

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 Hurl (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 Practitioner (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 Hurl, 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

.....