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DORSET COUNCIL - HEALTH SCRUTINY COMMITTEE

MINUTES OF MEETING HELD ON THURSDAY 5 MARCH 2020

Present: Cllrs Jill Haynes (Chairman), Ryan Holloway, Nick Ireland, Rebecca Knox, Robin Legg, Jon Orrell, Bill Pipe and Byron Quayle

Apologies: Cllrs Andrew Kerby

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

Vivienne Broadhurst (Interim Corporate Director - Adult Care Operations), Eryl Doust (Project Manager), Sue Evans (Head of Specialist Services), Tony Meadows (Head of Commissioning), Vanessa Read (Deputy Director, Dorset Clinical Commissioning Group), Gill Vickers (Interim Corporate Director - Adult Care Operations) and Helen Whitby (Senior Democratic Services Officer)

31. Apology

An apology for absence was received from Cllr Andrew Kerby.

32. Minutes

The minutes of the meeting held on 14 January 2020 were confirmed and signed.

The Chairman added that following the discussion on the budget at the last meeting two recommendations had been forwarded to the Cabinet for consideration. One of these related to the inclusion of a health line in all future Dorset Council reports. Work at a recent workshop had highlighted the need to ask the Council how this could happen. This was being progressed.

33. Declarations of Interest

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 was a Governor of Dorset Healthcare University NHS Foundation Trust and that his partner worked had a senior role at Yeovil and District Hospital.

34. Public Participation

The Chairman had received a letter from Swanage Town Council and this is attached in the Appendix to the minutes.

Public statements and questions from Mr Barry Tempest, Mr Philip Jordan, Ms Debby Monkhouse, and Mr Chris Bradey were made at the meeting and these are attached in the Appendix to the minutes.

Future Changes at Dorset County Hospital NHS Foundation Trust

Members agreed that they needed to know more about future plans for Dorset County Hospital NHS Foundation Trust (DCH). They asked that the Chief Executives from the Hospital Trust and the Dorset Clinical Commissioning Group (CCG) be invited to the June 2020 meeting to respond to questions and asked that a joint report be provided by them. The Cabinet Portfolio Holder for Customer, Community and Regulator Services stated that he was the Council's representative on DCH's Board of Governors and would be happy to find answers to the questions raised.

Withdrawal of the Swanage Ambulance Car

The Chairman confirmed that assurance had been given previously that the Swanage Ambulance Car would not be removed, that 6 new ambulances would be activated in Dorset and that there was no intention to remove cover from the Swanage area. Members were concerned about the withdrawal of the promised level of cover in Swanage as timely treatment could be crucial. One member referred to an email he had received from the South Western Ambulance Service NHS Foundation Trust (SWAST) Chief Executive who had confirmed that the reduction in cover at Swanage was due to CCG funding coming to an end on 1 April 2020. However, the number of ambulances in Dorset was to rise from 36 to 45 and he had suggested that one be stationed in Wareham and one in Dorchester. The Chief Executive had offered to ask his operations team to attend a future meeting.

The Chairman would formally write to the Chief Executive of SWAST to ask him to account for this change and copy this to the CCG Chief Executive. She would circulate any response received. If the response was not adequate, she would invite the Chief Officers to come to a future meeting.

Merger of Poole Hospital NHS Foundation Trust and Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

The Chairman suggested that this item be scrutinised as a joint exercise with Bournemouth, Christchurch and Poole Council (BCP) and she asked officers to progress this as a matter of urgency. One member suggested that the merger would be more beneficial to BCP residents and for this reason any scrutiny should be carried out by Dorset alone. The Chairman reminded members of the recent guidance from the Minister that only responses from joint committees would be accepted as a full Dorset response.

It was noted that the deadline for comments on the merger was 12 March 2020 and that the Committee did not have enough information to comment at this stage. It was highlighted that anyone could respond to this consultation and that there would be further consultation in due course.

With regard to joint scrutiny, members were unclear as to how this would work. The Chairman explained that agreed terms of reference would be needed prior to members being identified to sit on any joint committee. She

suggested that five members from each council might be appropriate and that any arrangements would need to be flexible enough to allow participation from councils outside of the Dorset area. Given the forthcoming changes to the governance arrangements for Dorset Council and the two additional scrutiny meetings per year, members expressed concern that meetings dealing with people and health matters would not fit into two hours. The Chairman would raise the concerns of the Committee with the Leader of the Council.

Letter from Swanage Town Council

The Chairman read out a letter from Swanage Town Council's Clerk concerning the A&E Local Model at Poole Hospital. One member added that Weymouth Town Council had passed a similar resolution to ensure the local model consultant cover was for 18 hours. The Chairman would write to the CCG asking for a response to this request.

The Chairman had also received a similar request from Corfe Castle Parish Council and would circulate this to members.

The Dorset Councillor for Portland was concerned about the loss of the ambulance car in Swanage and supported all moves to secure ambulance services in this area. Knowing that the service was to be reduced in Swanage had spurred him to attend the meeting as he had similar concerns for ambulance coverage for Portland over a number of years. The Chairman would seek clarification from SWAST and the CCG about the future of ambulance services in Swanage as set out above.

Members asked that in future public statements and questions be sent to them prior to any meeting.

Decisions

1. That the Chief Executives from Dorset County Hospital NHS Foundation Trust and the Dorset Clinical Commissioning Group be invited to the meeting on 16 June 2020 to respond to questions about future plans for the Hospital and asked that a joint report be provided by them.
2. That the Chairman would formally write to the Chief Executive of South Western Ambulance Service NHS Foundation Trust to ask him to account for the removal of the Swanage ambulance car and copy this to the CCG Chief Executive. She would circulate any response received and if this was not adequate, would invite the Chief Executives to come to a future meeting.
3. That the merger of Poole Hospital NHS Foundation Trust and Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust be scrutinised as a joint exercise with Bournemouth, Christchurch and Poole Council. Officers were asked to progress this as a matter of urgency.
4. That the Chairman would write to the CCG asking for a response to Swanage Town Council's request.
5. That the Chairman circulate the letter from Corfe Castle Parish council to members.

35. **Urgent items**

There were no urgent items.

One member asked for further information about Bournemouth, Christchurch and Poole Council's decision to withdrawal support for the ambulance access road to Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust. The Chairman would ask the appropriate Cabinet Portfolio Holder to provide a briefing to clarify the situation.

Decision

That the Chairman ask the appropriate Cabinet Portfolio Holder to provide a briefing to clarify the situation.

36. Delayed Transfers of Care

The Committee considered a report by the Acting Executive Director People - Adults which provided an overview of the progress made to date with Delayed Transfers of Care (DTC) and continuing areas for improvement.

The Chairman apologised for the report being written from Dorset Council's point of view as neither Dorset County Hospital NHS Foundation Trust nor the Dorset Clinical Commissioning Group had been given the opportunity to contribute.

Members noted that there had been a significant reduction in DTCs for Dorset residents and that the overall trend was downward. However, even though Dorset's performance had improved, so had other local authorities, and Dorset remained in the bottom quartile.

The report gave details of performance against the Better Care Fund (BCF), Dorset Integrated Care System delays, causes of delays, Integrated Care system improvements and opportunities for further improvement.

The main cause of delay was waiting for care packages to be arranged for people in their own homes, particularly if they lived in rural locations. One of the measures to reduce delays was to plan patient discharge from the time they entered hospital, giving them choice where possible. Some of this had been achieved through the realignment of existing resources with the Better Care Fund (BCF) being used to enhance the support people were offered.

Members thought it would be helpful to see how Dorset compared with other rural local authorities and what they were doing to be in a better position than Dorset in order to improve Dorset's position. Officers explained that any improvement would be based on developing locality and community groups who could respond to people's needs and support them at home and a move towards a discharge to assess model of working in hospitals.

Whilst members recognised the improvements made, they highlighted the need for improvement in the provision of care packages at home and asked what measures were being taken to address this. Officers explained that a fundamental rethink of the home care market was needed given the difficulties of providing care in rural areas, the distances care workers traveled and the time involved. A more outcome-based approach was needed and care

providers were being asked to work with individuals to meet their needs. There was also a need to make care a viable work option for people, including young people, to develop community resources, and provide affordable and key worker housing.

Somerset seemed to have solved DTCs and their performance had dramatically improved but there was no information as to how this had been achieved. Members noted that officers were currently working on a "dashboard" and asked that this be produced on a six-monthly basis.

It was suggested that as Dorset had one of the oldest populations, a question for the 16 June meeting when representatives from Dorset County Hospital and the Clinical Commissioning Group would be present, would be whether too many hospital beds had been cut and whether the trend for more people to live to be over a hundred had reduced over the last ten years as a result.

Members highlighted the following issues which could be addressed at the Inquiry Day to be rescheduled for April 2020:-

care market implications, future projections, changes to be achieved next year, the five-year plan, outputs for inputs shown, costs versus each of the activities, and recruitment and retention of staff.

A concern was expressed that under the new governance arrangements the Inquiry Day might not proceed.

Noted

37. Information Reports Received

The Committee received information reports from Healthwatch Dorset on their draft workplan 2020/21 and from the Dorset Clinical Commissioning Group on "Your Mind, Your Say".

Noted

38. Work Programme

The Committee considered its work programme and agreed the following:-

Items for meeting on 16 June 2020

Physiotherapy Services

Dorset County Hospital NHS Foundation Trust Future Plans

Continuing Health Care

Item for meeting on 17 September 2020

Primary Care Networks - how they help people at a local level, how prevention at scale is working and how this can be monitored going forward

Noted

39. Exempt Business

There were no exempt items of business.

Duration of meeting: 10.00 - 11.30 am

Chairman

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Health Scrutiny Committee - 5 March 2020

Public Statement and Questions

From Mr Barry Tempest

'Last summer Dorset County Hospital (DCH) presented at a "public engagement" what was described as a "masterplan" for a "long-term project" representing a "once-in-a-generation opportunity". These phrases sum up exactly what we and DCH need.

'Some significant details were, however, not obtainable at the "public engagement" nor, it seems, subsequently. For example, any such plan must take into account projected local population growth over the next generation (subject, as such projections must be, to continuing modification.).

'A failure to plan in detail would be to invite a series of repeats of the situation we have at present where, for example, A&E services at DCH have been stretched to 200% of designed capacity in the space of less than a generation.

'Is this Committee satisfied that fairly realistic population projections do exist for, say, 2025, 2035 and 2045, or similar intervals, with a breakdown by age and gender, along with the anticipated, provisionally quantified demand for the full range of hospital services, including: maternity, paediatrics, oncology, audiology, cardiology, ophthalmology, etc?

'What are these projected figures? Is there any reason why these projections should not be in the public domain?'

From Mr Philip Jordan

ARE DORSET COUNTY HOSPITAL'S MSCP (multi-storey carpark) & wayfinding etc) + RELATED MASTERPLAN SUITABLE & SUSTAINABLE TO THE COMMUNITY'S & THUS THE HOSPITAL'S MEDIUM TO LONG TERM NEEDS

My Question arises from my being:

- 1) a former NHS Estates Officer & Project Manager, outside Dorset +
- 2) One who's lived in Dorset for over 30 years & with my family being long term users of Dorset County Hospital

I'm concerned by & wish to ask the Committee about the above as unfortunately

Whilst the approach taken to the proposed MSCP multi storey car park & way finding proposals etc + related Masterplan might cater for the Community & Hospital's immediate 5-6 year needs, it can be seen to not demonstrate being thought through thoroughly – such that this 32 year old (in o/a concept/initial phase) Hospital's future much beyond 2026 is compromised e.g.

Significantly, building the MSCP as proposed, where proposed, is as part of a 4 Phase Master plan which takes out important (to ill patients) surface parking nearer the Hospital Buildings, whilst failing to make (or plan) the most efficient use of Hospital grounds enlarged by the 2007 acquisition of the former Damers School buildings & grounds (who finally moved to Poundbury in 2017) i.e.

As proposed the MSCP fails to maximise DCH's medium/long term future as a vital public Acute Health Care facility for rural Dorset:

DCH & Prime PLC partners seem unable to think "out of the box", of DCH's original boundaries & make the most of 2007 extension e.g. instead of their 2D zonal approach to DCH's still ultimately landlocked situation, they could follow precedent (similar to nearby Waitrose) by putting an MSCP underground on the former Damers site & enabling DCH &/or residential type development over it.

From Debby Monkhouse

It was discussed at 17th October 2018 Health Scrutiny Committee that no Ambulance resources would be removed from Swanage, and it was suggested that Ambulance services to more remote parts of the county would be improved.

This is because the proposed loss of emergency medical, trauma, maternity and children's care from Poole Hospital means Swanage residents can no longer access emergency hospital care, even by blue light, within the CCG's own 'safe' travel times of 30-45 minutes.

A Freedom of Information response from SWAST to Langton Parish Council stated that the average time from a category 1 imminent danger of death call, for all BH19 (Swanage and villages) postcodes, to arrival at Poole Hospital, over the period November 2016 – December 2017, was 1 hour 43 minutes.

We understand that the Swanage Ambulance Car was withdrawn last week.

Could the Committee please urgently raise with SWAST the agreement that all Ambulance resources would be maintained at Swanage?

From Chris Bradey

The Competition and Markets Authority opened their consultation into the merger of Poole and Bournemouth Hospital Trusts on Thursday 27th February, and **it closes on 12th March**. Local authorities are invited to comment.

There are many issues related to the Committee's referral of the plans to the Secretary of State that have not been addressed, and some new options that the Committee may wish to comment on to the CMA.

Residents believe that the Trust's 'Patients Benefits Case', submitted to the CMA, is very misleading. It ignores the issue of risk to life due to longer journey times to access emergency care with the loss of Trauma A&E, and emergency Maternity and Children's care from Poole Hospital. It does not address the capacity of RBH and Dorset County A&E's to cope, given that A&E and trolley wait time targets are all being missed, Dorset County A&E is already running at twice capacity, and the numbers accessing A&E and Maternity will increase due to housing developments planned, 30% of Dorset residents being expected to be over 65 by 2030, and because siting trauma A&E and specialist maternity and children's care on the border with Hampshire will mean an influx of patients from there.

The Independent Panel has suggested that "A&E Local" - a full A&E for Poole that is closed overnight - could be a viable compromise.

A&E Local would help address capacity issues, and save Dorset lives, that would otherwise be lost due to longer journey time combined with chronic daytime traffic across the conurbation inhibiting access to emergency care.

Please could the Committee consider raising these concerns with the CMA?

Letter from Dr Martin Ayres, Clerk to Swanage Town Council**Support for 'A&E Local Model' at Poole Hospital**

In the autumn of 2018 Swanage Town Council wrote to Dorset Health Scrutiny Committee to draw attention to its serious concerns regarding the Clinical Commissioning Group's proposals for transforming Dorset's NHS. The Council welcomed the Committee's decision to recommend to the Secretary of State that the proposals should be referred to an independent panel.

The Town Council's principal concerns related to proposals to relocate maternity services and the local accident and emergency department from Poole Hospital to the Royal Bournemouth. The Council argued that an increase in journey times for residents of Swanage and neighbouring parishes of approximately 20 minutes would introduce an increased clinical risk for seriously ill patients.

Whilst the Town Council recognises that the CCG's proposals have now been approved by the Secretary of State, the Council's attention has been drawn to the possibility of implementing an 'A&E local' at Poole Hospital as a means of mitigating some of the increased risk for local residents. From the Independent Reconfiguration Panel's report, it is understood that this is a 'model between the standard urgent treatment centre and a conventional district general hospital A&E', most likely operational for 16-hours a day. This would address the issue of chronic daytime congestion in the conurbation inhibiting access to RBH in an emergency from most of Dorset.

The Town Council discussed this issue at its meeting on 27th January and resolved unanimously to write to both yourselves and the CCG to ask that detailed consideration be given to the introduction of this model at Poole Hospital. The strength of support reflects the Council's view that the retention of services at Poole will reduce the risk to life of local residents.

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