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DORSET COUNCIL - HEALTH SCRUTINY COMMITTEE

MINUTES OF MEETING HELD ON TUESDAY 14 JANUARY 2020

Present: Cllrs Jill Haynes (Chairman), Andrew Kerby (Vice-Chairman), Rebecca Knox, Robin Legg, Jon Orrell, Nick Ireland and Ryan Holloway

Officers present (for all or part of the meeting):

Steve Hedges (Service Manager for Finance), Tony Meadows (Head of Commissioning), Sue Sutton (Deputy Director, Lead Member for Urgent and Emergency Care, Dorset Clinical Commissioning Group), Helen Whitby (Senior Democratic Services Officer) and Eryl Doust (Project Manager)

20. Apologies

Apologies for absence were received from Councillors Emma Parker, Bill Pipe and Byron Quayle.

21. Minutes

The minutes of the meeting held on 26 September 2019 were confirmed and signed.

Matters Arising

Minute 15 NHS Dorset CCG - Physiotherapy Services Review

Members were reminded that they had been sent a copy of the letter to the Dorset CCG and their response and that this might be reviewed in six months' time. The Chairman stated that she had recently received two complaints from members of the public about the way the system was working. She asked officers to arrange for a report to be provided to the meeting on 16 June 2020 to see whether the figures had improved and how the system was working.

Minute 19 - Clinical Services Review

The Chairman informed the Committee that the Independent Reconfiguration Panel (IRP) had now written to the Secretary of State (SoS) regarding its review of the Clinical Services Review and the SoS had written to the Dorset Clinical Commissioning Group with the outcome. Members would be sent the IRP letter, the Secretary of State's letter and a copy of the CCG's press release following the meeting.

Resolved

1. That members be sent copies of the Independent Reconfiguration Panel letter, the Secretary of State's letter and the Dorset CCG's press release following the meeting.

2. That officers arrange for a report on the Physiotherapy Services Review be provided for the meeting on 16 June 2020 to see whether the figures for the services had improved and how the system was working.

22. **Declarations of Interest**

Cllr Andrew Kerby declared a disclosable pecuniary interest as his partner was employed by the Dorset Healthcare University NHS Foundation Trust as a nurse and that a dispensation was now in place. Cllr Kerby also declared that he was a Governor for the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.

Cllr Jon Orrell declared a disclosable pecuniary interest as a GP and confirmed that a dispensation was now in place.

Cllr Nick Ireland declared that he and his partner were Governors of Dorset Healthcare University NHS Foundation Trust.

23. **Public Participation**

There were no statements and questions from Town and Parish Councils at the meeting:

A question from Mr Barry Tempest was asked at the meeting. The question and response are attached as an appendix to the minutes. Mr Tempest added that the response did not mention anything about maternity services nor paediatrics.

The Chairman stated that the Committee were interested to find out more about Dorset County Hospital NHS Foundation Trust's plans and asked for a report to be provided for the Committee's meeting on 16 June 2020. Mr Tempest would be able to attend that meeting to hear more about future plans.

Resolved

That a report on Dorset County Hospital NHS Foundation Trusts future plans be provided for the Committee's meeting on 16 June 2020.

24. **Integrated Urgent Care Service**

The Committee considered a report by the Lead Member for Urgent and Emergency Care, Dorset Clinical Commissioning Group (CCG) which provided an update on the Dorset Integrated Urgent Care Service.

It was noted that the model was innovative and was considered appropriate for Dorset. There had been performance challenges and work was being undertaken with Dorset Healthcare University NHS Foundation Trust to address these. South Western Ambulance NHS Foundation Trust (SWAST) had recently announced their withdrawal from their contract from April 2020 and partner organisations were considering the effect of this.

Members noted that there were metrics for each of the three components and that filling shifts was a challenge across each of these and a long-term recruitment plan was being considered to address this.

One member referred to the withdrawal of SWAST and about the interface between 999 calls and the 111 service. It was explained that work to address this would be undertaken from now until April 2020 to ensure any change did not have any detrimental effect.

The Healthwatch representative was welcomed to the meeting. She asked about how people's feedback was being used to improve the service. The CCG's various means of obtaining feedback were explained and any feedback from Healthwatch welcomed.

Noted

25. Somerset Integrated Health and Care Strategy

The Committee considered a report by the Executive Director of People - Adults on the findings of the Committee's Working Group reviewing Somerset's Integrated Health and Care Strategy to see whether there were any concerns for Dorset residents receiving care.

The Chairman explained that no concerns had been raised about changes to services in Somerset and their impact on Dorset residents. Somerset were currently going through a Clinical Services Review and this would need to be monitored. Any concerns would be reported at a future meeting.

Concerns had been expressed about hospital merges in Taunton and how these might affect Yeovil Hospital and Dorset residents accessing services there.

Members were reminded of the duty on Hospital Trusts to notify the Committee of any service changes and the lack of contact with both Yeovil and Salisbury Hospitals. The Senior Democratic Services Officers was asked to write to both hospitals to remind them of their duty to notify the Committee of any service changes.

The Chairman of the Dorset Health and Wellbeing Board highlighted Somerset's investment in prevention work and expressed an interest in investigating their governance arrangements so as to compare them to Dorset's.

Resolved

That the Senior Democratic Services Officer write to Yeovil and Salisbury Hospitals to remind them of their duty to inform the Committee of any service changes.

26. **Transforming Care - Moving people with a Learning Disability out of Long-Term Hospital Care**

The Committee considered a report by the Executive Director of People - Adults which provided an update for Transforming Care and Moving on from Hospital Living.

Members were reminded that this involved vulnerable adults who for various reasons had found themselves in campus or hospital accommodation. There were challenges in trying to find suitable accommodation to enable them to become more independent and live in the community with appropriate support. Looking forward, attention was drawn to the number of people with learning disabilities who were living longer, the potential for their needs to become more complex and the need for steps to be taken by the Council to try to mitigate this risk.

There was some discussion about safeguarding issues and the need for accommodation to be in areas where appropriate support was available, the need to stimulate more opportunities for independent living and minimise any risks involved, timescales for changes at Whorlton Hall and the costs involved, that equalities and diversity issues had been considered, and that the report did not reflect Dorset's special schools. Members also wished to see where the budget had made a difference.

The Committee wanted to better understand the number of people involved and asked for a report to be provided to their meeting on 16 June 2020.

Resolved

That a report on figures of people involved be provided for the meeting on 16 June 2020.

27. **Information Reports Received**

Noted

28. **Dorset Health and Wellbeing Board Workplan**

The Chairman of the Dorset Health and Wellbeing Board provided an update on the Board's work in relation to natural prescription, keeping fit and active, the mini health and wellbeing boards, the focus on children and adolescents and the transition from child to adulthood, data sharing across partner organisations in order to identify vulnerable young people, Education Health Care Plan assessments, suicide prevention and a refresh of the Health and Wellbeing Strategy. She also highlighted the need for all Dorset Council reports to include health outcomes within every policy, particularly planning.

Noted

29. **Requests for Joint Scrutiny**

The Chairman informed the Committee that she had spoken to Bournemouth, Christchurch and Poole's Chairman with regard to possible joint scrutiny. Two items had been identified - the Ambulance Service improvement and investment plan and the Urgent Integrated Care Service. These would be undertaken in June/July 2020.

The Committee's work programme had been circulated to members and would be posted on the internet so that members of the public had access.

Noted

30. **Urgent items- Pre- Decision Scrutiny of the 2020/21 Budget**

The following items of business were considered by the Chairman as urgent pursuant to section 100B (4) b) of the Local Government Act 1972. The item was considered to be urgent because the Committee needed to scrutinise the Council's budget for 2020/21.

Pre-decision Scrutiny of the 2020/21 Budget

The Committee considered a report by the Executive Director Corporate Development on pre-decision scrutiny of the 2020/21 budget. The Council's Scrutiny Committees had scrutinised the budget the previous day and the report had been added as an urgent item to allow the Committee the opportunity to scrutinise the budget as well.

Officers presented the report highlighting the proposed increase in the adult social care budget, the continuing increase in demand for services, the increasing complexity of care needed, the cost of residential placements compared to enabling people to remain in their own home, the need to do more preventative work, increased use of assistive technology, pressures arising from demographic growth and implications of leaving the EU.

The Chairman acknowledged the year on year increased demand for both adult and children's services and that the cases involved greater complexity and increased costs. The only way to tackle this was by undertaking prevention work at the early stages and by including health in everything the Council did.

Members then scrutinised the budget in detail and the following points were noted:-

- that the only means of off-setting any overspend appeared to be the social care precept;
- steps which could be taken to enable people to remain living at home;
- the need to invest more in intermediate care and work differently;
- Somerset's strong discharge to assess which provided savings for them by providing appropriate care at home;
- the need to emphasise the impact of budgetary decisions on people's health;

- the importance of early intervention and prevention and for outcomes to be analysed to see whether they had an impact on targets;
- that it may take time before the impact of prevention at scale work could be seen;
- the need to embed health across the whole Council and in all decisions; and
- the need for appropriate targets to be set.

Recommended

1. That a health line should be included in all Dorset Council papers, including planning applications, to ensure that health impacts were considered in every policy and decision.

2. The Committee was concerned that insufficient activity was taking place across the Council to encourage prevention and early intervention. The Committee urged the Cabinet to pursue these areas in order to control spend in the future.

Duration of meeting: 2.30 - 4.20 pm

Chairman

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Appendix

Health Scrutiny Committee - 14 January 2020

Question/Statement from Barry Tempest

We live in an area of rapidly increasing population with a hospital (Dorset County Hospital) whose A & E facility, little more than 20 years old, is already operating at 200% planned capacity.

DCH has some plans for expansion, but no funding except for car-parking. All current local hospital capital funding is directed to restructuring in the eastern conurbation, one identified side-effect of which is a likely increase in demand for A & E, Maternity, and Paediatric services at DCH, notably from the Purbeck area.

Without expansion, not only will local health services suffer directly, but DCH, a comparatively small hospital, will inevitably struggle to recruit and retain appropriately qualified medical and support staff.

What plans does this committee have, in conjunction with the CCG, to pressure Government for a swift allocation of funds to SCH for expansion of A & E, Acute Care, Maternity, and Paediatrics?

If there are no such plans, can I have your assurance that there soon will be, since the matter is now urgent if not already overdue?

Response From DCH

The Clinical Service Review (CSR) set out that Dorset County Hospital (DCH) will continue to be an emergency and planned hospital for its communities and Dorset CCG is committed to working with DCH to ensure that it has the right level of investment now and in the future to continue to provide high quality services. DCH is developing its long-term plans to expand its Emergency Department and Intensive Care Unit as well as establish an Integrated Care Hub as part of a long-term project to deliver the recommendations of the CSR. The CCG is clear that investment into the ED, ICU and Hub at DCH is one of the top priorities for capital investment in Dorset. DCH is working to secure a share of the Health Infrastructure Plan funding announced by the Government in late 2019 and the CCG is clear that any funding secured for Dorset will be prioritised for the long-term project to expand the DCH ED, ICU and Hub. Delivery of a new car-park, currently being considered for planning permission, will create the space to develop the new ED, ICU and Hub. In the meantime DCH continues to develop short and medium term solutions to alleviate the pressures being faced by the Emergency Department.

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