



Dorset Health Scrutiny Committee

Minutes of the meeting held at County Hall, Colliton Park,
Dorchester, Dorset, DT1 1XJ on Thursday, 7 March 2019

Present:

Bill Pipe (Chairman)

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

Officers Attending: Ann Harris (Health Partnerships Officer), Denise Hunt (Senior Democratic Services Officer) and Helen Coombes (Transformation Programme Lead for the Adult and Community Forward Together Programme).

Other Officers in Attendance:-

NHS Dorset Clinical Commissioning Group (CCG):- Diane Bardwell (Dementia Services Review Project Manager), Dr Paul French (Clinical Lead for Mental Health and Dementia); Eaine Hurl (Senior Commissioning Manager (Mental Health), Vanessa Read (Director of Nursing and Quality)

Dorset County Hospital (DCH) - Neal Cleaver (Deputy Director of Nursing and Quality); Sophie Jordan (Divisional Manager, Family Services and Surgical Division);

Dorset HealthCare University NHS Foundation Trust:- Jane Elson (Service Director for Integrated Community Services)

(Notes: These minutes have been prepared by officers as a record of the meeting and of any decisions reached. This is the last planned meeting of this Committee before the start of the new Dorset Council on 1 April 2019. The minutes will therefore be confirmed and signed by the Chairman prior to 31 March 2019.

Apologies for Absence

1 An apology for absence was received from Councillor David Walsh.

Code of Conduct

2 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 at Yeovil Hospital.

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

Minutes

3 The minutes of the meeting held on 29 November 2018 were confirmed and signed.

Public Participation

4 Public Speaking

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

There were no public questions received at the meeting in accordance with Standing Order 21(2).

Petitions

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

Clinical Services Review (CSR) - Update regarding the Referral to the Secretary of State and the Joint Committee scrutiny of the South Western Ambulance Service NHS Foundation Trust (SWAST)

- 5 The Committee received an update report by the Transformation Programme Lead for the Adult and Community Services Forward Together Programme.

The report was introduced by the Health Partnerships Officer who informed the Committee that the Referral to the Secretary of State remained under consideration and that the timescale for a response was not yet known. The letter of support for the referral by the Borough of Poole had been attached as an appendix to the report.

She reported that the Joint Health Scrutiny Committee for SWAST had met on 24 January 2019. The Joint Committee had been hosted by the Borough of Poole and had been a positive meeting with openness by SWAST about performance, particularly in relation to category 3 and 4 incidents. The actions taken to improve performance in this area were also highlighted, including a risk stratification tool to support despatch decisions; the roll-out of a community responder falls scheme; a more effective incident stacking system, the recruitment of additional Paramedics from New Zealand and improved use of the vehicle fleet. The Joint Committee recommended that ambulance performance continued to be monitored whilst recognising the potential difference in approaches that might be taken by the new councils.

Councillors Brookes and Oggelsby offered personal perspectives of the meeting and highlighted in particular that it had taken over a year to convene this meeting which had led to a delay in debating the issues.

Members discussed whether it would be appropriate to specify the number of meetings and the way in which terms of reference and the type of issues might influence the frequency of meetings.

Whilst it was acknowledged that a minimum number of meetings might be appropriate for a deep dive into a specific issue, it was noted that a Joint Committee would set its own terms of reference and meet as and when required and have regard to officer capacity.

Following the discussion it was agreed that ambulance times would be incorporated into the Committee's forward plan for consideration in 6 months' time. The view was also expressed that it would be favourable to have a pan Dorset committee in future as health issues affected Dorset as a whole.

Members asked about the definition of the categories and relayed accounts of long periods before ambulance arrival in respect of category 3 and 4 type incidents and a 1 hour 45 minute wait in respect of a category 1 call which was unacceptable. It would be equally important to understand the reasons for prolonged call out periods which included 2-3 hour delays in handing over patients at hospitals. A daily report from SWAST which provided numbers and duration of handover delays at individual hospitals was available.

Concern was expressed regarding the closure of local hospitals in advance of the implementation of the community hubs that had most likely increased pressure on the ambulance service. However, the Chairman reminded members that some of the changes had not been progressed due to the referral of the CSR proposals to the

Secretary of State and that the Committee must wait for the response.

Resolved

1. That the support of Members from the Borough of Poole in relation to the referral to the Secretary of State for Health and Social Care be noted;
2. That a review of 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 be agreed; and
3. That the slide presentation for the Joint Committee (SWAST) is circulated to the Committee.

Reason for Decisions

The recommendations were in recognition of the need for on-going scrutiny by the Dorset Committee and both Joint Committees for the Clinical Services Review and the performance and capacity of local ambulance services.

Update regarding the Repatriation of Specific Activity from Bridport Community Hospital

- 6 The Committee considered a report that provided an update regarding the ongoing consultation with stakeholders for proposals to relocate specific services from Bridport Community Hospital to Dorset County Hospital (DCH) and Blandford Community Hospital.

The report was introduced by the Divisional Manager, Family Services and Surgical Division (DCH), who explained that the primary reason for the changes was to have a specialist team on a Dorset Healthcare site with the ability to see additional patients, rather than for financial reasons.

The first public engagement event on 5 March 2019 had gone reasonably well with 35 members of the public in attendance. The main concerns expressed were in relation to travel, parking at DCH and transport arrangements for frail elderly patients. Further engagement events were planned on 20 March and 11 April 2019 and would include third sector providers.

Members were provided with an overview of the reasons for clustering services together and the permanent relocation of gastroscopy services to DCH, to increase staffing resilience and clinical oversight.

The Committee was assured that Bridport Hospital would continue as a thriving hospital with further services being developed during the past year. Musculoskeletal services would continue to be provided locally at Bridport, however the monthly pain list would transfer to a weekly list at Blandford Hospital as a more central location for patients who currently travelled from across Dorset. This would also ensure adherence to national best practice which had changed, as patients needed intervention quickly and it was found that the monthly list at Bridport could not be filled effectively.

Members asked about the impact on jobs and were informed that staff consultation was currently taking place, however, staff losses were not anticipated due to opportunities arising from the development of services at Bridport as well as job vacancies at DCH. The Committee was also informed that the proposals had the support of the governors, although an issue had arisen due to the late notification given in relation to the recent engagement day that had now been resolved.

Members also drew attention to the impact on staff travel by providing care in people's homes and were informed that care would be provided closer to home in community hospitals and that work with primary care colleagues would continue in respect of the early identification of risk of the frail elderly and proactive work in the community to

support people at home.

Members were supportive of the proposals as a way of balancing capacity with patient satisfaction and sensible travel distances.

Resolved

That information provided at the recent engagement event is circulated to members.

An update on the availability of the Freestyle Libre® Device on the NHS in Dorset

7 The Committee considered an update report that was introduced by the Director of Nursing and Quality (CCG) who explained that since the previous report in October 2018, the CCG had refreshed availability of the device and associated formulary based on revised guidance. A further announcement was awaited on its clinical suitability from April 2019 that would determine whether the device could be made accessible to more people.

Members were aware that Dorset was one of the few areas that had not provided this device more widely and it was confirmed that, although the current access criteria had been developed locally, the CCG would follow national guidance which would standardise the approach taken. This information would be available at the next committee meeting.

Members highlighted that the 6 month trial timeframe would not be sufficient to assess whether the device was making a difference given that some diabetic patients were only monitored by GPs once every 6 months.

The Director of Nursing and Quality confirmed that there would be greater levels of monitoring to assess the effectiveness of using the system under a specialist rather than a GP and that the length of monitoring could be included under the refresh of the guidelines at the point at which the trial cohort changed.

The Chairman stated that he had been pleased with the response to this issue by the CCG as a direct result of recommendations made by the Committee. However, further clarity would be helpful concerning how this was going to be monitored in the longer term.

Resolved

1. That the contents of the report be noted; and
2. That a further update be provided at the next meeting of the Committee.

Reason for Decisions

The Committee had expressed concerns about the availability of Freestyle Libre® monitoring devices in Dorset. As it was 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.

NHS Dorset CCG - Dementia Services Review and Consultation Update

8 The Committee considered an update on the Dementia Services Review containing co-produced model options and sought support for public consultation in June/July 2019.

An accompanying presentation to the report was provided by the Dementia Services Review Project Manager (CCG) who outlined the objectives, outcomes and services in scope that had been included in the report. She explained the future stages in the process as follows:-

- review stages and view seeking - completed in March 2017
- model options development - completed in September 2018

- NHS Assurance - March 2019
- sense check meeting with NHS England
- Clinical Senate - March 2019
- Strategic Outline Case (synopsis contained in report)
- Consultation - June/July 2019
- Implementation as soon as possible following the public consultation

The preferred model, Option B had been outlined in the report and resulted in a cost variance of £669,000 and it was felt that this additional cost could be identified within mental health budgets.

A co-production approach had been taken in terms of the consultation with advice and guidance from key stakeholders on the materials and wording. The consultation would be for a minimum period of 8 weeks.

The Chairman asked whether the 40 specialist beds at Alderney Hospital in Poole had increased to reflect the loss of beds in the other hospitals that had been closed.

The Project Manager advised that this was not the case as steps had been taken in East Dorset to introduce an intensive support service that had resulted in a decline in the need for hospital admissions. The money from the closure of the Chalbury Unit had been used to develop a similar service in West Dorset that would see reduced hospital admissions in future so that 40 beds was likely to be too many in 2-3 years' time.

Members heard that beds were becoming more relevant to the needs of the individual (rather than bed category) and that current demand was being met. The day hospitals would support individuals and prevent the need for inpatient stays unless absolutely necessary.

Members asked about the analysis behind the 4 options and the rationale for discounting the most expensive option. They were informed that this was not a CCG decision and that the other options had been discounted through a co-production process whereby stakeholders had considered the different options, recognising the budget limitations, staff resources and measuring against critical success factors. The strategic outline case would provide the analysis and the final decision would take into account the consultation outcome.

In response to further questions in relation to Dementia Friendly groups and Admiral Nurses, the Project Manager explained that such groups had been funded through the Alzheimer's Society, but due to budget cuts, could no longer be funded. Local communities were becoming increasingly involved, resulting in dementia friendly towns. It was hoped that the Dementia Co-ordinators would be able to help people to take advantage of this resource.

Admiral nurses had been discounted in the long list of options as it was felt that nurses were costly to provide and would not add value to what was to be provided in Dorset. In addition, the intensive support service supported individuals without families which was not covered by the Admiral nurses.

Resolved

1. That the progress of the review be noted;
2. That the proposed consultation plan be supported; and
3. That a link to the consultation documents is sent to members of the Committee when available.

Reason for Decisions

The report provided the Committee with an opportunity to be updated and to

contribute to the consultation plan for the Dementia Services Review.

Review of Mental Health Rehabilitation Services

9 The Committee received a presentation by the CCG Senior Commissioning Manager (Mental Health) concerning rehabilitation services provided to people with serious enduring mental illness.

Since November 2018 work had continued with a needs analysis for a challenging cohort of 600 people; benchmarking with other areas including Oxford and Taunton; a Dorset Healthcare engagement day with staff, patients and managers in December 2018 and modelling and shortlisting from 18 options which had been a challenging exercise.

The preferred option included the following elements:-

- high dependency unit that was NHS owned and delivered
- community recovery units delivered by NHS/third sector partners
- supported housing with a range of providers
- community team with rehabilitation, assertive outreach and homeless health

The next steps involved:-

- development of the strategic outline case
- development of service specification for the whole pathway
- development of a housing solution plan including service specification
- presentation of findings to the project group (including the strategic outline case and housing offer)
- Mental Health Integrated Programme Board / Governing Body /
- NHS Assurance and consultation if required, as this represented service improvement
- Implementation in stages with community offer as the first stage

The Senior Commissioning Manager was asked whether the housing element had been integrated with the local authority Building Better Lives Programme and she confirmed that local authority colleagues had been involved in the early stages, but had not been maintained due to changes in personnel.

The Transformation Programme Lead for the Adult and Community Services Forward Together Programme said that she would take this forward as a matter of urgency to facilitate a whole estates approach and linkage between the two projects.

Resolved

That a report on the Strategic Outline Case is provided at the next meeting.

Dorset County Hospital Care Quality Commission Inspection 2018

10 The Committee received a presentation by the Deputy Director of Nursing and Quality (DCH), a copy of which had been included as part of the agenda. The presentation outlined the outcome of an inspection by the Care Quality Commission in the summer of 2018 and included an inspection of 'use of resources' which had been undertaken by NHS Improvement and formed part of the overall rating. The Hospital had achieved an overall rating of Good.

Following the presentation, the Chairman asked when the Safe Domain rated as "Requires Improvement" would be inspected again and was informed that this was likely to be at the end of 2019 as there was a 3 year gap in between inspections.

Attention was drawn to anomalies in the report in relation to this area as the CQC had commented on the Board's strong focus on patient safety. The Deputy Director informed the Committee that some elements of the report had been contested, but that the final report had remained unchanged.

Members asked when inspection of Maternity and Gynaecological Services as separate services would take place. The Deputy Director explained that the latter did not have the benefit of a rating due to its previous inspection linked to maternity and it was not known when a separate inspection would take place.

The Committee wished to congratulate DCH on its achievements in care quality and asked for this message to go back to hospital staff.

Noted

Dorset Health Scrutiny Committee Forward Plan

- 11 The Committee noted its forward plan for the next meeting in June 2019 that would also include an update on the Freestyle Libre device.

Noted

Liaison Member Updates

- 12 Dorset County Hospital NHS Foundation Trust - Peter Shorland
No update available.

Dorset Healthcare University NHS Foundation Trust - Nick Ireland
Councillor Ireland reported the following items arising from a meeting held on 30 January 2019:-

- the capital investment programme was £90m short of funding
- Portland Hospital was still shown as closing, but there seemed to be some uncertainty about this and further demonstrations were planned by the "Keep Portland Hospital" group.
- an increase in vacancy levels for the third month for integrated care and children's services.
- the funding of apprenticeship level advanced practitioner role had commenced in February 2019.
- a planning application for Pebble Lodge child mental health facility had been refused by Bournemouth Borough Council.

NHS Dorset Clinical Commissioning Group - Bill Pipe

A meeting had been held in January 2019 that Councillor Pipe had not been able to attend.

South Western Ambulance Service NHS Foundation Trust - Beryl Ezzard
A meeting was to be confirmed.

Questions from County Councillors

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

Glossary of Abbreviations

- 14 The glossary was provided for information.

Closing Comments

- 15 As this was the final meeting of the committee, Councillor Bill Batty-Smith conveyed that he had been a member of the committee for 16 years and thanked officers and fellow councillors on the committee. The Chairman also thanked councillors and officers for their support and wished everyone all the best for the future.

