-health-services

- A report of the findings following an inspection by the Care Quality Commission (CQC) of Dorset Healthcare University NHS Foundation Trust's Substance Misuse Services was presented in July 2017. The Committee congratulated the Trust on having achieved a 'good' rating for its services and noted the actions that had been suggested and the implementation plan;
- A report was presented to the Committee in March 2018 regarding the outcome of an Inquiry Day which had been hosted by the Dorset County Council People and Communities Overview and Scrutiny Committee in December 2017. Following the restructure of the Council's Overview and Scrutiny Committees in 2016, there has been a greater focus on member-led reviews such as this and a drive towards increased liaison between Committees, where areas of interest overlap. The Chair of the Health Scrutiny Committee was therefore invited to the Inquiry Day and it was agreed that the outcomes would be shared in due course. The report highlighted the key issues that had been raised (the need for consistency, accessibility, a more positive profile for mental health and more person-centred recovery support) and set out the plan going forwards. It was reported that new models of care were being developed and further reviews of services, including dementia support, were to be undertaken.

Primary Care, Community Services and Acute Care Provision

2.3 The Health Scrutiny Committee has also considered a number of reports over the past year in relation to primary care services, community services and the system-wide Sustainability and Transformation Plan, looking in particular at new ways of working and integration:

- In September 2017 NHS Dorset Clinical Commissioning Group (CCG) provided an update report (following previous reports in December 2016 and March 2017) detailing the on-going evolution of primary care services (general practitioners) and the links to community hubs. Different ways of delivering services, including mergers and joint-working between surgeries and hospitals, were being developed and workforce planning continued. Members expressed concerns about transport and accessibility of surgeries in some areas and queried the location of the planned hubs. The CCG stressed that they were working with GPs (and others) to look at transport and access and that services would not close before plans were in place for patients to continue to receive services;
- In March 2018 Members received a presentation from the CCG regarding proposals for an Integrated Urgent Care Service. The changes would offer features such as an improved NHS 111 Service, more efficient GP out of hours facilities, direct booking into Urgent Treatment Centres and, in time, access to on-line GP consultations. The service would have a partnership approach and was subject to a procurement exercise (with the contract to commence in April 2019);
- The implementation of the local Sustainability and Transformation Plan is led by the CCG and in September 2017 they provided the Committee with an update highlighting the key work streams within the plan, governance matters and progress so far. It was reported that the work sitting under the five enabling portfolios was progressing at different pace across the system, as a result of the need to wait for key decisions to be made regarding the Clinical Services Review later that month. The portfolios were: One Acute Network; Integrated Community and Primary Care Services; Prevention at Scale; Digitally Transformed Dorset; and Leading and Working Differently. Members heard about specific projects, challenges and the national drive for different models of care, supporting more people in the community.

The Clinical Services Review

2.4 Although formal scrutiny of the Clinical Services Review (and Mental Health Acute Care Pathway Review) must, in line with Regulations, be devolved to the Joint Health Scrutiny Committee, Dorset Health Scrutiny Committee Members have maintained a close interest in the matter. An update report is therefore included on the agenda at each DHSC meeting. In November 2017 a report was presented outlining the response from the CCG to recommendations which had been made by the Joint Committee, following a meeting on 3 August. Those recommendations related to the outcome of the CCG's Governing Body meeting held on 20 September, at which key decisions were made with regard to the future provision of health services in Dorset.

2.5 In addition to the update report, three questions and three statements concerning the Clinical Services Review had been submitted to DHSC by members of the public. The representations requested that, in light of concerns that the public had, DHSC refer the matters to the Secretary of State for Health. Following discussion, it was agreed that DHSC would make a referral, pending a meeting of the JHSC to seek their view, which was to be arranged as soon as possible.

2.6 The JHSC met on 12 December and considered the decision made by DHSC to submit a referral. On balance, the members of that Committee decided not to support the decision, and this was subsequently fed back to DHSC on 20 December 2017. DHSC Members considered the discussions that had taken place at the Joint Committee and heard evidence from NHS Dorset CCG and a range of representatives from the local acute hospitals, ambulance services, community health services and general practice. The rationale for the changes was emphasised along with view that they would benefit Dorset's residents.

2.7 Members discussed whether to proceed with a referral, based on the additional information that had been provided and on the advice that a referral was unlikely to meet the necessary criteria. By a majority vote, Members resolved not to proceed, but to support the proposed further scrutiny of ambulance services and emergency transport, in relation to the changes to be implemented under the Clinical Services Review.

2.8 In March 2018 an update report to DHSC restated the outcome of the Joint Committee meeting on 12 December and the subsequent DHSC meeting on 20 December, at which Members had resolved not to proceed with a referral to the Secretary of State for Health and Social Care, but to support further scrutiny of emergency transport by a Joint Committee to be hosted by the Borough of Poole. However, reflecting the views of public participants at the meeting, some Members felt that the Committee had failed to fully scrutinise the CSR proposals and whether they were 'in the interests of the health service' in the area, and suggested that the decision to make a referral to the Secretary of State should again be reviewed. Following discussions, it was agreed that a task and finish group of five Members would be established to collate wider evidence and determine whether the criteria for a referral would be met. The group met for the first time in July 2018 and subsequently reported back to DHSC with recommendations once their work was completed. *(Update: On 17 October 2018 DHSC considered the recommendation of the Task and Finish Group that a referral should not be made to the Secretary of State. By a majority vote, Members rejected the recommendation and decided to proceed with a referral, and this was done on 5 November 2018. At the time of reporting the outcome was awaited.)*

3 Review – End of Life Care in Dorset

3.1 Following a commitment under their annual work programme, in November 2017 the Committee considered a multi-agency presentation and report about the provision of end of life care in Dorset. Members heard from representatives of the CCG, the community services provider (Dorset HealthCare), the acute care provider (Dorset County Hospital) and the local Hospice (Weldmar) about current services, challenges and plans for the future.

3.2 Members raised concerns about communications between agencies, the provision of urgent equipment, access to IT systems where information needed to be shared, funding arrangements and workforce issues. Members were reassured to hear of on-going work in relation to improving access to information systems and the session provided a useful opportunity for the presenters to hear of some of the difficulties that arise in the community, which they resolved to take back to their working groups.

4. Joint Health Scrutiny Committees

4.1 Two Joint Health Scrutiny Committees are currently in place, but only one met in 2017/18. Dorset Health Scrutiny Committee appoints three Members on an annual basis to each of these Joint Committees. The first (scrutinising the Clinical Services Review and Mental Health Acute Care Pathway Review) is hosted by Dorset County Council, the second (scrutinising services provided by South Western Ambulance Service NHS Foundation Trust) is hosted by the Borough of Poole.

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

4.2 NHS Dorset CCG commenced a Clinical Services Review (including Integrated Community Services) in October 2014, followed by a parallel but separate Mental Health Acute Care Pathway Review. As the Reviews cover Dorset, Bournemouth and Poole and affect residents in Hampshire and Somerset, a Joint Committee was convened to include members from each of the five Local Authorities, and met for the first time formally in July 2015. During the year 2017/18 the Committee met twice.

4.3 In August 2017 the Joint Health Scrutiny Committee (JHSC) met to review the outcomes of public consultations into the Clinical Services and Mental Health Acute Care Pathway Review that had been undertaken by the CCG. Following the meeting, the minutes were used as the basis for a formal response from the Joint Committee to the CCG, regarding their view of the outcomes. The response included a series of recommendations centred around service provision, the consultation process and implementation of any agreed proposals. The CCG subsequently responded to those recommendations and set out the actions that they would take.

4.4 In December 2017 an urgent meeting of the JHSC was convened to respond to concerns that had been raised through public statements and questions at a meeting of Dorset Health Scrutiny Committee (DHSC) on 13 November 2017. Those concerns particularly related to the impact of changes on residents living in the Purbeck area, with access to emergency treatment foremost. The Joint Committee met to consider its position (in accordance with governance) in relation to a decision by DHSC to make a referral to the Secretary of State for Health. The Joint Committee received presentations and evidence from the CCG and a range of providers, including the acute hospitals, community health services and general practice. Members recognised the concerns raised, in particular noting the

difficulties in relation to emergency access to acute and maternity services for some individuals. However, a majority of Members voted not to support the decision by Dorset's Members to make a referral to the Secretary of State, proposing instead that detailed scrutiny of emergency ambulance services would be more appropriate and beneficial. It was agreed that this detailed scrutiny work would be undertaken by the Joint Committee which had originally been established to look at the NHS 111 service provided by South Western Ambulance Service NHS Foundation Trust (SWAST).

5 Healthwatch Dorset

5.1 Healthwatch Dorset continue to attend Dorset Health Scrutiny Committee meetings to provide the perspective of the customer voice, contributing to discussions and to the planning of the work programme.

5.2 In September 2017 the Vice-Chair (Margaret Guy) presented their annual report, outlining the projects that Healthwatch Dorset had undertaken during the previous year, looking at both health and social care. In addition, the work of the organisation in relation to the Clinical Services Review and the CCG's Sustainability and Transformation Plan was highlighted and Members noted the on-going nature of their role in promoting customer engagement and meaningful involvement.

6 Task and Finish Groups

Quality Accounts

6.1 Task and Finish Groups consisting of the Chair, Vice-Chair and a Trust Liaison Member appointed annually, met twice during the year 2017/18 to consider Quality Account reporting by the two main provider Trusts operating within the County: Dorset HealthCare University NHS Foundation Trust and Dorset County Hospital NHS Foundation Trust. These meetings offer an informal opportunity for the Trusts to share information and to report progress against national and local performance targets, and for the Groups to explore any concerns and gain an understanding of particular context and/or pressures.

6.2 The Trusts are required, under the Health Act 2009 and under amendments within the Health and Social Care Act 2012, to submit their Annual Quality Accounts to the Secretary of State (Department of Health) and the submission must be shared with local Scrutiny Committees, who are invited to comment. In July 2017 the DHSC received a report regarding the final submissions, sharing with the Committee the commentary provided by the Task and Finish Groups. The content of that report and the full commentary can be found at agenda item 24 here: https://dorset.moderngov.co.uk/ieListDocuments.aspx?CId=142&MId=1009&Ver=4

7. Local Government Association development workshop

7.1 In September 2017 the Committee took up an offer by the Local Government Association to facilitate a development workshop, to help Members to think about what the Committee does and how it does it; to look at how the Committee works with the public and organisations; and to consider priorities within the next year's work programme.

7.2 The workshop helped Members, a number of whom were new to the Committee, to understand the legal context underpinning health scrutiny and the national and local context of health services. The skills and information that Members need were considered, along with the variety of ways that such a Committee can operate.

7.3 The development of the annual work programme was also discussed, looking at the priority areas that Members wished to focus on, alongside the priorities that had been identified by other Committees within the Council and Healthwatch Dorset. Giving due regard to the rationale behind each priority and what could be achieved via scrutiny, it was agreed that the following four topics would be reviewed during the coming year: Child and Adolescent Mental Health Services; Suicide prevention; Health and housing; and Transport for health. These topics were subsequently confirmed at Committee on 13 November 2017, and lead Members were appointed to work with the Health Partnerships Officer and officers from relevant organisations to develop plans for delivery of the reviews.

8 Minutes, agendas and Committee membership

8.1 The minutes for all Dorset Health Scrutiny Committee meetings can be found at: http://dorset.moderngov.co.uk/ieListMeetings.aspx?CommitteeId=142

8.2 The minutes for the Joint Health Scrutiny Committee scrutinising the Clinical Services Review and Mental Health Acute Care Pathway Review can be found at: http://dorset.moderngov.co.uk/ieListMeetings.aspx?CommitteeId=268

8.3 The minutes for the Joint Health Scrutiny Committee scrutinising NHS 111 Services can be found at: http://ha2.boroughofpoole.com/akspoole/users/public/admin/kab71.pl?cmte=HES

8.4 Details of the current membership of the Committee and terms of reference can be found at: http://dorset.moderngov.co.uk/mgCommitteeDetails.aspx?ID=142

Ann Harris
Health Partnerships Officer, Adult and Community Services
November 2018

Appendix 2

Healthwatch Dorset Annual Report – Please see PDF

This page is intentionally left blank

healthwatch Dorset

A Year In Review
Annual Report 2017-18

Contents

Who we are	3
A message from our Chair	4
The year at a glance	5
Your views on health and care	6
Making a difference together	10
It starts with you	15
Helping you find the answers	18
Our plans for next year	22
Our finances	24
Contact us	25

Who we are

Healthwatch Dorset is one of 148 local Healthwatch organisations in England. We support local people to have a say in how health and social care services are designed and delivered. We take people's views and experiences to decision-makers (health and social care commissioners and providers) to share what people think is good and what is not good. And we work with them to make improvements.

We also provide people with information and advice about local health and social care services, helping them to find their way round the system and making them aware of their rights and the choices available to them.

The Healthwatch Dorset service is delivered by a partnership between three well-established local community organisations: Help & Care, Citizens Advice in Dorset and Dorset Race Equality Council. Together they have formed a new social enterprise, Healthwatch Dorset Community Interest Company (CIC).

Healthwatch Dorset CIC Board

Healthwatch Dorset CIC has a Board made up of Executive Directors (appointed by the three organisations) and Non-Executive Directors (volunteers chosen from local communities). The Board has responsibility for our governance arrangements and provides strategic direction on our priorities. More information about individual Healthwatch Dorset Board members and staff (along with their photos) can be found on our website.

Members of the Board attend the Councils' Health and Wellbeing Boards, Health and Social Care Overview and Scrutiny committees and other health forums, ensuring that decision makers are made aware of local people's concerns. The Board encourages health and social care organisations to communicate their proposals to local people clearly and concisely, avoiding jargon. This year the Board has spent time scrutinising, questioning, and raising local people's concerns about Dorset Clinical Commissioning Group's proposals in the Clinical Services Review.

Our vision

To be the independent voice of the people

To be a high quality organisation that is well-known, independent, trusted and accessible to everyone across Bournemouth, Dorset and Poole.

To be influential and respected by decision-makers and service providers.

Our Mission

To support people by providing an Information and Signposting Service for those who use health and social care services.

To engage with and reach out to local people, communities, groups and organisations to encourage them to provide feedback on local health and care services.

To use local people's experiences and views to influence providers and commissioners of health and social care services.

A message from our Chair

Joyce Guest (Healthwatch Dorset Chair) with Frank Bruno

Where does the time go? Another year, and we are as busy as ever ensuring the voices of Dorset residents are heard by our health and care professionals. This is an important time for us with our contract ending in March 2019, so we will be working on our tender hoping we will be recommissioned.

Mental ill health is still our number one priority. The highlight of the year for me was meeting Frank Bruno, the former boxer, at Bournemouth University discussing how he continues to overcome his mental health issues through exercise, refusing medication. He gave a passionate delivery and received a standing ovation. At the same event I met young people who, with help from us and the University, had produced their own video #LifeUnfiltered examining their life experiences, providing more real stories for health and care decision makers.

Another highlight was receiving three highly commended awards at the National Healthwatch Conference in Nottingham. Jane Mordue, Chair of Healthwatch England, said "Healthwatch Dorset have worked hard to reach every area of the community to make sure people know where to go to get information about health and care".

We continue to make an impact with our volunteer champions carrying out mystery shopping surveys of GP Practices. This identified patient registration difficulties for those with no fixed address, large variations in waiting times to see a GP and out-of-date information about surgery opening times. Our report has been sent to Dorset Clinical Commissioning Group (CCG) and all the GP practices in Dorset. The CCG has responded, setting out how they are supporting GP practices in Dorset to implement our recommendations.

The "Baby Steps" report highlighted the experiences of over 100 local women and their families in Dorset using maternity services - both good and bad. We are delighted that the maternity services have accepted our recommendations for change and we look forward to helping them make future experiences even better.

Our "Fobbed Off" report has also had an impact with all the hospitals involved and Royal Bournemouth Hospital are changing their complaints procedure as a result.

We had over 100 applications to our "Community Investment Fund" this year. If only we had more resources to help all the worthwhile ideas. We had a difficult time selecting 17 projects and I am looking forward to hearing about the success of the projects we are supporting.

We have continued to work with Dorset Clinical Commissioning Group on the Clinical Services Review and we are pleased that they have taken note of the concerns of local people - but there is still a long way to go.

Praise to the Healthwatch Dorset team who continue to be enthusiastic, innovative and inspirational in their work. Thanks to them, the Board and the volunteers for another great year where we have made a real difference for local people and we hope we will continue to do so.

The year at a glance

This year we've reached 124,000 people on social media

Our hundreds of volunteers help us with everything from mystery shopping services to writing blogs

We've visited **26** local services

Our reports have tackled issues ranging from maternity services to GP services

We've spoken to **3285** people

We've given **2196** people information and advice

Your views on health and care

Survey highlights mums' experiences of maternity care

Healthwatch Dorset has carried out a survey of mums and their families, to find out what they think about Dorset's maternity services.

To add to the feedback the NHS in Dorset had already gathered, Healthwatch Dorset focussed particularly on people from varied ethnic and cultural backgrounds. We gathered the views of over 100 people through a Facebook survey, two public events and face-to-face meetings with people who work with people with disabilities and with vulnerable women who have experienced homelessness, domestic abuse or sex trafficking and refugees, and meetings with groups of young parents at a Children's Centre. We also made phone calls and email contact with black, Asian and minority ethnic (BAME) community groups.

"While much of the feedback about the NHS maternity staff was very positive, there were some people who felt patronised and that they weren't listened to or respected", says our report, entitled "Baby Steps".

A member of the travelling community said they had been told not to 'bring your big family' and that a security guard was called when they raised concerns about being treated fairly. The Muslim Contact group mentioned that 'Regarding [the women's] faith and their will to wear the headscarf during labour (as there may be a male present), midwives and other staff did not understand why the ladies would want to wear (the headscarf) and why they did not want male doctors (and other staff) in the room whilst in full labour'.

There was a general feeling from young parent respondents (aged 17-21 years) that the health visitors can be a bit 'old school' and 'judgemental' and 'they need to try to understand young mums more'.

And a woman from Eastern Europe, who had previously been sex-trafficked said: 'I don't mind talking to the police, they understand I'm the victim, but when I speak to the social workers and midwives they think I'm the one that's bad'.

The report makes 12 recommendations to Dorset's maternity services, including providing better support for breastfeeding, home support and assistance for people with complex needs.

Joyce Guest, Chair of Healthwatch Dorset, said: "Our project was about listening to people who don't always have the loudest voice. We're delighted that our local maternity services have accepted all of the recommendations in our report and we look forward to seeing the actions they take in response, to make maternity services across Dorset even better."

To find out more, and to download both Healthwatch Dorset's report and the response to it from local maternity services, click here.

An interview with Gwen Scolding, our Project Lead for Baby Steps

What's it like to work with Healthwatch Dorset?

In my previous community work I wrote reports but never knew if they had any impact. What excited me about working with Healthwatch Dorset was that I knew my work would be read and acted upon - there's a real potential for change.

What did you learn from working on this project?

I learned a lot, as you always do when you speak to a range of people from a variety of backgrounds. I met people from different communities and listened to their experiences. Most of the feedback was incredibly positive which reflected my own experience of local maternity services. However, I also learned that there are many people out there who require more support due to their individual circumstances, and some small changes could make a big difference to their overall healthcare experience.

Did it affect your own recent experience of maternity services?

At the beginning of this project I found out I was pregnant with my second child, which gave me an extra insight into recent procedures and made it easy for me to talk to other parents as I was in the same situation. I have to say that my maternity experience in Bournemouth was brilliant, but it's been interesting to reflect on my own access to services along the way, and consider how this might differ for other people from different circumstances.

What did you enjoy most?

I really enjoyed the Mini Moments events we ran in the Sovereign Centre, Boscombe. They gave me the opportunity to talk to people in a relaxed environment and to help parents meet other local parents. I was overwhelmed by how many different backgrounds were represented at those events; people from all over the world chatting openly about their experiences. I really enjoyed gathering people's views in a fun way, providing crafts & games for the children and giving parents the chance to reflect on their recent maternity experiences.

How do you feel about the report "Baby Steps"?

I feel really pleased that the report reflects the experiences of such a variety of people throughout Dorset, and I think it's great that the NHS have listened to these views and have responded. This can be quite empowering for people. Healthwatch Dorset has been able to give a voice to those people who deserve to be considered.

If you could change one thing about maternity services, what would it be?

Specific changes would help different people, as the report shows. Really I'd like everyone to have the maternity experience that I had recently, and the best way to try and make this happen is to ensure that equality is always a priority.

While Gwen is on maternity leave, we are pleased to welcome Ebi Sosseh as our Equality & Diverse Communities Officer.

(Left: Gwen and Amelie)

Turning the spotlight on young people's mental health

Students from Weymouth College worked with Healthwatch Dorset to turn the spotlight on young people's mental health.

In September 2017, Dorset HealthCare NHS Trust hosted a day of events focusing on children's and young people's mental health. And, thanks to Healthwatch Dorset, local young people were able to share their first-hand perspectives.

A group of students from Weymouth College took part in a workshop, led by Healthwatch Dorset, asking "what is mental health?".

They discussed what they think the NHS, education and care services can do to help raise awareness of the issues, and the kinds of support young people need.

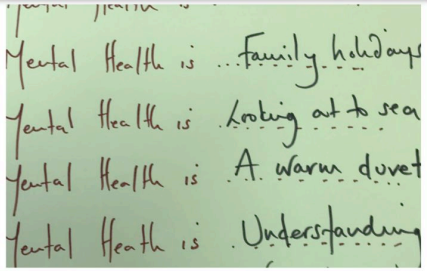
We made a film of the workshop on the day, which was shown to other guests at the end of the day.

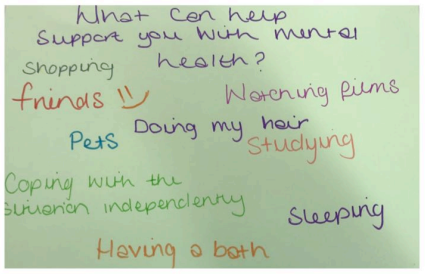
Martyn Webster, Healthwatch Dorset Manager, said: "This was a great opportunity for young people to share their experiences and views on mental health issues, and make a real difference to local services.

"Everyone who saw the film at the end of the day was affected by their insights and the power of their personal stories."

Since the workshop, Healthwatch Dorset and Dorset HealthCare NHS Trust together have been taking forward the insights gained and making sure that they become an integral part of the planning for the future of services in Dorset.

This is the film made on the day (click on it to watch):





Making a difference together

Concerns over ID request at GP practices after mystery shopper exercise

Vulnerable people in Dorset are at risk of being excluded from the care they are entitled to because they're being asked for ID when joining their local doctor's surgery, it is warned.

It comes after a 'mystery shopper' exercise on GP practices by Healthwatch Dorset volunteers acting as "mystery shoppers".

The aim was to explore whether new patients are facing barriers registering by having to provide photo ID.

Whilst identification can be requested and is preferred, it is not required and registration should not be refused on this basis.

Figures for Dorset show that, in total, 88 practices wanted some sort of identification (either photo ID or proof of address) before a patient could register with them. Only seven surgeries said no identification was required. One was not accepting new patients and one declined to give information.

Four practices advised that patients "must have" photo ID in order to register and 23 practices advised that proof of address or another form of ID was required if no photo ID was available.

Healthwatch Dorset is concerned that by asking for identification some patients may incorrectly assume that it is compulsory to provide it, when it is not.

As a result of our investigation, we have made four recommendations to GP practices in our report, including that practices either adopt a policy of not asking for any identification at all, or that they ensure all staff are adequately trained to explain to newly registering patients that identification is preferred but not essential. We also recommend updating their practice information.

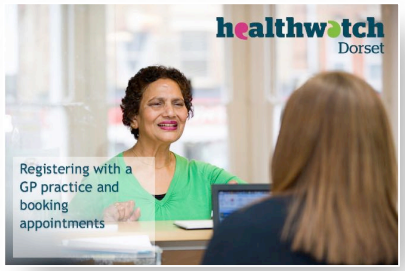
Healthwatch Dorset Manager Martyn Webster said:

"Patient satisfaction with GP services is high, but at the same time some people find difficulty actually getting those services in the first place. This has been highlighted by the 'mystery shopper' project.

"Although NHS England states 'you should not be refused registration or appointments because you don't have a proof of address or personal identification', we discovered that, for example, out of the 97 GP surgeries in Dorset only seven did not require ID or proof of address to register a patient.

"This has an impact on people generally, but also particularly on a number of potentially vulnerable people, including former armed forces members, students in temporary accommodation, older women and people who are homeless."

Dorset Clinical Commissioning Group (CCG) has responded to Healthwatch Dorset's report, setting out how they are supporting GP practices in Dorset to implement Healthwatch Dorset's four recommendations.



Both Healthwatch Dorset's report and Dorset CCG's response can be read on this page on Healthwatch Dorset's website: https://www.healthwatchdorset.co.uk/resources/reports

The Critical Friend

Local Healthwatch is independent of both the NHS and local councils, and our our role in relation to them is often likened to being a "critical friend". We want all those organisations to be providing the best possible services for the local population. When the local NHS or local authorities propose significant changes to services, they have a legal duty to involve the public. We monitor how they do that. We also advise them on how to make their consultations as effective as possible.

We publicise consultations when they take place and encourage local people to get involved. We also attend any public meetings being held, so that we can hear what views are being expressed.

But that does not mean we support the proposed changes to health or care services. Our interest is in making sure the public is informed, can have their say and that their views are recorded and taken into account when final decisions are made about service changes.

Among the general public, there will be lots of different views about any proposals for changes to health or care services and what the priorities should be. Our interest is in trying to get all views heard - but we don't express a preference ourselves. Nor do we support any one campaign group rather than another.

There are numerous examples of how we fulfil this role, some of them public and reported in local media, and some of them behind the scenes. We have taken, and will continue to take, an active interest in the many proposals for changes and developments to local services in recent years – notably the Dorset Clinical Services Review (CSR), the Dorset Sustainability and Transformation Partnership (STP) and the Dorset Integrated Care System (ICS). And we have stood up for the rights of local people to have their say and to be heard.

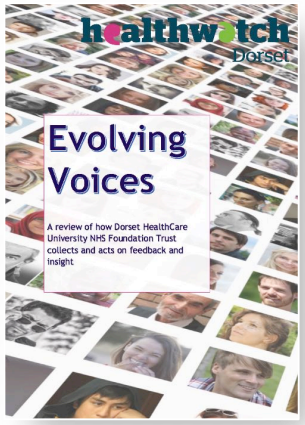
Evolving Voices

Over the past year, we have been commissioned by Dorset HealthCare University NHS Foundation Trust to carry out a review into the effectiveness of the Trust's arrangements for systematically collecting and acting on service user feedback and insights, including participation and engagement opportunities.

Our review involved us both reviewing current policy and practice and meeting face-to-face with 38 teams of staff.

The Trust is the largest single healthcare provider in the county. It is a diverse and complex organisation, employing over 5,000 staff and delivering community and mental health services from over 300 sites through almost 400 teams.

What we found is that the Trust is doing a great deal to gather feedback and insights, but it could improve the ways this is done - and how the resulting information is recorded and used to drive forward improvements to services. Our findings are set out in a report entitled "Evolving Voices", which includes a number of recommendations for how the Trust could take forward our findings.



The Trust has responded to the report, and both documents will be on our website here.

Andy Willis, Chair, Dorset HealthCare University NHS Foundation Trust, said "I'm pleased that we've worked closely with Healthwatch Dorset this year to look at how we use patient feedback to improve our services. It's vital that the voice of patients is at the centre of everything we do and the Evolving Voices report will help us to improve the way we use the valuable insight we receive."

Making more voices heard

We are particularly keen to hear from people whose voices aren't as loud, or as often heard, as others. To help us achieve this goal, we set aside funding to support local voluntary and community group projects which help us to reach communities and people with "protected characteristics", as defined in the Equality Act 2010. That means working with, for instance, people from varied ethnic and cultural backgrounds, people with disabilities, people of different sexual orientations and people with varied beliefs.

Through our Community Investment Fund, we gain knowledge and understanding of more people's experiences of local services, and the groups we work with are able to do more and also, in some cases, become more sustainable as our support leads to funding from other bodies too.

Over the last 18 months we've funded and supported 14 local projects, covering a wide range of communities, from school and disability groups to homeless support and carers' groups.

You can read a short report on what those projects did, and what we learned from them, by clicking here.

In February and March 2018, we launched a new round of funding and invited interested groups to send in short descriptions of their project ideas and the amount of funding they were asking for.

"We had over 100 applications from local groups and projects, ranging from support for baby & toddler groups, dementia awareness, long-term health conditions, carers, homelessness and mental health," said Healthwatch Dorset Chair Joyce Guest.

"Every one of them had great ideas and we would have loved to have been able to support them all. It was really difficult to choose between them. In the end we stretched the funds we had available from £10,000 to over £11,000 and we've chosen 17 different projects which will work with a diverse range of people right across the county."

The 17 projects that will be supported include a Cake Concert for people with dementia in Blandford, crèche facilities at a mental health support group in Poole and an art project for people living with cancer in the Purbecks.

One of the successful applicants, Eileen Franklin from Harlequin Care, said: "It was just so easy to apply, no complicated forms to fill in and Healthwatch has been so helpful. I wish more community funding took this approach. We've been unable to apply for grants in the past because we're a small group without a professional fundraiser."

You can see the full list of projects we are supporting in 2018 by clicking here.

Supporting patients to have a voice in GP practices

Under the banner of Wessex Voices (a partnership between local Healthwatch in Dorset, Hampshire and the Isle of Wight and NHS England in the region), we held a conference for members of Dorset GP practices' Patient Participation Groups (PPGs). Over 90 people attended, from across the county.

The purpose of the conference was to:

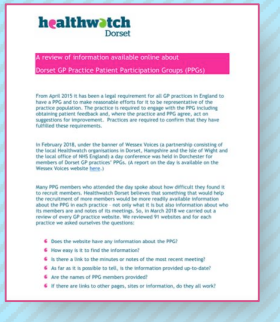
- Share information and knowledge about PPGs and how they fit in to the bigger picture
- Bring people together from across the county to share ideas and experiences on how to make PPGs successful
- Enable people from PPGs to network and to develop ongoing working relationships
- Look at what is working well and what could be improved
- Provide an opportunity to access practical help and advice.

Feedback was very positive: "*A really good event, a great opportunity to meet lots of people & share ideas*".

Many PPG members who attended the day spoke about how difficult they found it to recruit new members. Healthwatch Dorset believes that something that would help recruitment would be for there to be more readily available information about Patient Groups in each practice. So, our volunteers carried out a Mystery Shopping exercise and reviewed what information was available on every GP practice website.

We found that in 73% of practice websites the names of PPG members were not published and that in 63% of the practice websites there was no link to the notes or minutes of the PPG.

We have put our findings into a short report, which has been shared with all GP practices in Dorset and can be found here.


healthwatch Dorset

A review of information available online about Dorset GP Practice Patient Participation Groups (PPGs)

In February 2018, under the banner of Wessex Voices (a partnership consisting of the local Healthwatch organisations in Dorset, Hampshire and the Isle of Wight and the local office of NHS England) a day conference was held in Dorchester for members of Dorset GP practices' PPGs. (A report on the day is available on the Wessex Voices website here.)

Many PPG members who attended the day spoke about how difficult they found it to recruit members. Healthwatch Dorset believes that something that would help the recruitment of more members would be more readily available information about the PPG in each practice - not only what it is but also information about who the members are, what they do and when they meet. So, in March 2018 we carried out a review of every GP practice website. We reviewed 91 websites and for each practice we asked ourselves the questions:

- Does the website have any information about the PPG?
- How easy is it to find the information?
- Is there a link to the minutes or notes of the most recent meeting?
- As far as it is possible to tell, is the information provided up-to-date?
- Are the names of PPG members provided?
- If there are links to other pages, sites or information, do they all work?

In the report, we recommend that good Practice would be for all GP practice websites To include accessible and up-to- date information about their PPG, including:

- A clear explanation of what the PPG is, what it is for, what it does and how to join
- Any Terms of Reference
- In practices which have a PPG which meets physically (in addition to or in place of a virtual group) a current list of members of that group, including identifying any who hold particular roles (e.g. Chair, Secretary)
- Information about how to contact the group
- The notes or minutes of at least the most recent meeting of the group
- The most recent annual declaration from the practice evidencing that they have engaged with their PPG throughout the year and have made available to the practice population the feedback given by the PPG, including actions and reports - including where the practice has acted on suggestions for improvement.


it starts with
YOU
Poppy
Things that Make me happy....
Mummy
Daddy
Me
Doughnuts
Custard + Animals
My Birthday
Christmas
cooking + Eating
Fish, chips and Curry Sauce.
Snow
Ice cream with a flake.
Easter
climbing
Halloween
Theme Parks

"If just one young person sees this film and it helps them then it's worth it. I'm really proud to have been involved"

Siobhan, Healthwatch Dorset Champion

Following on from our children & young people's creative project, "Be Yourself", we worked on a film this year, made by young people for young people, called #LifeUnfiltered.

The aim of the film is to raise awareness of, and reduce the stigma of talking about, mental health. Since the launch on World Mental Health Day in October 2017, it's been watched over 12,000 times on YouTube and shown in schools, colleges, youth clubs and community events across Dorset.

The young people who developed the film have big aspirations for it and we've recently produced a new interview film with everyone involved; Bournemouth Uni, Dorset Mind, Dorset Mental Health Forum & Dorset Healthcare NHS Trust where we talk about the project and the impact it's had so far.

Interview with Siobhan, Healthwatch Dorset Champion

How did you meet Healthwatch Dorset?

I was at a local mental health support group, REACH, and they suggested I go to a meeting about a new young people's film project. That's where I first met Louise from Healthwatch Dorset.

What made you get involved in #LifeUnfiltered?

When I was 17 I got really depressed and started self harming and thinking about ending my life. I ended up spending time in various Psychiatric Intensive Care Units around the country. I was discharged when I was 18, but that made my mental health even worse, and I went into St Ann's Hospital as an adult. When I got out I wanted to do something to help young people get the right support and not end up where I did. So this project came along at just the right time for me.

What impact has #LifeUnfiltered had on you?

It's given me so much confidence, I didn't believe in myself at all when I started the project. I couldn't talk in front of the rest of the group to start with, I would write things down and Louise would say it for me until eventually I felt strong enough to speak up. My mum says I'm like a different person from who I was last year.

Before I was feeling so hopeless and thinking what's the point, but now I have hope for the future.

I started DBT therapy 6 months ago and I've recently been accepted onto an access course for a degree in art history, starting in October 2018, to help me get my dream job as a curator in a museum. I still struggle with my mental health but now I feel able to reach out to my friends and family and ask for help. So hopefully I won't go all the way back to that really dark place.

"Healthwatch Dorset are the most helpful group of people I've met. If you get a chance to work with them, even if it's just to share your story or take part in a promotion stand, I'd encourage everyone to do it."

Thank you to Siobhan and all the young people & groups who took part in #LifeUnfiltered and helped raise awareness of young people's mental health issues in Dorset.

When I learned about the tremendous work Healthwatch Dorset does supporting local people to have their say on how health care and social care services are delivered and ensuring their voices are heard by service providers, it seemed a natural progression to become a Healthwatch Dorset Champion myself, to promote their work and share information.

Sarah Holmes
Healthwatch Dorset Volunteer

Helping you find the answers

An interview with Weymouth & Portland Citizens Advice Healthwatch Dorset Lead, Ann McDonald

Tell us about your work at Weymouth & Portland Citizens Advice

I have several roles: I run weekly advice sessions in 3 local GP Surgeries and at Portland Community Hospital. I also do a weekly advice session at one of the local Children's Centres.

That sounds busy!

Yes – and the GP sessions in particular are very busy.

What sort of advice do people ask for at the surgeries?

Well, it can be anything. Often it is about benefits. It can also include advice about aids and adaptations at home, particularly if they are unwell and claiming Personal Independence Payment or Attendance Allowance. I do a lot of form-filling. I often see families and carers, as well as patients.

What sort of specific health or care questions do you get asked?

Recently someone with a learning disability asked about how to change their GP. They did not know if they could do this, but felt their current GP didn't really listen to them. I helped them with this process.

You are the Healthwatch 'Lead' in your office – what does this mean?

I keep the team up-to-date on health and care information and current Healthwatch issues. I always have a slot at the monthly staff meetings and I talk to the supervisors to make sure that they are helping advisers spot issues. I also go through the cases on our system where a health or social care issue has been logged, and put an anonymous summary of these issues onto the Healthwatch system so they can be used for Healthwatch's wider influencing work.

Do you think it's important that Citizens Advice is part of Healthwatch Dorset?

Yes. Some people won't know about Healthwatch, so we can highlight what is it, and make sure that their experience gets used to improve health and care services locally.

"People often don't know where to go for information or how to take action, such as make a complaint. They also want to know that someone is monitoring things and taking notice if things aren't working, which is why Healthwatch Dorset is so important"

Ann McDonald, pictured at her weekly advice session in Wyke Regis Health Centre, Weymouth

How we have helped people get better information and better services

Two examples of how we have responded to feedback about local services

Someone told us how they phoned the NHS 111 number because they were with a sub aqua diver who was experiencing symptoms of a decompression illness after a dive in Dorset. They needed advice, and quickly, as to where to take him for urgent treatment. The operator did not seem to know what decompression sickness was and advised them not to attend a hospital because it might be contagious. Realising the advice they were receiving was incorrect, they went straight to A&E, where they were sent on to The Diver Clinic in Poole, a 24/7 NHS-funded diver recompression and advice centre.

Our caller shared this experience with us because time is crucial with dive-related incidents, to avoid serious injury or death, so they wanted to make sure that people received the right advice & support in the future.

Healthwatch Dorset raised this with the NHS 111 service. As a result, they have now added the information about The Diver Clinic to their Electronic Patient Clinical Record Directory (the device used by frontline staff on scene with a patient) and their Directory of Services. NHS 111 staff now have access to better information and people who find themselves in the same position in future should get a quicker and safer service.

We were contacted by someone trying to get dental treatment at home for her mother-in-law, who is 97, frail, unsteady on her feet, prone to falling, has osteoporosis, arthritis, hypertension, is registered blind, and is housebound. She had two painful teeth remaining in her lower jaw which needed extracting to help her eat without pain.

She had great difficulty in finding any dentists who would make a home visit. Then…

- She called the Dorset Dental Helpline and was advised to call 111
- NHS 111 said the dentist who had done home visits had left and had not been replaced
- They told her to contact the Community Dental Team, which she did
- They told her to contact a certain clinic, who advised her there was a 6-month waiting list, but sent her a "Referral Pack"
- 10 days later, not having heard any more, she contacted both the NHS Community Services Trust and the Clinical Commissioning Group
- They referred her on to NHS England
- NHS England told her the case had been closed
- Feeling she had exhausted all other options, she arranged for a private appointment for her mother-in-law, which cost £450
- A month later, she received a letter from the dental clinic saying her mother-in-law had been placed on the waiting list
- A month later still, no appointment had been offered.

She told us: *"Six months to treatment without eating properly was not an option, but that was not how the local services saw it. Shame on them all".*

With the person's permission, Healthwatch Dorset took up this case with NHS England. In response, they expressed concern over the way things had been handled, about the signposting and advice the person had been given, and about the poor communication. They conducted an investigation directly themselves with the Community Trust and then sat down with us to talk through what steps were going to be taken to ensure that people in these circumstances would receive a better service in future.

"People don't know how to make their way through the system - even we find it difficult at times, with all our resources. The NHS and social care systems can be so complicated."

If you've got a question or need information about a local health or social care service, Healthwatch Dorset can help.

You can email us on enquiries@healthwatchdorset.co.uk or call our helpdesk on 0300 111 0102 to speak to someone.

Interview with Crystal & Lwanga, who work on the Healthwatch Dorset phone helpdesk

What is your role in Healthwatch Dorset?

Information & Support Workers - we are the people you speak to if you call Healthwatch Dorset on 0300 111 0102.

Sometimes people call in about one thing but there might be other aspects of their life that we can help with too - signposting people to volunteer opportunities if they're feeling isolated or putting them in touch with a local support group. A lady who rang in recently wanted to raise her concerns about a social care service - the situation had left her feeling really down and she didn't have the confidence to speak up for herself. We signposted her to a volunteer befriender who was able to go along to a meeting with her and give her some support - that made all the difference.

What's the most interesting question you've been asked?

"I'd like to donate my body to science - how do I do that?" The calls are so random sometimes - I was on the phone to the High Commissioner's Office in Spain recently to find out about health insurance. But most people just want clear information and someone to talk to.

What's the best part of your job?

People tell us that they're grateful to have someone to speak to - someone who listens and doesn't dismiss them. It's interesting work, we're always learning something new and it's really satisfying when you are able to help someone.

Our plans for next year

What next?

There are big changes coming for health and care services in Dorset. The plans are to have more services in the community, closer to where people live, and so reduce the number of times people have to go to hospital. To make that happen, there are proposed changes to how some services work at the moment. For example, Bournemouth Hospital will become a major emergency centre and Poole Hospital a major planned care centre (losing its A&E department, to be replaced by an Urgent Care Centre). Also, some GP practices in the county will be merged. Throughout this process, Healthwatch Dorset will focus on helping to ensure that local people have as much information as possible and that their views are heard and taken into account by services when planning and making changes.

We're also going to be talking to people who have been inpatients in hospitals about what their experience was of being discharged – in particular, whether effective arrangements had been made for their care after they left hospital (for instance, support at home). If people are going to receive more care in the community, rather than in hospital, they need to be assured that those community services are, in reality, going to be there and are going to be effective and meet people's needs.

We will be working with People First Dorset (a group led and run by people with learning disabilities) to organise a series of visits to GP practices to see what they are doing to make sure people with learning disabilities have equal access to GP services.

We will be looking at what could be done to make it easier for people who live in care homes to get services from GPs, dentists, opticians and pharmacists.

And we will be continuing our campaign for better mental health services for children and young people.

Our top priorities for investigation in the coming year

- The involvement of local people in major changes to local health and social care services
- The experiences of people being discharged from hospital
- Access to GP services for people with learning disabilities
- Access to primary care services (GPs, dentists, opticians, pharmacists) for people living in residential care
- Children and young people's mental health services

it starts with YOU
healthwatch

Our finances

Each local Healthwatch is funded by the local council, using money allocated for this purpose by central government. In the case of Healthwatch Dorset, the funding comes jointly from three local councils: Bournemouth Borough Council, Dorset County Council and Borough of Poole.

In the financial year 2017/2018 this funding amounted to £402,030.

We spent £371,714 on staffing (including staff working on Community Engagement and Outreach, Research, Volunteer support and the telephone helpline, together with staff in Citizens Advice branches, administration and finance staff, including management, training and supervision); and office and running costs (overheads)

We spent £22,303 on Projects (including reviews of services and investigations); Engagement and Outreach (organising events and meeting groups and individuals to get their experiences of, and views on, their local health and social care services); Marketing and Communication (including e-bulletins, newsletters, advertising, web site etc.); the Community Investment Fund (support to local community groups); Meetings; and Reimbursement of the out-of-pocket expenses of Healthwatch Dorset volunteers.

One of our "Mini Moment" events, part of our Baby Steps project.

How you can help make health and social care better

Contact us

Freepost RTJR-RHUJ-XBLH
Healthwatch Dorset
896 Christchurch Road
BH7 6DL

0300 111 0102

www.healthwatchdorset.co.uk

enquiries@healthwatchdorset.co.uk

@HwatchDorset

facebook.com/HealthwatchDorset

This annual report is publicly available on our website. We are also sharing it with Healthwatch England, the Care Quality Commission, NHS England, NHS Dorset Clinical Commissioning Group, the Dorset, Poole and Bournemouth Health and Social Care Overview and Scrutiny Committees, and our local authorities (Dorset County Council, Borough of Poole and Bournemouth Borough Council).

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format, please contact us at the address on the left.

During the year, we made Freedom Of information Requests to Dorset County Council, Bournemouth Borough Council and Borough of Poole for information concerning people waiting for care assessments or carers' assessments.

All our visits to health and care services were made without needing to use our formal power of 'Enter and View'.

This page is intentionally left blank

Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	29 November 2018
Officer	Helen Coombes, Transformation Programme Lead for the Adult and Community Services Forward Together Programme
Subject of Report	**Dorset Health Scrutiny Committee Forward Plan**
Executive Summary	A Forward Plan is brought to each Dorset Health Scrutiny Committee meeting, to enable agreement of future agenda items. This report provides 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. In recognition of the changes that will take place to the Committee's structure following the establishment of the new Authority on 1 April, it is suggested that Members defer detailed discussions about the Health Scrutiny Committee's work programme which normally take place at this time of year, until their first meeting under Dorset Council. In addition, Members are requested to consider the Committee's approach to the scrutiny of Housing and Health – a topic which was identified for consideration when the current annual work programme was agreed on 13 November 2017. (See Appendix 2).
Impact Assessment:	Equalities Impact Assessment: Not applicable.
	Use of Evidence: Information provided by the Healthy Homes Programme Manager.

	Budget: Not applicable.
	Risk Assessment: Current Risk: LOW Residual Risk: LOW
	Other Implications: None.
Recommendations	1. That Members consider the Forward Plan for 7 March 2019 as currently indicated at Appendix 1; 2. That Members consider and agree upon an approach for the scrutiny of Housing and Health in 2019 as suggested at Appendix 2, Section 4.2.
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.
Appendices	1. Dorset Health Scrutiny Committee Forward Plan 2. Briefing note: Housing and Health
Background Papers	Minutes of Dorset Health Scrutiny Committee: https://dorset.moderngov.co.uk/mgCommitteeDetails.aspx?ID=142
Officer Contact	Name: Ann Harris, Health Partnerships Officer Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk

Appendix 1

Dorset Health Scrutiny Committee Forward Plan, November 2018

Committee: 29 November 2018			
Format	Organisation	Subject	Comments
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	Multi-agency	Suicide Prevention in Dorset	To present the outcome of a review into the progress of the Dorset Suicide Prevention Strategy
Report	Dorset Health Scrutiny Committee and Healthwatch Dorset	Annual Reports 2017/18 and Work Programmes 2019	To approve the Committee's Annual Report for 2017/18 and to discuss the Work Programme for 2019, taking into consideration the Annual Report from Healthwatch Dorset and their priorities
Report	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
Briefing	NHS Dorset CCG	Review of Physiotherapy Services	To inform the Committee of a review being undertaken

Committee: 7 March 2019			
Format	Organisation	Subject	Comments
Report	Dorset Health Scrutiny Committee	Clinical Services Review and Mental Health Acute Care Pathway Review – update	To provide an update regarding the work of the Joint Committees (CSR and SWAST) and the referral to the Secretary of State for Health and Social Care
Report	Dorset County Hospital	Care Quality Commission Inspection Report	To present the outcome of an inspection carried out by the Care Quality Commission, including progress against actions arising
Report	Dorset County Hospital	Repatriation of Bridport activity	To provide an update regarding the potential re-location of some services from Bridport to Dorchester, following report to Committee on 17 October 2018.
Report	NHS Dorset CCG	Freestyle Libre® blood glucose monitoring system for Diabetes	To provide an update on the CCG's provision of the Freestyle Libre® blood glucose monitoring system for patients with diabetes, following the report to DHSC on 17 October 2018
Report	NHS Dorset CCG	Review of Dementia Services	To present the strategic case arising from the review of Dementia Services
Report	Dorset HealthCare	Triangle of Care initiative	To raise awareness of Dorset HealthCare's work around enhanced carer support and involvement for carers of people with mental health needs
Report (TBC)	*Dorset Health Scrutiny Committee*	*Proposed Standing Joint Health Scrutiny Committee*	*To review the concept of a Standing (permanent) Joint Health Scrutiny Committee with Bournemouth, Christchurch and Poole.*
Report	Dorset Health Scrutiny Committee	Work Programme and Forward Plan – Dates of future meetings, including planned agenda items	To discuss the Work Programme for 2019 and to raise awareness of and agree future agenda items, meetings, workshops and seminars
Items for information or note			

Ann Harris, Health Partnerships Officer, November 2018

Appendix 2

Briefing for Dorset Health Scrutiny Committee – Housing and Health

1 Health and Housing: The national context:

1.1 The relationship between housing and health is well established with a growing evidence base for the role of housing in improving health outcomes.

1.2 The quality of people's housing has a similar impact on health - and health and social care costs - as tobacco or alcohol use. Significant public health gains can be achieved through cost-effective (and humane) improvements to poor housing, such as preventing the development of respiratory and circulatory diseases through living in a warm, dry home or fitting stair handrails to prevent falls.

1.3 Despite the recognition of the need for partnerships between health and housing, there are ideological and organisational obstacles to developing shared approaches. The contribution made by housing has not in the past been well understood by health decision makers, and NHS commissioning frameworks have not well reflected the wider determinants of health.

2 Local evidence of need:

2.1 Housing Health and Safety Rating System (HHSRS) surveys of 29 housing hazards and the effect that each may have on the health and safety of householders tell us the most common hazard failures locally are excess cold, falling on stairs and falling on level surfaces.

2.2 These hazards are strongly associated with older homes, rural homes, households with low incomes, disabled residents, and heads of household aged under 25 or over 65.

2.3 Housing Authorities have duties and powers to enforce housing standards, particularly removal of the most serious HHSRS hazards. The Home Energy Conservation Act specifies duties to report on relevant plans and progress toward improving home energy efficiency.

2.4 The epidemiological shifts faced by an ageing population and the inevitable increase of chronic conditions place increasing demands for works to allow vulnerable occupiers to continue to live independently in their own homes. Improving energy efficiency also helps improve physical and mental health and wellbeing of vulnerable residents.

3 Local service provision:

3.1 *Dorset Accessible Homes Service* offers free information, and Occupational Therapist-led advice and support on moving to a more suitable home or adapting a current home to enable continued independent living. It also provides minor and major adaptations to make it easier to get in, out, and around the home, and make using the kitchen and bathroom easier.

2.2 *Safe and Independent Living* is a multiple agency referral scheme, allowing front line workers a simple route to refer service users to a wide variety of other support services to help keep people safe and independent in their own homes, including local social activities, fire safety checks, and home maintenance services.

3.3 *Healthy Homes Dorset* offers expert advice keeping homes warm, alongside free insulation and heating improvements. By improving the energy efficiency of houses through insulation the programme hopes to make a substantial contribution to making all Dorset's homes healthy and comfortable.

4 Scope of scrutiny and Recommendation:

4.1 A scrutiny exercise could cover the following aspects of Housing and Health:

- Context setting (data re the scale of the problem, highlighting particular localities and vulnerable groups);
- Information about what is being done to tackle the problems;
- Consideration of the gaps in knowledge and services;
- Discussion re opportunities going forwards within the new structure of Dorset Council.

4.2 In light of the benefit of involving Housing Officers from the Districts and Boroughs in a piece of scrutiny work, and the opportunity to invite a wider group of Members, some of whom may be new to Local Government, Health Scrutiny Members are asked to consider the following **recommendation**:

1. That the Committee supports the setting up of an all-member Briefing or Inquiry Day re Housing and Health after May/June 2019 (scope and format to be reviewed by officers).

Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	29 November 2018
Officer	Helen Coombes, Transformation Programme Lead, Adult and Community Forward Together Programme
Subject of report	**Briefings for information / note**
Executive summary	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. For the current meeting the following information briefings have been prepared: • NHS Dorset CCG – Review of Mental Health Rehabilitation Services • NHS Dorset CCG – Review of Musculoskeletal (MSK) Physiotherapy Services
Impact Assessment:	Equalities Impact Assessment: Not applicable.
	Use of Evidence: Briefing reports provided by NHS Dorset CCG.
	Budget: Not applicable.

	Risk Assessment: Current Risk: LOW Residual Risk: LOW
	Other Implications: None.
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 work of the Committee contributes to the County Council's aim to help Dorset's citizens to maintain health, safety and independence.
Appendices	1. NHS Dorset CCG – Review of Mental Health Rehabilitation Services 2. NHS Dorset CCG – Review of Musculoskeletal (MSK) Physiotherapy Services
Background papers	None.
Officer contact	Name: Ann Harris, Health Partnerships Officer Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk

Appendix 1

Purpose of the review

NHS Dorset Clinical Commissioning Group

- CCG committed to reviewing all mental health services across the system
- The Mental Health Acute Care Pathway was the first part of the process
- The Mental Health Rehabilitation Service is the next stage

Current Inpatient Rehabilitation Services

Nightingale Court
Nightingale House
Glendinning Unit
The Homeless Health Service
The Assertive Outreach Teams
Out of Area Locked Rehab

Review stages

NHS Dorset Clinical Commissioning Group

Needs analysis

NHS Dorset Clinical Commissioning Group

- By 2020/21 the number of people in Dorset who experience serious mental illness will increase to approximately 7,882
- The number of people who may subsequently require rehabilitation (20%) is approximately 1576 and approximately 1% (78.82) of those individuals may require inpatient rehabilitation
- There is an anticipated increase in the demand for rehabilitation services
- There is a national imperative to reduce the use of out of area placements and to repatriate people back into county

View seeking

NHS Dorset Clinical Commissioning Group

- Mental health issues don't stop at the weekend
- No one talks about me leaving here
- Being in hospital for a long time doesn't help
- Continued support for people who have been inpatients when they leave hospital – to include more support for getting involved with community activities, paying bills and budgeting, planning GP, Out patient appointments, house hold tasks and volunteer/employment assistance Staff are a good team. Genuinely caring and supportive
- AOT is quick to help me with housing, always on time for my visits and always turn up. Wouldn't ever had CBT if not under the team.
- Being in the service makes access to other help i.e. drug and alcohol services easier
- Encouraged to be more independent to adjust to life outside

Benchmarking

NHS Dorset Clinical Commissioning Group

- Benchmarking shows a range of different approaches across the country
- Oxford partnership has supported housing and other third sector providers working with the NHS to ensure that most people requiring rehabilitation are supported in the community and not in hospital
- The partnership in Oxford works with the person and identifies the best housing or other support to meet the needs of the individual

NHS Estates Review

NHS Dorset Clinical Commissioning Group

- The programme has been developed within the context of national drivers for change, and local pressures.
- The Acute Care Pathway review identified and agreed the need for additional capacity and a re-shaping of acute beds
- Specialist commissioners have agreed the development of several new services locally to reduce out-of-area referrals
- Parts of the Trust estate have been highlighted as in urgent need of upgrading and this includes Nightingale House and Nightingale Court

Success factors, Objectives and Constraints

NHS Dorset Clinical Commissioning Group

Objectives

- Community facing
- Deliver equity and consistency in Dorset
- Culture and Philosophy
- Range of rehab services

Success Factors

- The service will be safe and sustainable
- The option will be affordable, within the existing budget
- It will be a better experience for those that use the service
- The service will be accessible

Constraints

- Available budget
- Estates
- Time length of review – ACP
- Reduce Out of Area placements
- Travel distance 31 miles

Possible models

NHS Dorset Clinical Commissioning Group

Option 1

- High Dependency Unit
- 1 recovery unit in east Dorset and 1 recovery unit in west Dorset
- Community recovery team
- Supported housing

Option 2

- High Dependency Unit
- 1 recovery unit to serve the whole county
- Community recovery team
- Supported housing

Option 3

- High Dependency Unit
- 1 recovery unit in east Dorset and 1 recovery unit in west Dorset
- Community recovery team

Next steps

NHS Dorset Clinical Commissioning Group

- Modelling the options including high level costs
- Shortlisting in December
- Possible solutions given the views from staff and people using the services
  - Some changes to bed provisions to ensure repatriation of people from locked services
  - Beds provided not just by the NHS in hospital settings
  - Partnerships with other types of providers to support the community offer
  - Development of a community recovery team which supports a range of people who present with a range of complex issues
  - Shift from inpatient focussed service to a robust community rehabilitation offer
  - The community team to work with people who present with a range of complex needs

Questions and comments

NHS Dorset Clinical Commissioning Group

It is unlikely that bed numbers will be reduced; it is likely that we will need additional bed numbers especially if we carry on as now

It is likely that beds could be provided not just by the NHS

It is possible that partnerships with supported housing providers will be developed to provide some of the rehab beds

It is likely that a community team will be developed that can support most people in the community rather than in hospital

Would this be viewed as service development/improvement especially with no bed reduction? and

In your view will it require consultation?

Any other thoughts or comments at this stage?

Appendix 2

NHS Dorset Clinical Commissioning Group

NHS DORSET CLINICAL COMMISSIONING GROUP

REVIEW OF MSK PHYSIOTHERAPY SERVICES

1. Introduction

1.1 Through the Musculoskeletal (MSK) work programme, access to physiotherapy was identified as a service area with inequity of provision across Dorset.

1.2 A review of MSK Physiotherapy services is taking place to ascertain the current level of provision versus what is required to support the implementation of the MSK work programme for the future.

1.3 The review will make recommendations for a revised service model across Dorset which will provide equitable access for all and improve early access to physiotherapy to reduce the need for further treatment.

2. Report

2.1 The review will include the following elements:

- Local need in relation to MSK Physiotherapy;
- Current provider capacity vs demand;
- Locally agreed pathways and the impact of physiotherapy;
- Objectives of the Clinical Services Review;
- Current local and national service models;
- National Guidelines and Best Practice.

2.2 A task and finish group was established to lead the review; the terms of reference are attached in Appendix 1. Alongside this, a reference group has met three times to develop the options for a physiotherapy model. The reference group was made up of both stakeholders and patients.

3. Conclusion

3.1 The preferred models will be circulated widely with the opportunity for stakeholders and patients to vote on their preferred option, the results of which will be presented to the Clinical Commissioning Committee in December 2018.

3.2 A further update will be provided to the Health Overview and Scrutiny Committee once the preferred option has been identified.

APPENDIX 1

NHS DORSET CLINICAL COMMISSIONING GROUP

TERMS OF REFERENCE – MSK PHYSIOTHERAPY REVIEW

1.0 INTRODUCTION

Through the Musculoskeletal (MSK) work programme, access to physiotherapy has been identified as a service area with inequity of provision across Dorset.

A review of MSK physiotherapy services during will be completed and will include the following elements:

- Local need in relation to MSK Physiotherapy;
- Current provider capacity vs demand;
- Locally agreed pathways and the impact of physiotherapy;
- Objectives of the Clinical Services Review;
- Current local and national service models;
- National Guidelines and Best Practice.

2.0 PURPOSE OF THE REVIEW

The objectives of the review are to:

- Carry out a MSK physiotherapy needs analysis for Dorset;
- Complete a mapping exercise to ascertain the current MSK physiotherapy services available across Dorset and on the borders;
- Review the current service specification against national policy and services commissioned elsewhere;
- Make recommendations for the revised service model and its role and purpose across Dorset which will provide equitable access for all and improve early access to physiotherapy to reduce the need for further treatment;
- Review the performance and provide assurances on the current performance, including a review of current key performance indicators;
- Review access to physiotherapy as part of the wider MSK vision and associated pathways i.e. MSK Triage, low back and radicular pain pathway and pain service; and as part of the Escape Pain model and other self-management approaches promoted by Livewell Dorset.
- Consider workforce implications of a service model.

3.0 SCOPE

Physiotherapy can be helpful for people of all ages with a wide range of health conditions, including problems affecting the:

- Bones, joints and soft tissue – such as back pain, neck pain, shoulder pain and sports injuries (referred to as musculoskeletal or MSK pain);
- Brain or nervous system – such as movement problems resulting from a stroke, multiple sclerosis (MS) or Parkinson's disease;
- Heart and circulation – such as rehabilitation after a heart attack;
- Lungs and breathing – such as chronic obstructive pulmonary disease (COPD) and cystic fibrosis.

The scope of this review is MSK physiotherapy only and will include the following services:

- Primary Care physiotherapists;
- Independent MSK physiotherapists with NHS contracts;
- Dorset HealthCare MSK physiotherapy service;
- Dorset HealthCare MSK interface service;
- MSK physiotherapy provided within secondary care and via outreach to GP practices;
- Dorset HealthCare biomechanics and podiatry services;
- Physiotherapy provided for patients with chronic or acute MSK pain, aged 16+ and registered with a Dorset GP practice;
- The pathways between NHS provided services and independent / private sector hospital physiotherapy provision (but not private sector services in themselves).

4.0 ACCOUNTABILITY

The review will be led by the System Integration Directorate within NHS Dorset Clinical Commissioning Group, working in partnership with all providers of MSK Physiotherapy Services.

A virtual task and finish group will be established to monitor and review progress against an agreed action plan. The task and finish group will report to a nominated group, which we are proposing is the Integrated Community and Primary Care Services Board but are seeking guidance from Commissioners. The final report with recommendations will be submitted to the Clinical Commissioning Committee.

The meeting will be quorate when one member of each organisation is in attendance.

Briefings for information

Table 1: Membership of the task and finish group:

Name	Organisation
Tracey Hall	Head of Elective Care – NHS Dorset CCG
Tracy Hill	Principal Programme Lead – NHS Dorset CCG
Alex Geen	Senior Programme Lead – NHS Dorset CCG
Lauren Bishop	Project Support Officer – NHS Dorset CCG
TBC	Primary Care Team, Dorset CCG
Christian Verrinder	MSK Clinical Lead (GP)
Sam Leonard / Tracey Atwell	Head of Specialist Service / Lead Extended Scope Practitioner – Dorset HealthCare
Christian Brookes	Team Lead Physiotherapist – Dorset County Hospital
Christina Collins-Gilchrist / Kat Binns	Dorset County Hospital
Matthew Low	Musculoskeletal Therapy Lead Clinician – Royal Bournemouth & Christchurch Hospitals
Darren Sparks	Royal Bournemouth & Christchurch Hospitals
Jackie Kidd	Poole Hospital
Martin Hately	Poole Hospital
Fiona Proctor	Independent Physiotherapist(s)
Steve Aylwyn	Workforce, Dorset CCG
GP / Nurse Practitioner	TBC

Members may be co-opted in as required, including:

- Other Allied Health Professionals;
- Community and Voluntary Sectors;
- Quality;
- Finance;
- Business Intelligence;
- Procurement;
- Communications;
- Portfolio leads;
- Escape Pain / Chain representative;
- Exercise referral scheme representative.

5.0 ROLES & RESPONSIBILITIES

The Project Team will be responsible for managing the work required to complete the review, including liaising with partners to gather the information required.

The Task & Finish Group will be responsible for steering the approach to the review and completing actions that arise in Task & Finish Group meetings.

The Reference Group will be responsible for reviewing the evidence gleaned through the project's engagement activities and using this information to co-produce a preferred option for the model of service delivery across Dorset.

6.0 KEY PRINCIPLES

The Key principles of this review are as follows:

- Engage widely, openly and transparently at all times;
- Adopt an evidence-based approach;
- Make strategic links with other key programmes relevant to the scope of this review, including Integrated Care System and the work within the MSK and Spinal Task and Finish Groups;
- Consider the costs, benefits and implementation challenges of proposals, including the workforce;
- Seek to achieve a broad consensus around final proposals.

7.0 TIMETABLE

A draft report will be completed by October 2018 and presented to the Clinical Commissioning Committee Meeting to be held on 19th December 2018.

This page is intentionally left blank

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

This page is intentionally left blank