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## **DORSET COUNCIL - PEOPLE AND HEALTH SCRUTINY COMMITTEE**

### **MINUTES OF MEETING HELD ON MONDAY 2 NOVEMBER 2020**

**Present:** Cllrs Gill Taylor (Chairman), Molly Rennie (Vice-Chairman), Rod Adkins, Jean Dunseith, Barry Goringe, Nick Ireland, Robin Legg, Jon Orrell, Mary Penfold and Bill Pipe

**Apologies:** Cllrs Laura Miller (Portfolio Holder for Adult Social Care and Health) and Andrew Parry (Portfolio Holder for Children, Education, Skills and Early Help).

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

Mark Blackman (Corporate Director - Education and Learning), Vivienne Broadhurst (Interim Executive Director - People Adults), Tony Bygrave (Senior Assurance Officer - Complaints), Barrie Crook (Independent Chairman of Dorset Safeguarding Adults Board), Sue Evans (Head of Specialist Services), Theresa Leavy (Executive Director of People - Children), Karen Maher (Business Manager - Dorset Safeguarding Adults Board), Hazel McAtackney (Head of Quality Assurance and Compliance, Dorset Healthcare University NHS Foundation Trust), Tony Meadows (Head of Commissioning), Helen Persey (Head of Integrated Community Services (West), Dorset Healthcare University NHS Foundation Trust), Vanessa Read (CCG Link Director to Scrutiny), Gill Vickers (Interim Corporate Director - Adult Care Operations) and Helen Whitby (Senior Democratic Services Officer)

**14. Apologies**

An apology was received from Cllr Bill Pipe who would join the meeting later.

The Chairman welcomed Cllr Robin Legg to his first meeting.

**15. Declarations of Interest**

No declarations of disclosable pecuniary interests were made at the meeting.

**16. Minutes**

The minutes of the meeting held on 17 September 2020 were confirmed. The Chairman would sign then at the earliest opportunity.

**17. Public Participation**

The Chairman explained that a number of questions had been received from members of the public, Swanage Town Council and Dorset Council Councillors. The questions were read out and responses provided. The full questions and responses are included at the end of these minutes.

## 18. **Quality Account - Dorset Healthcare University NHS Foundation Trust**

The Committee considered the Quality Account (QA) from Dorset Healthcare University NHS Foundation Trust 2019-20.

QAs were produced annually and Councillors had the opportunity to comment on the QA prior to its publication on 15 December 2020. The Chairman had asked Councillors to submit questions for a response at the meeting. Two questions had been received and these related to the duty of candour and members were shown updated information about pressure ulcers in relation to the second. Links to benchmarking websites would be provided for members outside of the meeting.

One member described his good experience of end of life facilities at Yeatman Hospital and the award that the Hospital had received for them. He asked whether there were enough end of life facilities as there was likely to be a growing need for them and also asked about the number of Matrons available across hospitals. In response it was explained that discussions with the Dorset Clinical Commissioning Group were continuing with regard to services to be provided by community hospitals and that the reference to the Matrons (East) and (West) referred to Mental Health Services which were structured differently to physical health services. Community Hospitals were more complex, had more departments and therefore more Matrons.

With regard to the Trust's aim to reduce suicides by 10%, another member asked how this would be achieved, what current figures were and whether there were any plans to introduce mental health drop-in centres in Weymouth or the west of the County. In response it was explained that there was a retreat in Dorchester and people could also access the on-line Steps to Wellbeing service. With regard to suicide figures, these were not available but would be shared after the meeting.

The Chairman informed members that it was possible that they would receive more QAs and suggested that a working group be established by the Committee to respond to these and then report back. This approach was agreed and Cllrs Rod Adkins, Nick Ireland, Jon Orrell, Bill Pipe and Gill Taylor volunteered to sit on this.

The Chairman would forward any QAs submitted to all members prior to the working group meeting so that they could comment if they wished.

### Decisions

1. That Dorset Healthcare University NHS Foundation Trusts Quality Account for 2019-20 be noted.
2. That a working group comprising Cllrs Rod Adkins, Nick Ireland, Jon Orrell, Bill Pipe and Gill Taylor be established to respond to any future Quality Accounts and report back to the Committee.

## 19. **Delayed Transfers of Care Performance during Covid-19**

The Committee considered a report by the Programme Director Urgent and Emergency Care, Dorset Clinical Commissioning Group which set out performance information regarding length of hospital stays during the first wave of Covid-19 and the new Home First Programme.

Members noted that performance information for delayed discharges of care had not been collected during the first wave of Covid-19 and that information regarding length of stays had been captured instead. In June/July 2020 there had been a review across health and social care and a move was made to a Homes First model. Its purpose was to enable people to achieve independent living within their community, to speed up discharges from hospital and to prevent unnecessary hospital admissions. A further set of guidance was issued for implementation of a hospital discharge service beginning from 1 September 2020 and this was model was complemented the home first programme.

A multi-agency approach was now taken so that people were assessed by health and social care teams at home for the ongoing support they needed. There were now five cluster teams for Bournemouth and Christchurch, Poole, East Dorset and Purbeck, North and Mid-Dorset and West Dorset and Weymouth. They comprised acute hospital staff and community social care staff working together to undertake assessments in people's homes in order to support their needs and prevent unnecessary hospital admissions.

One member welcomed the new programme but asked whether the same number of people were being discharged from hospital or more and referred to the previous frustration of trying to arrange care packages and asked whether patients were being discharged without care packages in place. It was explained that the single point of access meant that the patient returned home safely with the support they needed. There were then ongoing social care reviews within the community to ensure that the right support was provided as their needs changed. Over time the new programme would provide a more consistent, less fragmented approach, would provide a better experience for residents and enable the community and voluntary sector to support the programme.

With reference to Tables 1 and 2 on page 13 of the report, a member asked whether this was a snapshot on a particular day or whether figures were for the whole month, and whether some patients might be double counted if they had been in hospital for a long time. As the report author had not been able to join the meeting, a broad overview was given. Members asked that this information be circulated following the meeting so that they could better understand the information presented.

Members welcomed the new Programme but highlighted the need for funding and staffing if the system was to work well. Officers explained that they could only work with the resources available. It was hoped that by being more efficient, reducing duplication and working together resources could be maximised. If any gaps were identified, commissioners would be approached

to address these. The aim was for residents to gain greater independence and reduce pressure on local health and social care resources. As the programme was still new, there was little data available to show lengths of hospital stay and gaps etc. This information would become more visible over the next 3-6 months. The Acting Corporate Director of Commissioning added that the Committee had the opportunity to scrutinise previous performance of delayed discharges and compare it with the new Home First Programme.

The Chairman asked for an update to be provided in six months' time and for this to include information about staff capacity, support from and for communities and families and performance metrics.

### **Decisions**

1. That the Committee welcomed the Home First project and appreciated the current difficulties.
2. That an update to be added to the Forward Plan and which would include staff capacity, support from and for communities and families and performance metrics.
3. That further information on tables 1 and 2, page 13 of the report be provided as set out above.

## **20. LGSCO SEND Progress Update**

The Committee considered a report by the Executive Director of People - Children which provided an update on actions following the Local Government Social Care Ombudsman(LGSCO) investigation into the Special Educational Needs and Disability (SEND) provision provided by Dorset County Council for one young person.

The Executive Director of People - Children introduced the report. This was a significant area of work for the Directorate and she reported receipt of a letter from the Care Quality Commission the previous Friday on their recent visit.

The Committee noted that the underlying issues had related to special case delays in providing education and the writing of Education Health and Care Plans (EHCP). Currently in excess of 80% of EHCPs were completed on time and by working closely with schools this had been maintained throughout the pandemic. There was a focus on improved outcomes for children and a better experience for families and schools working with the Council. The pandemic meant that progress was slower but attendance in schools remained high.

There was some discussion about the benefits of children being in school and, with the forthcoming lockdown and increased cases of Covi-19, that parents might be worried about children remaining at school. In view of progress made, it was suggested that this be publicised.

The Chairman referred to the fact that the report would be considered by the Health and Wellbeing Board the following week and asked where this item should be scrutinised in future. The Executive Director of People - Children suggested the Health and Wellbeing Board retain oversight of progress.

## **Decisions**

1. That the progress made be noted,
2. That the Committee is content for the continuing monitoring of this item to be carried out by the Health and Wellbeing Board,
3. That the progress made be publicised.

### **21. Dorset Safeguarding Adults Board Annual Report 2019-20 and joint Business Plan 2020 onwards**

The Committee considered the Adult Safeguarding Board's Annual Report for 2019-20 and its Joint Business Plan for 2020 onwards.

#### Annual Report for 2019-20

The Independent Chairman presented the Annual Report highlighting points of particular interest; the independent report into how well the Dorset and Bournemouth and Poole Boards were working together; the need for adult social care staff to know safeguarding adult procedures; shared objectives with other partnerships particularly around domestic abuse and the need for a more integrated approach; the need for more integrated work between adult safeguarding and domestic abuse structures; better integration so that people did not fall between the gaps; the successful event for providers; the need to make sure that any lessons learned from reviews were implemented in practice; and work with service users on domestic abuse to make them aware of self-protection;

An explanation of a Section 42 inquiry was given. The Annual Report would be sent to members by email following the meeting as some text was missing from the agenda papers.

One member highlighted the fact that domestic abuse affected everyone and she praised the Board for its work in trying to reduce the number of people who did not understand domestic abuse. The Portfolio Holder for Adult Social Care and Health added her thanks for the report and the important work the Board undertook.

In response to why there had been an increase in referrals in the over 75s, it was explained that a high proportion related to women who lived longer than men. This was being kept under review.

#### Joint Business Plan for 2020 onwards

Attention was drawn to the four main priorities within the business plan: safeguarding in the care sector; domestic abuse; neglect and self-neglect; and Safeguarding Adults Board Governance Review. A two-year rolling plan had been adopted because it was not known how far current resources would stretch and some flexibility in targets set may be needed. Assurance was sought from partners and the work they were undertaking to mitigate risks in adult safeguarding.

Members asked questions about abuse of parents by children, whether records of safeguarding issues were kept which would show those who

needed help and those who were unable to access this, and whether there was support available to intervene to help those with no family support and who might suffer neglect as a consequence.

It was explained that abuse of parents was primarily an issue for the community safety partnership to address; that Covid-19 related data was kept, that there had been no significant increase for Quarter 1 and the current increase was being tracked; and multi-agency risk meetings were held to look at self-neglect cases in order to provide support and retain their dignity.

The Chairman welcomed the report and thanked officers for attending the meeting.

### **Decisions**

1. That the Dorset Safeguarding Adults Board Annual report be noted.
2. That the Board be thanked for the work it has done.
3. That the Business Plan for 2020 onwards be noted and the priorities within it supported.

## **22. Annual Complaints Report**

The Committee considered a report by the Corporate Director - Legal and Democratic, which provided an update on the numbers, types and outcomes of complaints made against services at Dorset Council and appendices which met statutory reporting requirements for Children's Services.

The key message from the report was that the Council was dealing with, listening to, acting upon and learning from complaints. The report covered the pre-Covid period. Of the 722 complaints received across Directorates only 4 had been upheld by the Local Government Ombudsman and only one of these had a financial penalty for the Council, which was an improvement on the previous year.

It was noted that complaints were increasing in number but so too were compliments. The recent restructuring of the Complaints Team had provided an opportunity to change the way complaints were dealt with. Officers met with complainants, took a positive approach and tried to learn from them.

Members received clarification of the different stages in the complaints process.

In response to why 90% of complaints in Quarter 3 were justified, it was explained that the number of cases were low and so the percentage figure seemed high but in fact the performance was an improvement.

### **Decisions**

1. That the complaints performance for the financial year 2019/20 be noted;
2. That the focus on working with services to ensure greater organisational learning from complaints be supported.
3. That the savings associated with informal resolution, mediation and relationship building be recognised.

**23. Appointment to Liaison Member Roles**

**Decision**

That the following Liaison Members be appointed:-

Dorset Clinical Commissioning Group - Cllr Gill Taylor  
Dorset County Hospital NHS Foundation Trust - Cllr Molly Rennie  
Dorset Healthcare University NHS Foundation Trust - Cllr Nick Ireland,  
South Western Ambulance Services NHS Foundation Trust - Cllr Rod Adkins  
The new Poole and Bournemouth Hospitals NHS Foundation Trust - Cllr Rod Adkins

**24. Committee's forward Plan and Cabinet Forward Plan;**

The Committee considered its Forward Plan and that of the Cabinet.

The Chairman stated that as the Committee was new the Forward Plan needed more work and that it was important for the Committee to concentrate on the Covid-19 pandemic and finance.

One member referred to the previous Health Scrutiny Committee and items it had identified for scrutiny and that the new Committee should honour any commitments given.

The Chairman had contacted the Dorset Clinical Commissioning Group and asked that the Committee be involved in any planning regarding the Swanage Ambulance Car so that this could be added to the Forward Plan.

In the meantime, the Chairman suggested that she and the Vice-chairman review the current Forward Plan and then email the outcome to members for comment.

With reference to the item on the Housing Associations Liaison Day to be held in Summer 2021, the Chairman asked for volunteers to scope out the inquiry day. Cllrs Molly Rennie, Jean Dunseith and Jane Somper volunteered to be on the working group. Anyone else wishing to help should contact the Chairman.

**Decisions**

1. That the Chairman and Vice-Chairman review the current Forward Plan and the outcome be emailed to members for comment.
2. That a working group comprising the Chairman, Vice-chairman and Cllrs Jean Dunseith and Jane Somper be established to scope out the Housing Associations Liaison Day.

**25. Urgent Items**

There were no urgent items.

**26. Exempt Business**

There was no exempt business.

**Duration of meeting:** 10.00 am - 12.18 pm

**Chairman**

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People and Health Scrutiny Committee - 2 November 2020

## Public Questions

Question from Tina Foster of Swanage

### **The withdrawal of the Swanage Paramedic Car**

The Town Council was very shocked to hear this year that the Ambulance Trust are considering withdrawing the Swanage Paramedic Car, meaning that, contrary to the commitments made by Dorset CCG to Dorset Health Scrutiny Committee, Swanage would lose half of its allocated ambulance vehicles, and a third of ambulance staff.

Due to my recent experience of having to use the service, I am deeply concerned that this must not happen. I had to call 999 when I discovered my husband collapsed and apparently not breathing. The paramedic car was with me within minutes giving me reassurance, with the ambulance following soon afterwards. The crew checked my husband before taking him to Poole hospital. The paramedic was able to ring the local Doctors surgery to obtain useful information on my husband.

This meant that with the ambulance away for at least an hour and a half, the paramedic car was still available for other emergencies. Under the Clinical Services Review, the ambulance would be out for longer still, due to the distance to Dorset County or Bournemouth.

Swanage is at the end of a ten-mile corridor. An ambulance coming from the next Town, Wareham, cannot possibly get here within the 7 minute response time recommended for category 1, imminent danger of death, emergencies.

A Freedom of Information Act request raised by Langton Matravers Parish Council to the Ambulance Trust showed that, over a 13 month period, the average time between receipt of a category 1 call from Swanage and villages, to arrival of the patient at Poole, the nearest Hospital, was 1 hour 43 minutes.

A further request showed that the average blue light journey time from all BH19 postcodes, to Poole Hospital, is 41 minutes. Dorset Clinical Commissioning Group's Consultants cited expert opinion that 30-45 minutes is the maximum 'safe' journey time in an emergency. Under the Clinical Services Review, Swanage and villages will no longer be able to access care within these 'safe' times. The Ambulance Trust state it will take 8 minutes longer to get to Dorchester, and 19 minutes longer to get to Bournemouth, giving total journey times of around 50 and 60 minutes respectively once the ambulance has come.

At the Dorset Health Scrutiny Committee on 17 October 2018, Cllr Ray Bryan reported that the Clinical Commissioning Group had promised that the Swanage ambulance station would remain open 24/7, fully manned with ambulances. Major road improvements around RBH were offered to reduce journey times but have failed to be implemented.

Would the Committee please ask Dorset CCG to come to their next meeting to assure the Committee that the promise to at least maintain existing Ambulance resources allocated to Swanage will be honoured?

Question from Carol Finch of Swanage

**The withdrawal of the Swanage Paramedic Car**

In 2018 the Dorset Health Scrutiny Committee considered whether to refer the Clinical Services Review plans to the Secretary of State. Cllr Bryan reported that he had been assured by Dorset CCG that ambulance resources would be increased to more remote areas.

Under the CSR plans, Swanage and villages face the longest journeys in an emergency, due to the loss of A&E, Maternity, & emergency Paediatric care from Poole. Currently, Swanage has an Ambulance, and a Paramedic Car. The Car was allocated to Swanage in 2008 when the Cottage Hospital Minor Injuries Unit closed overnight, to increase emergency cover, given the distance to Poole. Thus, it is a matter of life and death that Swanage at least retains our existing ambulance resources.

The Paramedic Car is a fast vehicle, which stays in Purbeck, as it does not take patients to hospital. It fulfils a number of functions including:

- Preserving life until the Ambulance arrives
- Treating the 50% of patients who do not need to go to hospital
- Covering overnight while the Swanage MIU is closed
- Supporting Purbeck GP visits during the day

After hearing that the car was going to be withdrawn, the Chair of Swanage Area Forum started a petition. It has, to date, 3,807 signatures.

Thanks in part to support from this Committee, the Car has not yet been withdrawn. However the threat of withdrawal hangs over us from month to month, and Swanage Town Council has had no assurance of its retention.

The 5<sup>th</sup> March Health Scrutiny Meeting notes state that:

"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.

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."

On 9th March Swanage Councillors met Senior Officers of the Ambulance Trust, who said that the Paramedic Car would only be maintained if Dorset CCG allocated additional funding for it.

As Dorset CCG promised Dorset Health Scrutiny Committee that ambulance resources to remote areas would be increased, could the Committee please ask Dorset CCG to account for the threatened loss of half the ambulance vehicles allocated to Swanage, and a third of the staff?

## Question from Avril Harris of Swanage

Matters raised by Parish and Town Councillors to Health Scrutiny

### **The withdrawal of the Swanage Paramedic Car**

The future of the Paramedic Car based in Swanage remains uncertain from month to month. Swanage Town Council has been unable to secure any assurance from Dorset CCG that the Paramedic Car will be maintained or that there will be public consultation prior to a decision being taken about it.

At the meeting of Dorset Health Scrutiny Committee on 5<sup>th</sup> March it was confirmed that the Committee had been told by Dorset Clinical Commissioning Group that Ambulance Resources allocated to Swanage would be fully maintained and this is recorded in the minutes of the Committee of 17.10.2018, at point 38.

The then Chair committed to contact the CCG and SWAST, and to call the Chief Officers to the Committee, if a satisfactory response was not received. SWAST has confirmed that it is willing to maintain the Paramedic Car if a funding solution is found.

Would this Committee, as a matter of urgency, please honour the promise of holding Dorset CCG to account, because the Swanage Paramedic Car could be removed before this Committee meets again, and discuss this matter at your next meeting?

### **A&E Local**

Swanage is a popular but remote holiday resort at the end of the Purbeck peninsula, 20 miles from Poole Hospital, 26 miles from Dorset County, and 28 miles from Royal Bournemouth. The average blue light time to Poole is 41 minutes, and the average time from an imminent danger-of-death call to the Ambulance Trust to arrival at Poole Hospital is 1 hour and 43 minutes.

Under Dorset CCG's Clinical Service Review plans, Swanage's local accident and emergency department will be relocated from Poole to the Royal Bournemouth. Longer journey times will increase risk for seriously ill patients. There are 1,400 emergency admissions annually to Poole from Swanage and villages.

To mitigate this increased risk, and to reduce increased pressure on Dorset County A&E, four Town Councils (Swanage, Weymouth, Portland, and Bridport) and four Parish Councils (Langton, Worth, Corfe and Arne), wrote to Dorset Health Scrutiny early this year to request support for an "A&E Local" at Poole Hospital.

From the Independent Reconfiguration Panel's report, 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 traffic congestion in the conurbation which inhibits access to RBH from most of rural Dorset.

The former Chair committed to discuss this matter in November, but it is not on the Agenda. Could the Committee please give a date when this matter will be discussed?

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**Dr Martin Ayres**  
Town Clerk

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TOWN HALL  
SWANAGE  
DORSET  
BH19 2NZ

23<sup>rd</sup> October 2020

**Dear Councillor Taylor**

### **Access to emergency health services for Swanage residents**

The Town Council has instructed me to write to you, as Chair of the new People and Health Scrutiny Committee, to raise its concerns about local residents' access to emergency health care. This has been copied to the other committee members for their information.

The Town Council thought it would be helpful to give some context regarding our situation and events to date, before making a number of requests.

### **Background**

The Town Council has set up a Working Party to address the issue of access to emergency health services under the Clinical Commissioning Group's hospital reconfiguration plans, whereby maternity and paediatric services, oncology beds, and the local accident and emergency department, will be relocated from Poole Hospital to Royal Bournemouth Hospital. The remit of the Working Party is to consider mitigations for the longer travel times that residents of Swanage will face in emergency cases.

Swanage is a popular holiday resort at the end of the Purbeck peninsula, accessed via the A351, which becomes a 10-mile corridor between Wareham and Swanage. Swanage is 20 miles from Poole Hospital, 26 miles from Dorset County, and 28 miles from Royal Bournemouth Hospital. The A351 is a single lane road, and can be slow, particularly in Summer, as it winds through villages such as Corfe Castle on the way to Wareham. Our isolation is recognised in the adopted Swanage Local Plan. Paragraph 125 states: "Due to its isolated location the Swanage community is concerned about the potential loss of key services," while Paragraph 130 states that "Maintaining facilities and services in a relatively isolated location is one of the key challenges facing Swanage, and this is particularly true for a number of publicly-owned services which are currently located in the town."

South West Ambulance Trust data records the average blue light journey time from Swanage and neighbouring parishes to Poole Hospital at 41 minutes, and the average time between a category 1 imminent danger of death call to the Ambulance Trust, and arrival of the patient at Poole Hospital, at 1 hour 43 minutes – including ambulance response time, and handover time at the hospital. The Council believes that any rise in these times will increase clinical risk for patients facing medical, trauma or maternity emergency.

In autumn 2018 the Town Council wrote to Dorset Health Scrutiny Committee to draw attention to these concerns. The Council welcomed the Committee's decision to recommend to the Secretary of State that the proposals should be referred to an independent panel.

## **“A&E Local” at Poole, and Maternity at Dorset County**

Whilst the Town Council recognises that the CCG’s proposals have now been approved by the Secretary of State, the Council’s attention was 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. On 14<sup>th</sup> February this year the Town Council wrote to Councillor Haynes, the then Dorset Health Scrutiny Committee Chair, in support of the “A&E Local” model for Poole Hospital, and we understand that this is due to be discussed.

Access to maternity care within reasonable times has been an issue of great concern to the Town Council. Dorset County used to offer newborn intensive (level 3) and high dependency (level 2) care, however in 2016 the unit was downgraded to offer special baby care services only (level 1). The reason given was there were not enough cases to maintain skills. However, with the loss of the maternity department at Poole, it is expected that more Purbeck mothers will choose Dorset County Hospital to have their baby. Under the current plans, the only high-level newborn services for the County will be located at Bournemouth Hospital, beyond reach of most Dorset mothers within the maximum ‘safe’ journey times cited by the Clinical Commissioning Group’s consultants of 30-45 minutes in maternity emergency.

## **The possible withdrawal of the Swanage Paramedic Car**

Services currently remain open at Poole, however the issue of Swanage’s access to care in emergency became urgent earlier this year, when the Town Council heard that the ambulance resources based at Swanage might be decreased, as the Swanage Paramedic Car might be withdrawn. The ambulance resources based here are one 24/7 ambulance with two staff, and the Swanage 24/7 Paramedic Car, staffed by one paramedic. The Paramedic Car is the faster vehicle, and, unlike the ambulance, which can be outside Swanage taking patients to hospital, the car remains in Purbeck.

In an emergency, the car paramedic is most likely to get to Swanage within the Ambulance Trust’s target response time of 7 minutes, giving him or her the best chance to save life. In addition to maintaining life until the ambulance arrives, the paramedic can treat at the scene the 50% of patients who do not need to go to hospital, and s/he also supports Purbeck GPs with their home visits. The paramedic also continues to provide overnight cover for Swanage and neighbouring parishes. The paramedic car was allocated to Swanage in 2008 when the Cottage Hospital Minor Injuries Unit first closed overnight, in recognition of the distance from Swanage to Poole Hospital.

The Town Council was very surprised and concerned to hear about the possible withdrawal of the car, as Dorset Health Scrutiny Committee had previously received an assurance from the Clinical Commissioning Group that all ambulance services allocated here would be retained, and that travel times would improve, due to a new road network easing access to Bournemouth Hospital, and additional Dorset ambulance resources. Dorset Health Scrutiny Committee noted in the minutes of their 17<sup>th</sup> October 2018 meeting:

*“In future it was anticipated by the CCG that ambulance times to the Royal Bournemouth Hospital (RBH) would be much quicker due to the major road improvements in that area and that this would assist in reducing ambulance journey times. The Group had also been promised that the Swanage ambulance station would remain open 24/7, fully manned with ambulances. There were also additional new ambulance vehicles in the pipeline for Dorset.”*

Unfortunately, the spur road promised to ease access to Bournemouth Hospital from the west has since been cancelled, reinforcing the need for improved ambulance provision in remote areas such as Swanage.

The South West Ambulance Services Trust has advised that the funding for the Swanage Paramedic Car was due to end on 31<sup>st</sup> March 2020, and that the Ambulance Trust are prepared to maintain the Swanage Paramedic Car providing a funding solution could be found.

Following representations to Dorset Health Scrutiny Committee on 5<sup>th</sup> March, the Council welcomed the then Committee Chair, Councillor Haynes, offering to take this matter up with the Ambulance Trust, and with the Dorset Clinical Commissioning Group. The Town Council believes that it is at least in part due to this intervention that the car has not yet been withdrawn.

Whilst the Clinical Commissioning Group have promised to ‘engage’ with the Town Council, the Town Council has been unable, to date, to get an assurance that either the car will continue to be funded, or that there will be public consultation before any decision is made. A Swanage resident, Mr Melvyn Norris, Chair of the Swanage Area Forum, has started a petition to keep the Paramedic Car based here, which currently stands at 3,785 signatures.

### **Increased Dorset Ambulance resources**

It is perhaps worth noting here that the Dorset Health Scrutiny Committee minutes of 5<sup>th</sup> March also note that Dorset ambulances are to increase from 36 to 45, with 2 of these new ambulances based in Dorset Council area. The Town Council has been advised that a second ambulance has been allocated to Wareham for 10 hours per day. However, the blue light journey time from Wareham to Swanage is, at an absolute minimum, 15 minutes, so that it will not be possible for the Wareham ambulance to respond to a Swanage emergency within the 7-minute target response time. Therefore, it is not clear, assuming Swanage is able to retain our current ambulance resources, how an additional part-time Wareham ambulance can mitigate the impact of loss of services at Poole for residents of Swanage and neighbouring parishes.

### **Requests of the People and Health Scrutiny Committee**

Councillors were disappointed to hear that the Paramedic Car will not be on the 2<sup>nd</sup> November People and Health Scrutiny Committee agenda. Could you please confirm that it will be on the agenda for the following meeting of the Committee?

The Town Council is writing to request that the People and Health Scrutiny Committee continues, meanwhile, to make representations to the Ambulance Trust, and to Dorset Clinical Commissioning Group, in order to at least secure the retention of the town’s current ambulance resources.

The Town Council would also like to request that the Committee takes up the issue of further ambulance support for remote communities related to the planned loss of emergency and maternity care from Poole, and the issue of the promised road improvements, with a view to identifying any solutions that might help to reduce emergency journey times to Bournemouth Hospital.

Finally, at the time of writing, the Town Council does not know when the Committee intends to discuss “A&E Local”, or, indeed, maternity services; are you able to advise? Some advance notice would be of assistance to enable the council and neighbouring parishes to make representations.

Many thanks for your assistance in these matters, which are of deep concern to our local community.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'M.K. Agnew', with a long horizontal flourish extending to the right.

Town Clerk

Councillor G. Taylor  
Chair of the People and Health Scrutiny Committee, Dorset Council

By e-mail and cc. to all committee members

**The withdrawal of the Swanage Paramedic Car**

Response

It is the Committees understanding that the CCG has already written to Swanage Town Council confirming its intention to engage with them prior to any decisions being taken on the Purbeck car service. Unfortunately, the Covid 19 pandemic continues to be the main focus of attention for our national and local NHS, which has delayed further work on the Purbeck car service. It is the Committees understanding that in the meantime the service remains in place.

**The Committee's Agenda and Forward Plan**

Response

The People and Health Scrutiny Committee is a new committee which was formed at the Dorset Council AGM on 3<sup>rd</sup> September 2020. This new committee performs the Council's statutory functions in relation to education matters and in relation to health scrutiny as well as having a remit as a critical friend in matters relating to the People Directorate of Dorset Council. There remains a substantial amount of work to be done to get this Committee to where I would like it to be. However this Committee is under no obligation to honour any commitments from any of its predecessor committees. Going forward in the current situation the key issues for our health partners and Dorset Council are the Covid pandemic, the winter flu season and the budget issues of Dorset Council and this is where this Committee's focus will be. This Committee has limited capacity and while I am happy to retain the requested items on the forward plan as 'items to be scheduled' I am not in a position to be able to give any assurances as to the date they will come before this committee.

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## **People and Health Scrutiny Committee - 2 November 2020**

### **Questions from Councillors**

#### Questions from Cllr William Trite

Since (a) according to the minutes of the meeting of the Dorset Health Scrutiny Committee (DHSC) on 5th March 2020, the DHSC Chairman was able to confirm that an assurance had previously been given that the Swanage Paramedic (Ambulance) Car would not be withdrawn; and (b) there was an outstanding DHSC commitment to 'Call in' the Dorset Clinical Commissioning Group (DCCG) in the wake of a promise to increase ambulance resources for Swanage (particularly important for the purpose of retaining the Paramedic Car); and (c) there is growing anxiety in Swanage about whether or not the Paramedic Car will be retained in order to continue its vital, 24/7, sometimes life-saving role prior to an ambulance reaching an emergency case; then

1. Can the Committee provide an assurance that the Swanage Paramedic Car will not be withdrawn at any point between now and the next scheduled meeting of the People & Health Scrutiny Committee?

#### **Response from the Chairman**

It is the Committees understanding that the CCG has already written to Swanage Town Council confirming its intention to engage with them prior to any decisions being taken on the Purbeck car service. Unfortunately, the Covid 19 pandemic continues to be the main focus of attention for our national and local NHS, which has delayed further work on the Purbeck car service. It is the Committees understanding that in the meantime the service remains in place.

2. Does the Committee recognise that any move to refer the Paramedic Car issue to a Joint Health Services Committee or Joint Health Scrutiny Committee is an inappropriate one, since (i) such a Committee would meet infrequently, (ii) at least half the Committee wouldn't be interested in what would be seen as a comparatively parochial matter, and (iii) a Joint Committee could hardly 'call in' a promise which the DCCG had made to a different Committee?

#### **Response from the Chairman**

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### Questions from Cllr Jon Andrews

1. I am concerned that the continued closure of the Sherborne Yeatman Hospital Minor Injuries Unit in Sherborne will become permanent. The service is vital to residents of Sherborne and the rural Sherborne residents. It is also putting undue pressure on the already stretched surgeries in Sherborne, Yetminster, Milborne Port and Cerne Abbas. People are now using surgery nurses as a substitute as the alternative signposted is either Shaftesbury hospital or Dorchester hospital. I am sure this has also resulted in ambulance calls. Chris Loder keeps asking questions about an opening date but keep getting fobbed off by the Dorset Health trust CE.

My question is when will the Yeatman and other MIU's in Portland and Blandford that are currently closed be re-opening?

### **Response from Dorset Healthcare University NHS Foundation Trust**

The Chief Executive has just responded to Sherborne's MP that we are still in pandemic and not able to make any decisions or changes re the units at the moment. Also bookable appts is following national advice re protecting people from covid. We will follow this up with the same message

2. During the early stages of the Pandemic the Matron of the Yeatman Hospital left her post to take up another position. We in Sherborne now share a Matron with Blandford Hospital. Is it the intention to fill the vacant post of Matron at the Yeatman, If so when as these posts were deemed full time prior and during the pandemic and now we are in the second spike are probably more key now that strong leadership not part time leadership is required, after all we don't have a part time CE or is that the next step?

### **Response from the Chairman**

As yet no response to this question has been received. It will be published as soon as it is available.