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Agenda

Dorset County Council

Meeting: Dorset Health Scrutiny Committee

Time: 10.00 am

Date: 7 March 2019

Venue: Committee Room 1 - County Hall, 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:

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- **Public Participation**

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  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 4 March 2019, and statements by midday the day before the meeting.

Mike Harries
Chief Executive

Date of Publication:
Wednesday, 27 February 2019

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 21 January 2019.

4. **Public Participation**

(a) Public Speaking

(b) Petitions

5. **Clinical Services Review - Update regarding the Referral to the Secretary of State and the Joint Committee Scrutiny of SWAST** 13 - 26

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

6. **An update on the availability of the Freestyle Libre® Device on the NHS in Dorset** 27 - 32

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

7. **NHS Dorset CCG - Dementia Services Review and Consultation Update** 33 - 68

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

8. **Review of Mental Health Rehabilitation Services**

The Senior Commissioning Manager (Mental Health) of the NHS Dorset Clinical Commissioning Group will provide a verbal update regarding the progress of the current Review of Mental Health Rehabilitation Services. The update will outline the progress that has been made, the expected timescales and next steps.

9. **Update regarding the Repatriation of Specific Activity from Bridport Community Hospital** 69 - 72

To consider a report by Dorset County Hospital NHS Foundation Trust (attached).

10. **Dorset County Hospital Care Quality Commission Inspection 2018** 73 - 94

To consider a report by Dorset County Hospital NHS Foundation Trust (attached).

11. **Dorset Health Scrutiny Committee Forward Plan** 95 - 96

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

12. **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

13. **Questions from County Councillors**

To answer any questions received in writing by the Chief Executive by not later than 10.00am on 4 March 2019.

14. **Glossary of Abbreviations** 97 - 98

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Dorset County Council

Dorset Health Scrutiny Committee

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

Present:
Bill Pipe (Chairman)
Kevin Brookes, Beryl Ezzard, Nick Ireland, David Walsh, Alison Reed, Peter Oggelsby, Tim Morris, Bill Batty-Smith and Peter Shorland

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

Other Officers in Attendance:-
Elaine Hurll (Senior Commissioning Manager (Mental Health) - NHS Dorset CCG
Martyn Webster (Manager) - Healthwatch Dorset

(Notes: These minutes have been prepared by officers as a record of the meeting and of any decisions reached. They are to be considered and confirmed at the next meeting on **Thursday, 7 March 2019**.)

Apologies for Absence

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

Code of Conduct

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

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

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

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

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

Minutes

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

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

Public Participation

51 Public Speaking

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

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

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

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

Petitions

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

Mental Health Support for Children and Young People: Inquiry Day

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

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

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

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

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

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

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

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

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

4. Getting risk - more complex support

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

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

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

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

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

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

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

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

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

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

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

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

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

Dorset Suicide Prevention Strategy

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

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

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

Next steps involved:-

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- Access to primary care services for people in care homes

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

- Young people's emotional health and wellbeing

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

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

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

- Access to GP services for people with learning disabilities

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

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

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

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

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

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

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

Resolved

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

Reason for Recommendations

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

Dorset Health Scrutiny Committee Forward Plan

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

Resolved

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

Reason for Recommendations

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

Briefings for Information

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

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

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

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

Resolved

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

Liaison Member Updates

57 The following updates were provided by Liaison Members:-

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

Beryl Ezzard - South Western Ambulance Service NHS Foundation Trust
No meetings had been held.

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

Peter Shorland - Dorset County Hospital NHS Foundation Trust
A recent inspection had resulted in an upgrade from "requires improvement" to "good" in line with other hospitals in Dorset.

Questions from County Councillors

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

Glossary of Abbreviations

59 The glossary had been provided for information.

Meeting Duration: 10.00 am - 12.20 pm

Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	7 March 2019
Officer	Helen Coombes, Transformation Programme Lead for the Adult and Community Services Forward Together Programme
Subject of Report	**Clinical Services Review – Update regarding the referral to the Secretary of State and the Joint Committee scrutinising South Western Ambulance Service NHS Foundation Trust (SWAST)**
Executive Summary	A Joint Health Scrutiny Committee was convened in July 2015 in response to the undertaking of a wide-ranging Clinical Services Review (CSR) by NHS Dorset Clinical Commissioning Group (CCG), which officially commenced in October 2014. The remit of the Committee was subsequently expanded to cover a Mental Health Acute Care Pathway (MHACP) Review, running separately but in parallel to the CSR. Although it is the Joint Committee's role to receive reports from and make recommendations to the CCG, the individual local authority members (Bournemouth, Dorset, Hampshire and Poole) retained the power to make referrals to the Secretary of State for Health and Social Care locally. This report provides an update following the decision made by Dorset Health Scrutiny Committee on 17 October 2018 to make such a referral, with regard to some of the changes agreed by the CCG within the CSR. Following this decision, the matter was reviewed by the Borough of Poole People Overview and Scrutiny Committee (Health and Social Care) on 17 December 2018 and a letter of support for Dorset's referral was subsequently submitted to the Secretary of State (copy attached at Appendix 1). In addition, the report provides an update regarding a meeting of the Joint Health Scrutiny Committee hosted by the Borough of Poole, which is considering the performance and capacity of South Western Ambulance Service NHS Foundation Trust – a matter which is related to the successful implementation of the CSR. This Joint Committee met on 24 January 2019.

Impact Assessment:	Equalities Impact Assessment: Not applicable.
	Use of Evidence: Minutes, Dorset Health Scrutiny Committee and Joint Health Scrutiny Committee (Borough of Poole).
	Budget: Not applicable.
	Risk Assessment: Current Risk: LOW Residual Risk: LOW
	Other Implications: None.
Recommendations	1 That the Committee note the support of Members from the Borough of Poole in relation to the referral to the Secretary of State for Health and Social Care (see Appendix 1); 2 That the Committee agree to review the delivery and performance of the new Integrated Urgent Care Service in six months' time, as suggested by the Joint Committee for the scrutiny of SWAST (see Appendix 2).
Reason for Recommendation	The recommendations are in recognition of the need for on-going scrutiny by the Dorset Committee and Joint Committees of the Clinical Services Review and the performance and capacity of local ambulance services.
Appendices	1 Borough of Poole People Overview and Scrutiny Committee (Health and Social Care) letter of support to Secretary of State for Health and Social Care dated 4 January 2019 2 Borough of Poole Joint Health Scrutiny Committee (SWAST) minutes, 24 January 2019
Background Papers	Committee papers – Dorset Health Scrutiny Committee: http://dorset.moderngov.co.uk/mgCommitteeDetails.aspx?ID=142 Committee papers – Borough of Poole, People Overview and Scrutiny (NB: Minutes and full documents for 17 December 2018 are contained within agenda papers for 28 January 2019): Borough of Poole - People O&S Committee papers Committee papers – Borough of Poole, Joint Health Scrutiny Committee SWAST: Borough of Poole - Joint Health Scrutiny Committee papers

Officer Contact	Name: Ann Harris, Health Partnerships Officer, Dorset County Council Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk

Clinical Services Review – Update regarding the referral to the Secretary of State and the Joint Committee scrutinising SWAST

1 Background

1.1 As required by Regulations when a Health body undertakes consultation which involves more than one local authority, a Joint Health Scrutiny Committee was convened in July 2015 in response to the undertaking of a Clinical Services Review (CSR) by NHS Dorset Clinical Commissioning Group (CCG) which was launched in October 2014. The remit of the Joint Committee was subsequently expanded to cover a Mental Health Acute Care Pathway (MHACP) Review, running separately but in parallel to the CSR.

1.2 The Joint Committee has met on a number of occasions since July 2015 and the Dorset Health Scrutiny Committee has been provided with update reports. However, whilst it is the role of the Joint Committee to request reports from and make recommendations to the CCG, the individual local authority members (Bournemouth, Dorset, Hampshire and Poole) retained the power to make referrals to the Secretary of State for Health and Social Care, in the event that they were not happy with the degree to which they had been consulted, or if they felt that proposed changes were not in the interests of health services in the area. On 17 October 2018 Dorset Health Scrutiny Committee voted in favour of submitting such a referral, with regard to concerns raised about some of the changes agreed by the CCG within the CSR. The referral was lodged with the Secretary of State's office on 5 November 2018 and, at the time of writing, a response is yet to be received.

2 Decision by Borough of Poole to support referral made by Dorset Health Scrutiny Committee

2.1 Following the decision by Dorset's Members, campaigners lobbied Councillors for the Borough of Poole, to encourage them to make their own referral. A subsequent Motion agreed by the Full Council on 13 November 2018 delegated the matter to the People Overview and Scrutiny Committee (Health and Social Care), and on 17 December 2018 Poole's Members considered their options. It was agreed, following the consideration of evidence provided by NHS Commissioners and Providers, that a letter of support for Dorset's referral would be submitted to the Secretary of State, and this was done on 4 January 2019 (copy attached at Appendix 1).

3 Joint Health Scrutiny Committee – South Western Ambulance Service NHS Foundation Trust

3.1 In addition to the on-going considerations around the Clinical Services Review, the Joint Health Scrutiny Committee hosted by the Borough of Poole which is considering the performance and capacity of South Western Ambulance Service NHS Foundation Trust (SWAST) met on 24 January 2019. It was agreed that the scope of this Joint Committee would be expanded in December 2017, having initially been convened solely to scrutinise the NHS 111 Service being provided by SWAST.

3.2 The minutes of the meeting held on 24 January are attached at Appendix 2 but, in summary:

It was a largely positive meeting, attended by two representatives from SWAST and three from the CCG, in addition to six Councillors.

SWAST were open about their disappointing performance in relation to lower category call outs, particularly categories 3 and 4. A company called ORH

(Operational Research in Health) models what organisations such as SWAST should be able to deliver, given their resources. The Trust have had to prioritise Category 1 calls, which has impacted on performance on Category 3 and 4 calls. They acknowledge that they are not meeting national standards, particularly for Categories 3 and 4, but in terms of what ORH have estimated is deliverable they are in fact exceeding what would be expected (given their current resources).

A number of actions are being implemented to improve response times including: the introduction of a new risk stratification tool to support dispatch decisions; the roll-out of a community responder falls scheme (using Raizer chairs); the introduction of a more effective incident stacking system; the recruitment of more Paramedics, particularly from New Zealand (where there are more qualified Paramedics than vacancies); the improved availability and use of the vehicle fleet.

With regard to the CQC inspections that had been undertaken, the reports related to two CQC inspections: one which took place in May 2018 focussing on the NHS 111 Service and one which took place in June/July 2018 focussing on the Trust's provision of Emergency and Urgent Care Services and the Emergency Operations Centre. Both were follow-up inspections and it was emphasised that the inspections relate to the entire area covered by the Trust – from Gloucestershire to Cornwall.

The results were outlined and reassurance was provided around the areas for action. It was noted that incidents that had been highlighted in the CQC reports may be isolated and could have taken place anywhere within the Trust's area. Overall, Emergency and Urgent Care provision was rated as Requires Improvement, due in part to the performance (response time) challenges, although performance in Dorset is generally better than in some other localities under the Trust. The NHS 111 service had improved from 'Requires Improvement' to 'Good' since its previous inspection, having been re-inspected on the 'effective' and 'well-led' domains.

The CCG noted that their role as the lead commissioner for the entire SWAST contract puts Dorset in a good position to promote improved services in rural areas.

3.3 At the conclusion of the meeting it was agreed that Members would advise their respective Committees to keep a watching brief on the progress of SWAST and on the implementation of a new contract for an Integrated Urgent Care Service in April 2019, but could not commit to anything more specific at this stage given the impending Local Authority changes and elections.

4 Recommendations

4.1 That the Committee note the support of Members from the Borough of Poole in relation to the referral to the Secretary of State for Health and Social Care (see Appendix 1);

4.2 That the Committee agree to review the delivery and performance of the new Integrated Urgent Care Service in six months' time, as suggested by the Joint Committee for the scrutiny of SWAST (see Appendix 2).

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Councillor Jane Newell

Ward Councillor for Merley and Bearwood
Chair of People Overview and Scrutiny Committee (Health and Social Care)

Borough of Poole,
Civic Centre, Poole BH15 2RU
Tel: 01202 633043
Mobile: 07866 187725
Email: J.Newell@poole.gov.uk

The Rt Hon Matt Hancock, MP
Secretary of State
39 Victoria Street
LONDON
SW1H 0EU

Date: 4th January 2019

Dear Secretary of State,

Re: Referral to Secretary of State Health and Social Care by Dorset Health Scrutiny Committee with regard to two elements of the Clinical Services Review undertaken by NHS Dorset Clinical Commissioning Group

We write on behalf of the Borough of Poole Health and Social Care Overview and Scrutiny Committee to support the referral made to you by Dorset Health Scrutiny Committee. The details of the referral are set out in a letter to you dated 5th November 2018, which was sent by Cllr Bill Pipe and Cllr Peter Shorland and in the attached Referral document and supporting appendices.

A decision was taken by the Borough of Poole People Overview and Scrutiny Committee (Health and Social Care) on 17th December 2018 to support the Referral made to you by Dorset County Council's Committee. This is not a separate referral to the Secretary of State by the Borough of Poole.

The key concern for Poole Committee is increased travel times for the South West Ambulance Service NHS Foundation Trust. The concerns are set out comprehensively in the Dorset Referral documentation. This is in a context where the Dorset Clinical Commissioning Group has decided that a future Major Emergency Hospital for the Dorset, Bournemouth and Poole area should be located at the Royal Bournemouth Hospital and not at Poole Hospital. At present, Accident and Emergency, Trauma, Maternity and Paediatric Services are all provided at Poole Hospital and Royal Bournemouth Hospital provides Accident and Emergency and Maternity Services.

The Borough of Poole Full Council in July 2017 made formal representations to the Dorset Clinical Commissioning Group that Poole Hospital should be the location of the future Major Emergency Hospital. A key consideration in this decision by the Council was that Poole Hospital affords safer and better access to local people both in Poole and in the Dorset area to essential services including Accident and Emergency, Maternity and Paediatric Services.

In September 2017, the Dorset Clinical Commissioning Group decided that Bournemouth Hospital should be the Major Emergency Hospital and Poole, a Major Planned Hospital.

On 17th December 2018, the Borough of Poole Committee Members considered the referral made to you by the Dorset Health Scrutiny Committee. Senior Leaders from the NHS in Dorset presented evidence to the Committee with a key focus on travel times by the South West Ambulance Service NHS Foundation Trust.

Members of the public were also able to ask questions. The majority of these relate to safety and ambulance travel times.

The Dorset Clinical Commissioning Group presented evidence of a further and recent study undertaken into travel times and any potential risk in those travel times which would be lengthened by the relocation of Accident and Emergency, Trauma and Maternity Services to Royal Bournemouth Hospital.

The Borough of Poole Elected Members decided that it was imperative to support the Dorset's Health Scrutiny Committee Referral to the Secretary of State on the following key grounds:

1) Committee and Public are seriously concerned regarding the increase in ambulance conveyance time for some residents if the plans go ahead to locate the major emergency hospital at Royal Bournemouth. Concerns centre on whether the increased travel time could put patients lives at risk. The Dorset Clinical Commissioning and its NHS partners have undertaken further work to examine the risks to life of extended travel times. This study and its outcomes have not been evaluated independently by experts beyond Dorset NHS partners. A Referral by you of these issues and all available evidence to the Independent Reconfiguration Panel would afford an entirely independent scrutiny on a matter of very significant concern to members of the committee and the public in Poole and surrounding area. At the meeting on 17th December 2018, the Committee was advised by the Ambulance service representative that national standards for the timescales for ambulance conveyances have changed since the Dorset Clinical Commissioning Group's business case was developed. This is another reason why the Committee would strongly recommend independent examination of the current and all available studies and their conclusions around patient safety and travel times.

2) The Committee members considered that work undertaken by Dorset Clinical Commissioning Group on travel times and travel planning in relation to the proposed future configuration of hospitals in the Poole/Bournemouth area had not taken into sufficient account major current and planned regeneration and development plans in Poole. Therefore, analysis of travel times and related issues, such as congestion, does not take into account key aspects of Poole's Local Plan, adopted by Full Council in November 2018. As a consequence, there is concern that the analysis and its outcomes are not valid in the longer term.

3) The Borough of Poole Health Scrutiny Committee would strongly underline the serious impact of moving Maternity Services from Poole to Bournemouth in relation to travel times for Poole and many Dorset residents.

When the Dorset Clinical Commissioning Group made the decision in September 2017 to relocate Maternity Services to the Royal Bournemouth Hospital, NHS leaders informed Poole Councillors that serious and detailed consideration would be given to locating a midwife led maternity provision at Poole Hospital. At the meeting on 17th December, the chair particularly asked for further information regarding Maternity Service provision at Poole Hospital. No facility or provision was offered by the CCG. NHS Leaders confirmed that all Maternity Services will be located at Royal Bournemouth Hospital. This decision means that Poole parents' choice and access to maternity services will be detrimentally impacted by the Dorset Clinical Commissioning Group's decisions.

Councillors welcome the commitment of substantial national capital funds to build new Maternity facilities but strongly take the view that work carried out by the Dorset Clinical Commissioning Group on travel times evidences that Poole Hospital should be the preferred site for Maternity Services as part of a Major Emergency Hospital.

The Committee believes every effort has been made to reach local resolution, before submitting this letter of support of Dorset's Referral to you, and is grateful to local NHS leaders in Dorset for attending the lengthy Committee Meeting on 17th December 2018 to present information and fully answer questions from the public, Committee and other elected Members.

We urge you to consider the Dorset Referral in full and the concerns set out in this letter. The Committee requests an independent assessment of the matters of concern and particularly of all available and the most recent studies of the impact on patient safety of increased travel times for the South West Ambulance Services NHS Foundation Trust, if the Major Emergency Hospital is located at the Royal Bournemouth Hospital.

Yours sincerely

Jane Newell.

Councillor Jane Newell
Chair

People Overview and Scrutiny Committee (Health and Social Care)

CC: Councillor Vishal Gupta (Vice-Chair)
Councillor Malcolm Farrell (Committee Member)
Councillor Jennie Hodges (Committee Member)
Councillor Drew Mellor (Committee Member)
Councillor Marion Pope (Committee Member)
Councillor Louise Russell (Committee Member)
Councillor Ann Stribley (Substitute Committee Member)
Councillor Russell Trent (Committee Member)
Councillor Karen Rampton (Portfolio Holder for Health and Wellbeing)
Councillor Janet Walton (Leader of the Council)

Appendix 2

BOROUGH OF POOLE

JOINT HEALTH SCRUTINY COMMITTEE – SOUTH WESTERN AMBULANCE SERVICE NHS FOUNDATION TRUST (SWASFT)

24 JANUARY 2019

The Meeting commenced at 2pm and concluded at 3.30pm.

Present:

Borough of Poole:
Councillors Jane Newell, Xena Dion (substitute in respect of a vacancy) and Marion Pope

Bournemouth Borough Council
Councillors David d'Orton-Gibson

Dorset County Council
Councillors Kevin Brookes and Peter Oggelsby

Also in attendance:
Nick Reynolds, Dorset County Commander, SWASFT
Craig Martin, Deputy Integrated Urgent Care Commander, SWASFT

Vanessa Read, Director of Nursing and Quality, Dorset CCG
Sue Sutton, Deputy Director, Urgent and Emergency Care, Dorset CCG
Michael Gravelle, Assistant Director of Finance, Dorset CCG

Ann Harris, Health Partnerships Officer, Dorset County Council

Jan Thurgood, Strategic Director – People Theme, Borough of Poole

The Committee was informed that Councillor Elaine Atkinson had stood down from membership of the Committee and from the Chair and there was therefore a vacancy. Councillor Xena Dion attended as substitute for this meeting.

JHS1.19 ELECTION OF CHAIRMAN

RESOLVED that Councillor Jane Newell be elected as Chairman.

JHS2.19 ELECTION OF VICE CHAIRMAN

RESOLVED that Councillor Marion Pope be elected as Vice Chairman.

JHS3.19 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Bobbie Dove and Laurence Fear (Bournemouth Borough Council).

JHS4.19 DECLARATIONS OF DISCLOSABLE PECUNIARY INTEREST

There were no declarations of disclosable pecuniary interest.

JHS5.19 MINUTES

For clarification at Minute JHS 6.17, it was explained that although the financial aspirations of SWASFT was not to operate at a financial loss, it was not a 'profit making' organisation as suggested within the minutes.

Subject to the above, the minutes of the meeting on 23rd January 2017 were confirmed as a correct record.

JHS6.19 TERMS OF REFERENCE

The Committee reviewed its terms of reference as originally set out and the list of general responsibilities. It was accepted that a significant time had now passed during which very useful work had been done. Over that period of time there had also been a marked improvement in performance in term of NHS '111' operations and this was now reflected in the latest Care Quality Commission ('CQC') assessments.

JHS7.19 PRESENTATION FROM SWASFT

The Committee received a presentation from the Dorset County Commander of SWASFT setting out the aspirations of the service for delivery of Ambulance Response Standards and explaining how the Ambulance service connected with the wider Dorset health service system and its localities.

The presentation began by setting out a context for the service in terms particularly of response rates to incidents across the range of urgency categories. Although priority was still having to be given to high priority cases there was clear improvement in results. Numbers of qualified paramedics in post were also set out together with details of newly qualified paramedics and support staff. It was reported that a recent national recruitment campaign in New Zealand had successfully attracted a number of new personnel and was having an effect on performance.

A number of other measures were described including a new system to support ambulance dispatch decisions and better arrangements for managing the 'stacking' of non-priority calls. There were also improvements in resources available through additional and new vehicles and through deployment of specific measures such as the 'Raizer' chairs which considerably assisted the process of raising patients from the floor and which had been of particular assistance in the Dorset area.

The Committee also considered how the strategic deployment of resources was organised across the County of Dorset and assessed the impact of incidents on those resources. The Committee particularly noted the effect on response time caused by ambulances engaged in conveying patients and as result of extended waiting and handover times once ambulances reached hospitals.

The Business Case was set out for the Committee and presented in terms of People; Fleet and Funding and the implementation of the proposals was already reported to be having an effect on improvement of service performance. There was also increasing focus on community engagement and patient focus and various initiatives supporting this were described and set out. This was in parallel with personal development and training of staff, sharing of best practice and working closely with local medical practices and GPs.

The representatives from SWASFT and from the Dorset Clinical Commissioning Group ('CCG') responded to questions from Members. In response to questions, there was discussion about recruitment and retention of staff and a turnover of trained paramedics was occurring due in part to their skill set being sought in other organisations (hospitals; prisons; Primary Care; etc). This was something that was being urgently addressed with the objective of endeavouring to ensure that paramedics had a clear and valued role. There were also questions about the level of mental health training provided and this too was reported to be recognised as a key area for development as an ever increasing percentage of ambulance responses became related to mental health issues.

Members referred to the 'Summary of Findings' section in the CQC report and raised questions about specific areas identified for improvement. Members were reminded that the report was a Trust-wide assessment rather than focussed on Dorset alone and that this meant that many of the specific areas for improvement identified were outside Dorset. Strong assurances were provided that issues within Dorset had been addressed and the understanding was that this also applied across the region. Though important in isolation, many of these were small isolated local matters that had now been resolved. The identified items were, however, all included within an action plan maintained by SWASFT and monitored by the CCG.

Overall, there was a firm view reported that the increasing resources now being applied across the service and supported with additional funding would improve performance and provide an effective system for managing demand and addressing the pressures facing the service. The Dorset CCG as co-ordinating commissioner for SWASFT had negotiated on behalf of all relevant CCGs an uplift in the Trust's funding linked to improving the timeliness of responses to calls ranked as medium priority. The Dorset CCG would be closely monitoring the impact of this increased investment.

JHS8.19 NHS '111' SERVICE CQC RE-INSPECTION

The Committee also considered the CQC report about the NHS '111' service and were presented with the summary of the inspection findings. Performance against addressing these subjects was described.

Members declared themselves satisfied with the direction of travel towards adopting the recommendations of the CQC.

JHS9.19 DECISION AND WAY FORWARD

Having carefully considered the data presented and listened carefully to the additional information provided at the meeting and to the responses to questions

from Members, the Joint Committee expressed its satisfaction with the direction of progress.

This part of the Joint Committee's work was therefore concluded.

The Committee particularly noted, going forward, that the Dorset CCG had awarded a new contract to an alliance of local providers led by 'Dorset HealthCare' under the title of 'Integrated Urgent Care Service' to come into effect from April 2019. It was explained that the new service was intended to improve all-round access to urgent NHS care and advice when it was needed whilst at the same time helping to reduce admissions to hospital.

The Joint Committee was of the view that the introduction of the new service, its effect on provision and what it can produce for the public should be kept under review. It was suggested that this be highlighted as a scrutiny priority for both of the two new Dorset Councils with the opportunity to review delivery and performance after the initial six months of implementation.

Under the new arrangement 'Dorset HealthCare' would be lead provider, working with The Royal Bournemouth and Christchurch Hospitals, Poole Hospital, Dorset County Hospital, South Western Ambulance Service and Dorset's GPs.

CHAIRMAN

Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	7 March 2019
Officer	Katherine Gough, Head of Medicines Optimisation, NHS Dorset Clinical Commissioning Group
Subject of Report	**An update on the availability of the Freestyle Libre device on the NHS in Dorset**
Executive Summary	This report provides an update to the paper submitted to Dorset Health Scrutiny Committee in October 2018, and should be read in conjunction with that. The Dorset position is that this device is available to a restricted cohort of patients as detailed in the Dorset Formulary, and this will be revised pending NHS England advice for the arrangements post April 2019.
Impact Assessment:	Equalities Impact Assessment: NICE found that: People with learning difficulties or certain mental health problems and pregnant women may particularly benefit from FreeStyle Libre. People with certain skin conditions or allergies may be unable to wear the sensor.
	Use of Evidence: Report provided by NHS Dorset CCG.
	Budget: N/A for Dorset County Council.
	Risk Assessment: Current Risk: LOW (for DCC) Residual Risk: LOW (for DCC)

	Other Implications: None.
Recommendation	Members are asked to note and comment on the contents of this report; and to recommend that a further update be provided to the next meeting of the Committee.
Reason for Recommendation	The Committee previously has previously expressed concerns about the availability of Freestyle Libre monitoring devices in Dorset. As it is not possible for the CCG to provide a full update at this stage, the matter should be added to the Committee's Forward Plan for future review.
Appendices	1 Letter from Dorset Health Scrutiny Committee to NHS Dorset CCG, 7 November 2018
Background Papers	Report to Dorset Health Scrutiny Committee, 17 October 2018: DHSC agenda and minutes, 17 October 2018 Links within the document, and paper submitted October 2018: www.dorsetformulary.nhs.uk and follow up update on position in children: Dorset CCG Statement Oct 2018 - Freestyle Libre Children & Young People
Officer Contact	Name: Katherine Gough Job title: Head of Medicines Optimisation Tel: 01305 368946 Email: Katherine.gough@dorsetccg.nhs.uk

1. BACKGROUND

1.1 Dorset CCG has made the Freestyle Libre device available to a limited cohort of patients both adults and children as detailed in the Dorset formulary. That position is due for review. The position for children was agreed in October 2018, after the report to this committee, as the decision making group was running concurrently.

1.2 The NHS England advice for prescribing committees, which advises a slightly wider cohort than agreed in Dorset, has updated their guidance in November 2018 and includes the following advice:

"The RMOC [Regional Medicines Optimisation Committee] is aware that clinics using Freestyle Libre® are already collecting audit data and would strongly support all clinics to work collaboratively (potentially through the Association of British Clinical Diabetologists) to maximize learning about this new intervention and measure its impact in individual patients. We suggest information is collected on the following:

1. Reductions in severe/non-severe hypoglycaemia; 2. Reversal of impaired awareness of hypoglycaemia; 3. Episodes of diabetic ketoacidosis; 4. Admissions to hospital; 5. Changes in HbA1c; 6. Testing strip usage; 7. Quality of Life changes using validated rating scales; 8. Commitment to regular scans and their use in self-management.

We recommend that if no improvement is demonstrated in one or more of these areas over a 6 month trial then the use of Freestyle Libre® should be discontinued and an alternative method of monitoring used."

1.3 They also noted that: "Freestyle Libre® is an innovative new device that has the potential to improve quality of life for patients and support self-management. However, at the present point in time there are significant limitations in available clinical trial data and economic analysis that make it difficult to make an appropriate judgment as to its place in therapy."

1.4 Following that, in November 2018, to coincide with national diabetes day, NHS England agreed to identify funding for this product to be extended to a wider patient group. NHS England said: "From April 2019, these patients will be able to receive it on prescription from their local GP or diabetes team helping them to better manage their blood sugar levels."

1.5 This particular patient group has not yet been identified and details are not yet published. It is anticipated that when these are released then the Dorset formulary will be updated accordingly.

1.6 The full details of the NHS England announcement are detailed here:

https://www.england.nhs.uk/2018/11/nhs-to-provide-life-changing-glucose-monitors-for-type-1-diabetes-patients/

1.7 Dorset County Hospital and Poole Hospital diabetes and paediatric teams have been implementing the agreed guidelines, within the agreed cohort and at the time of

writing the Royal Bournemouth hospital availability position is unconfirmed. This has been raised with the Royal Bournemouth Hospital at the highest levels.

1.8 In January 2019 the Medicines Healthcare products Regulatory Agency (MHRA) issued an alert to users of the device where skin irritation occurred and patients were found to be experiencing skin reactions to the sensor.

https://www.gov.uk/government/news/alert-to-users-of-freestyle-libre-flash-glucose-monitoring-system-regarding-skin-reactions-to-sensor-adhesive

2. CONCLUSION AND RECOMMENDATION

2.1 The HOSC is asked to note this updated position, and once the NHS England arrangements for post April 2019 are published the CCG will be happy to provide a further update.

Katherine Gough

Head of Medicines Optimisation, NHS Dorset Clinical Commissioning Group

Dorset County Council

Appendix 1

Dorset Health Scrutiny Committee
Dorset County Council
County Hall, Colliton Park
Dorchester, DT1 1XJ

Telephone: 01305 224388 / 224878
We welcome calls via text Relay

Email: a.p.harris@dorsetcc.gov.uk
Website: www.dorsetforyou.gov.uk

Tim Goodson
Chief Operating Officer,
NHS Dorset Clinical Commissioning Group
Vespasian House, Barrack Road
Dorchester
Dorset
DT1 1TG

Date: 7 November 2018
My ref: FlashGlucoseLet
Your ref:

Dear Tim

Flash Glucose Monitoring for individuals with Type 1 Diabetes

I am writing to you on behalf of Dorset Health Scrutiny Committee following the discussion at our meeting on 17 October re the availability of Flash Glucose Monitoring for adults and children with type 1 diabetes.

We would like to thank the CCG for providing a report for the Committee setting out Dorset CCG's position and plans with regard to the provision of the monitoring equipment. However, the Committee was concerned to hear that, despite the evidence from a number of sources and the wholehearted endorsement from Diabetes UK, the CCG is yet to be fully convinced of the benefits to patients and, by association, to the NHS.

At the meeting the CCG stated that their current approach to restricting the availability of Flash Glucose Monitoring was in line with the approach being taken in other areas. However, we understand that most CCG's in the Southwest, and almost 70% in England, have now accepted the evidence of benefits and, as a result, are making the Monitoring available to prescribe on a far wider basis. The Committee was pleased to note that a decision has now been made to make Flash Glucose Monitoring available to children with diabetes, but we are keen to follow this matter up with a further report on 7 March 2019. We hope to hear that there has been substantial progress in prescribing the Monitors to as many people who would benefit as possible and would like to receive an update as to the CCG's position on Flash Glucose Monitoring going forwards.

Yours sincerely

Bill Pipe
Chair, Dorset Health Scrutiny Committee

CC: Forbes Watson, NHS Dorset CCG
Katherine Gough, NHS Dorset CCG
Matt Robert, Diabetes UK

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Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	7 March 2019
Officer	Diane Bardwell, Dementia Services Review Project Manager, NHS Dorset Clinical Commissioning Group
Subject of Report	**NHS Dorset CCG – Dementia Services Review and consultation update**
Executive Summary	This report offers a summary update from the Dementia Services Review with the co-produced model options including the preferred option and highlights the proposed consultation process to follow. The project has moved into the formal assurance processes with NHS England. It is proposed that following the assurance criteria being met, the project moves into a formal public consultation for a period of 8 weeks during June and July 2019, following the period of purdah.
Impact Assessment:	Equalities Impact Assessment: Completed as part of the review.
	Use of Evidence: Report provided by NHS Dorset CCG.
	Budget: N/A for Dorset County Council.
	Risk Assessment: Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: LOW (for DCC) Residual Risk: LOW (for DCC)

	Other Implications:
Recommendation	To note progress of review and to comment on and support the proposed consultation plan.
Reason for Recommendation	The report provides the Committee with an opportunity to be updated and to contribute to the consultation plan for the Dementia Services Review.
Appendices	1 Draft consultation plan
Background Papers	Dementia Services Review update paper - https://dorset.moderngov.co.uk/documents/s13473/Dementia%20Services%20Review.pdf Dementia Services Review - Project Initiation Document: https://dorset.moderngov.co.uk/documents/s5361/JHSC%20Dementia%20Review%20Report%20October%202016.pdf Dementia Services Review - View Seeking report: https://www.dorsetsvision.nhs.uk/wp-content/uploads/2018/05/Dementia-Services-Review-View-Seeking-Report-FINAL.pdf Dementia Services Review - Health and Social Care needs analysis: https://www.dorsetsvision.nhs.uk/wp-content/uploads/2018/05/Dementia-Health-Needs-and-Data-Analysis-for-Dorset-Version-2.6-final.pdf
Officer Contact	Name: Diane Bardwell, NHS Dorset CCG Tel: 01202 541443 Email: diane.bardwell@dorsetccg.nhs.uk

1. Introduction

1.1 During 2014 a review of specialist dementia services to design a service model to deliver consistent, quality, agreed outcomes across Dorset, was prioritised and included in the Clinical Commissioning Programme 5 Year plan. This was against a backdrop of increasing demand for services, an ageing population and national policy. Noting in particular that specialist dementia services had inequity of provision particularly across the West of the county and service provision following the closure of two inpatient units due to inability to recruit and retain registered staff had not been fully considered. However due to commencement of the Clinical Services Review there was a postponement and the review re-commenced during 2016.

1.2 At the reinitiating of the Dementia Services Review the three Local Authorities requested to become full partners within the review and for the review to take a whole system approach including some social care services and co-dependant services and to consider the whole of the dementia pathway.

1.3 However, despite the best efforts of all partners as the review progressed it became apparent that the considerable stretch on local authority resources, the Local Government Review and service developments running at different timeframes were having an impact on joint working. It was confirmed on 1st February 2018 Project Board meeting that the Local Authorities were not able to include social care services in the review. The Project Board agreed to work together where possible but the project scope to focus on the health provision. There is a commitment from all partners to continue to work together and explore, beyond this review the opportunities for integrated approaches to commissioning and delivery.

Aim and objectives

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

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

1.5 The objectives have been to:

- design and deliver consistent and high quality, compassionate care and support to meet the needs of people living with dementia and their carers from diagnosis to end of life within the existing financial resource;
- ensure equity of outcomes for people living with dementia and their carers across Dorset localities;
- meet the ambition of a diagnosis rate of two thirds of prevalent population;
- consider implications and any additional resource requirements of increasing the number of people being diagnosed with dementia, and starting treatment, within six weeks from referral;
- improve the quality of post diagnosis treatment and support.

1.6 The spending objectives agreed were to work within existing resources to:

- Take forward a re-procurement of services following the contract end of Memory Support and Advisory Service to re-utilise these recurrent funds;
- Identify remaining funds from previous closures of two inpatient units and reinvest these into new or existing dementia services;
- Ensure all services are cost efficient and offer best value for money.

1.7 The operational budget identified in quarter four during 2018-19 was £11,157,781 with a total of 291.71 full time equivalent staff.

Outcomes

1.8 The agreed outcomes from the Dementia Services Review were to ensure individuals living with dementia agree:

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

Co-production approach

1.9 Throughout the Dementia Services Review, the Project Board's methodology has been to apply best practice in its decision-making processes and to embed 'co-production'. Co-production is a value driven approach in which decision makers e.g. professionals and citizens are involved in a relationship in which power is shared wherever possible and where there is recognition that everyone involved has a contribution to make.

1.10 All engagement and communication throughout this review will ensure the legal requirements to consult about the way the NHS and Social Care is operating and about any proposed changes are followed. This includes:

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

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

Figure 1. Services in scope

Provider	Services in scope
Dorset HealthCare NHS Foundation Trust	Memory Assessment Service
	Dementia In-reach Service
	Intermediate Care Service for Dementia (ICSD) East
	16 commissioned In-patient beds Chalbury Unit (closed in 2016)
	12 commissioned In-patient beds Betty Highwood (closed in 2013)
	Older persons Community Mental Health Teams
	Haymoor Day Hospital, Alderney
	Melcombe Day Unit, Weymouth
	40 Specialist Dementia In-patient beds Alderney Hospital, Poole
Alzheimer's Society	Memory Support and Advisory Service

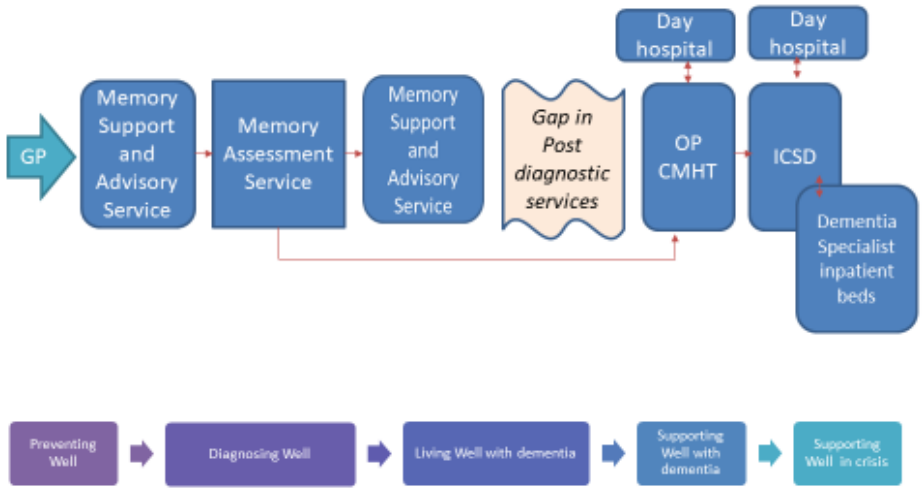
Services not included

1.12 The consultation will not cover local authority services, community hospitals or general hospitals covered within the Clinical Services Review. Information can be found at www.dorsetsvision.nhs.uk.

1.13 Mental Health Liaison Services are not included in this review directly because there is currently a review of these services being taken forward. However, outcomes from this review will be linked.

How dementia services are currently organised in Dorset

Figure 2. Current summary of dementia pathway



2.1 Currently across Dorset when a person is concerned about their memory their GP can refer them to the Memory Support and Advisory Service which is currently provided by the Alzheimer's Society. Memory Advisors will complete a short screening assessment and will offer advice and guidance prior to the person getting a dementia diagnosis. The Memory Assessment Service currently provided by Dorset HealthCare NHS Foundation Trust offers further assessment and a clinical specialist would provide the formal diagnosis.

2.2 If a person diagnosis is not dementia or is 'mild cognitive impairment' then they are referred back to their GP. If the person is given a dementia diagnosis, depending on the dementia type, they may be offered dementia medication. However, for those diagnosed with vascular dementia there is currently no dementia medication of benefit. All patients diagnosed with dementia are referred back to the Memory Support and Advisory Service for post diagnostic support which is usually offered by a telephone call or visit by a Memory Advisor.

2.3 People living with dementia then continue with their lives, possibly accessing different community based services often provided by the voluntary sector and local authorities. However, they are unlikely to be referred to Mental Health Services provided by Dorset HealthCare until their needs significantly increase or become more complex and they require services such as the Older Person's Community Mental Health Teams (OP-CMHT) or Intermediate Care Service for Dementia (ICSD). This service offers urgent assessment, care and treatment for people with significant complex needs who require regular and intensive support for up to six weeks or until the difficulties are resolved and then less intensive support may be provided by the CMHT-OP.

2.4 This service was only commissioned formally on the East side of Dorset following a review of the Bournemouth and Poole services in 2012. However, with funding released from Chalbury Specialist Inpatient unit based in Weymouth (which had to be temporarily closed on the grounds of safety due to a shortage of registered staff) the

Intermediate Care Service for Dementia began to be developed across the West. If problems cannot be resolved in the community, for a small number of patient's care may need to continue on one of the dementia specialist hospital wards for a short time. These wards are currently all based in Poole on the Alderney Hospital site.

2.5 Other dementia services currently offered include Haymoor Day hospital based in Poole is utilised by the ICSD team to offer safe day provision and prevent hospital admission. There is an additional Day Hospital based in Weymouth which offers a service to both older people with dementia and to those with other mental health issues such as depression. This service is not currently integrated with the ICSD team.

2.6 Finally, there is a Dementia In-reach service which is commissioned on the East side of Dorset to offer advice and support to care homes, day centres and community hospitals.

Case for Change

3.1 Across Dorset we have among the longest life expectancy in the country and the number of Dorset pensioners is predicted to rise by 30 per cent over the next decade. Although this is good news, increased longevity brings new challenges. One of the most significant is that more people are living with dementia and this places an increasing demand on dementia services and increases costs.

3.2 Whilst our current services have supported many people in lots of positive ways we believe that dementia services could be improved upon. We would like to ensure that regardless of where someone lives in Dorset, if they have received a dementia diagnosis then they are offered high quality, compassionate care and support throughout their dementia journey and that their family carers also feel informed and supported.

3.3 During 2016, Stages One and Two included completing a Health and Social Care needs analysis and a taking forward view seeking. A total of 2,107 comments were made by respondents. These related to aspects of services that work well, aspects of services which work less well and ideas for improvements. Key themes and why we need to change are noted below:

- Inequity of outcomes and access to services
- Ageing population
- Lack of integrated services
- Memory Support and Advisory Service contract end
- Dementia workforce and training
- Information and Communication
- Needs of family carers
- Dementia diagnosis
- Long Waiting times for diagnosis
- Early onset dementia and lack of specific services
- Dementia treatments and lack of support for those with vascular dementia
- Lack of ongoing post diagnostic support to live well with dementia
- Different models with Day hospitals
- Decline in specialist dementia inpatient admissions

Design and modelling

4.1 Stage three of the project was the design and model options stage. Approximately 300 individual stakeholders including people living with dementia and family carers were involved with the co-production approach. Critical success factors were agreed at commencement of the review. These included:

- Can the option really be implemented?
- Does this deliver services which are safe and sustainable?
- Will option be affordable?
- Will this option deliver services that will be acceptable to people?
- Is the option based on evidence of best practice?
- Will this option result in a better experience for those who use the service?

4.2 Following an Innovation Event in 2017, three core groups made up of a mixture knowledge, experience and perspectives including people living with dementia, carers and various health and social care workforce were established in Dorchester, Bournemouth and Poole respectively and met from May to September 2017. These groups developed the initial design ideas and suggested proportional allocations of financial resources across the pathway. Stakeholders involved wanted to have a greater investment in the post diagnostic services and less within dementia specialist inpatient beds.

4.3 Specific working groups were established next and met from September 2017 – April 2018 where different elements of the pathway were considered in greater detail. The events and various groups enabled the identification of a long list of possible service solutions along a care pathway and these were broken into the following headings:

- Preventing Well
- Diagnosing Well
- Living Well (low level needs)
- Supporting Well (high level needs)
- Supporting Well (crisis needs)

Figure 3. Summary of long list of design options

Ref	Preventing Well Service options	Description
1.1	Local telephone helpline	Service aligned with low intensity dementia service **or**
1.2	National Dementia helpline	Utilising an existing dementia helpline **or**
1.3	Via 111	Signposting from 111 **or**
1.4	Helpline within new Mental Health Connections	Embedding the helpline within the new Connections Crisis line
	Diagnosing Well Service option	
2.1	Model 1: Secondary care based service with registered triage and assessment team	GP Screening Desk based triage by registered staff Memory Assessment Nurse assessment Diagnosis by medical specialist

2.2	Model 2: Primary Care Triage Service with 2 referral routes	GP screening Non clinical triage Two referral routes: • Advanced dementia • Less advanced dementia Diagnosis by medical specialist
2.3	Model 3: Primary Care based nurse led clinic	GP screening Primary care Memory Assessment Nurse GP diagnosis (advanced dementia) Medical specialist diagnosis for more complex/requiring scans
2.4	Model 4: As Model 1 but 50% diagnosed by Nurse Consultant	GP Screening Desk based triage by registered staff Memory Assessment Nurse assessment Diagnosis by medical and nurse specialists
2.5	Neuropsychology	Neuropsychological assessment to assist with diagnosis particularly complex cases. Aligned within Memory Services
	Living Well Service option	
3.1	Dementia Co-ordinators all settings	Dementia Coordinators supporting individuals diagnosed with dementia and family carers along dementia pathway through groups, 1:1 and signposting. Aligned Dementia team and MDT.
3.2	Dementia Co-ordinators with care homes having different input	As above but input predominately settings other than care homes (In-reach service into care homes)
3.3	Early onset Dementia Co-ordinators	As above but age appropriate for those under 65 years and their family carers.
3.4	Living well with dementia education & memory roadshow sessions	Education session offered to all newly diagnosed and family carers Meet all key support services Enable peer support
3.5	Carer's emotional support training	Small group sessions specifically for family carers aimed at developing resilience and dealing with loss and change
3.6	Cognitive Stimulation Therapy Groups	Brief, closed, structured therapy groups for up to 10 clients each group.
	Supporting Well Service Options	
4.1	Dementia Nurses (from OP CMHT)	Step up provision from Dementia co-ordinator Higher intensity, clinically based service when needs of patient increase or become more complex *Based on organic/dementia needs not functional*
4.2	Admiral Nurses	Providing support for family carers to manage complexity and avoid crisis Support practice of other professionals
4.3	Maintain the day hospitals operating as currently	Offering clinically based assessment and treatment
4.4	Close day hospitals	Patients where appropriate move under social care day provision Resources released into NHS Dementia services
4.5	Align day hospitals to intensive support team	Haymoor is currently operating this model where intensive support team (ICSD) utilise the resource during daytime and prevent an inpatient admission
Ref	**Supporting Crisis Well Service options**	**Description**
5.1	Intensive Support team (ICSD) across all Dorset	Formally commission Intensive support service for West of county and retain the existing East commissioned service
5.2	In-reach Service across whole of Dorset	Formally commission the In-reach service for the West of the county and retain the existing East commissioned service
5.3	Crisis helpline 24/7	Provide a 24/7 crisis helpline (consider alongside telephone helpline service)

5.4	40 Inpatient beds at Alderney Hospital, Poole	Provide 40 beds
5.5	40 Inpatient beds at Alderney Hospital, Poole. Step up and Step down in community hospitals and care homes	Provide 40 beds at Alderney. Step up/down provision in community. Reviewing bed numbers again in future when community services in place
5.6	Specialist Dementia Inpatient provision within Poole general hospital	Following meeting with Poole Hospital this option was discontinued

Options Appraisal and Shortlisting

4.4 Through the Design stage the long list of options went through a range of different analysis in order to shortlist the most acceptable options to be presented for consultation. This included holding a 'Cross Check' on 11th April 2018 followed by 'Final options' event on 5th September 2018. At the Cross Check event each of the options were analysed by applying a SWOT analysis and an individual scoring of options against the critical success factors. Following this more detailed analysis was completed at the 'Final Options' event where different permutations were analysed against the critical success factors.

4.5 Finally, an options framework shown below was completed based on the stakeholder analysis and critical success factors and enabled all options to be measured against 'scope', 'solution', 'delivery' and 'implementation'. This enabled the identification of the shortlisted options and a 'preferred way forward' to be taken forward for consultation. See Strategic Outline Case.

Option A. Do Minimum

	PREVENTING WELL	DIAGNOSING WELL	LIVING WELL	SUPPORTING WELL	SUPPORTING CRISIS WELL
SCOPE	All people diagnosed with dementia and their families have access to information, advice and guidance	Partially NICE compliant diagnostic model (limited neuropsychology)	All people diagnosed with dementia in community based care settings excluding care homes	All people diagnosed with Dementia across all settings	All people living with Dementia
SOLUTION	Dementia Directory.	GP Screening. Desk based triage by non- registered staff. Memory Nurse assessment. Diagnosis by medical specialist.	Dementia Co-ordinators. Memory Roadshow.	CMHT In reach team (care homes) Day hospitals	Pan Dorset Intensive Support Team. In-patient Specialist Dementia Beds on one site (40 Beds).
DELIVERY	Local 3rd / Voluntary sector	Primary Care (screening) + Voluntary Sector (triage) + Secondary care specialist provider (assessment & diagnosis)	Lead provider sub-contracting to others.	Lead provider sub-contracting to others.	One Provider of all elements.
IMPLEMENTATION	Operational in 6 mths	Staged Within 12 months of decision	Within 12 months of decision	Staged Within 12 months of decision	Staged Within 12 months of decision

4.6 The 'Do Minimum' option gives a limited offer to patients and family carers and would not tackle the areas highlighted as requiring change. Dementia Co-ordinators would be within this option however there are no dedicated Early Onset Co-ordinators to support those diagnosed whom are under 65 years, Cognitive Stimulation Therapy or Carer groups. Day hospitals would remain with different models and other services would be the same.

Option B Preferred way forward

	PREVENTING WELL	DIAGNOSING WELL	LIVING WELL	SUPPORTING WELL	SUPPORTING CRISIS WELL
SCOPE	100% population	NICE compliant diagnostic model + neuropsychology	All people living with dementia in community with different offer to care homes	All people diagnosed with dementia across all settings	All people living with Dementia
SOLUTION	Signpost national helpline & local Dementia Directory	GP Screening. Desk based triage by registered staff. Memory Nurse assessment. Diagnosis by medical and nurse specialists	Dementia Co-ordinators. Memory Roadshow. Early onset Co-ordinators. Cognitive Stimulation Therapy (vascular only). Carers emotional support groups.	CMHT. In reach team (care homes). Step Up Community Beds.	Crisis Helpline. Pan Dorset Intensive Support Team. 2 Day hospitals (aligned to intensive support). In-patient Specialist Dementia Beds on one site (40 Beds)
DELIVERY	Via local Authority commissioning	Primary Care (screening) + Existing Secondary Care Specialist Provider (triage, specialist assessment & diagnosis)	Lead provider sub-contracting to others	One single provider of all aspects pan Dorset	Lead provider sub-contracting to others
IMPLEMENTATION	Immediate	Staged Within 6 months of decision	Staged Within 6 months of decision	Staged Within 6 months of decision	Staged Within 6 months of decision

4.7 The 'Preferred option B' as identified through the Co-production process offers a much more holistic and expanded service that is NICE compliant and cost effective. Neuropsychology is included within the diagnostic process and Cognitive Stimulation therapy would be offered to those patients diagnosed with vascular dementia whom currently have no offer of treatment. Emotional Support groups for carers are included alongside Dementia Co-ordinators and Early Onset Co-ordinators. Within this option, the In-Reach team would support the care homes rather than Dementia Co-ordinators providing individual support to all residents.

4.8 Two day hospitals are included in this option and both would be aligned to the Intensive support service as an extra resource for those in a crisis situation and having complex needs. The location of these units would need further consideration to enable greater equity. This supports efforts to prevent avoidable dementia specialist inpatient admissions, supports the ethos of providing care closer to home and would be less disruptive and destabilising for the patient with dementia and their family carers. A crisis helpline, intensive support service, Inreach into care homes and 40 inpatient beds are also included

Option C

	PREVENTING WELL	DIAGNOSING WELL	LIVING WELL	SUPPORTING WELL	SUPPORTING CRISIS WELL
SCOPE	100% population of Dorset have access to information, advice and guidance on dementia	Partially NICE compliant diagnostic model (limited neuropsychology)	All people living with dementia in all community based care settings	All people diagnosed with Dementia across all settings	All people living with Dementia
SOLUTION	local helpline & local Dementia Directory.	GP Screening. Desk based triage by registered staff. Memory Nurse assessment. Diagnosis by medical and nurse specialists.	Dementia Co-ordinators. Dedicated early onset co-ordinators. Memory Roadshow. Carers emotional support groups.	CMHT. In-reach team (care homes). Step Up Community Beds.	Crisis Helpline. Pan Dorset Intensive Support Team. In-patient Specialist Dementia Beds on one site (40 Beds)
DELIVERY	Local Authority commissioning	Primary Care (screening) + Newly procured provider (triage, specialist assessment & diagnosis)	Lead provider with sub-contracting arrangement	One single provider of all aspects pan Dorset	Lead provider sub-contracting to others
IMPLEMENTATION	Operational in 6 mths	Within 3 months of decision	Staged Within 6 months of decision	Staged Within 6 months of decision	Staged Within 6 months of decision

4.9 Option C offers reduced compliance with NICE standards having limited neuropsychology included and does not offer Cognitive Stimulation Therapy or day hospital provision. This option however is more affordable and offers dementia co-ordinators to all within the community including the same level of input to all individuals within care homes.

Option D

	PREVENTING WELL	DIAGNOSING WELL	LIVING WELL	SUPPORTING WELL	SUPPORTING CRISIS WELL
SCOPE	100% population of Dorset have access to information, advice and 3.56guidance on dementia	NICE compliant diagnostic model + neuropsychology	All people living with dementia in all community based care settings	All people diagnosed with Dementia across all settings	All people living with Dementia
SOLUTION	Signpost to a national helpline & local Dementia Directory	GP Screening Desk based triage by registered staff Memory Nurse assessment Diagnosis by medical and nurse specialists	Dementia Co-ordinators providing low level support Dedicated early onset co-ordinators Memory Roadshow Cognitive Stimulation Therapy (all) Carers emotional support groups	CMHT (higher intensity input) In-reach team (care homes) Step Up Community Beds	Crisis Helpline Pan Dorset Intensive Support Team 2 Day hospitals (aligned to intensive support) In-patient Specialist Dementia Beds on one site (40 Beds)
DELIVERY	Local Authority	Primary Care (screening) + Existing Secondary Care Specialist Provider (triage, specialist assessment & diagnosis)	Lead provider with sub-contracting arrangement	One single provider of all aspects pan Dorset	Lead provider sub-contracting to others
IMPLEMENTATION	Operational in 6 mths	Within 3 months of decision	Staged Within 6 months of decision	Staged Within 6 months of decision	Staged Within 6 months of decision

4.10 Option D does offer a NICE compliant service with a full neuropsychology service and Cognitive Stimulation therapy to be offered to all diagnosed. Dementia Co-ordinators would be offered to all regardless of their location and day hospitals would be aligned to the Intensive Support Service. This is the most expensive option.

Figure 4. Summary of dementia care pathway options and costs for year 1

	Core – minimum offer Option A		**Preferred option B**		**Option C**		**Option D**	
		Cost £000		**Cost £000**		**Cost £000**		**Cost £000**
Preventing Well	Info	**-**	Info & General helpline	**-**	Info & General helpline	**-**	General helpline	**-**
Diagnosing Well	Memory Assessment Service	**1,282**	Diagnostic model 4	**1,476**	Diagnostic model 4	**1,476**	Diagnostic model 4	**1,476**
	Neuropsychology (limited)	**29**	Neuropsychology (all)	**147**	Neuropsychology (limited)	**29**	Neuropsychology (all)	**147**
Living Well	Memory Advisors as current	**591**	Dementia Co-ordinators (different offer to care homes) & Memory Roadshow	**803**	Dementia Co-ordinators & Memory Roadshow	**1093**	Dementia Co-ordinators & Memory Roadshow	**1093**
			Early onset Co-ordinators	**24**	Early onset Co-ordinators	**24**	Early onset Co-ordinators	**24**
	Psychology	**208**	Psychology	**208**	Psychology	**208**	Psychology	**208**
			Cognitive Stimulation Therapy (vascular)	**57**			Cognitive Stimulation Therapy (all)	**311**
			Carer emotional support	**65**	Carer emotional support	**65**	Carer emotional support	**65**
Supporting Well	OP CMHT (based 54% of budget)	**2068**	OP CMHT (based 54% of budget)	**2068**	OP CMHT (based 54% of budget)	**2068**	OP CMHT (based 54% of budget)	**2068**
	In-Reach Team	**191**	In-Reach Team	**191**	In-Reach	**191**	In-Reach	**191**
Supporting Crisis Well	Intensive Support Team	**2138**	Intensive Support Team	**2138**	Intensive Support Team	**2138**	Intensive Support Team	**2138**
	Day hospitals with different models	**294**	2 day hospitals aligned to Intensive support	**294**			2 day hospitals aligned to Intensive support	**294**
	Modern Matron	**53**	Modern Matron	**53**	Modern Matron	**53**	Modern Matron	**53**
			Crisis helpline	**-**	Crisis helpline	**-**	Crisis helpline	**-**
	40 Inpatient beds	**4,303**	40 Inpatient beds	**4,303**	40 Inpatient beds	**4,303**	40 Inpatient beds	**4,303**
Total cost		**11,158**		**11,827**		**11,648**		**12,371**
Variation		**-**		**(669)**		**(490)**		**(1,213)**

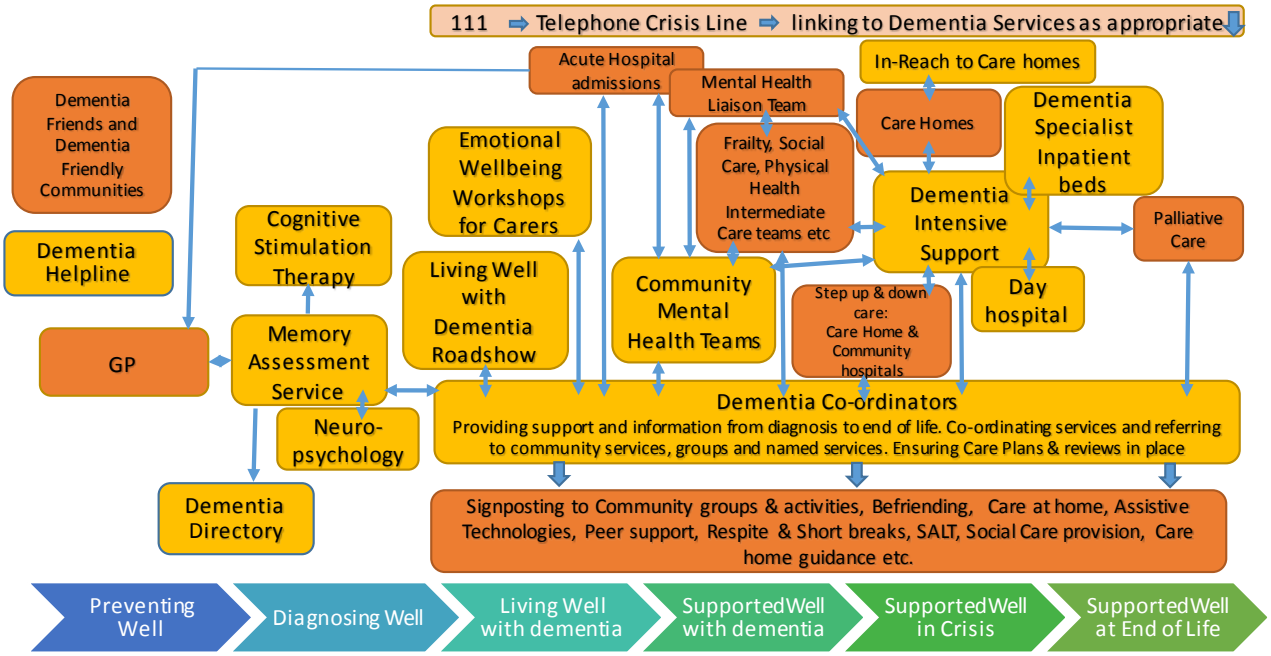
Figure 5. Summary of estimated five year costs for each option

	Option A Do min	Option B Preferred		Option C		Option D	
		Cost	investment £000	Cost	investment £000	Cost	investment £000
Year 1 £000	11,158	11,827	669	11,648	490	12,371	1213
Year 2 £000	Not modelled	11,949	791	11,687	529	12,479	1321
Year 3 £000	Not modelled	12,021	863	11,830	672	12,567	1409
Year 4 £000	Not modelled	12,141	983	11,908	750	12,657	1499
Year 5 £000	Not modelled	12,219	1061	11,988	830	12,750	1592

To note: Services that have not been included within the modelling have been based on year 1 costs throughout. These include psychology, CMHT, In-Reach Team, Intensive Support Team and Inpatients. Further modelling and costing will be required on these elements.

Summary of proposals for dementia services in Dorset

Figure 6. The preferred option - Option B



Note: the boxes in orange will be provided but are not part of the direct scope of this review

5.1 This preferred option includes:

- Provision of a Dementia Directory and website on Dementia

- Utilising a national Dementia Helpline to signpost people to for general queries and information

- A revised diagnostic service where patients are referred directly to the Memory Assessment Service from their GP whereby minimising any delay. This service would utilise Specialist Nurse Practitioners to assist with less complex dementia cases working alongside psychiatrists. Also, a neuropsychology service would be aligned to support cases which are more complex to diagnose;

- 'Cognitive Stimulation Therapy' offered particularly to those given a diagnosis of vascular dementia, whom currently receive no treatment for their dementia diagnosis;

- New roles in the form of 'Dementia Co-ordinators' to support, signpost, ensure a care plan is in place and offer patients and family carers a person to contact from the point of receiving a diagnosis of dementia onwards. These Co-ordinators would work in a locality based team structure alongside the other dementia team members;

- New roles of 'Early onset Dementia Co-ordinators' specifically for people diagnosed with dementia whom are aged under 65 years to better meet their needs;

- A new initiative of 'Dementia Roadshows' in which small events would run across all localities of Dorset giving basic information on dementia and dementia services. This would ensure people gain some understanding of what a dementia diagnosis might mean to them, to have awareness of the services and support offered across Dorset and meet representatives from these services. This would be offered to everyone who has received a dementia diagnosis and to their family and friends supporting them;

- A new initiative 'Carer Emotional Wellbeing workshops' to be offered for all family carers of those living with dementia. These training sessions over a number of weeks would offer education around dementia, developing personal resilience and managing carer stress;

- Formally commissioning 'Dementia In-Reach' services into the West of Dorset (this service had only been commissioned in the East of Dorset) to ensure the whole of Dorset is covered. This service would offer dementia education to care homes and community hospitals particularly around behaviours that challenge others;

- Community Mental Health Teams for older people to work within locally based teams across Dorset continuing to cover both dementia and other mental illness. These teams will include working closely with Dementia Co-ordinators to ensure if patients need more assistance then services are more aware and responsive;

- Providing a Crisis Helpline through the new Connections service provided by Dorset Healthcare and patients/family carers would be referred to appropriate service;

- Formally commissioning and expanding the 'Dementia Intensive Support Service' (previously known as Intermediate Care Service for Dementia) into the West side of Dorset so all of Dorset is included. This service offers intensive support and treatment in the person's own home/residence to those experiencing a **crisis** for a

period of up to six weeks and to try to maintain the person in their own home if possible. Furthermore, this service offers the gatekeeping role to the Dementia Specialist Inpatient beds as a means of preventing admissions where possible;

- Revising the model of care within Melcombe Day Hospital in Weymouth to align to the same approach as Haymoor Day Hospital in Poole. Day hospital provision would be integrated as part of the Intensive support service offering support and a safe place during daytime for those in a crisis and as a means of enabling people to remain in their own homes;

- Offering one dementia specialist inpatient unit based at Poole in order to try to ensure successful recruitment and sustainability of specialist registered staff. Travel costs and accommodation support would be offered to those family carers needing to travel from the West of the county. This unit will be supported by various other 'Step up or Step down' provision across the whole of Dorset based in care homes and community hospitals as a means of ensuring different levels of care are available for those potentially requiring an admission from the dementia specialist unit or requiring discharge.

5.2 Whilst the original plan for this review was to achieve the changes within the current budget. Option B will require extra investment of an estimated £670,000 both to develop the new services and would require recruiting significantly more dementia staff.

Anticipated Benefits

6.1 The anticipated benefits from this option would be:

- People will experience a smoother and quicker diagnostic process and receive post diagnostic support from diagnosis to end of life;

- People will be supported to live well with dementia, have more responsive services which may prevent some crisis;

- More choice and support for people living with dementia through an increased range of community options including education and support for carers;

- More efficient and cost effective services;

- Greater compliance with NICE Standards;

- Reduced inpatient admissions and system wide cost savings.

Consultation plan

7.1 The Consultation Plan is attached in Appendix 1. Subject to meeting the formal assurances public consultation is being planned to commence after purdah from late May until the end of July 2019. (see Figure 7 below for summary of delivery plan)

7.2 The consultation will include a mixed methodology and wide advertising. This will include an online survey; a consultation document including a questionnaire; an Easy Read version; an animation video explaining the review and the proposals. These will be promoted at various drop in events held across Dorset during daytime and

evenings where staff will be available to answer queries. Outreach to existing groups, staff meetings and events will also be included.

7.2 A Project Champion Group has been meeting to advise us on appropriate public facing documents. Bournemouth University Market Research Group has been commissioned to offer external evaluation of the consultation and to produce a final report.

Figure 7. Consultation Summary

Task	Feb/ Mar	Apr	May	Jun	Jul	Aug/Sept
Develop and prepare resources with Project Champions						
Plan and prepare communications and consultation methods						
Communications to media, stakeholders, public						
Consultation commences – online questionnaire, drop in events, feedback from questionnaire, outreach to carer and staff groups						
Consultation results collated and thematically analysed						
Consultation evaluation report drafted and finalised						

Next Steps

8.1 A Sense Check meeting was held with NHS England and the Clinical Senate on 17 September 2018. Stage 2 Assurance has been signed off to progress by NHS Dorset CCG and the Health and Wellbeing Boards. The dates are currently being arranged.

8.2 The Strategic Outline case has been approved by the Mental Health Programme Board, Clinical Commissioning Committee and Clinical Reference Group. It is being tabled for final approval at the Governing Body Board in March 2019.

Appendix 1

NHS
Dorset
Clinical Commissioning Group

Dementia Specialist Services Review

DRAFT Consultation Plan January 2019

ANNEX NO 9

January 2019



Project Name:	Dementia Services Review – Consultation Plan		
Date:	May 2018	**Release:**	
Author:	Diane Bardwell/Jane Austin		
Owner:	Mental Health Programme		
Project Sponsor:	Sally Sandcraft		
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Revision N°	**Date**	**Summary of changes**	**Author**
0.1	8.5.18		Jane Austin
0.2	2.11.18	Updated to reflect consultation timeline change 2019	Jane Austin
0.3	10.1.19	Updated to include developments on EIA and evaluation planning	Jane Austin/Sara Bonfanti

Approvals			
Revision N°	**Name**	**Job Title**	**Date**
0.1			

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1. Purpose

1.1 NHS Dorset Clinical Commissioning Group (NHS Dorset CCG) vision, and its local authority partners, is for people with dementia and their family/carers to be helped to live well with dementia, no matter what the stage of their illness or where they are in the health and social care system.

1.2 The purpose of this document is to define the consultation stage intentions and proposals to ensure:

- A co-production approach is taken with key stakeholders;
- Core messages are aligned across all channels;
- Activity and messages are timely and informative;
- Stakeholders and local communities are engaged in the review and have an opportunity to feedback and inform throughout;
- NHS Dorset CCG, NHS and partners' reputations are managed;
- Compliance with legal duties to involve, consult and report.

2. Consultation approach

2.1 The purpose of the consultation is to consult with all stakeholders on the proposed model options of the dementia services review to develop the Business Case.

2.2 The consultation objectives are to:

- take an approach of co-production ensuring stakeholder support throughout the consultation;
- ensure that all communications are open, honest and transparent;
- communicate consistent messages to all stakeholders;
- ensure stakeholders, including service users, carers, staff and the public have opportunity to give their views on the proposed model options;
- provide a range of opportunities to be involved regardless of who you are and where you live;
- provide the consultation information in clear and simple language and a variety of formats to make sure everyone can access it;
- use the feedback received to inform decision-making;
- share the feedback received during consultation with local people;
- ensure that Health Scrutiny Committee is fully informed and kept up to date on the progress of this review.

2.3 Each project stage will be carefully project planned. This stage will include:

- Development of a comprehensive consultation plan detailing public events, outreach groups, media, social media promotion, video development and website with persons responsible;
- Re-establish the Project Champion Advisory Group including people using services and carers;
- Gather feedback from service users, carers and staff on service model design options;

- Gather feedback from other stakeholders involved with dementia services such as GPs, Social Workers, Care homes and Domiciliary care.

2.4 The consultation will be taken forward with a co-production approach led by the Project Board ensuring people living with dementia and their informal carers are consulted with appropriately.

2.5 The Dorset Dementia Partnership and Project Champion Advisory Group will advise on effective methods of communication and consultation with people living with dementia and their carers.

2.6 The timescale for the consultation is 8 weeks, commencing from mid summer. It is planned for the final consultation report to be published in the autumn of 2019. For full detail of project plan see appendix 1.

Task	Feb/ Mar	Apr	May	Jun	Jul	Aug/Sept
Develop and prepare resources with Project Champions						
Plan and prepare communications and consultation methods						
Communications to media, stakeholders, public						
Consultation commences – online questionnaire, drop in events, feedback from questionnaire, outreach to carer and staff groups						
Consultation results collated and thematically analysed						
Consultation evaluation report drafted and finalised						

2.7 At the start of the dementia services review, stakeholders were identified who should be informed and involved in the review. The process included stakeholder mapping to identify stakeholders the CCG has or should have a relationship with and the rationale for engaging with them.

2.8 The consultation will reach out widely across all identified audiences across Dorset's geography, demography and diversity – providing information and opportunity for involvement to patients, carers, staff who deliver health and care services, local residents, organisations, diverse communities and groups to help to inform decision-making about what changes are proposed for dementia services in Dorset.

2.9 During the consultation a wide range of methods will be used to ensure that the greatest number and widest range of people from across the population of Dorset have the opportunity to be involved. This will include staff that work within the NHS.

2.10 The CCG will aim to reach as many people as possible through targeted channels. Methods and materials will be made as accessible as possible and in different languages. Recognition will be given to the diversity of audiences. The CCG will follow the principles of the NHS Accessible Information Standard.

2.11 A draft version of the consultation document will be shared with key stakeholders for comment.

2.12 Consultation activity and methodologies will be co-designed with the Dementia Project Champions in line with national best practice guidance.

2.13 The CCG will continue to work closely with the five NHS Trust providers, three local authorities, GP members and the voluntary sector to support them to cascade information to their internal and external audiences.

2.14 Consultation methods, materials and promotion will be described in detail in the Consultation Delivery Plan. This plan is supported by a detailed consultation action plan which is a live document and will be updated regularly.

2.15 The consultation activity will be led internally by CCG staff, with external support as appropriate from partner organisations.

2.16 The Market Research Group, Bournemouth University, will undertake hosting the online questionnaire and processing of written questionnaires, and the consultation analysis.

2.17 All staff involved in consultation will be given the tools to develop their skills and confidence in communicating consultation messages to wider audiences.

2.18 A budget has been set to support the delivery of consultation activities.

3. Communications

3.1 A detailed communication plan will be developed in conjunction with the Dementia Partnership and the Project Champion Advisory group.

3.2 To ensure the most effective level of communication during the consultation, the communication procedures/methods to be used should include updates and key reports through:

- Dorset Dementia Partnership Meetings;
- GP Bulletin;
- NHS Dorset CCG Public website and other stakeholder websites;
- Media – press releases to attract local newspapers and radio. Social media promotion;
- Through stakeholder networks.

4. Consultation risks

4.1 A number of risks have been identified which may have a detrimental effect on levels of public engagement and responses to the consultation process. These are;

- lack of awareness or engagement
- consultation fatigue
- lack of resources
- due to the fact the CCG is going out with a preferred option there is the risk that the public will believe that decisions have already been made and that therefore this is not a meaningful consultation
- quality versus quantity of responses
- unbalanced media reports
- failure to react to campaigners and protesters who seek to spoil the debate.

4.2 For each risk, the CCG has mitigations to minimise the impact on the consultation.

5. National guidance

5.1 All engagement, consultation and communication throughout this review will ensure NHS Dorset CCGs/Dorset HealthCare and the Local Authorities' legal requirements to consult about the way the NHS and Social Care is operating and about any proposed changes are followed. The duties particularly focus on:

- Consulting patients and the public;
- Consulting the local authority Overview and Scrutiny Committee.

5.2 Throughout the communications and engagement activity for the consultation, the partnership of organisations will abide by the following legislation:

- **Health and Social Care Act 2012**

5.3 The Health and Social Care Act 2012 makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution and to promote awareness of the NHS Constitution.

5.4 Health Commissioners must involve and consult patients and the public:

- in their planning of commissioning arrangements in the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- in decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

5.5 The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Health Overview and Scrutiny Committees (HOSCs) on any proposals for a

substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

- **The NHS Constitution**

5.6 The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided
- In the decisions to be made affecting the operation of those services

5.7 Commissioners will ensure that the duties required in legislation are met and that patient, the public and stakeholders have the opportunity to have meaningful input in shaping future health services within the scope of the programme.

5.8 In undertaking public consultation, the CCG ensure that it is clear to public, patients and stakeholders what they are able to shape or influence and what areas are set due to national policy or safety reasons.

- **The updated Government Consultation Principles 2018**

https://www.gov.uk/government/publications/consultation-principles-guidance

5.9 The government has published a revised set of government consultation principles. These principles give clear guidance to government departments on conducting consultations. They have amended the principles in the light of comments from the Secondary Legislation Scrutiny Committee and to demonstrate the government's desire to engage more effectively with the public.

5.10 The principles include using more digital methods to consult with a wider group of people at an earlier stage in the process, making it easier for the public to contribute their views, and to try harder to use clear language and plain English in consultation documents.

- **The Equality Act 2010**

5.11 The Equality Act 2010 unifies and extends previous equality legislation. The characteristics that are protected by the Act are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

Section 149 of the Equality Act 2010 states all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'equality of opportunity,' and c) foster good relations between persons who share a relevant protected characteristics and persons who do not share it.

- **The Gunning Principals of Consultation**

5.12 The four 'Gunning Principals' are recommended as a framework for all engagement activity but are particularly relevant for consultation and would be used, in the event of a judicial review, to measure whether the process followed was appropriate. The Gunning Principles state that:

5.13 **Consultation must take place when the proposal is still at a formative stage:** Decision-makers cannot consult on a decision that has already been made. If the outcome has been pre-determined, the consultation is not only unfair, but it is also pointless.

5.14 This principle does not mean that the decision-maker has to consult on all possible options of achieving a particular objective. A decision-maker can consult on a 'preferred option', and even a 'decision in principle', so long as its mind is genuinely open - 'to have an open mind does not mean an empty mind.'

5.15 If a decision-maker has formed a provisional view as to the course to be adopted, or is 'minded' to take a particular course subject to the outcome of consultations, those being consulted should be informed of this 'so as to better focus their responses'.

5.16 **Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response:** Consultees should be made aware of the basis on which a proposal for consultation has been considered and will thereafter be considered. Those consulted should be aware of the criteria that will be applied when considering proposals and what factors will be considered 'decisive' or 'of substantial importance' at the end of the process.

5.17 **Adequate time must be given for consideration and response:** Unless statutory time requirements are prescribed, there is no necessary time frame within which the consultation must take place. The decision maker may adopt a policy as to the necessary time-frame (e.g. Cabinet Office guidance, or compact with the voluntary sector), and if it wishes to depart from that policy it should have a good reason for doing so. Otherwise, it may be guilty of a breach of a legitimate expectation that the policy will be adhered to.

5.18 **The product of consultation must be conscientiously taken into account:** If the decision-maker does not properly consider the material produced by the consultation, then it can be accused of having made up its mind; or of failing to take into account a relevant consideration.

5.19 Under the Care Act 2014 local authorities now have a statutory duty relating to market shaping of social care provision. That duty relies on local authorities knowing their communities, and their care and support needs, and expectations. The Care Act also puts a legal duty on local authorities providing information to their citizens about care and support services.

6. Consultation Plan

6.1 The consultation approach will be developed in conjunction with the Dementia Partnership and the Project Champion Advisory Group.

6.2 Consultation methods to be agreed by the Dorset Dementia Partnership and Project Champion Group to include;

- Questionnaire and summary leaflet widely shared, distributed and promoted (returnable freepost)
- Online questionnaire using Survey Monkey
- Easy read documentation
- Outreach to existing groups, staff meetings and events
- Drop in and pop up events across the county

- A video giving an overview of the model option available to the events and on line

6.3 Advice will be sought from the Project Champions on the design, wording, font and colours of the questionnaire, summary leaflet and consultation document. Documents will be available on request in different languages, braille or through audio.

6.4 The Project Champions advised in the view seeking phase that emotional support would be needed at events for service users and carers. This approach will be used for the consultation events.

6.5 Staff involved in providing care and support to people with dementia and working within dementia specialist services will have the opportunity to be involved in the consultation and complete the questionnaire. There will be outreach to staff groups during the consultation period.

6.6 To enable carers to be involved in the consultation there will be outreach to existing groups for example over 50 plus forums, carer groups, learning disability forums and lunch clubs. Pop ups in day centres, food banks, market days, agricultural shows and libraries have been highlighted as ideal arenas to consult with the public.

6.7 To enable people with learning disabilities to be involved in the consultation there will be outreach to Learning Disabilities forums in Dorset and easy read documentation available.

6.8 The consultation drop in events will follow a similar format to the Acute Care Pathway consultation event remit. The meetings will be open for anyone to attend. These meetings would be held for two and a half hours and give information about the preferred model option. Participants would have opportunity to read the summary document, watch the animation and discuss the proposed model of care with informed facilitators and be invited to complete the questionnaire giving their views with assistance offered if necessary.

6.9 There will be a video developed giving an overview of the preferred model option to play at the drop in events and have available on the Dorset CCG website and linked to partner organisations. The Project Champions will have opportunities to advise on the narrative and visual effects.

6.10 The view seeking and engagement events were held in 11 localities across Dorset and for continuity and to give as many participants as possible the opportunity to attend it is suggested the same areas are used for the consultation and to include evening sessions to allow working people to attend.

6.11 Project Champions will be asked to agree on methodologies to engage with various communities such as the Chinese forum and other groups with protected characteristics as noted in the Equality Impact Assessment.

6.12 In collaboration with the CCG, the Market Research Group (MRG) will design a paper and online survey relating to proposals to change the delivery of Dementia services across the county. MRG will host the online survey on their own secure server and provide the CCG with an online link to the survey for distribution.

7. Analysis and evaluation

7.1 The Market Research Group (MRG) at Bournemouth university will carry out with the evaluation of data and produce the final report to ensure validity and external independence for the publication of the Consultation results document.

7.2 The MRG will produce an interim report and an overview of respondents which will enable the CCG to target under-represented areas and communities in the second part of the consultation.

7.3 Data will be qualitative and quantitative to ensure richness of data and the analysis will be available in a public consultation results report.

7.4 Development of consultation document including survey questions being written to ask questions on the preferred model diagnosis pathway, day hospital use and the number of specialised beds.

7.5 On conclusion of the analysis work MRG will produce a final interpretive written report which will be publically available. The report will be used to inform the Decision Making Business Case, on which the Governing Body's final decision will be based. The CCG will be explicit about the decision-making process.

7.6 The CCG website will be regularly updated at each stage of the consultation and decision-making process.

Appendix 1 – Planning of 8-week Consultation

Planning of 8 week consultation	lead	Feb	Mar	Apr	May	June	July	Aug	Sept
Produce draft questionnaire and summary document. Arrange design, printing and get quotes	JA/SB								
Produce easy read documents Design online survey Arrange production, narrative and design of video	JA/SB								
Get feedback from stakeholders on consultation documents to produce final versions. Complete final versions for sign off	JA/SB								
Arrange and book venues and dates for drop in events Design the format of the event Work with workforce and partners to create staff list to assist at events Identify and arrange outreach to workforce and carer groups	JA/SB								
Develop website page with details of consultation Distribution and dissemination of summary booklet, questionnaire and flyers	JA/SB								
Internal communications	JA/SB								
Regular updates on GP bulletin and DHC website. Inform Primary care to promote via locality meetings Formal notification letter to GPs from Dr French	JA/SB								
External communications	JA/SB								
Promote events Develop media plan-press releases, digital and social media Promotion to public and workforce	JA/SB								
Public consultation- 8 weeks									
Hold the public drop in events across the county including evening sessions	JA/SB								
On line survey go live Summary booklets, questionnaires, flyers available at dementia services, GP practices, Alzheimer's society, local authorities	JA/SB								
Out reach to workforce, LD, people with dementia and carers groups	JA/SB								
Evaluation of consultation	JA/SB								
Market Research Group Bournemouth University evaluation document	JA/SB								

Appendix 2 – High level consultation delivery plan

The following plan has been developed in accordance with national best practice guidance. It has also been informed by the co-design work with Dementia champions and the Dementia Partnership board. This plan will be supported by a detailed consultation action plan.

Action	Description	Purpose	Audiences
Production of consultation materials	A range of materials will be produced to support the consultation, in line with NHS England's Accessible Information Standard, including (but not exclusively): • Consultation Document • Consultation Questionnaire (with freepost address). Also in Easy-Read. • Posters, flyers, z-card and pull up banners. • Videos. • Top level messages guide for staff. • Web based and digital/social media material (see below) • Information will be available in other translated formats, languages and audio version on request.	To provide clear accessible information in a number of formats to inform people about opportunities for information and involvement, where consultation documents are available and to enable local people across Dorset's geography, demography and diversity to play a meaningful part in the public consultation.	General public– including diverse, and seldom heard communities and groups.
Distribution of consultation documents, including consultation questionnaire, in health settings	• 10,000 consultation documents to be printed. • To be distributed through a wide range of health settings, including GP waiting rooms, hospital waiting rooms, pharmacies, and care homes. • Ask practice managers to distribute documents to local people.	To raise awareness of the consultation and provide the opportunity to participate amongst current users of health services and their carer.	General public, patients and carers. NHS staff, volunteers. Care home staff.
Distribution of consultation documents including consultation questionnaire through community and other settings.	• The consultation documents will be distributed through a wide range of community and other settings including e.g. town halls, libraries, sports and leisure centres, Citizen Advice Bureaus, transport hubs, job centres, sheltered housing, etc. • Link with Bournemouth and Poole Councils for Voluntary	To raise awareness of the consultation and provide the opportunity to participate amongst current and potential users of dementia services and carers.	General public, working well, seldom-heard groups, volunteers, community leaders.

Action	Description	Purpose	Audiences
	Service, Dorset Community Action, Dorset Volunteer Centre, Access Dorset and DAPTC (agreeing distribution plan) • Link with social care teams (agreeing distribution plan). • Explore opportunities to distribute through other existing avenues like Fire and Rescue community teams etc. • Consultation document uploaded onto the CCG public website and Dorset's Vision website.		
Include article in the CCG "Feedback" news e-bulletin and other partner organisations newsletters	Include an article in the CCG's "Feedback" bulletin, linking directly to the consultation document Include an advert partner organisations news bulletin, linking directly to the consultation document	To raise awareness of the consultation, provide the opportunity to participate and continue the engagement 'journey' with people with an interest in or involvement with Dorset CCG and local health services.	Public, patients and carers. Informed audiences.
Locality Based Drop in Events	11 drop in events to be held in the morning or afternoon at: • Christchurch • Ferndown • Wimborne • Swanage • Shaftesbury • Dorchester • Poole • Bournemouth • Weymouth • Bridport • Blandford Emotional support will be provided at events for service users and carers.	To provide opportunity for information and involvement across Dorset. Display and film information will provide a clear background and overview, staff will be on hand to answer questions on the consultation and/or consultation document.	General public.
Locality based pop-ups – manned	• Locality based manned pop-up information stands across Dorset. Staff will be on-hand to provide introductory and background information and opportunity to take part in the consultation. • Areas of high footfall will be selected.	To actively promote consultation across Dorset and provide opportunity for information and to ask questions.	General public.

Action	Description	Purpose	Audiences
Opportunity across diverse organisations and communities	To liaise closely with organisations such as Dorset Race Equality Council, Access Dorset, Dorset's LGBT Advisory Group, etc. to produce a schedule of opportunities for information and involvement – visiting existing meetings / convenient locations – going to where they are	To reach out to people across Dorset's demography and diversity (all protected characteristics) – providing accessible opportunity for information and involvement.	General public, reaching out across Dorset's diverse groups (all protected characteristics) and communities (including the gypsy Romany community and armed forces).
Learning disability events	To liaise closely with organisations such as Bournemouth People First, Poole Forum etc. to produce a schedule of opportunities for information and involvement – visiting existing meetings / convenient locations – going to where they are.	To provide opportunity for information and involvement in ways that are clear and accessible to people with learning disabilities.	People with learning disabilities, their families, support workers and carers.
Communication and activities targeting the Working Well	• Many of the activities and methods within this plan will be accessible to the working well. This will include CCG and partner organisations staff. • To advertise opportunity for involvement through local working groups such as Dorset Chambers of Commerce and their media/social media.	To provide information and opportunity for involvement to the working well.	The working well across Dorset.
Communications and consultation with Civic Leaders	• Attendance at Health and Overview Scrutiny Committees • MP briefings	To ensure Civic Leaders are kept fully informed across the consultation. To present all opportunities for public consultation, provide opportunity to participate and to encourage onward communications of consultation opportunities.	Dorset's civic leaders and the general public.
Communication and consultation with CCG Membership	Regular updates to be provided at all of the following meetings, Membership: • Locality meetings • GP bulletin Governing Body: • Governing Body Meetings	To ensure CCG Membership is kept fully informed across the consultation. To present all opportunities for public consultation and encourage onward communication of consultation opportunities.	CCG Membership

Action	Description	Purpose	Audiences
	• Clinical Reference Group • Clinical Commissioning Committee		
Communication and consultation with Health and Social Care Staff	NHS and local authority staff • staff bulletins • intranets • Information to be provided before and across the consultation period. • Materials and literature provided to Communication and Engagement Leads for onward use by managers and workforce leads to inform and encourage staff involvement Practice Managers and practice staff • Materials and literature provided to inform and encourage staff involvement via Practice Managers meetings, locality GP meetings, GP bulletin	To ensure staff are kept fully informed across the consultation. To inform and encourage involvement and challenge to involve family and friends in consultation. Information for CCG staff and practice managers to support public messages when they are involved in public consultation work/events.	CCG staff. Partner/provider organisations
Communications and media including digital media (also see below	• Regular release of proactive media stories in order to ensure information about the consultation and forthcoming events will be featured in a range of local and regional print, radio, television and online media outlets. Releases will also be sent out at key milestones throughout the consultation i.e. halfway through, one week to go. • Reactive media work will also be undertaken.	To raise awareness of the consultation through broadcast, print and online media channels. We will ensure that public events are supported by spokespeople who are accessible and approachable and sufficiently informed to engage in meaningful conversations with key audiences. Spokespeople will be properly briefed and trained, if necessary. To provide reminders of the consultation and time remaining during the consultation.	General public, media partners, NHS staff and online communities

Action	Description	Purpose	Audiences
Implementation of digital media plan	Develop online Dementia Services Consultation pages on the Dorset's Vision website: • Develop the pages as a consultation tool. Update information and functionality to support the public to make an informed decision and provide easy access to relevant information. • Content to be reviewed and updated regularly to share latest news and events. Animation/video • To develop a consultation video/animation to support the public in making an informed decision. Social Media Strategy • We will implement a social media strategy with a content and digital resource plan so that we can maximise our online presence, ensure timely and consistent two-way conversations, provide opportunity to respond to questions raised, optimise opportunities to reach online communities (especially those who use social media as their primary means of engagement). • Use social media as a priority communication and engagement tool. To provide regular information about the consultation including promotion of events taking place and ways people can get involved on Facebook and Twitter. • To use Facebook and Twitter paid for advertising to segment and target messages to appropriate audiences, including harder to reach groups.	To provide information about the review and the opportunities about how to participate. To drip feed small 'bite-sized' chunks of information about the consultation. To provide timely updates throughout the consultation period about consultation activity taking place. Raise awareness of the consultation. Provide information and facts in a simple way to help inform decisions. Increase event attendance. Reach the seldom heard. Build our audience.	Online communities, special interest groups, campaigners

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Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	7 March 2019
Officer	Sophie Jordan, Divisional Manager, Family Services and Surgical Division, Dorset County Hospital
Subject of Report	**Update regarding the repatriation of specific activity from Bridport Community Hospital**
Executive Summary	This report provides a brief update regarding the on-going consultation with stakeholders regarding proposals to relocate some specific services from Bridport Community Hospital to Dorset County Hospital and Blandford Community Hospital. These proposals are being developed jointly by Dorset County Hospital NHS Foundation Trust and Dorset HealthCare University NHS Foundation Trust.
Impact Assessment:	Equalities Impact Assessment: Report provided by Dorset County Hospital and Dorset HealthCare University NHS Foundation Trust.
	Use of Evidence: Report provided by Dorset County Hospital and Dorset HealthCare University NHS Foundation Trust.
	Budget: Not applicable for Dorset County Council.
	Risk Assessment: Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: LOW (for DCC) Residual Risk: LOW (for DCC)

Update regarding the repatriation of specific activity from Bridport Community Hospital

	Other Implications: None
Recommendation	That the Committee note and comment on the update.
Reason for Recommendation	To fulfil the Committee's role as a consultee when there are proposed variations to the provision of health services in the area.
Appendices	None.
Background Papers	Report to Dorset Health Scrutiny Committee, 17 October 2018 (Agenda item 42): Dorset Health Scrutiny Committee, 17 Oct 2018
Officer Contact	Name: Sophie Jordan, Divisional Manager, Family Services and Surgical Division, Dorset County Hospital Tel: 01305 255476 Email: Sophie.Jordan@dchft.nhs.uk

1 Introduction

1.1 This report provides an update for the Dorset Health Scrutiny Committee, following a briefing report on 17 October 2018 outlining proposed changes to the delivery of day case activities at Bridport Community Hospital. Since October the scope of activities included within the proposals has been expanded.

2 Engagement

2.1 Dorset County Hospital and Dorset HealthCare Trust continue to work on the engagement programme with local Bridport stakeholders. Two events will be held in March involving local residents, the League of Friends, Bridport Transport Action Group and a number of other key stakeholders. This will provide an opportunity for individuals to voice concerns or suggestions to improve the implementation of repatriation of specific activity from Bridport Hospital to Dorset County Hospital, which consists of Lithotripsy (the treatment of kidney stones using ultrasound shock waves) and Cystoscopy (a procedure that looks inside the bladder for diagnostic purposes) services. The total quantum of activity (for Lithotripsy and Cystoscopy services) remains approximately 1,500 cases per year, delivered at alternative locations. The amalgamation of staff and equipment provides an opportunity to increase capacity and reduce the waiting lists within the same resource.

3 Gastroscopy Services

3.1 In light of the above and to ensure an integrated approach, it is also proposed to include the permanent relocation of Gastroscopy services to Dorset County Hospital

(approximately 350 patients per annum), which, due to national requirements, need to be connected to a national database and have been temporarily relocated to Dorchester from Bridport since April 2018.

3.2 All of these procedures use endoscopes that require decontamination using an endoscope washer and therefore should be considered together to ensure the most effective use of resources. Best practice for endoscopy services is to be provided in a JAG (Joint Advisory Group) accredited service which meets a stringent set of national standards. Dorset County Hospital is a JAG accredited services.

4 Musculoskeletal Pain Services

4.1 To increase the overall offer to patient engagement, we will also look at the enhancement of new Pain list at Dorchester, provided jointly by Dorset County Hospital and Dorset HealthCare University NHS Foundation Trust, by the relocation of the monthly Pan Dorset MSK (Musculoskeletal) list (approximately 90 patients per annum) from Bridport to Blandford Community Hospital. This will not only make it more centrally located for patients who travel from across the county, but will also free up specialist equipment to support the Pain list for patients.

5 Summary

5.1 In summary, the engagement seeks to involve stakeholders in the relocation of some services and enhancing the provision of a new Pain Service, increasing the overall offer to patients. General surgery and vasectomy services will continue to be provided at Bridport Community Hospital.

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INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

NHS
Dorset County Hospital
NHS Foundation Trust

Dorset County Hospital
CQC 2018 Inspection

CQC Inspection summary & report DCH published 06/11/18

(Ctrl + Click to follow link)

Neal Cleaver

Deputy Director of Nursing and Quality

Outstanding care for people in ways which matter to them

CQC New Processes since 2016

Monitoring

1. Replacement of Intelligent Monitoring with the new 'Insight Model'
2. Current PIR replaced with streamlined annual information request
3. Quarterly meetings to ensure regular contact with providers and other partners will give a single shared view of quality (Engagement Meeting)

Inspection process

- Annual Inspections around Well-Led and at least one Core service
- Core Services to be inspected will be determined by current ratings and concerns raised from regular meetings and intelligence (IE: Core services as a maximum MUST be inspected every 3.5 years if rated 'Good')
- Core Service inspections will be unannounced and may be at different times
- Well-led inspections will be announced to ensure scheduling of interviews for Board members

DCHFT CQC 2018 Inspection

- 2018 inspected areas:

  Urgent and Emergency Services

  Maternity Services (now classed as an independent core service)

  End of Life Care Services

  Outpatient Services (now classed as a independent core service)

  Diagnostic Imaging Services (now classed as an additional service)

- Areas NOT inspected (last inspection 2016) & ratings remained unchanged:- Surgery; Medical Care (including older peoples care); Critical Care; Services for children and young people); Gynaecology (now classed as an additional service, therefore pervious joint rating no longer applies)
- Inspection spread over a number of weeks (due to summer period)
- NHS Improvement independently completed 'Use of Resources' inspection
- Final Report was published 6 November

Rating Result

- Overall The Trust was Rated as **GOOD** (2016 Rated as Requires Improvement)
- All Core services were rated as **GOOD**
- Caring, Responsive, Effective and Well-led Domains were rated as **GOOD**
- End of Life Care, Diagnostic Imaging and Outpatients improved their rating for Safe to **GOOD**
- End of Life improved their 'Well-Led Domain' from 'Inadequate' to **GOOD**
- Safe Domain remains rated as **Requires Improvement** Overall (note this is due to a number of areas NOT inspected since 2016 that RI rating that is unchanged – CQC methodology for calculating rating)

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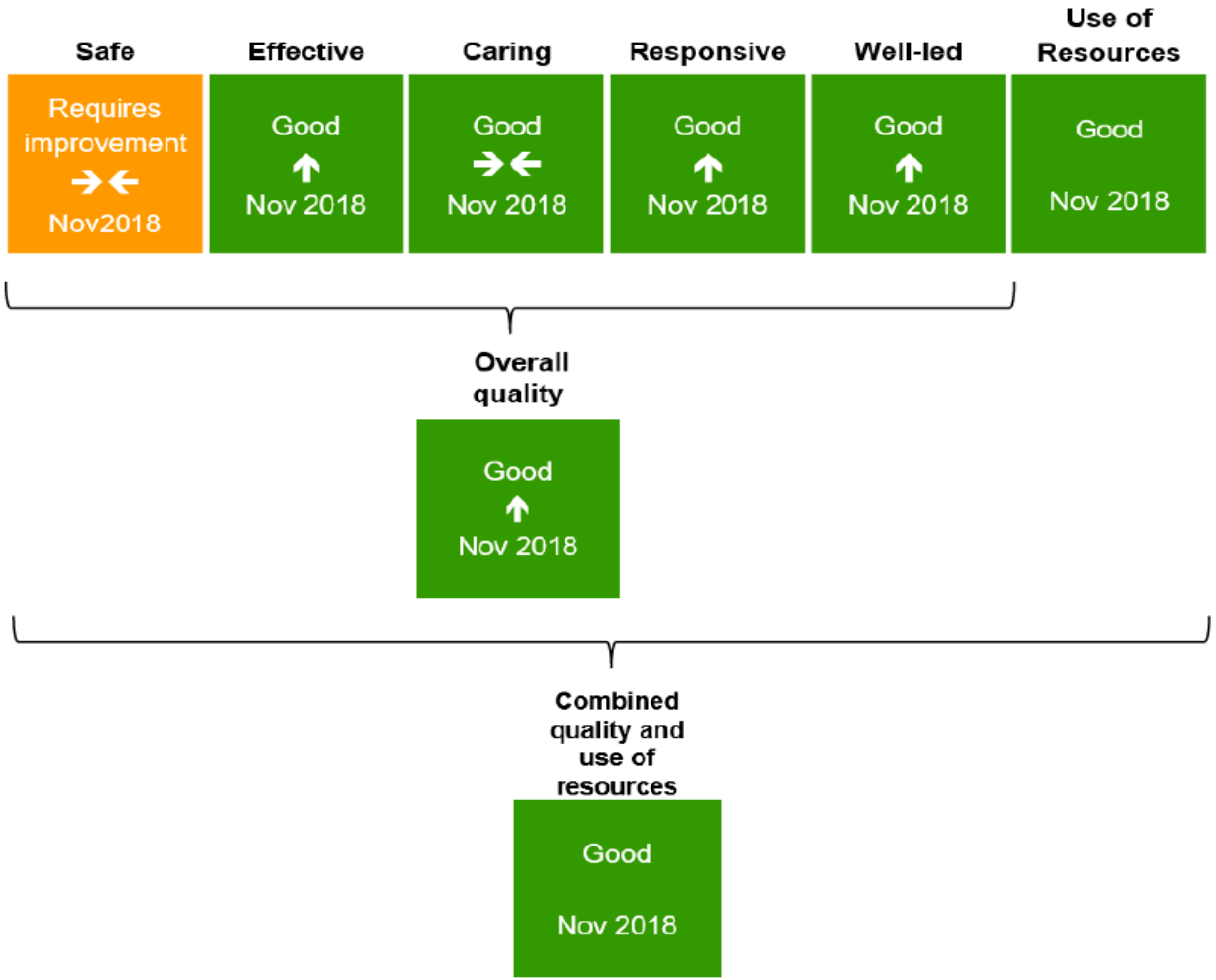
Overview of DCHFT Ratings



Outstanding care for people in ways which matter to them

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	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement →← Oct 2018	Good →← Oct 2018	Good →← Oct 2018	Good →← Oct 2018	Good ↑ Oct 2018	Good ↑ Oct 2018
Medical care (including older people's care)	Requires improvement Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Surgery	Requires improvement Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Critical care	Good Aug 2016	Good Aug 2016	Good Aug 2016	Requires improvement Aug 2016	Good Aug 2016	Good Aug 2016
Maternity	Requires improvement Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
Services for children and young people	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
End of life care	Good ↑ Oct 2018	Requires improvement →← Oct 2018	Good →← Oct 2018	Good →← Oct 2018	Good ↑↑ Oct 2018	Good ↑ Oct 2018
Outpatients	Good Oct 2018	N/A	Good Oct 2018	Good Oct 2018	Requires improvement Oct 2018	Good Oct 2018
Diagnostic imaging	Good Oct 2018	Good Oct 2018	Good Oct 2018	Requires improvement Oct 2018	Good Oct 2018	Good Oct 2018
Overall*	Requires improvement →← Oct 2018	Good ↑ Oct 2018	Good →← Oct 2018	Good →← Oct 2018	Good ↑ Oct 2018	Good →← Oct 2018

Note: 'arrow' symbol only applies to rating change for a core service that was assessed as per the 2016 inspection

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Outstanding CQC Comments

Well-Led – "The Board had a strong focus upon patients safety and quality care"

Outpatients - "Patients described staff as excellent"…"staff always went the extra mile"

ED - "Patients spoke positively about their experiences of staff"

Diagnostic imaging – "staff cared for patients with compassion…and kindness…understanding"

Maternity – "staff were highly motivated and inspired to offer care which was compassionate"

EOL – "emotional support provided" by all members of the team clinical and non-clinical"…"Patient treated with GREAT dignity"

Outstanding care for people in ways which matter to them

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DCHFT Outstanding Practice

The Trust received praise for areas of outstanding practice during the inspection:-

- Emergency Department – “The laminated pocket-sized cards given to all new staff with key elements of safeguarding and mental health support. The laminated cards produced for patients within the learning disability community to help them with, for example, coming to an A&E department, and being able to explain any pain they were feeling.”
- Working with the Dorset Friendship Club. “Work with this club has led to the opportunity to bring group of people with a learning disability to the hospital to talk about specific subjects such as the group who visited cardiology and the planned visit to diagnostic Imaging”
- “The community and multidisciplinary working for patients and others to protect them from abuse, or help to avoid admission to hospital.”
- “The establishment of a sex-worker clinic”

DCHFT Outstanding Practice

- “People with learning disabilities acting as ‘mystery shoppers’ had been invited to come to the hospital to tell the trust what it felt like for them, or how the website catered for them. This had led to some changes and developments in line with their feedback, including signage and information being improved.”
- “The use of a designated tracker role in the urgent and emergency care service (ED).”
- “Introduction of the cerebral palsy integrated pathway (Diagnostic Imaging)”
- “The work of the primary and acute care systems (PACS) team to improve the process of sharing image data information across boundaries and between different systems.”

Action the Trust MUST Take

The Trust MUST make the following changes to comply with 11 breaches of 5 legal obligations:

1. Ensure the requirements around learning from death are complied with, including:- public publishing the trust policy; modifying national template to publishing mortality information in a easier to understand format; timely completion structured judgement reviews and any death investigation for learning to be meaningful. Actions Identified and Monitoring in Place
2. Ensure staff are up to-date with their mandatory training.(U&E), Action taken and monitored
3. Ensure the room used for mental health assessments (ED) has a full and regular risk assessment. Ligature points must be removed and environment reviewed to ensure any potential risk to peoples' safety is managed. Actions Completed
4. Ensure staff are up to-date with their mandatory training. (Maternity) Action Taken and monitored
5. Clean all equipment in line with trust policy and national standards (Maternity) Actions Completed

Action the Trust MUST Take

6. Manage all medicines in line with the manufactures guidelines and store them safely. (Maternity) Actions Completed
7. Reduce the exhaled levels of nitrous oxide used for pain relief to a safe level (Maternity) Actions Completed – Monitoring in place
8. Ensure best interest decisions and mental capacity assessments are carried out and documented. This related to gaining consent for the trust's 'Allow a Natural Death' form for patients who are unable to give such consent because they lack the capacity to do so; therefore, acting in accordance with the Mental Health Act 2005. Actions Identified and monitored
9. Clinic letters be typed and shared with the patient's GP in a timely manner. Actions Identified and monitored
10. Systems and processes are effective to monitor governance and risk in the outpatient service. (Outpatients) Actions Completed
11. All staff complete mandatory training appropriate to their role (Outpatients) Monitoring

Action the Trust SHOULD Take

The CQC outline areas the Trust 'should' consider for action (39 actions identified):-

Trust-wide

• Develop a system to provide evidence of senior executive visibility at all trust sites and teams. Improved recording - complete

• Promote equality and diversity by asking staff to consider the timing of meetings such that they suit all those wanting or required to attend. Action plan for improvement

• Consider why some staff do not feel able to or want to report instances of bullying, abuse or harassment. Action plan for improvement

• Review the arrangements for the Freedom to Speak-Up Guardian so they come into line with the recommendations of the National Guardian's office. This is to include assurance to the trust board. Complete

• Publish the required information for the Equality Delivery System 2 (EDS2). Complete

Action the Trust SHOULD Take

- Produce and publish the latest Workforce Race Equality Standard. Complete
- Include the estates team within the governance reporting framework. Reviewed
- Review the process for complaints to improve the timeliness of response, but also how these responses might be perceived by patients. Complete and ongoing
- Provide assurance to the board that complaints and incidents are used to improve patient care. Ongoing
- Continue with performance results being one of the highest priorities for the trust to improve upon. Ongoing
- Become compliant with all the Accessible Information Standards. Actions in place
- Update the trust website around data protection information for the public so it shows current legal requirements. Complete

Action the Trust SHOULD Take

• Build on the work of the Patient and Public Engagement team with a strategy for future developments in this area. Ongoing

End of life care

• Improve compliance with standards of patient records. Records should always be clear, up-to-date and available to all staff providing care. Pan-Dorset and local actions in place

• Complete treatment escalation plans accurately to reflect the wishes of the patient regarding future care and treatment. Ongoing

Urgent and emergency services

• Consider how the environment in the department could be further improved to meet the increasing demands. Estates strategy

• Improve visibility in the waiting room and children's play area. Estates Strategy

• Give patients their medicines on time. Onging

• Review the needs of people with hearing difficulties to consider the provision, for example, of a hearing loop facility. Actions in place

Action the Trust SHOULD Take

• Provide staff with the required Mental Capacity Act training and Deprivation of Liberty Safeguards training within the required time frames. Complete and ongoing

• Consider how to meet the needs of people with dementia are reviewed in the emergency department, eg use of distraction tools. Complete and ongoing

• Involve public in developing emergency department services. Ongoing as required

Maternity

• Investigate complaints within what are agreed timeframes. Complete

• Complete all actions identified during governance meetings within a set timeframe. Complete

• Ensure a consistent approach to providing in-date and accessible safety guidelines to staff. Complete

• The service should ensure all the appropriate staff can access emergency grab boxes. Complete

• The community service should ensure women's records are stored securely during transportation. Complete

• The service should ensure yearly appraisal are completed for all staff. Ongoing

Action the Trust SHOULD Take

Outpatients

- Maintain infection control practices at Weymouth physiotherapy department in line with trust policy, (working with DHUFT). Complete and ongoing
- Embed national safety standards (checklist for procedures) throughout all outpatient services. Actions in place
- Meet the national referral to treatment times and be sure patients have timely access to care and treatment. Actions in place (aligned to NHSE/I and DHSC)
- Document and share all learning and recommendations from audits. Actions in place
- Make provision for adequate seating for bariatric patients in all outpatient services. Complete
- Review health and safety risks at Weymouth sexual health services to be sure premises are safe and suitable for use. (Ongoing with DHUFT – as lead provider)

Action the Trust SHOULD Take

Diagnostic imaging

- Improve compliance with mandatory training for staff. Complete & Ongoing
- Improve compliance with staff appraisals being undertaken annually. Complete & Ongoing
- Fully support staff during their induction period. Complete and Ongoing
- Reduce the times for patients waiting for diagnostic imaging investigations to meet national standards. Complete & Ongoing
- Improve the reporting times for some investigations. Particularly those required by the emergency department. Complete & Ongoing

Use of Resources

The Use of Resources Inspection was undertaken by NHS Improvement and forms part of the overall rating for this inspection.

Outstanding Practice

- The trust is within its agency ceiling and has spent significantly less than the national average on agency as a proportion of total pay spend, which it attributes to robust controls and processes.
- The trust has very low emergency readmission rates, which it attributes mainly to its acute hospital at home service and strength of local primary care services.
- The trust consistently achieves the national 4-hour A&E standard, which it attributes to the consistency of senior decision makers within the department and how the importance of A&E performance is regarded across the trust, with all specialties recognising their responsibilities to actively support the department.

Use of Resources Areas for Improvement

- There are opportunities for further savings in pathology, and the trust should continue to engage with the One Dorset network. One Acute Network Business Case in progress
- The trust should continue to focus on addressing its imaging backlog by exploring network opportunities. Ongoing
- The trust should continue to explore opportunities relating to the integration of corporate services with other organisations, including IM&T and payroll. Review in place
- The implementation of the new costing system should be used to identify and realise efficiency and productivity areas across the trust. Actions in place
- There is an opportunity for the trust to improve its level of delayed transfers of patients. Ongoing work with Partners

Next Steps

Celebrated with our staff their fantastic achievements

Action Plan approved by Board and submitted to CQC

The Trust will monitor actions and assurance through our own governance framework.

Quarterly CQC meetings with our regional CQC Inspectors and staff focus groups continue through the year. Review actions and regulatory requirements throughout year

Wider development of Quality Improvement plan to get to a rating of 'Outstanding' – Board development session June 2019

Summary

- The Trust are very proud of the fantastic report and the improvements which the staff have all contributed to.
- Staff dedication shines through this report with effective Leadership by the Board
- DCHFT Is a CARING hospital with caring staff who all put the patient at the centre
- The Trust has shown that we have made significant improvements with governance
- Significant improvement in End of Life Care
- Staff aligned and knowledgeable of the Trust strategy
- The Trust was highly praised for use of resources – demonstrating 'value for money' for the tax payer
- Dorset can be assured DCHFT is a 'GOOD' rated provider of acute healthcare for the population it serves .

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Dorset Health Scrutiny Committee Forward Plan, March 2019

Committee: 7 March 2019			
Format	Organisation	Subject	Comments
Report	Dorset Health Scrutiny Committee	Clinical Services Review – Update	To provide an update regarding the referral to the Secretary of State for Health and Social Care and the work of the Joint Committee re SWAST
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 – Update	To present the progress of the Review of Dementia Services and the Draft Consultation Plan for comment.
Verbal update	NHS Dorset CCG	Review of Mental Health Rehabilitation Services	To provide a verbal update regarding the progress of the Mental Health Rehabilitation Services Review, following the briefing report to DHSC on 29 November 2018.
Report	Dorset County Hospital and Dorset HealthCare University NHS Foundation Trust	Repatriation of activity from Bridport Community Hospital	To provide a brief update regarding the proposed re-location of some services from Bridport Community Hospital, following a report to Committee on 17 October 2018.
Presentation	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 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

Committee: June 2019			
Format	Organisation	Subject	Comments
Report	Dorset Health Scrutiny Committee	Appointments to Committees and other bodies	Annual appointments to key positions within the Committee
Report	Dorset Health Scrutiny Committee	Clinical Services Review – update	To provide any update regarding the referral to the Secretary of State for Health and Social Care and the work of the Joint Committees (CSR and SWAST)
Report	NHS Dorset CCG	Dorset Suicide Prevention Strategy	To provide an update re progress, following the report to DHSC on 29 November
Report	NHS Dorset CCG	Review of Musculoskeletal Physiotherapy Services	To provide a more detailed update, following the briefing report to DHSC on 29 November 2018.
Report	NHS Dorset CCG	Review of Mental Health Rehabilitation Services	To provide a more detailed update, following the briefing report to DHSC on 29 November 2018 and the verbal update to Committee on 7 March 2019.
Report (TBC)	*Dorset Health Scrutiny Committee*	*Housing and health*	*To provide an update regarding housing and health: member briefing or inquiry day*
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 the remainder of 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, March 2019

Dorset Health Scrutiny Committee: Glossary of abbreviations

ACS	Accountable Care System
A&E	Accident and Emergency
AT	Assistive Technology
BCF	Better Care Fund
CAMHS	Child and Adolescent Mental Health Services
CAS	Clinical Assessment Service
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CSR	Clinical Services Review
DCC	Dorset County Council
DCH	Dorset County Hospital NHS Foundation Trust
DCR	Dorset Care Record
DHC	Dorset HealthCare University NHS Foundation Trust
DHSC	Dorset Health Scrutiny Committee
DoH	Department of Health
DToC	Delayed Transfers of Care
DWAB	Dorset Workforce Action Board
EoL	End of Life
FFT	Friends and Family Test
FT	Foundation Trust
GP	General Practitioner
HDU	High Dependency Unit
HWB	Health and Wellbeing Board
ICS	Integrated Care System
ICU or ITU	Intensive Care Unit or Intensive Therapy Unit
IUC	Integrated Urgent Care
KPI	Key Performance Indicator
LGA	Local Government Association
LMC	Local Medical Committee
LoS	Length of Stay
MDT	Multi-Disciplinary Team
MH ACP	Mental Health Acute Care Pathway
MIU	Minor Injuries Unit
MOU	Memorandum of Understanding
NEPTS	Non-emergency Patient Transport Services
NHSI	NHS Improvement – The independent regulator of NHS Foundation Trusts
NICE	National Institute for Health and Clinical Excellence
NSF	National Service Framework
OAN	One Acute Network
OOH	Out of Hours
PALS	Patient Advice and Liaison Service
PAS	Prevention at Scale
PCCC	Primary Care Commissioning Committee
PHFT	Poole Hospital NHS Foundation Trust
RBCH	Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
SLA	Service Level Agreement
SPOA	Single Point of Access
STP	Sustainability and Transformation Plan / Partnership
SWASFT	South Western Ambulance Service NHS Foundation Trust
ToR	Terms of Reference
UTC	Urgent Treatment Centre

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