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# Health Overview and Scrutiny Committee

**Date:** Thursday, 26 September 2019

**Time:** 10.00 am

**Venue:** South Walks House

**Membership: (Quorum 3)**
Jill Haynes (Chairman), Andrew Kerby (Vice-Chairman), Rebecca Knox, Robin Legg, Jon Orrell, Emma Parker, Bill Pipe, Byron Quayle, Nick Ireland and Ryan Holloway

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**Chief Executive:** Matt Prosser, South Walks House, South Walks Road, Dorchester, Dorset DT1 1UZ (Sat Nav DT1 1EE)

**For more information about this agenda please contact Denise Hunt 01305 224878 - denise.hunt@dorsetcouncil.gov.uk**

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# A G E N D A

**Page No.**

**1 APOLOGIES**

To receive any apologies for absence.

**2 MINUTES** 5 - 10

To confirm the minutes of the meeting held on 26 June 2019.

**3 DECLARATIONS OF INTEREST**

To receive any declarations of interest.

**4 PUBLIC PARTICIPATION**

To receive questions or statements on the business of the committee from town and parish councils and members of the public.

**5 NHS DORSET CCG - DEMENTIA SERVICES REVIEW UPDATE** 11 - 22

To consider a report by the Principal Programme Lead for the Dementia Services Review, NHS Dorset Clinical Commissioning Group (CCG).

**6 DORSET PRIMARY CARE NETWORKS** 23 - 28

To consider a report by the Head of Primary and Community Care and Principal Primary and Community Care Lead, NHS Dorset Clinical Commissioning Group (CCG).

**7 NHS DORSET CCG - PHYSIOTHERAPY SERVICES REVIEW** 29 - 42

To consider a report by the Principal Programme Lead, NHS Dorset Clinical Commissioning Group (CCG).

**8 NOTIFICATION OF CHANGE - REPATRIATION OF DAY CASE ACTIVITY FROM BRIDPORT HOSPITAL TO DORSET COUNTY HOSPITAL** 43 - 46

To consider a joint report by the Chief Operating Officer (Dorset County Hospital NHS Foundation Trust) and the Service Director - (Dorset Healthcare Trust).

**9 OUR DORSET - LOOKING FORWARD** 47 - 50

To consider a report by the Director of Public Health.

**10 APPOINTMENTS TO COMMITTEES AND OTHER BODIES** 51 - 52

To consider a report by the Executive Director of People – Adults.

**11 URGENT ITEMS**

To consider any items of business which the Chairman has had prior notification and considers to be urgent pursuant to section 100B (4) b) of the Local Government Act 1972. The reason for the urgency shall be recorded in the minutes.

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Dorset Council

**DORSET COUNCIL - HEALTH SCRUTINY COMMITTEE**

**MINUTES OF MEETING HELD ON WEDNESDAY 26 JUNE 2019**

**Present:** Cllrs Jill Haynes (Chairman), Andrew Kerby (Vice-Chairman), Rebecca Knox, Robin Legg, Jon Orrell, Emma Parker, Bill Pipe, Byron Quayle, Nick Ireland and Ryan Holloway.

**Also present:** Cllr Laura Miller

**Officers present (for all or part of the meeting):**
Mathew Kendall (Executive Director of People - Adults), Ann Harris (Health Partnerships Officer), Elaine Hurll (Principal Programme Lead Mental Health, Dorset Clinical Commissioning Group) and Denise Hunt (Senior Democratic Services Officer)

1. **Apologies**

No apologies for absence were received at the meeting.

2. **Declarations of Interest**

Councillor Andrew Kerby declared a disclosable pecuniary interest as his partner was employed as a District Nurse for the Dorset Healthcare University Foundation Trust. He was currently awaiting a full dispensation from Legal Services, however, he confirmed that he had received the appropriate clearance for this meeting.

Councillor Rebecca Knox made a general interest that she was a member of the Health and Wellbeing Board.

Councillor Jon Orrell declared a disclosable pecuniary interest as a practising General Practioner (GP). The Monitoring Officer had advised that his interest was not sufficiently linked to the business on the agenda and that he could therefore take part in the meeting that day. He was in the process of obtaining a dispensation from the Chief Executive in respect of future meetings and would withdraw immediately if any discussion impacted on how he was funded as a GP.

3. **Terms of Reference**

The Committee noted its terms of reference.

The Chairman confirmed that the terms of reference would be considered during the informal session following the meeting.

4. **Minutes**

The minutes of the Dorset Health Scrutiny Committee on 7 March 2019 that had been signed by the previous Chairman prior to the inception of the Dorset Council were noted.

5. **Public Participation**

There were no public questions or statements made at the meeting.

6. **Mental Health Rehabilitation Review**

The Committee considered a report by Elaine Hurll, the Principle Programme Lead, NHS Dorset Clinical Commissioning Group (CCG) who gave a power point presentation.

The shape of the review had been fully co-produced and reflected input by a broad range of consultees. The review stages included the following elements and interdependency with the Dorset Healthcare Estates Review:-

- needs analysis and view seeking
- options development
- NHS assurance
- consultation
- implementation

The preferred Option 1 fitted with the national direction of travel and included a High Dependency Unit, 1 recovery unit in East Dorset, 1 recovery unit in West Dorset; a community recovery team and supported housing. It was confirmed that the High Dependency Unit would need to be developed as there was currently no provision.

Members commented that it would be helpful to have a plan showing where all of the existing units were located in order to better understand this in the context of the estates review. It was suggested that a copy of this was circulated to the committee.

Members particularly focussed on the supported housing element of the proposal and in response to questions on this and other areas of discussion, the following points were made:-

- That supported housing could be either shared or individual units, with a mixed range of tenancy offer depending on a person's needs whilst also recognising that moving home could be extremely stressful;
- Delivery of supported housing could be secured as a result of development partnerships with a focus on providing housing solutions;
- That there had been no local opposition to rehab housing due to the support in place and the use of "good neighbour" policies;
- That costings should be revisited in light of anticipated increased demand in future years although it was not possible to accurately

predict levels of provision beyond 2028. Discussions were ongoing in relation to funding by local authorities through Section 117 agreements.

- That the assertive outreach team would be the service that maintained contact with people who were at risk of losing contact with mental health teams. On this point, comment was made that some people were discharged from rehabilitation services when they did not necessarily wish to be discharged at that point.
- There was no flexibility to change the location of recovery units which were in urban rather than rural settings due to lack of funding and a need to use the existing estate. However work would continue in both urban and rural settings with a variety of health and wellbeing activities that people could access. It was anticipated that changes to the system would mean that hospital would not become the place where people lived for any longer than necessary.
- A proposal to maintain 40 inpatient beds at Alderney Hospital and the creation of the 2 dementia wards as a centre of excellence had been developed as part of the Dementia Services Review

Some concern was expressed that the supply of supported housing could run out and that it would be important to examine the way in which accommodation could continue to be provided over the longer term.

The Executive Director explained that his new directorate incorporated housing and that this would enable greater links to meet the needs of different groups of people, an example of which was the Building Better Lives programme. Members acknowledged that the Dorset Council Cabinet and Overview and Scrutiny Committees would also play an important part in ensuring a cohesive and joined up approach.

In response to a question asking about the best system for patient outcomes, the Principle Programme Lead described the background to the Oxford model where there was no hospital and different levels of supported living with rehab support and a good range of providers.

Members wanted reassurance that the review had been ambitious enough in working with providers to create more capacity and be part of a pathway that achieved the outcomes of the Oxford model. In response, the Principle Programme Lead stated that the proposal was ambitious and had been co-produced and driven by a collection of views of the group rather than funding. The next step was around the need for public consultation, which had been included in the report recommendation, followed by NHS Assurance of the Strategic Outline Business Case in September 2019, the CCG Governing Body and the Bournemouth, Christchurch and Poole Health Scrutiny Committee in October 2019. Implementation would commence from April 2020.

Members asked how the £1.8m out of area spending could be reduced in future and whether this was offset by funding received from people arriving into Dorset from outside of the county and it was confirmed that this was not the case.

They were advised that patients in hospital settings were funded by Health and that the Local Authority contributed towards care for patients in a community setting through Section 117 agreements.

The potential impact on Local Authority spend as a result of people returning to the area and into a community based system was concerning to the Committee. Members considered that this should be raised under a whole system approach due to its relationship with the Sustainability and Transformation Plan (STP) and the Principle Programme Lead confirmed that for this to have impetus, there would be a need for the STP to be directive in order for work to progress in this area.

It was noted that Dorset Council was undertaking a total asset review which should feed into the CCG's plans for sites and include coordination with the NHS and Housing Associations.

Members discussed delayed transfers of care which were symptomatic of delayed discharges generally and it was noted that £90m funding for the care market to create capacity would be discussed by the Health and Wellbeing Board that afternoon. The Executive Director explained that part of the focus of the community teams would be to focus on what could be done earlier to prevent hospital admissions and eliminate the issue of delayed discharges altogether.

Turning to the recommendation on page 14 of the report, the Committee was advised that a recommendation in relation to public consultation was not necessarily required as the rationale for public consultation would be a matter for the CCG and form part of the co-production and NHS Assurance process. It would be the role of the Committee to scrutinise the impact of the changes on the system.

Cllr Jill Haynes proposed that the Committee did not make a recommendation in relation to public consultation which was seconded by Cllr Bill Pipe.

**Resolved**

1. That the report be noted; and
2. That the Committee does not provide a recommendation about the requirement for public consultation in relation to this review.

Reason for Decisions

1. The review and outcomes were co-produced and in line with national direction of travel for mental health rehab services;
2. NHS England valued Health Scrutiny Committee advice concerning the requirements for public consultation.

7. **Briefings for Information**

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

- Freestyle Libre Device Commissioning Arrangements

- Dorset Suicide Prevention Strategy
- Planned changes to the Dorset Diabetic Eye Screening Programme (Dorset DESP)
- Planned Relocation of Moorfields Eye Hospital
- Quality Accounts

It was noted that a full briefing on the Dorset Suicide Prevention Strategy would be provided at the Health and Wellbeing Board that afternoon.

**Noted**

8. **Referral to Secretary of State Re: Clinical Services Review Proposals - Update**

The Chairman provided a verbal update on the referral of the Clinical Services Review proposals that had been referred to the Secretary of State for Health and Social Care by the former Dorset Health Scrutiny Committee. The Secretary of State had written back to advise that the request had been referred to the Independent Reconfiguration Panel. The Panel advised that a response was unlikely to be received before August 2019, bearing in mind other work in progress and noting the Hearing relating to a Judicial Review of the process due to take place on 24 July 2019.

**Duration of meeting**: 10.00 - 11.10 am

**Chairman**

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# Dorset Health Overview and Scrutiny Committee

NHS Dorset CCG dementia services review update

Date of Meeting: 26 September 2019

Portfolio Holder: Cllr L Miller, Adult Social Care and Health

Local Member(s):

Director: Mathew Kendall, Executive Director of People - Adults

| |
|---|
| **Executive Summary**: This report offers a summary update from the Dementia Services Review following public consultation. |
| **Equalities Impact Assessment**: completed within the review. |
| **Budget**: n/a |
| **Risk Assessment**: In relation to project progress.<br><br>Having considered the risks associated with this decision, the level of risk has been identified as:<br>Current Risk: LOW (Delete as appropriate)<br>Residual Risk LOW (Delete as appropriate) |
| **Climate implications:** |
| **Other Implications**: |
| **Recommendation**: To note progress of review and timeline to final decision making. |
| **Reason for Recommendation**: To ensure the HOSC are kept updated and informed on proposals for future model of care for dementia services. |
| **Appendices**: none |
| **Background Papers**:<br>Dementia Services Review Project Initiation Document |

| |
|---|
| Dementia Services Review View Seeking report<br>Dementia Services Review Health and Social Care needs analysis<br>Dementia Services Review Strategic Outline Case and Annex docs<br>*Found at www.dorsetccg.nhs.uk/dementia* |
| **Officer Contact**:<br>Name: Diane Bardwell. NHS Dorset CCG<br>Tel: 01202 541443<br>Email: diane.bardwell@dorsetccg.nhs.uk |

## 1. Introduction

1.1 The Dementia Services Review was enacted following concerns about the existing pathways of care, increasing demand for services, rising costs, an ageing population and national policy.

## 2. Aim and objectives

2.1 The aim of the review aligns with the vision developed by the Dorset Dementia Partnership and included in the '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'.*

2.2 Specific Dementia Service Review objectives include:

- 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;
- support an ambition to achieve a diagnosis rate of two thirds of the prevalent population;
- consider implications and any additional resource requirements associated with 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.

## 3. Scope

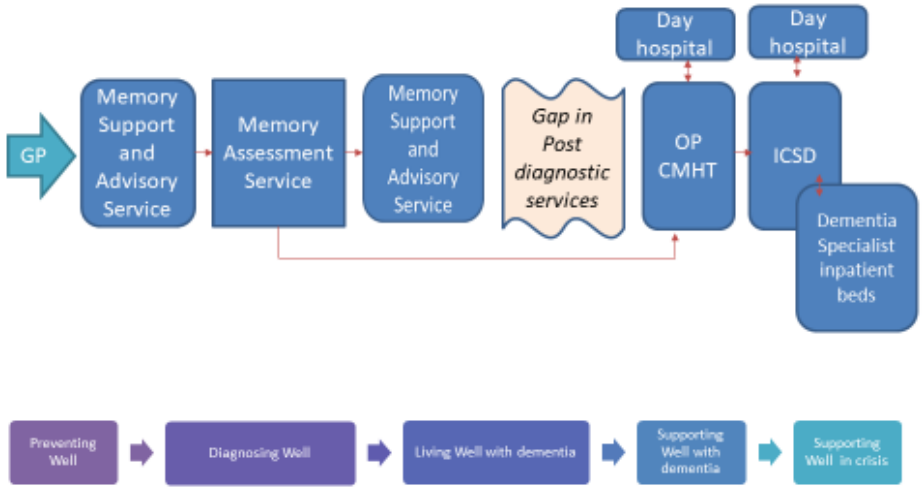
3.1 The scope of the review includes the services outlined within Figure 1:

**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 |

3.2 The operational budget associated with the services in scope equates to £11,157,781 (based on 2018-19) with a total of 291.71 whole time equivalent staff

**Figure 2. Current summary of dementia pathway**




## 4. Review Methodology

### Co-production approach

4.1 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. Stakeholders included people living with dementia, their family carers, Dorset HealthCare NHS Foundation Trust, the Local Authorities, Alzheimer's Society, voluntary sector providers, acute and community hospitals providers, care home sector and local councillors.

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

## 5. Case for Change

5.1 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 thereby placing an increasing demand on dementia services and associated costs.

5.2 Significant engagement was undertaken with the local population to gain their views on local Dementia Services and alongside a health and social care needs analysis identified key themes that support the case for change:

- Inequity of outcomes and access to services
- Ageing population
- Lack of integrated services
- Memory Support and Advisory Service contract end
- Dementia workforce challenges
- Dementia training for workforce
- Access to Information and Communication across services
- 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 of support offered via local Day hospitals
- Decline in specialist dementia inpatient admissions.

## 6. Design and modelling stage

6.1 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 in designing the new models.

6.2 During this stage an initial long list of options went through a range of different analysis in order to shortlist to four options including a 'do minimum' and then identify the most acceptable preferred option to be presented for consultation.

6.3 Critical success factors (agreed at commencement of the review) were used to define the shortlist which is outlined in figure 3. 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?

**Figure 3. 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** |
| **Cost Variation** | | - | | **(669)** | | **(490)** | | **(1,213)** |

**Preferred option**

6.4 The preferred option that was agreed and was consulted upon 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;

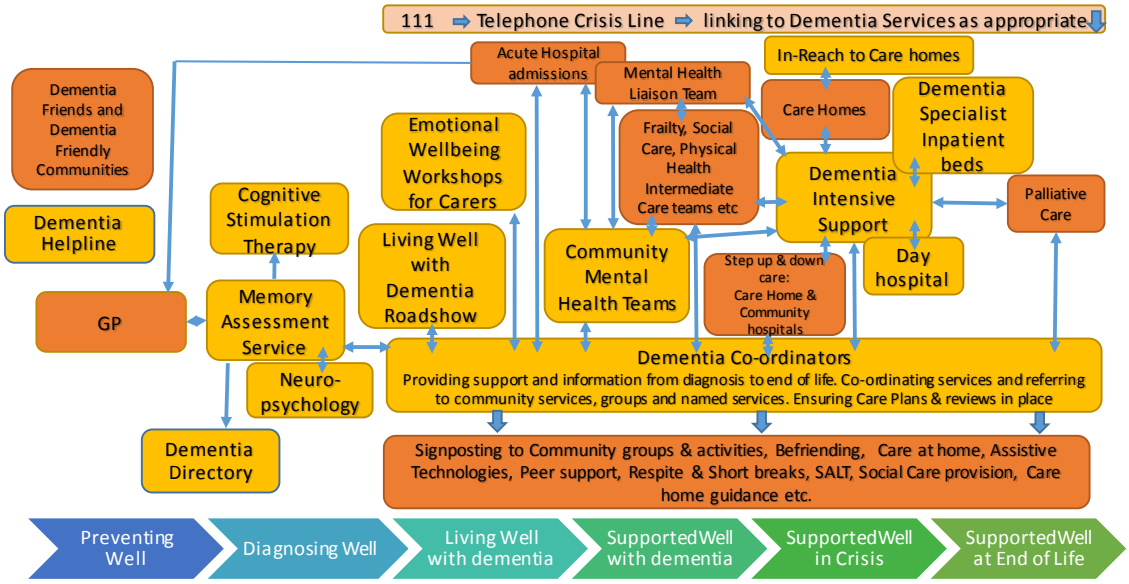
- Formally commissioning and expanding the 'Dementia Intensive Support Service' (previously known as Intermediate Care Service for Dementia) into the West side of Dorset so all of Dorset is included. This service offers intensive support and treatment in the person's own home/residence to those experiencing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

6.5 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.

**Figure 4. The preferred option - Option B**




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

## 7. Anticipated Benefits

7.1 The anticipated benefits from this option include:

- 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.

## 8. Public Consultation

8.1 Following a successful NHS England assurance process with Stage 2 assurance given in April 2019 public consultation began on 17th June for a period of eight weeks and closed on the 11th August. Consultation materials included:

- an online survey;
- a hard copy consultation document including a questionnaire;
- an Easy Read version;
- an animation video explaining the review and the proposals.

8.2 12 drop in events were held across Dorset during daytime and evenings. Outreach to existing community groups, staff meetings and events was also facilitated.

**Interim findings**

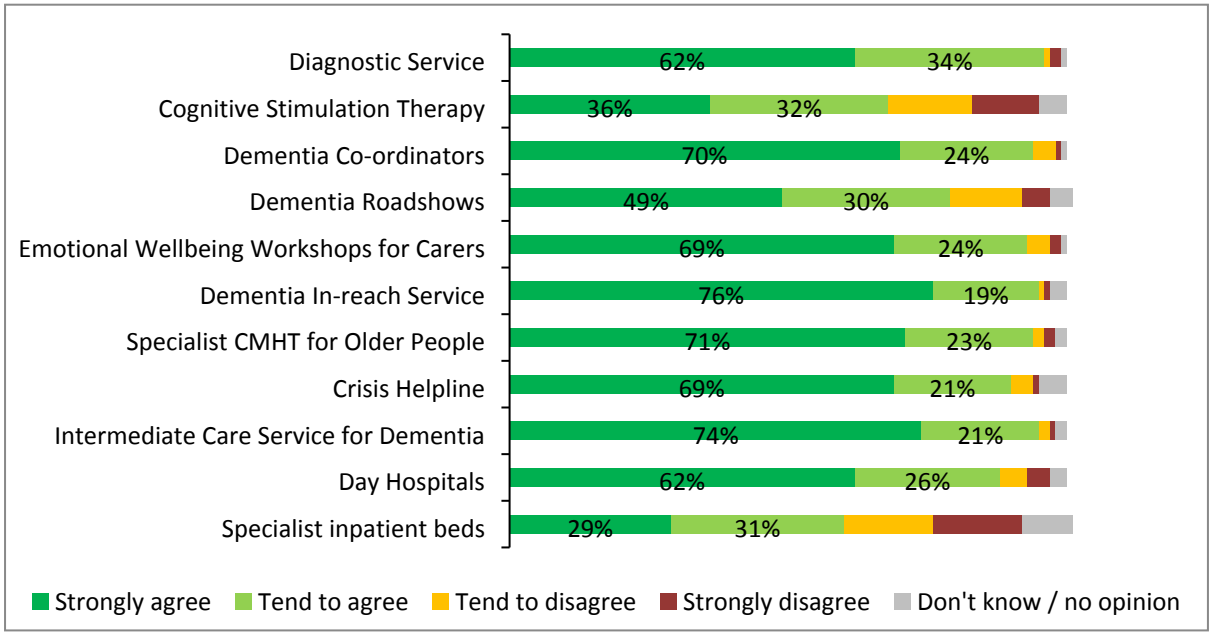
8.3 The evaluation of the consultation is being undertaken by Bournemouth University Market Research Group with the final report due for publication in October 2019. Interim findings have suggested 498 responses were received.

| | |
|---|---|
| Online | 277 |
| Paper | 136 |
| Easy Read | 85 |
| **Total** | **498** |

8.4 Interim findings suggest a strong level of support overall for the new model of care:

- 96% agree with the new diagnostic service;
- 94% agree with the development of a Dementia Co-ordinator service;
- 60% agree with the specialist Dementia inpatient beds being located at Alderney Hospital.

**Figure 5. Interim consultation findings (Sept 2019)**




## 9. Next Steps

9.1 The consultation evaluation report will be finalised by October 2019, published and shared with stakeholders. Consultation comments will be carefully considered and revisions made to the preferred option as appropriate.

9.2 A Dementia Services Review Steering Group has been re-convened to support the development of the Full Business Case. This is anticipated to be completed by end of October 2019 with a view to the relevant approvals being completed by the Dementia Services Review Project board and the Mental Health Integrated Programme Board.

9.3 Following these approvals the business case will be submitted to NHS Dorset CCG Governing Body for a final decision – this is currently scheduled for the November meeting.

9.4 Subject to a final decision in November, implementation planning will then commence.

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# Dorset Health Scrutiny Committee

## Dorset Primary Care Networks

Date of Meeting: 26 September 2019

Portfolio Holder: Cllr L Miller, Adult Social Care and Health

Local Member(s):

Director: Mathew Kendall, Executive Director of People - Adults

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| **Executive Summary**:<br><br>The purpose of this report is to provide an overview of General Practices across Dorset and the Primary Care Networks established as part of Dorset Integrated Care System plans to strengthen partnership working across local communities. |
| **Equalities Impact Assessment**:<br><br>Primary Care Networks provide full Dorset population coverage and include all Dorset General Practices. |
| **Budget**:<br><br>CCG and Dorset ICS Budget as part of national investment plans. |
| **Risk Assessment**:<br><br>Having considered the risks associated with this decision, the level of risk has been identified as:<br>Current Risk: N/A for Dorset Council<br>Residual Risk: N/A for Dorset Council |
| **Climate implications:**<br><br>N/A |
| **Other Implications**:<br><br>N/A |
| **Recommendation**:<br><br>The Committee is asked to note the contents of his report. |

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|---|
| **Reason for Recommendation**:<br><br>This paper is presented in response to a request from the Committee. |
| **Appendices**<br><br>None |
| **Background Papers**<br><br>None |
| **Officer Contact**:<br><br>Name: Rob Payne / Sarah Howard<br>Tel: 07866 266848 / 07557 164297<br>Email: Robert.payne@dorsetccg.nhs.uk / sarah.howard@dorsetccg.nhs.uk |

## 1. Background to General Practices in Dorset and local NHS plans for Sustainability and Transformation

1.1 81 Practices in Dorset are now part of 18 new Primary Care Networks (PCNs) and they will provide services for all patients across Dorset. PCNs range in size from a 30,000 registered population in North Dorset to 75,000 in Weymouth and Portland.

**How do our General Practices in Dorset compare in terms of quality of care and patient experience?**

1.2 Care Quality Commission (CQC) Dorset position (May 2019): All Dorset Practices have now been rated by the CQC. Four have been rated as outstanding, seventy-five rated as good, three rated as requires improvement and none rated as inadequate. A number of Practices have been re-inspected as part of the on-going regulatory process.

1.3 Patient Survey results (July 2019): The 2019 GP Patient Survey was recently published by Ipsos MORI on behalf of NHS England (NHSE). The survey measures patient experience across a range of topics and compares our CCG with both national and regional results.

1.4 In Dorset 23,255 questionnaires were sent out (around 3% of the registered population) and 10,419 were returned completed (a response rate of 45%). Overall the survey found that patient experience of GP services in Dorset compares very favourably with the rest of England:

- 87% of patients describe their experience as good, compared to a national average of 83%;

- Most patients (81%) report it is easy to get through to their GP Practice on the phone, compared with a much lower national average of 68%;
- Access to on-line services is slightly above the national average (79% in Dorset compared with 76% nationally) with booking appointments on-line slightly below (11% in Dorset compared with 15% nationally).

1.5 It is worth noting that in many of the indicators surveyed there was a high interpractice variability and overall patient satisfaction for many indicators are marginally down when comparing with the survey results of 2018.

**Supporting General Practices to work together to transform care as part of an Integrated Care System**

1.6 The CCG with system partners has been working for a number of years now to encourage partnership working between General Practices and with their local communities. The Primary Care Commissioning Strategy has focused on supporting all General Practices to put in place plans for sustainability as well as plans for working at scale as part of transforming care delivery. The formation of PCNs has developed from Locality based working and a number of areas being involved as national test sites using a Primary Care Home Model.

## 2. Primary Care Networks – Strategic Context

2.1 In January 2019, NHSE launched the NHS Long Term Plan to secure an NHS fit for the future. This plan makes a commitment to prioritise investment in Primary and Community services as part of new care models.

2.2 Bringing General Practices together to work at scale has been a policy priority for some years for a range of reasons, including improving the ability of Practices to recruit and retain staff; to manage financial and estates pressures; to provide a wider range of services to patients and to more easily integrate with the wider health and care system.

2.3 These reforms secure and guarantee extra investment in General Practices over the next five years with a focus on making improvements to the quality and outcomes of care.

2.4 Five major changes to the NHS Service model:

- Boost out of hospital care – dissolve historic divide between Primary and Community care;
- Redesign and reduce the pressure on Emergency hospital services;
- Patients get more control over their own health – personalised care;
- Digitally enabled Primary Care and outpatient care – goes mainstream;
- Increasing focus on population health – local partnerships with Local Authority funded services, through Integrated Care System.

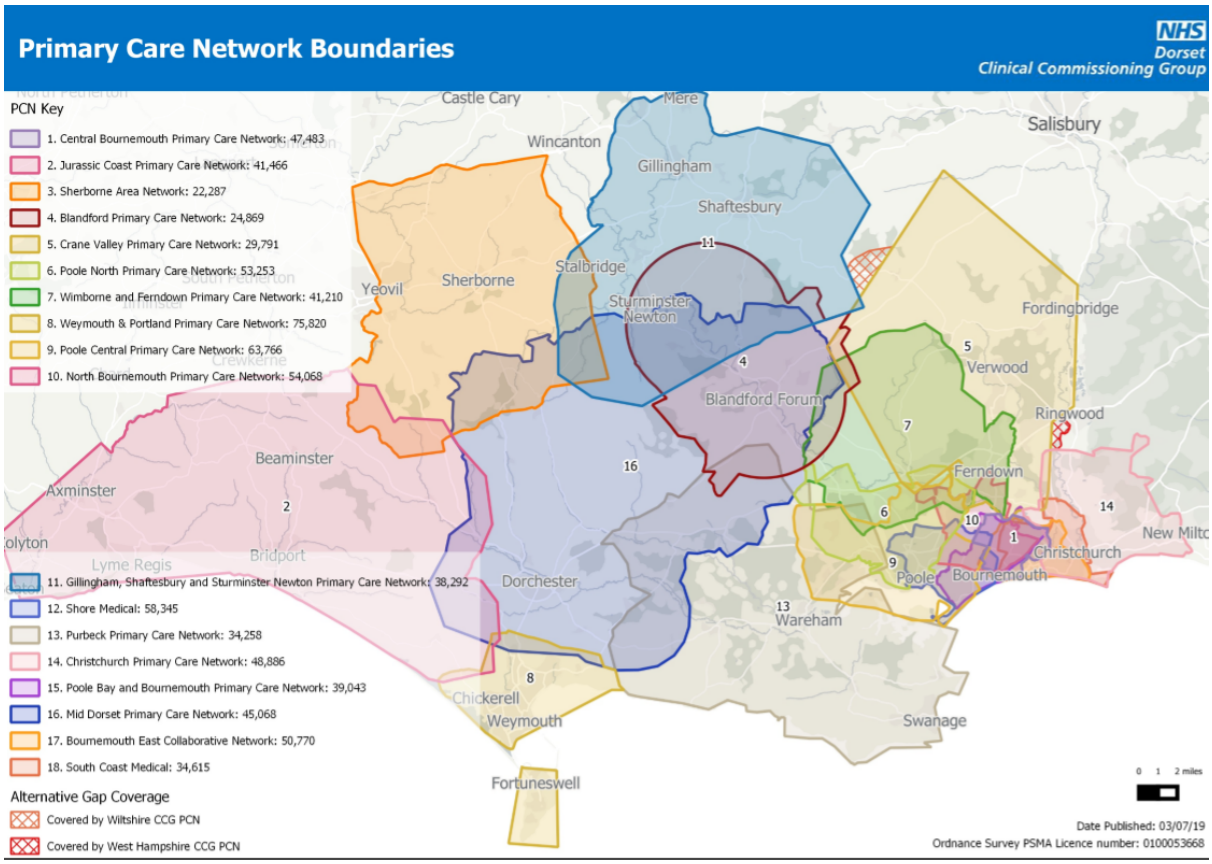
2.5 Primary Care Networks (PCNs) will support groups of Practices coming together, in partnership with community services, social care and other providers of health and social care to provide proactive, personalised and co-ordinated out of hospital care within geographically defined areas in Dorset. Networks will form around natural communities and serve a population of around 30,000 to 50,000.

## 3. Primary Care Networks in Dorset

3.1 PCNs came into being on 1 July 2019 and will develop over the coming months and years to be able to play their full role in delivering out of hospital care as part of the Dorset Integrated Care System.

3.2 81 practices in Dorset are now part of 18 new PCNs and they will provide services for all patients across Dorset serving a registered population of 805,473 (as at July 2019). PCNs range in size from 30,000 in north Dorset to 75,000 in Weymouth and Portland.

3.3 Practices will be supported to come together in partnership with community services, social care, other healthcare providers and the voluntary sector to deliver more integrated care to their local population.



## 4. What will Primary Care Networks provide?

4.1 PCNs will provide stronger partnerships between community services, the voluntary sector and local communities in addition to greater collaboration between Practices with formal agreement made about how they work together.

4.2 There will be greater investment in services to improve access, quality of care and care outcomes. This will include skill mixed teams with new roles introduced to improve access and further strengthen integrated care.

4.3 PCNs will eventually be required to deliver a set of seven national service specifications aimed at improving health outcomes and meeting population needs. Five will start by April 2020: structured medication reviews, enhanced health in care homes, anticipatory care (with community services), personalised care and supporting early cancer diagnosis. The remaining two will start by 2021: cardiovascular disease case-finding and locally agreed action to tackle inequalities.

4.4 To do this PCNs will be expected to provide a wider range of Primary Care services to patients by introducing new roles, for example, first contact physiotherapy, extended access and social prescribing. Networks will receive specific funding for Clinical Pharmacists and Social Prescribing link workers in 2019 / 20, with funding for Physiotherapists, Physician Associates and Paramedics in subsequent years.

## 5. How will Primary Care Networks benefit the local population?

5.1 The NHS Long Term Plan, 2019 suggests the need to “Boost out of hospital care and dissolve the historic divide between Primary and Community health services”.

5.2 PCNs will enable this transition and benefit the local population in the following ways:

- More involvement in decision making and control over your own treatment including more personalised care and support plans for those with the most complex needs;
- Better access to specialists through services such as Consultant Connect – freeing up GP’s time for routine GP appointments;
- Reduced need for patients to be referred to hospitals as more services will be available in primary and community care;
- More help to improve overall health and wellbeing – through initiatives such as social prescribing; and all PCNs agreeing to target local improvements in preventive health care**;**
- Greater availability of consultations on-line using technology including video/remote consultations with a target for all practices to be offering on-line consultations by the spring of 2020;
- More opportunity to book appointments online**;**

- More direct access to services for patients – for example First Contact physiotherapy – to be introduced from 2020.

## 6. Summary

6.1 General Practices have now formally agreed to work together in Primary Care Networks to build on existing partnerships in local communities to deliver care to meet local needs.

6.2 PCNs will form the 'building blocks' for our Integrated Care System, bringing people and services together in local communities to plan and deliver better outcomes for their local population, based on shared understanding of priorities and need.

6.3 General Practices will work together in these Networks developing stronger working relationships and collaborations with other health and social care providers.

**Rob Payne**
Head of Primary and Community Care, NHS Dorset Clinical Commissioning Group

**Sarah Howard**
Principal Primary and Community Care Lead, NHS Dorset Clinical Commissioning Group

# Dorset Health Scrutiny Committee

NHS Dorset Clinical Commissioning Group – Physiotherapy Services Review September 2019

Date of Meeting: 26 September 2019

Portfolio Holder: Cllr L Miller, Adult Social Care and Health

Local Member(s):

Director: Sam Crowe, Director of Public Health

| |
|---|
| **Executive Summary**: In January 2018, a review of physiotherapy services in Dorset was agreed. This paper provides an overview of the objectives of the review, an overview of the review process, a summary of the findings and an outline of the proposed recommendations for physiotherapy services. |
| **Equalities Impact Assessment**:<br>EIA completed. |
| **Budget**: n/a |
| **Risk Assessment**: n/a |
| **Climate implications: n/a** |
| **Other Implications**: n/a |
| **Recommendation**:<br>For the Committee to note and comment on the paper. |
| **Reason for Recommendation**: |
| **Appendices**: none |

| |
|---|
| **Background Papers**: none |
| **Officer Contact**:<br>Name: **Tracy Hill, Principal Programme Lead, NHS Dorset CCG**<br>Tel: **01202 541490**<br>Email: tracey.hill@dorsetccg.nhs.uk |

## 1. Introduction

1.1 Through the Musculoskeletal (MSK) work programme, in particular the introduction of the MSK Triage Service, access to physiotherapy was identified as a service area with inequity of provision and long waiting times across Dorset.

1.2 It was agreed in January 2018, that a review of physiotherapy services should commence.

1.3 The scope of the review was:

- The physiotherapy pathway only, rather than the type or quality of physiotherapy treatment offered;
- MSK Physiotherapy Services.

1.4 This paper will:

- Provide an overview of the objectives of the review;
- Provide an overview of the review process;
- Provide a summary of the main findings;
- Highlight how the outcomes of the physiotherapy review fit within the wider MSK pathway developments;
- Outline the proposed recommendations for physiotherapy services.

## 2. Report

### Objectives of the review

2.1 The objectives of the review were:

- Carry out a MSK physiotherapy needs analysis for Dorset;
- Complete a mapping exercise to ascertain the current MSK physiotherapy services available across Dorset and on the borders;
- Review the current service specification against national policy and services commissioned elsewhere;
- Make recommendations for the revised service model and its role and purpose across Dorset which will provide equitable access for all and improve early access to physiotherapy to reduce the need for further treatment;

- Review the performance and provide assurances on the current performance, including a review of current key performance indicators;

- Review access to physiotherapy as part of the wider MSK vision and associated pathways i.e. MSK Triage, low back and radicular pain pathway and pain service; and as part of the Escape Pain model and other self-management approaches promoted by Livewell Dorset.

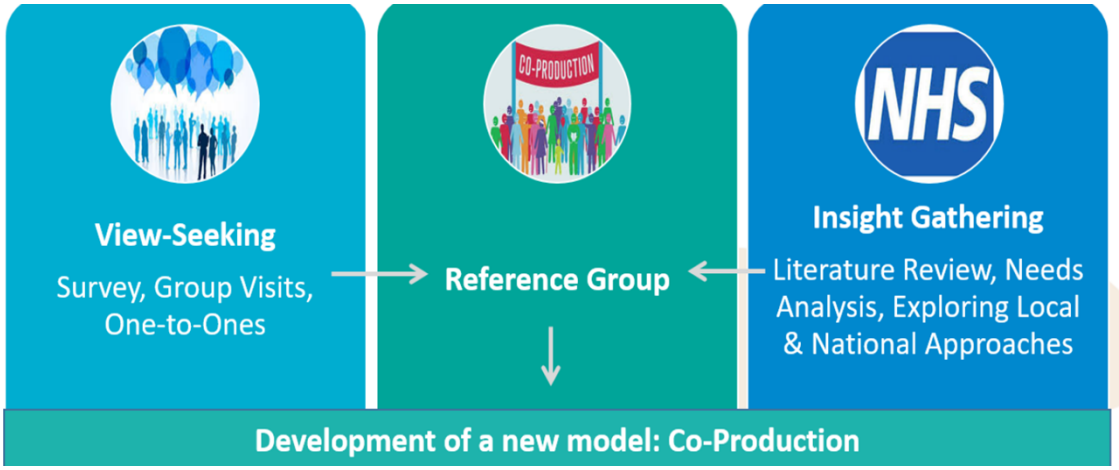
- Consider workforce implications of a service model.

**Overview of the review process**

2.2 A task and finish group was established to oversee the review, the terms of reference of which are included in Appendix 1.

2.3 The review comprised of a number of elements as shown in figure 1:

**Figure 1: Elements of the review**




**View seeking**

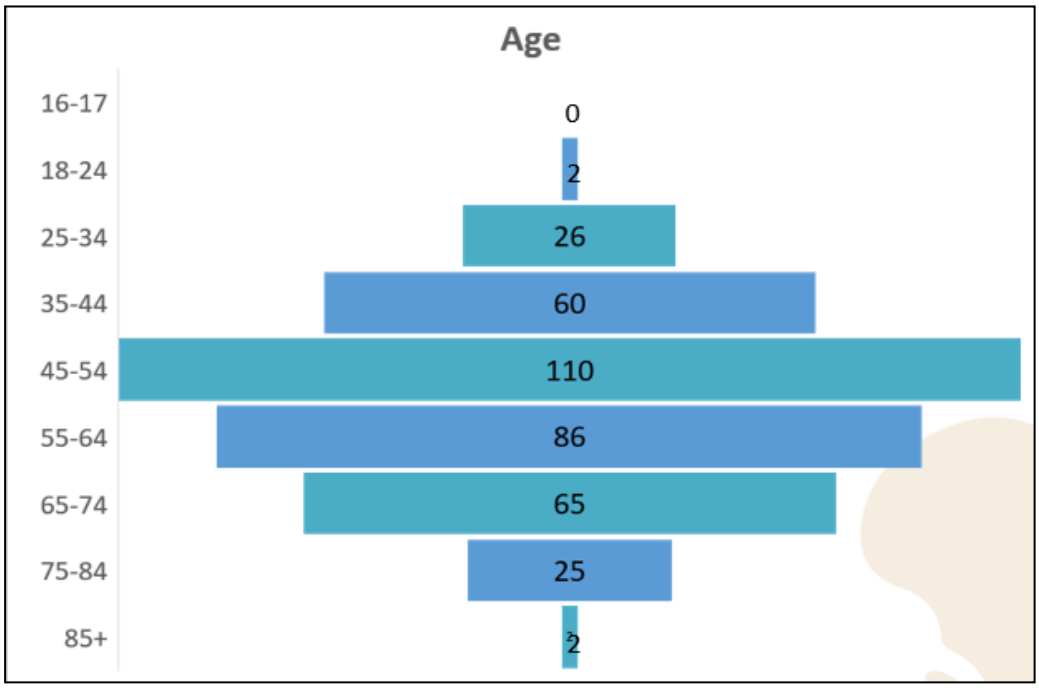
2.4 A view seeking exercise to capture the views of patients and stakeholders on the current physiotherapy services was completed. A variety of methods were utilised, including:

- A number of visits to existing services both in and outside of Dorset to learn about alternative service models;

- One to one meetings were held with providers both in and outside of Dorset;

- An online survey (Survey Monkey) was developed in partnership with Bournemouth University Market Research Group, and shared widely. The aim was to find out what was good about physiotherapy services in Dorset and what could be improved. The emphasis within the questions was on the effectiveness of the pathway and not the quality or type of treatment received. There were 414 responses made up as follows:
    - Physiotherapy patients – 234
    - Carers – 11
    - Healthcare Professionals – 156
    - Others – 13
- The highest number of respondents were in the 45-54 age category as shown in figure 2.

**Figure 2: Age breakdown of respondents to the Survey Monkey**




- The areas which were highlighted as working well from the survey responses included:
    - Local services;
    - Quality of care and treatment;
    - Staff qualities;
    - Services available.

- The areas which were highlighted as not working well from the survey responses included:
    - Referrals, access and triage;
    - Staffing levels;
    - Communication and interaction;
    - Duration and continuity of support.

**"Waiting time was ridiculous. I was in agony for ages when I needed help."**

2.5 The full view seeking report is available on request.

**Literature Review**

2.6 A literature review was carried out to identify physiotherapy service models in place across the United Kingdom and to identify the positives and negatives and applicability of the service models to Dorset. The literature review included the following:

- Review national guidance on physiotherapy service delivery;
- Understand the range of existing models of access into services and their evidence base;
- Consider how the findings could be relevant to Dorset;
- Provide recommendations on how the findings should be taken forward.

2.7 The review was conducted by searching Google, NHS Evidence and various academic research databases for literature, from the last decade or so, on the following areas:

- National policy, guidance and best practice related to pathways into and through MSK physiotherapy services;
- Models of referral / access into services, including Self-referral and First Contact.

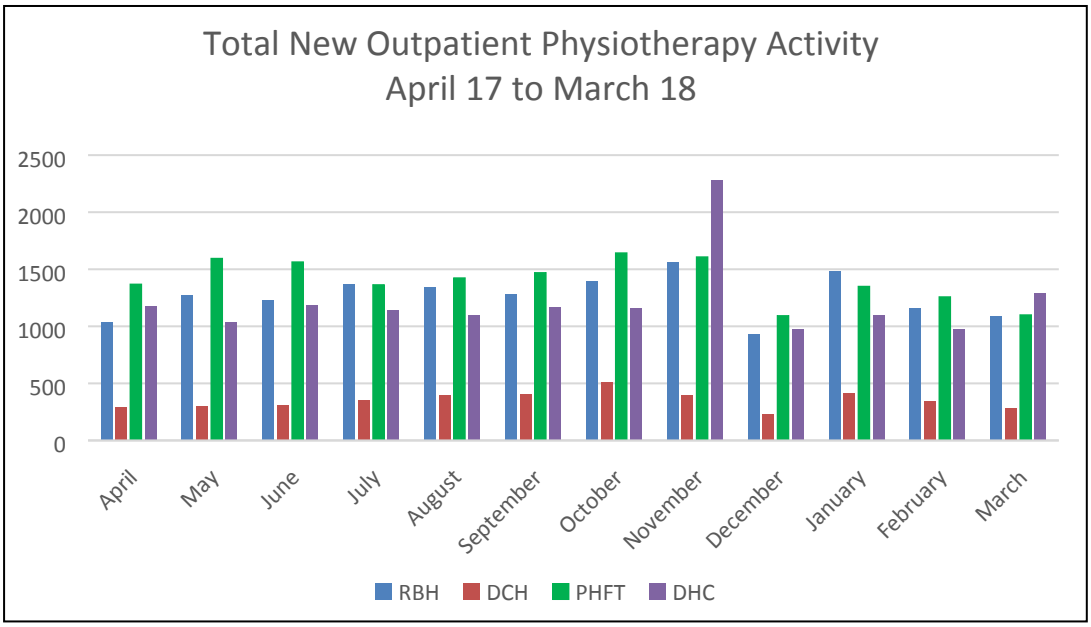
**Needs Assessment**

2.8 A needs assessment was completed as part of the review process. The needs assessment looked at data from April 17 to March 18 and explored the following:

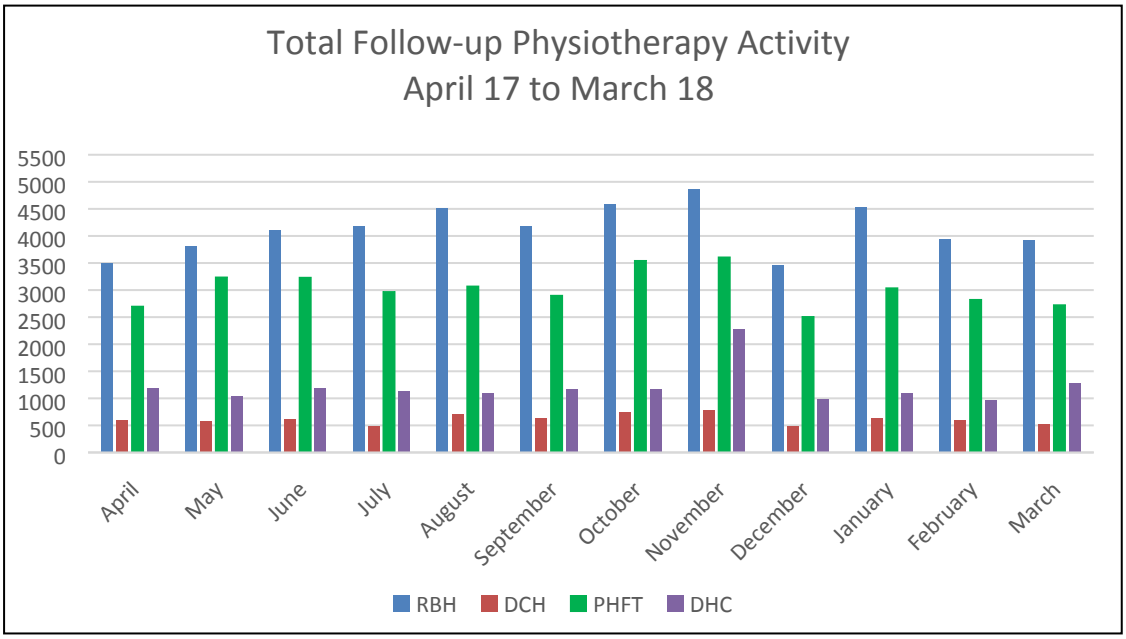
- Current level of physiotherapy activity;
- Workforce levels;
- Offers some information on the level of demand for MSK services within Dorset using a national MSK Calculator.

2.9 The following graphs are taken from the needs assessment to provide an overview of the level of demand. Graph 1 shows the total new outpatient physiotherapy activity by provider and graph 2 shows the total follow-up activity by provider.

**Graph 1: Total new outpatient physiotherapy activity by provider April 17 to March 18**

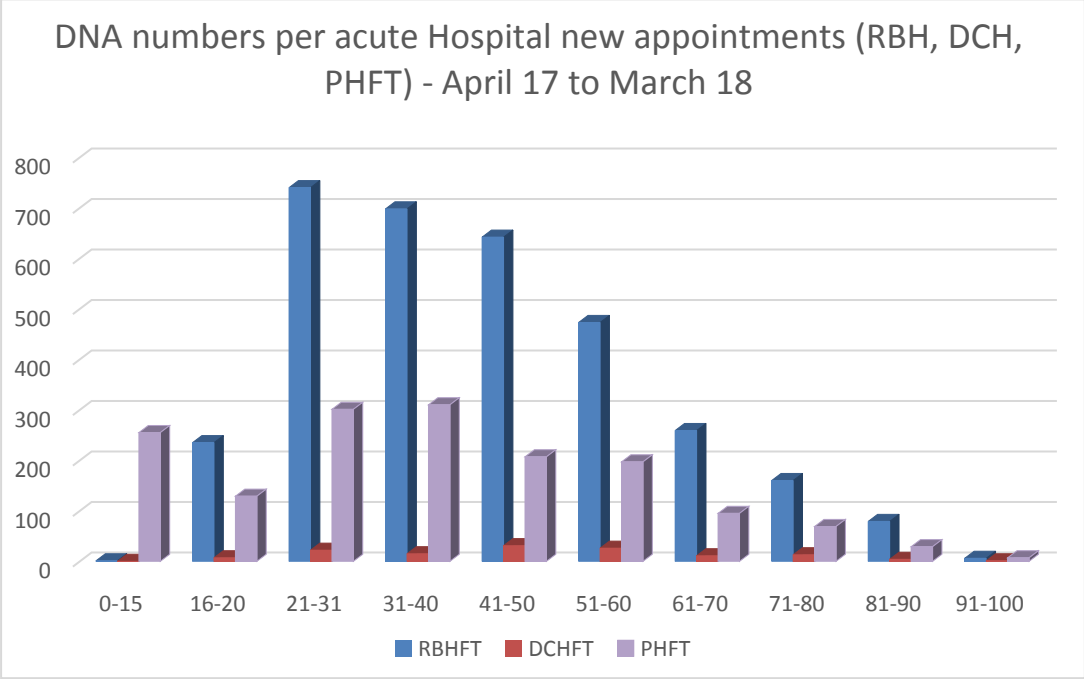



**Graph 2: Total follow-up outpatient physiotherapy activity by provider April 17 to March 18**

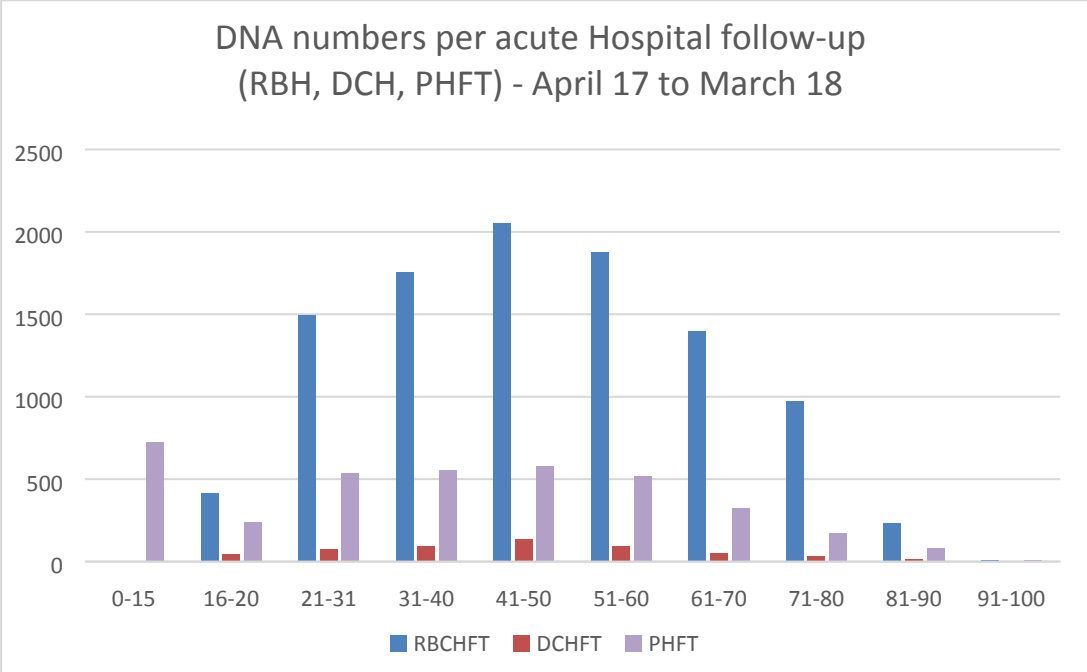


2.10 Graph 3 provides the DNA numbers for new appointments and graph 4 provides the DNA rates for follow-up appointments.

**Graph 3: DNA numbers for new appointments per acute hospital – April 17 to March 18.**




**Graph 4: DNA Numbers for follow-up appointments per acute hospital – April 17 to March 18.**



2.11 The current waiting times for physiotherapy services are provided in table 1. This information was recorded in September 2018 and has seen no significant improvement.

**Table 1: Waiting times (September 2018)**

| | Urgent | Routine | Activity Volume September 2018 |
|---|---|---|---|
| **Poole** | 1 day | 11 weeks | 1161 |
| **Dorset County** | 1 day | 13 weeks | 433 |
| **Royal Bournemouth** | 1 day | 15 weeks | 4184 |
| **Dorset Healthcare** | 4 weeks | 20 weeks | 1165 |

**Reference Group**

2.12 A Reference Group was established with responsibility for reviewing the evidence gleaned through the project's engagement activities and then, using this information, to co-produce a preferred option for the model of service delivery across Dorset.

2.13 The Reference Group reported to the Physiotherapy Task and Finish Group.

2.14 Membership of the Reference Group included patients, carers and professionals. The professionals included physiotherapists and service managers from the provider organisations, Public Health, Active Dorset and Dorset CCG. The group met three times.

2.15 During the first reference group, an exercise was completed to develop a checklist of success criteria shown in figure 3.

**Figure 3: Criteria for success checklist**

| Theme (Sub-Themes) | Checklist of Questions How will we know we have produced a suitable model? |
|---|---|
| **Waiting Times / Speed of Access** | 1. Does the model offer *timely* access to services? |
| **Equity of Access**<br><br>Geography<br>Type of service | 2. Does the model offer support in an accessible location for all across the whole county?<br><br>3. Does the model offer equity of access for all in terms of type of service offered? |
| **Flexibility / Adaptability**<br><br>Geographical Sustainability | 4. Does the model account for geographical differences across the county?<br><br>5. Does the model have the capacity to evolve with demand? |
| **Resource**<br><br>Finance<br>Workforce<br>Efficiency | 6. Is the service affordable within the budget available?<br><br>7. Is the service deliverable with the workforce available?<br><br>8. Are available resources optimally leveraged for maximum efficiency (and balanced with need)? |
| **Pathway / Process**<br><br>Flow & continuity<br>Clarity | 9. Does the model allow for interaction with other services and promote holistic / person-centred support?<br><br>10. Does the model offer a mechanism for support after discharge?<br><br>11. Is it clear how people would access and move through services within this model? |

2.16 During the second reference group meeting, existing physiotherapy service models which had a good evidence base were presented to the reference group to generate ideas and discussion.

2.17 An exercise then followed whereby each example model was reviewed against the success criteria, and which model met the criteria.

2.18 The themes from all of the feedback were analysed in order to identify features that should be included in a physiotherapy service model for Dorset.

**Most common themes:**

- Telephone service;

- Self-referral
- Rapid Assessment / Triage / First Contact Practitioner (FCP) – but not based in individual GP Practices;
- Range of points of contact / modes of access;
- Utilisation of hubs / local / community settings;
- Self-management.

**Less common themes:**

- FCP (in GP Practice or not stated where);
- Website / app / virtual support;
- Checklist to support triage / assessment;
- Face-to-face contact;
- Range of services / level of physio;
- Signposting to appropriate support.

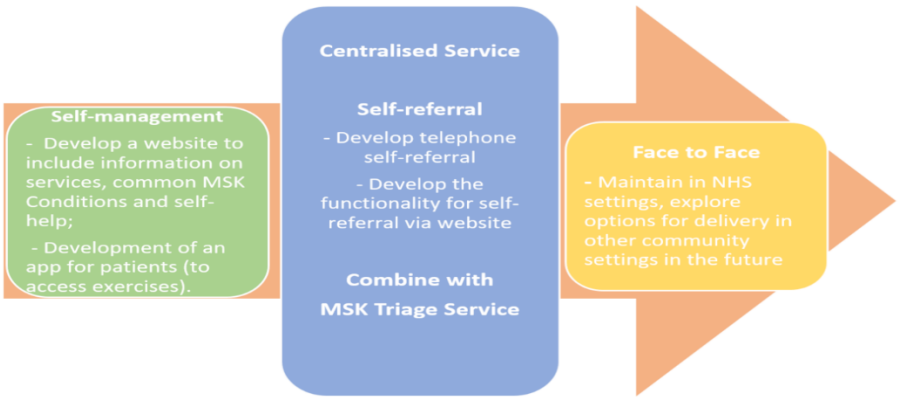
**The Model**

2.19 The result of this work led to the production of three distinct elements within Dorset's Physiotherapy Model:

- Self-management;
- Self-referral;
- Face to face physiotherapy.

2.20 Figure 4 provides the detail within each of the elements.

**Figure 4: Proposed Model**



2.21 Following the final reference group meeting, the options were updated based on the feedback received during and following the final reference group meeting from those who were not able to attend.

2.22 Once the options had been finalised they were circulated to all members of the reference group and to GPs via the GP Bulletin for individuals to vote for their preferred options(s).

2.23 There were 43 responses to the final options paper split as follows:

- Professionals (not incl. GPs) – 22
- GPs – 15
- Patients /carers – 6

2.24 The outcome of the voting is provided in the recommendations section of this paper (3.0).

## 3. RECOMMENDATIONS

3.1 Through the physiotherapy review a physiotherapy model with three distinct sections has been co-produced. The specifics of the model proposed are laid out below for approval.

**Self-Management**

- Phase 1 - Develop a website with standard information about services, common MSK conditions and self-help advice. Development of an MSK Website has commenced.
- Phase 2 – Development of an app and a location on the website, which patients could log into to access tailored information and / or exercises prescribed by a physiotherapist.

**Self-Referral**

- Phase 1 - Develop a telephone self-referral service for physiotherapy;
- Phase 2 – Develop the functionality for patients to self-refer on the website referred to above.

**Face to Face Physiotherapy Services**

- Initially maintain provision for physiotherapy services in NHS settings with a longer-term option to explore the option for delivery of services in other community settings if the facilities allow.

- It was agreed by the physiotherapy task and finish group that no changes to face to face physiotherapy services should be made until self-management and self-referral options have been implemented as it is not possible to determine how demand may change.

- However, it was agreed that it would be of benefit to re-map existing services and workforce to see if there was any potential for interim options for flexing services to meet unexpected peaks in demand.

- Alongside this, the NHS Long-term plan references the need to ensure that patients will have direct access to MSK First Contact Practitioners (FCP) by expanding the number of physiotherapists working within primary care networks, enabling people to see the right professional first time, without needing a GP referral.

3.2 The options were also supported by the Clinical Commissioning Group which met in December 2018 and the Clinical Reference Group which met in January 2019.

**Next steps**

3.3 Physiotherapy task and finish group has been re-instated and will meet in September 2019.

3.4 Business cases are now being developed for the website and self-referral for physiotherapy. In the meantime, a service specification for the proposed self-referral service is being developed for agreement by the task and finish group.

3.5 A project to scope the potential requirements of the FCP role in terms of workforce, training and governance amongst other aspects is currently being undertaken, which will help inform the primary care networks as they consider this role.

## 4. Conclusion

4.1 A thorough review of physiotherapy services has taken place and a proposed model has been co-produced with patients and stakeholders.

4.2 Work has now commenced to implement the model working with all providers within the system.

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# Dorset Health Scrutiny Committee

## Notification of change - Repatriation of day case activity from Bridport Hospital to Dorset County Hospital

Date of Meeting: Thursday 26th September 2019

Portfolio Holder: Cllr L Miller, Adult Social Care and Health

Local Member(s): Cllrs Sarah Williams, Kelvin Clayton, Dave Bolwell

Director: Mathew Kendall, Executive Director of People - Adults

**Executive Summary**:
Dorset County Hospital NHS Foundation Trust (DCHFT) delivered a number of day case procedures from Bridport Community Hospital. This amounted to approximately 1,446 patients per year.

The HOSC was previously briefed on the potential change in location of service provision in October 2018. The proposal was to support efficiencies within the service to enable shorter waiting times and enable 4 additional Colonoscopy lists per week as clinical equipment is made available which is essential for cancer diagnosis.

Three engagement events were carried out with local Bridport stakeholders in March and April, involving local residents, League of Friends, Bridport Transport Action Group and a number of other key stakeholders. Senior clinical and management attendance was also provided at a recent Bridport Council meeting.

The main concerns raised related to transport, lack of parking at DCH, elderly patients travelling further for treatment/diagnosis and concerns for the future of Bridport Hospital. Assurance was given to members of the Public regarding the continued provision and development of services at Bridport Hospital.

A staff consultation programme took place at Bridport Hospital, which included the option of the staff transferring to DCHFT to support the repatriation of the service. A number of staff have elected to transfer to other posts at the hospital or have sought other posts. Given the vacancies that have now arisen it was no longer possible to maintain the services to Bridport. This led to the urgent need to move the service from September 2019.

**Equalities Impact Assessment**:
EIA previously shared October 2018

**Budget**:
DCHFT currently pay £127,529 per annum to Dorset Healthcare Trust (DHC) for the use of the site and facilities (including staff) at the community hospital.

**Risk Assessment**:
Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: **MEDIUM**
Residual Risk: **LOW**

**Climate implications:**
N/A

**Other Implications**:
Impact on patient experience due to patients travelling further from home to have their treatment/diagnostic procedure.

**Recommendation**:
To note the decision to repatriate the Bridport activity due to challenges with delivering the service at the Bridport site. Acknowledge that engagement has taken place and that all services are required to support the improvements and access to transport for the patients.

**Reason for Recommendation**:
To ensure continued provision of the service at an alternative location as unable to provide at the Bridport site. This will result in an improved efficiency of the service - patients will be seen more quickly and will receive their treatment in a timely way. The efficiency will have the added benefit of reducing travel time for clinicians, which will result in improved provision of clinical cover on the Dorset County Hospital Site for Urology services. The added benefit is to support increased activity for Colonoscopy diagnostics and reduce the waiting times for patients with potential cancer diagnoses.

This paper provides notification that the services have had to be moved due to operational staffing challenges from both DCHFT and DHC services as of September 2019.

**Appendices**:
N/A

**Background Papers**:
N/A

**Officer Contact**:
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Name: Jane Elson
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**Repatriation of activity from Bridport Community Hospital to Dorset County Hospital NHS Foundations Trust**

## 1. Background

1.1 Dorset County Hospital NHS Foundation Trust (DCHFT) provided Lithotripsy (treatment of kidney stones using ultrasound shock waves) and Cystoscopy (procedure that looks inside the bladder for diagnostic purposes) Services at Bridport Community Hospital.

1.2 Bridport Hospital is managed as part of Dorset Healthcare Trust (DHC) and the provider contract costs £127,579 per year. This includes the costs to provide administration and nursing to support the clinic lists and the clinic sessions, hotel services (e.g. cleaning), facilities, equipment, premises and relevant overheads.

1.3 The Lithotripsy and Cystoscopy Service treats approximately 1,446 patients per year at the Bridport site. This equates to 4 lists per week for Cystoscopy and 2 lists per month for Lithotripsy.

1.4 There were a number of reasons for reviewing the provision of these services on the Bridport site and consolidating the activity at DCHFT, they included;

a) Increasing productivity and efficiency of clinical time for DCHFT staff by removing travel time from the clinical job plans to gain an additional 1 hour per session to allow the team to treat more patients.
b) Increasing medical/clinical cover at the DCHFT site as individuals are present for queries/review.
c) Maximisation of the DCHFT Procedure Suite providing economy of scale as internal staff are utilised to support additional lists.
d) Provision of a cost effective service as NHS funding is required to deliver high quality care whilst managing rising demand.
e) Relocation of the Dorset MSK injection service (approx. 90 epidural injections and hip blocks) from Bridport to Blandford theatre to consolidate that service onto one site. The driver for this being a change to the Dorset Spinal Intervention policy which has shifted approaches to the management of spinal injections to having one 'urgent' injection (a one-off injection) instead of repeated injections. Theatre lists at Bridport were not always full following the move to the new policy and some patients were waiting for their 'local' list instead of being fitted into the next urgent list leading to underutilisation.
NB: All other Bridport based MSK services remain.

## 2. Further Actions required as a result of public engagement

2.1 Inform patients, GPs and residents of Bridport of transport options available.

2.2 Ensure that the DCHFT booking team share transport information to new patients to support attendance.

2.3 DHC and DCHFT to work together to ensure there is access to theatre slots at DCHFT for those patients who are not able to get transport to take them to Blandford theatre for MSK injections.

## 3. Risk Assessment

3.1 There were a number of risks associated with the repatriation of activity. The main concern is the reaction that the decision may have within our local population. Patients have always supported services closer to home and this did raise concerns for the minority of frequent users of the service and amongst local GP practices.

3.2 In order to manage the identified risks in the risk assessment a number of mitigation actions were proposed as follows:

a) Public reaction to the loss of local service provision, which may also lead to negative press interest – **MITIGATION:** It is proposed that all communications be undertaken by DCHFT to ensure a consistent message, with support from DHC and Dorset Clinical Commissioning Group (CCG), to ensure clear and agreed communications and engagement with stakeholders. COMPLETED.
b) Potential damage to professional relationships between DCHFT and local GP practices – **MITIGATION:** Full disclosure and inclusion in the process COMPLETED.
c) DCHFT ability to recruit of staff in a timely fashion – **MITIGATION:** Start recruitment process early and to provide staff from DHC the opportunity to shadow at DCHFT to enable an informed decision regarding the opportunity to apply/transfer to DCHFT. Appropriate use of bank staff to manage vacancies. UPDATE – Unable to staff Bridport Hospital activity and hence decision to move service ASAP from September 2019 to continue activity.
d) Sweating assets at DCHFT – **MITIGATION:** Ensure robust capital replacement programme in place and appropriate maintenance contracts are procured. COMPLETED.
e) Failure in decontamination at DCHFT resulting in a reduction in service – **MITIGATION:** Service Level Agreement in place already agreed with Bournemouth Hospital to cover unplanned maintenance of equipment if needed. COMPLETED.
f) Less flexibility in delivery of service due to loss of additional location - **MITIGATION:** Ability to flex in larger footprint at DCHFT if required in times of high demand. Lists are more efficient as staff are not required to travel from base. COMPLETED.

## 4. For Note

4.1 Due to the inability to continue providing the service at Bridport, as staffing levels are too low to provide the service safely, a decision has been made by both providers to move activity with immediate effect to ensure patients are able to receive diagnostic procedures and treatment.

4.2 Clear communication is required with residents, patients and GPs regarding available transport options. This will be carried out by DCHFT with support from DHC.

# Dorset Health Scrutiny Committee

Our Dorset – Looking Forward

Date of Meeting: 26 September 2019

Portfolio Holder: Cllr L Miller, Adult Social Care and Health

Local Member(s):

Director: Sam Crowe, Director of Public Health

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| **Executive Summary**:<br><br>Our Dorset – Looking Forward is the emerging local five-year strategy, responding to the national NHS Long Term Plan. It builds on our existing Sustainability and Transformation Plan (STP), which sets out our aspiration to become an integrated care system, with a focus on delivering sustainable health and care services, shifting care closer to home, and delivering a radical scaling up of prevention to help people stay well. |
| **Equalities Impact Assessment**:<br><br>The plan brings together a diverse range of underpinning plans and strategies across different work streams. Equality impact assessment is considered at this level rather than for Our Dorset – Looking forward as a whole. However, central to the plan is an understanding of our local challenges including inequalities and how these can be addressed to meet our aspiration for everyone in Dorset. |
| **Budget**:<br><br>Our Dorset – Looking Forward highlights the financial challenges for the Dorset system if we do nothing, both for the local NHS and for our local authorities. It also outlines plans to address this gap and will provide a framework for how we continue to work together as a system to address this issue. |
| **Risk Assessment**:<br><br>Given the financial risk if we do nothing, and the breadth and complexity of the plan the level of risk has been identified as:<br>Current Risk: HIGH<br>Residual Risk: MEDIUM |
| **Climate implications:**<br><br>N/A |

**Other Implications**:

Our Dorset – Looking Forward is structured around core themes and recognises that we need to make progress in each of these areas to deliver better health outcomes for local people, with higher quality care that's financed in a sustainable way. Workforce and digital are key enablers that require specific focus – both to manage our existing gaps and challenges, but also to radically shift the way that we currently work.

A key setting is the places we live in, and our voluntary sector, community groups, communities and local people have a key role to play, alongside health and care services to deliver integration and better health on the ground for local people.

Partner organisations across the system all have a role in ensuring that together our approach to employment, procurement, environmental sustainability and their use of physical assets contributes to the well-being of local communities and improving the economic contribution of the health and care system in Dorset.

This plan, together with the Dorset Council corporate strategy, will inform the refresh of the Joint Health and Wellbeing strategy next year.

**Recommendation**:

Members are asked to note the progress and next steps in the development of Our Dorset – Looking Forward.

**Reason for Recommendation**:

To keep Members informed and up to speed with the development of the Our Dorset – Looking Forward plan. This is an important plan for the system that includes both Unitary Councils as key partners in the reforming health and care system.

**Appendices**:
N/A

**Background Papers**:
Original STP plan, published October 2016 - 'Our Dorset'
Joint Health and Wellbeing Board Strategy 2016-2019

**Officer Contact**:
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## 1. Introduction

The Dorset Health and Wellbeing Board used its informal development session, on 11 September 2019, for an in-depth review of the emerging local five-year strategy, responding to the national NHS Long Term Plan. It builds on our existing Sustainability and Transformation Plan (STP), which sets out our aspiration to become an integrated care system, with a focus on delivering sustainable health and care services, shifting care closer to home, and delivering a radical scaling up of prevention to help people stay well.

While we are proud of what we've achieved, this challenging transformation programme is far from complete. The focus of our new plan, Our Dorset – Looking Forward, recognises the opportunities that come from bringing services together in communities to improve outcomes through more personalised care, tackling inequalities in access, and driving improvements in quality by delivering services differently.

Factors that keep people well are more than just health and care services, and the plan recognises opportunities to work more closely across the system on the broader work of councils, as outlined in their developing corporate strategies. Working in partnership with community groups, communities and local people can make a real difference – particularly with groups that may not have always been served well.

At its heart this plan sets out ambitious aspirations to take a population health approach to improvements for people in Dorset. This essentially means understanding the different needs of the whole population, and who may best be placed to help. As we redesign and improve services in our communities, better information about local populations' health and wellbeing needs will be used to work out how to provide support and care in a more effective and efficient way that meets individual needs

Our aspiration is for everyone to ***start well, live well, age well and die well*** no matter where they live or what their circumstances are.

As Our Dorset – Looking Forward builds on existing plans, there has already been extensive engagement and consultation for many of these underpinning plans. Healthwatch Dorset engaged with local people between May and June 2019 to understand their views about national and local plans, and their experience of our health and care system. Throughout the summer there have also been specific stakeholder events and an online survey, with themes from this feedback currently being pulled together by Bournemouth University.

Alongside the narrative document outlining our plans, NHS England requires the CCG to submit specific high-level detail on finance (predominantly NHS finances), activity (in secondary care as this is what we currently measure) and workforce (predominantly NHS) for the system against a 'do nothing' scenario and showing potential high-level solutions. It is recognised across the Dorset Integrated Care System (ICS) that this work is an iterative process, as we continue to work on building a better understanding across all parts of the system. These high-level plans will not tie organisations into these models as more robust work is undertaken to shape plans into detailed delivery work streams.

## Budget

Our Dorset – Looking Forward highlights the financial challenges for the Dorset system if we do nothing, both for the local NHS and for our local authorities. It also outlines plans to address this gap and will provide a framework for how we continue to work together as a system to address this issue.

Partner organisations across the system support this work as part of their own transformation, cost improvement or service improvement work, and there are additional funds that we can draw on because of the way we work as a system. Over the last three years our Integrated Care System work has helped to secure additional funding for the Dorset system through a variety of funding routes, including NHSE transformation funds, HEE funds to support workforce development, Sport England Active Ageing fund, the Department for Transport Transforming Cities Fund, and the National Lottery & National Trust's Future Parks Accelerator fund.

One element of the plan sets out how we will use the additional allocations from NHSE over the next 5 years to meet national requirements, including specific expectations regarding prevention and inequalities, in tandem with our local plans.

**Next steps**

Papers are going to each ICS partner organisation's Boards throughout September to approve direction of travel, whilst we continue to refine plans. A draft will then be submitted to NHS England. Following feedback from NHSE and further work as needed, we expect the final draft to be submitted in November.

The emerging draft of Dorset Council's corporate strategy will also inform the submission and final draft.

The Health and Wellbeing Board is a formal committee of Dorset Council that is charged with promoting greater integration and partnership between the NHS, public health and local government. It brings together key leaders from the local health and care system to work together in improving the health and wellbeing of Dorset council residents. The Board already receives regular updates on the STP, progress with prevention at scale plans, and oversees the Better Care Fund. The Board therefore has a clear role in testing and supporting the next iteration of our system plans.

Given national timescales for submission of the final draft and scheduling of relevant meetings it is expected that an appropriate representative at the System Leadership Team will need delegated authority for approval from the Dorset Health and Wellbeing Board.

# Health Overview and Scrutiny Committee

Appointments to Committee and Other Bodies

Date of Meeting: 26 September 2019

Lead Member: Cllr Laura Miller – Adult Social Care and Health

Local Member(s): All Members

Lead Officer: Mathew Kendall, Executive Director of People - Adults

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| **Executive Summary**:<br>The Health Overview and Scrutiny Committee appoints members on an annual basis to the Quality Account Panels and Liaison roles. |
| **Equalities Impact Assessment**: Not applicable |
| **Budget**: Not applicable |
| **Risk Assessment**:<br><br>Having considered the risks associated with this decision, the level of risk has been identified as:<br>Current Risk: LOW<br>Residual Risk LOW |
| **Climate implications:** Not applicable |
| **Other Implications**: Not applicable |
| **Recommendation**:<br>The Committee is asked to confirm appointments or appoint new members to the roles set out in the report. |
| **Reason for Recommendation**:<br>To assist in helping Dorset's citizens to remain healthy. |
| **Appendices**: None |
| **Background Papers**: None |

**Officer Contact**:
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1. The Committee is requested to confirm the following appointments that were discussed at a recent health scrutiny development meeting or to suggest alternative appointments as necessary.

    - Quality Account Panel for Dorset County Hospital: Cllrs Jill Haynes, Bill Pipe and Andrew Kerby
    - Quality Account Panel for Dorset HealthCare: Cllrs Jill Haynes, Bill Pipe and Nick Ireland
    - Liaison Member for NHS Dorset CCG: Cllr Jill Haynes
    - Liaison Member for Dorset County Hospital: Cllr Andrew Kerby
    - Liaison Member for Dorset HealthCare: Cllr Nick Ireland
    - Liaison Member for South Western Ambulance NHS Foundation Trust: Cllr Rebecca Knox