



## PEOPLE AND HEALTH SCRUTINY COMMITTEE

### MINUTES OF MEETING HELD ON TUESDAY 20 APRIL 2021

**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

**Also present:** Cllr Tony Alford, Cllr Jon Andrews, Cllr Pete Barrow, Cllr Dave Bolwell, Cllr Cherry Brooks, Cllr Graham Carr-Jones, Cllr Beryl Ezzard, Cllr David Gray, Cllr Matthew Hall, Cllr Rob Hughes, Cllr Stella Jones, Cllr Paul Kimber, Cllr Rebecca Knox, Cllr Laura Miller, Cllr Andrew Parry, Cllr Jane Somper, Cllr Gary Suttle, Cllr David Tooke and Cllr John Worth  
Representatives from the University Hospitals Dorset, NHS Foundation Trust were also present.

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

Paul Beecroft (Communications Team), Mark Blackman (Corporate Director - Education and Learning), Vivienne Broadhurst (Interim Executive Director - People Adults), Eryl Doust (Project Manager), Theresa Leavy (Executive Director of People - Children), Tony Meadows (Head of Commissioning), Charlotte Pascoe (Deputy Director of Personal Health Commissioning, Dorset CCG), Vanessa Read (CCG Link Director to Scrutiny), Claire Shiels (Corporate Director - Commissioning, Quality & Partnerships), Sarah Jane Smedmor (Corporate Director - Care & Protection), Steve Veevers (Corporate Director Operations, Adult Care), Emma Wilson (Head of Urgent and Emergency Care, Dorset CCG) and Fiona King (Senior Democratic Services Officer)

#### 44. **Apologies**

There was an apology for absence from Bill Pipe for the morning session only. Barry Goringe and Robin Legg gave apologies for absence for the afternoon session.

The Chairman noted this would be the last meeting of Tony Meadows, Acting Director for Commissioning. She thanked him for his valuable support to the committee over a number of years.

#### 45. **Declarations of Interest**

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

#### 46. **Minutes**

The minutes of the meetings held on 28 January 2021 were agreed as a correct record and would be signed by the Chairman at a later date.

The Chairman advised members that it had been agreed to take the Performance Management work offline.

There were currently 2 active working groups and additional members had been co-opted onto these to assist with the work.

**47. Public Participation**

There were no submissions from town or parish councils or from members of the public.

**48. Questions from Members**

There were no questions received from Councillors.

**49. New Hospitals Programme and what it means for Dorset**

Members received a presentation from the Transformation Director, University Hospitals Dorset which is attached as an annexure to these minutes.

**Areas of discussion/questions**

Reference to the Portland Community Hub and what that would look like. There would be a £30m investment to remove the backlog. The proposal did not deviate from the original one that was in the CSR. There was a commitment to have something on Portland.

Consideration to any cross-border working. Integrated care services constantly talked to each other on a regular basis. The difference between hubs and new hospitals was explained. There was an opportunity for a new part of a hospital to be opened with investment in particular areas. This was the only scheme being carried out across a number of providers.

The reconfiguration of the Yeatman Hospital and relevant consultations. The current proposal included the development of the site including primary care and community services, this was the preferred way forward to also incorporate third sector partners. In terms of consultation, the aim was to deliver what the CSR stated.

Reference to utilising part of the site at the Yeatman Hospital for housing, and the lack of consultation. The site was about redevelopment not housing provision.

Consultation and engagement with key partners highlighted. Attracting key workers by developing key worker housing highlighted. Communication was key for members of the public to have understanding of what was being proposed.

Could key worker housing for social care staff also be looked at?

In respect of the Local Plan – not engaged with this in relation to the Yeatman Hospital as not thought appropriate but had on other locations i.e. Forston.

Different solutions and different provisions would look different for different areas.

With reference to the community and how that fitted with the understanding of locations, work was ongoing with various stakeholders to try and meet the needs of the people concerned.

In respect of Hubs, following Covid there had been a lot of learning about how communities could work differently

Plans for Purbeck area - Not part of New Hospital Programme. This area was addressed through Building Better Lives Programme.

Welcomed the investment in new hospitals but felt that Weymouth was losing hospitals. Reference to public sector housing in the area - advised still at strategic outline case to enable opportunities to bid for money to do this. Intention for any land released to be used for key worker housing or to help the community, no deviation/view that anything different would be done. Aiming to make good and wise decisions around investment.

Following a reference to zero carbon there was a need to ensure patient journeys were also measured.

Has the entire patient journey been considered? A digital stream was being looked at. Professionals in the field of data sites had been engaged to see how best to serve residents of a particular area. Net zero carbon was still very early in its development. The aim was to try to reduce construction carbon as low as possible and to make buildings as efficient as possible. Environmental impact was also looked at.

Was the funding for Forston earmarked for the acute unit? Still at the strategic outline stage and looking at options. Stakeholder and working groups would be set up at the appropriate time.

The Chairman thanked the representatives from the New Hospitals Programme for a very informative presentation and invited them to return to provide an update for members at an appropriate time.

## **50. Integrated Care System Update through Winter**

Members considered a report from the Urgent and Emergency Care (UEC) Programme Director at Dorset Clinical Commissioning Group (CCG).

### **Areas of discussion/questions**

With reference to para 2.3 of the report it would have been useful to see how this was broken down in respect of what was available anyway.

An explanation of the 350 beds was requested outside of the meeting along with why the beds were needed.

Would be helpful to see a structure of the decision making process.

Reference to the number of acronyms within the report.

Reference to the moving of patients from Dorset to Exeter. Data came from a system perspective and it was confirmed that no patients were transferred to the Nightingale in Exeter, patients came from the BCP area.

The effect on staff as a result of the pandemic.

Recognition of the huge support from workforce colleagues including colleagues from the MOD.

The need to ensure the health and wellbeing of the staff was paramount.

Hospital Discharges and funding

Prevention of unnecessary admissions.

Home First model highlighted.

Attendance avoidance and the use of the 111 service highlighted.

A question on whether the funding would be extended to help people coming out of hospital would continue for the summer would be answered to members outside of the meeting.

## **51. Personal Health Commissioning**

Members received a presentation from the Director of Nursing, Dorset CCG which gave members an overview of Personal Health Commissioning. And included the impacts of Covid on this.

The presentation is attached as an annexure to these minutes.

### **Areas of discussion**

Hospital discharges and funding explained in relation to questions in respect of the previous item.

Deferred assessment programme explained.

Benchmarking data highlighted.

Cluster benchmarking was helpful and was determined nationally.

Concern for people constantly wrangling who was going to pay for the care.

Contentions process by design.

Feedback from patients had been fairly positive from patients in terms of the speed of assessments which had been undertaken during the pandemic.

Looking to get a more cohesive structure in place.

Criteria for inappropriate referrals was when high levels of referrals were made from individuals who perhaps had not had enough training and full assessments were taking place for individuals.

To help members have a greater understanding arrange an informal presentation on the various forms of care.

Concern regarding mental health in adolescents.

Poor mental health as a result of the pandemic and the work being done to try and address this.

The Chairman thanked the representatives from the Dorset CCG for their presentation.

### **Decision**

That an informal session for members be arranged on CHC and Home First.

## **52. Minor Injuries Units (MIUs)**

Members considered a report which gave a brief overview of the adapted service model within Minor Injury Units (MIUs) and the Weymouth Urgent Treatment Centre (UTC) implemented in March 2020 in response to Covid. This was in response to a request from members at their meeting on 28 January 2021.

### **Comments**

Disappointed not to have a clear indication of when the units would reopen. What was the trigger for them to reopen.

Disappointed not to have answers when the units would be reopened.

A number of experienced staff had already left the Sherborne MIU and the cost of replacing them would be very high.

Cllr Ireland advised members that he was a Governor at the Dorset Healthcare University NHS Foundation Trust and undertook to raise these issues with the Chairman of Governors.

#### **Decision**

The Chairman to write to the Chief Executive on behalf of the Committee.

### **53. Annual Children's Services Self Evaluation Framework**

Members considered a report which provided a summary of the comprehensive self-evaluation of children's services to support preparation for the Ofsted inspection of services for children need of help and protection, children looked after and care leavers.

Members were advised that a confirmatory letter had since been received from Ofsted saying they accepted the Self Evaluation Framework.

#### **Areas of discussion**

Figures showed a substantial reduction in turnover in staff.

Funding seemed to be a lot of short term funding and how that impacted some of the services.

School sector were experiencing the same issue.

Performance data for members.

Funding in respect of the Domestic Abuse highlighted and the work of the community safety partnership in this regard.

Operation Encompass highlighted.

Judiciary and family hubs highlighted.

Communities that were there to support those families that had struggled especially in the past year.

#### **Decision**

Members to have sight of the performance scorecard and receive data sets for a future meeting.

### **54. Youth Justice Plan**

Members considered a report which explained the statutory requirement to publish an annual Youth Justice Plan which provided specified information about the local provision of youth justice services. The Youth Justice Board provided guidance about what must be included in the plan and recommended a structure for the plan.

Members were advised on the grant situation which had increased this year after a reduction in previous years. The grant was now £653k.

The change of name from Youth Offending Service to Youth Justice Service was highlighted to members.

### **Areas of discussion/questions**

Restorative Justice and the value of it among some police officers.

The need for children to understand more about restorative justice.

The work of the multi-disciplinary team highlighted.

Being a trauma informed service and trying to spread the trauma perspective through all work.

The work of volunteers within the service and their roles.

Cross border working and how that worked

The Service managed those young people up to the age of 17.

Fundamentally 18 year olds were treated as adults and there was a handover process in place with the Probation Service.

The impacts on the service and the level of service young people received coming into it.

The switch to pan Dorset had given more resilience.

Reduction in numbers of children the service was working with but there was an increase in those with complex needs/risks.

Lot of work being done in Children's Services was prevention work.

Use of Speech and Language work highlighted.

### **Decision**

That the Cabinet be asked to recommend approval of the Youth Justice Plan to Full Council.

### **Reason for Decision**

Local authorities are required to publish an annual Youth Justice Plan, setting out how the statutory requirements for a multi-agency youth offending team are fulfilled locally. Dorset Combined Youth Justice Service is a partnership between Dorset Council and Bournemouth, Christchurch and Poole Council, along with Dorset Police, NHS Dorset Clinical Commissioning Group and the National Probation Service Dorset. Approval for the Youth Justice Plan is also being sought from Bournemouth, Christchurch and Poole Council. The Youth Justice Plan needs to be approved by the full Council.

## **55. Committee and Cabinet Forward Plans**

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

### **Actions for the Committee's Forward Plan:-**

8 June Children and Adults budget update – part of that to include an update on performance management.

3 August Items from the Reset and Recovery EAPs – Care Home provision – Care Act; and Mental Health provision.

An informal briefing for members on Home First and CHC would be arranged prior to the August meeting.

### **Decisions**

1. That the Cabinet and Committee's Forward Plan be noted.

2. That the Committee's Forward Plan be updated.

## **56. Urgent Items**

There were no urgent items of business.

**57. Exempt Business**

There was no exempt business.

**Duration of meeting:** 10.00 am - 2.15 pm

**Chairman**

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# Dorset New Hospitals Programme Overview

## Dorset HOSC Presentation

20th April 2021

Steve Killen(UHD) Ben Print (DCH) Nick Johnson (DCH)





## Refresh of the CSR – Our Journey



- The Dorset **Clinical Services Review (CSR)** is locally and nationally recognised as a best practice approach to healthcare development as a system
- The CSR case for change improved acute care pathways in Dorset and developed integrated community services delivering care closer to home
- CSR went beyond Acute and required Community hub developments to be defined by place and need
- CSR went to consultation (2016/17) alongside the Mental Health Acute Care Pathway Review (2017)
- The Dorset system secured over £250m in early capital funding (Acute Hospital changes, Pathology and early community investment)
- There is still further capital required to complete the Community offer to address and change pathways...

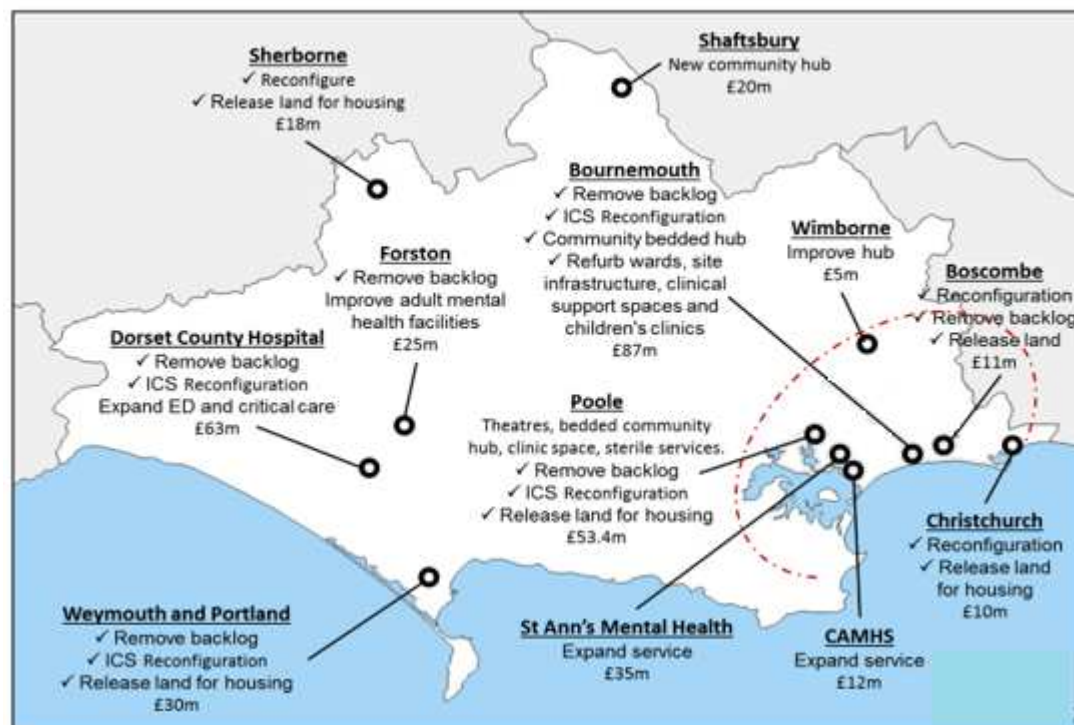
# What is HIP/NHP

- **HIP** is the **Health Infrastructure Plan**, published in September 2019 and setting out government's strategy for improving health infrastructure
- The Conservative Manifesto was to deliver this health infrastructure improvement through the delivery of 40 new hospitals – a new team has been set up to deliver this called the **New Hospital Programme (NHP)**
- Dorset had 12 hospitals in the original HIP schemes and we are continuing to drive towards delivery of all 12 schemes
- The New Hospital Programme has prioritised 5 of our 12 schemes, and so Dorset has 5 of the 40 New Hospitals
- This investment is new capital investment coming into the Dorset system with a planned £370m (for the 5) and +£500m (for the 12 hospitals)

### HIP2 - Scheme Details

- 12 hospital projects make up the Dorset ICS HIP.
- These fit within the wider Dorset Clinical Service Review (CSR).
- Includes the mental health acute care pathway changes.
- An ambitious programme, across all aspects of health and integrated with social care.
- Widespread public engagement, with positive outcomes to Judicial Review and IRP.
- The CSR transforms delivery and makes the system sustainable.
- The enabling estates strategy includes reconfiguring acute, community, mental health and primary care to support the new models of care.
- The Dorset HIP removes significant backlog maintenance and frees up land for disposal.
- Use of the land for key worker and elderly living will meet local needs and create further benefits.

### **Dorset Integrated Care System – Health Infrastructure Plan**



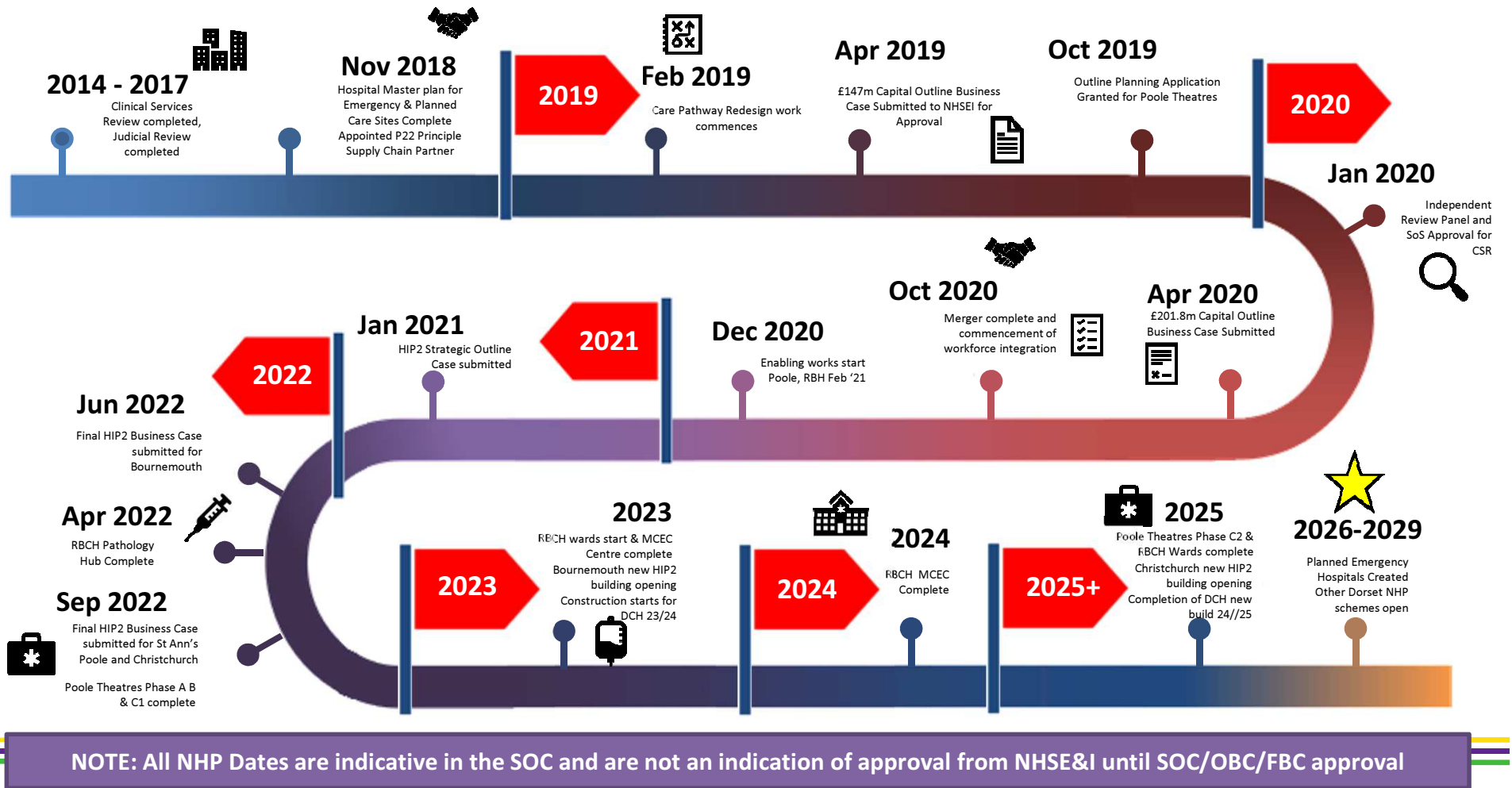
DC Hubs in New Hospital Programme	
Wimborne	✓Improve Hub £5m
Shaftesbury	✓New community hub £20m
Sherborne	✓Reconfigure ✓Release land for housing £18m
Forston	✓Remove backlog ✓Improve mental health facilities £25m
Dorset County Hospital	✓Remove backlog ✓ICS Reconfiguration ✓Expand ED and Critical Care £63m
Weymouth and Portland	✓Remove backlog ✓ICS Reconfiguration ✓Release land for housing £30m

Older Units and Patient areas



Newer Units and Patient areas





# What is a Community Hub?

*A community hub could include:*

- *Community rehabilitation inpatient services*
- *Shared rehab spaces such as a gym for both inpatient community rehab and outpatient community based activities/therapies.*
- *A district nursing base*
- *Dedicated outpatient clinic space for community healthcare clinics*
- *Local Authority (Social worker) base*
- *Potential for a voluntary sector base*
- *Integration with Primary Care, perhaps with access to out of hours services*

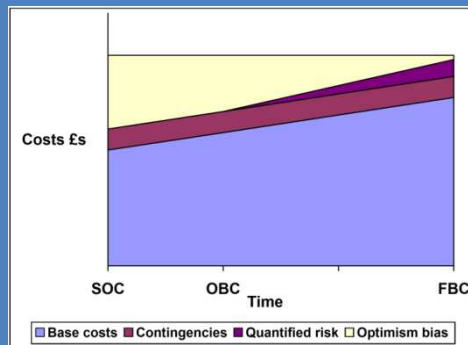
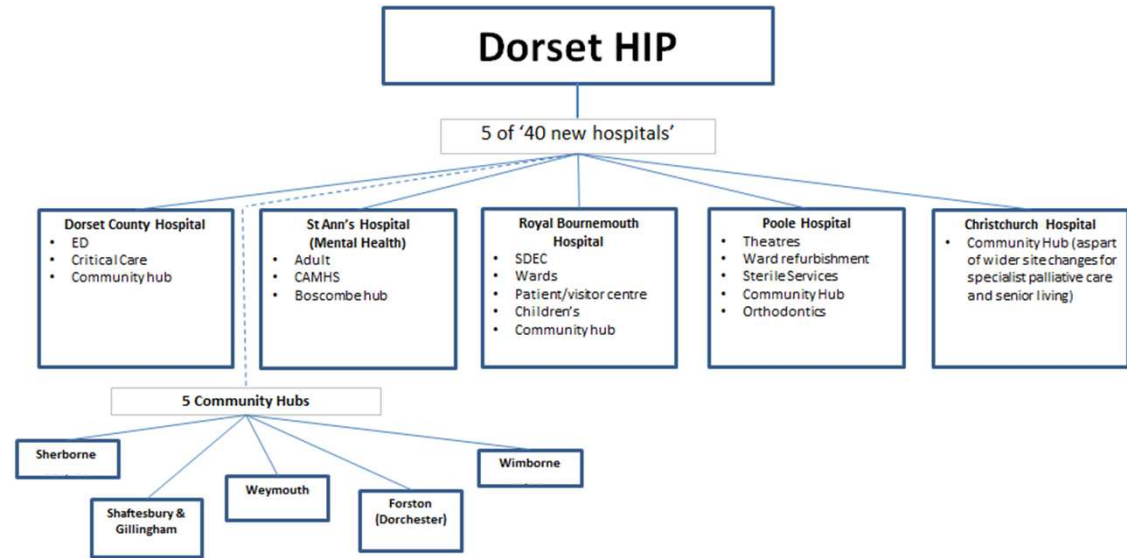




## Programme Setup

### Governance:

- SRO – Eugene Yafele (DHC)
- Executive Sponsors:
  - Matthew Metcalfe (DHC)
  - Nick Johnson (DCH)
  - Richard Renaut (UHD)
  - Sally Sandcraft (CCG)
- Reports into the Trust Board and through the System Leadership Team to the ICS
- Programme Director and dedicated team to deliver



### Key Risks:

- Business Case Approval
- Delayed Funding
- Cost Accuracy
- Supply Chain Resilience
- Revenue Impact
- Covid



## Key Drivers in the “New Hospital Programme” (MMC & NZC)

### Modern Methods of Construction (MMC)



- + Manufactured
- + Volumetric
- + Components
- + Traditional



### National Benchmarks

- New build housing circa 30-50%
- Refurb – not established
- Healthcare – not established

### Indicative MMC % across RB & Poole

RB  
47 %

Poole  
55 %

Project  
Average  
48%

### Actions in place to improve sustainability

- Maintain agile working post COVID lock down
- Proposal to increase to BIM level 3
- Bring forward Stage 4 design into Stage 3 to generate manufacturing lead in periods
- Retrospective assessment using IHP's new MMC option analyser tool
- Investigate precast verticals at RB
- Modularise risers, pipework and plantroom sets
- Proposals for corridor multi service modules
- Plan for mechanised and robotic systems for labour efficiency
- Drive towards **Net Zero Carbon (NZC)** operating costs



# SOC Approved to submit to NHSE&I

## Approval Considerations

- Masterplans and sites approved in 2018/19 by respective Trusts
- HIP2 Board has approved the SOC
- Each Trust asked to approve the main 100 page SOC
- Each Trust asked to approve their respective chapters

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**Document cover sheet**

Document information	
Final version	
Document title	Dorset HIP2 Programme Submission – Strategic Outline Case
Date	15th January 2021
Owner	Dorset County Hospital NHS Foundation Trust Dorset Healthcare University NHS Foundation Trust University Hospitals Dorset NHS Foundation Trust

**Document history**

Version	Input from	Date	Description of changes
1.0	Dean Longford	08/10/20	• Working draft (Strategic Case only)
2.0	Dean Longford	28/10/20	• Working draft – amended document structure • Commercial & Management Cases added.
3.0	HIP2 SOC Writing Sub-Group (Dean Longford, Ben Print, Jonathan Kempton, Di McLaughlin, Michelle Robinson, Rubicon Health Consulting); PA Consulting; NHSE&I Regional Team	12/11/20	• Amendments following initial 'page-turn' review of draft Strategic Case with NHSE&I • Societal benefits added • Economic Case added.
3.1	Dean Longford	24/11/20	• Ongoing drafting and formatting • Executive Summary added
3.2	Dean Longford	26/11/20	• Ongoing drafting and formatting • Amendments following NHSE&I & DH feedback on draft Economic Case
4.0	HIP2 SOC Writing Sub-Group (Dean Longford, Ben Print, Jonathan Kempton, Di McLaughlin, Michelle Robinson)	01/12/20	• Ongoing drafting and formatting • Changes arising from sub-group feedback • Issued to December Programme Board for feedback • Issued for NHSE&I page turn (15-17 Dec 2020)
5.0	Dean Longford; NHSE&I SW Regional Team feedback; CCG feedback (Di McLaughlin); Programme Board feedback	18/12/20	• Miscellaneous narrative drafting changes • Issued for Trusts' and system governance reviews
6.0	Dean Longford; Richard Renaut; Programme Board; Finance Leads (Michelle Robinson, Rebecca King & Mandy Penny)	06/01/21	• Richard Renaut document narrative review • Updated in line with DH feedback on funding availability (£369m) • Economic and financial tables added • Issued to Programme Board (14/01/21)
7.0	Programme Board	15/01/21	• Programme Board feedback, minor changes and approval to proceed • Issued to January Trust Boards

# Questions?

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# Personal Health Commissioning (PHC)

Health and Scrutiny Committee – 20 April 2021

# Introduction

- The Personal Health Commissioning Service
- Impacts of C19 on the service
- Deferred assessments
- HC Performance
- What we need to focus on moving forward
- What we have achieved

# Personal Health Commissioning

*Clinical Commissioning*

Responsible for assessment and, where eligible, commissioning of appropriate care to meet individual needs for following areas:

- Continuing Healthcare (CHC)
- Children and Young People's Continuing Care (CYPCC)
- Section 117 of the Mental Health Act (S117)
- Named Patients
- Acquired Brain Injuries (ABI)

**Personal Health  
Commissioning**

# Impact of C19 on PHC

*Clinical Commissioning*

- Assessments for CHC paused in line with national guidance between March and September 2020
- Staff redeployed during period; Infection Prevention and Control, hospital discharge & front line
- Assessments recommenced 01 September 2020
- Moved to virtual assessments and reviews by default
- New processes implemented to support national funding schemes
- Deferred assessments required for those paused and new referrals during C19 period (total of 635)
- Assessments within an acute setting have ceased in line with the Covid Act

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# Deferred assessments

*Clinical Commissioning*

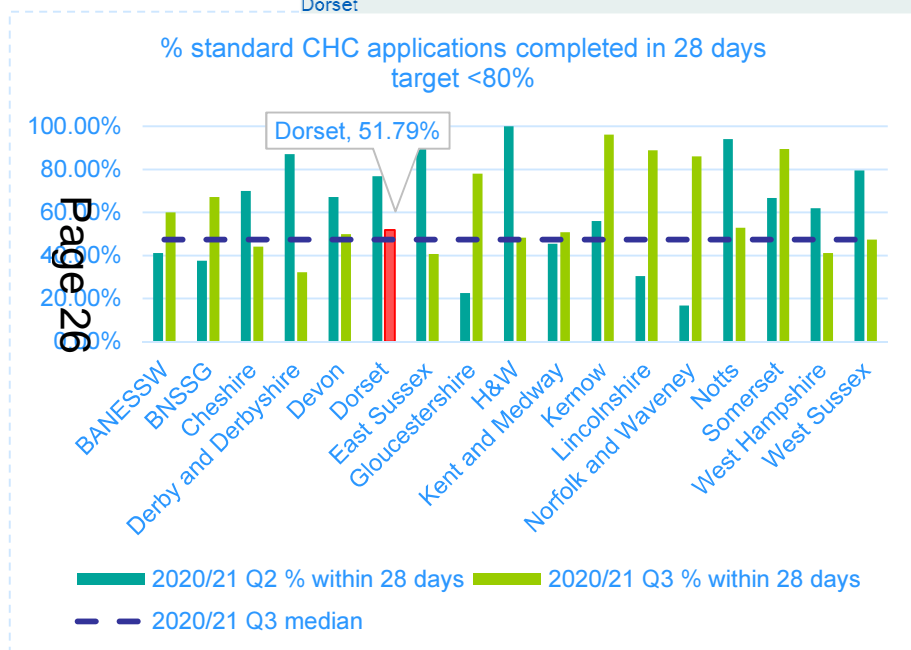
- Relates to those in process at start of emergency period and those referred throughout
- 635 deferred assessments for Dorset
- Significant data work to identify individuals in cohort
- Challenges of evidence gathering from system under pressure
- Contracts with CHS Healthcare and Attenti as well as utilisation of internal staff
- Trusted assessment model utilised
- Programme commencement December 2020
- As at end of March 2021- 43 assessments outstanding – significant achievement

# Benchmarking 2020/21 Q3

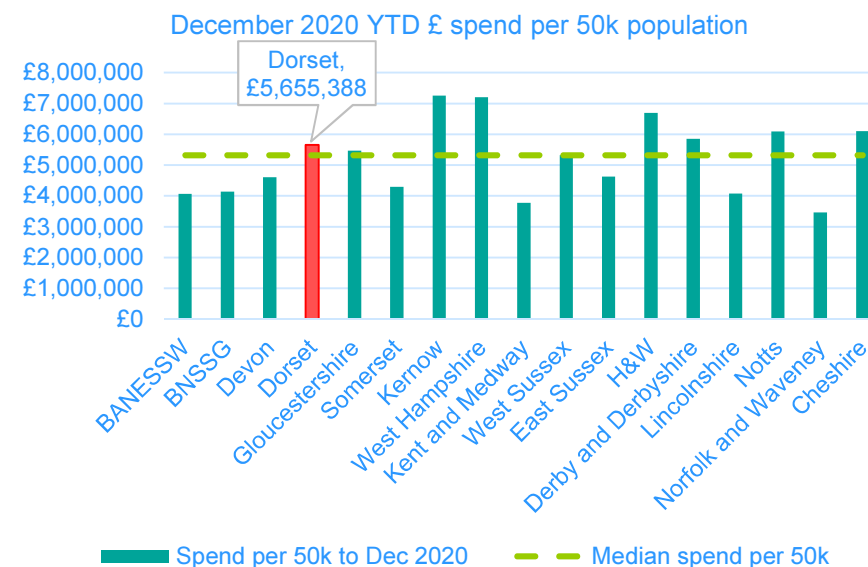
Dorset CCG sits within cluster 4

*Clinical Commissioning*

CCG Name	Population	CCG Name	Population
Kent and Medway	1,520,559	Herefordshire and Worcestershire (H&W)	652,241
Devon	1,026,789	Lincolnshire	651,177
Nottingham and Nottinghamshire (Notts)	889,034	Cheshire	633,688
Norfolk and Waveney	879,583	Gloucestershire	533,414
Derby and Derbyshire	857,386	Kernow	483,068
Bristol, North Somerset and South Gloucestershire (BNSSG)	839,698	Somerset	474,373
Bath and North East Somerset, Swindon and Wiltshire (BANESSW)	770,357	West Hampshire	464,992
West Sussex	731,951	East Sussex	457,080
Dorset	667,954		



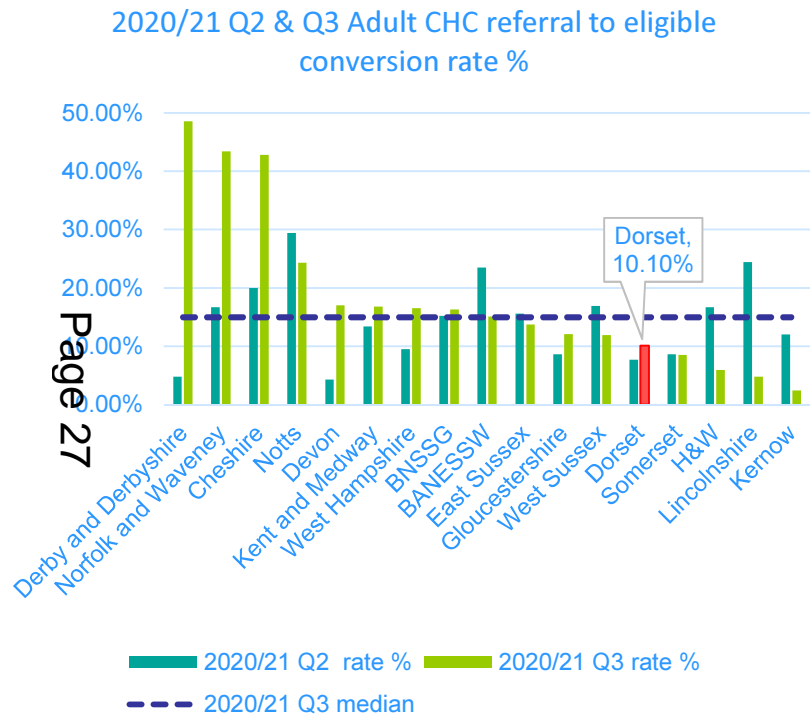
Cluster percentage of standard CHC referrals completed in 28 days for Q3 2020/21 is 63.0%



Personal Health  
Commissioning

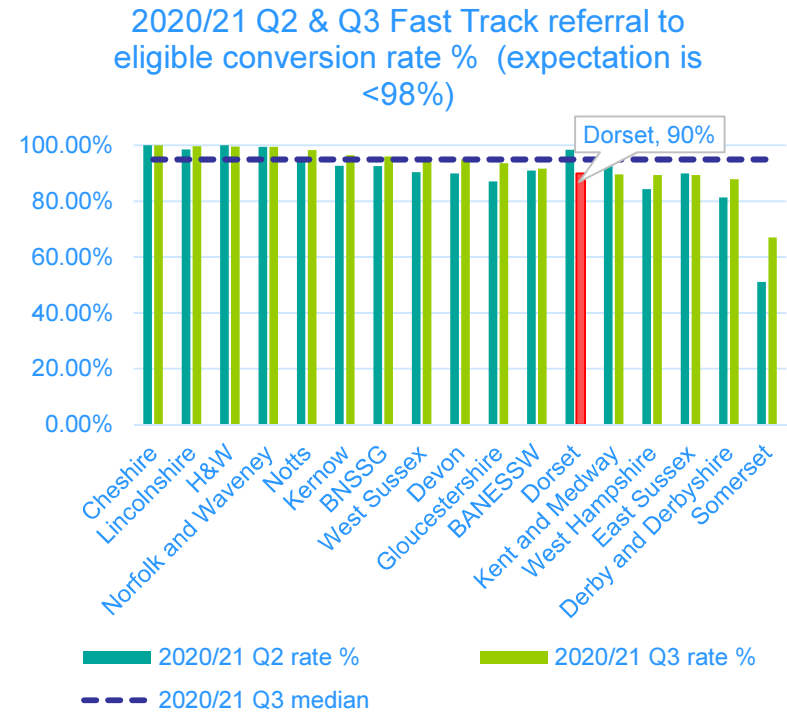
# Benchmarking Data 2020/21 Q3

Clinical Commissioning



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Cluster Adult CHC referral to eligible conversion rate for Q3 2020/21 is 18.5%

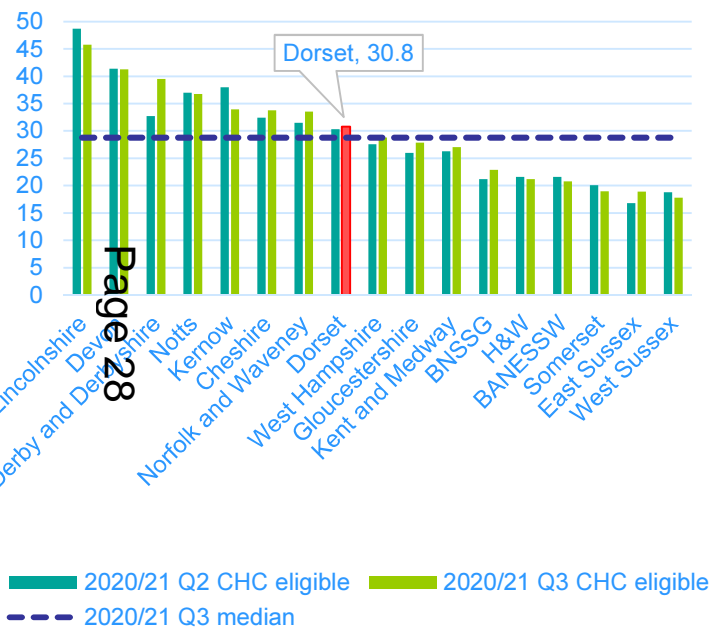


Cluster FT referral to eligible conversion rate for Q3 2020/21 is 93.0%

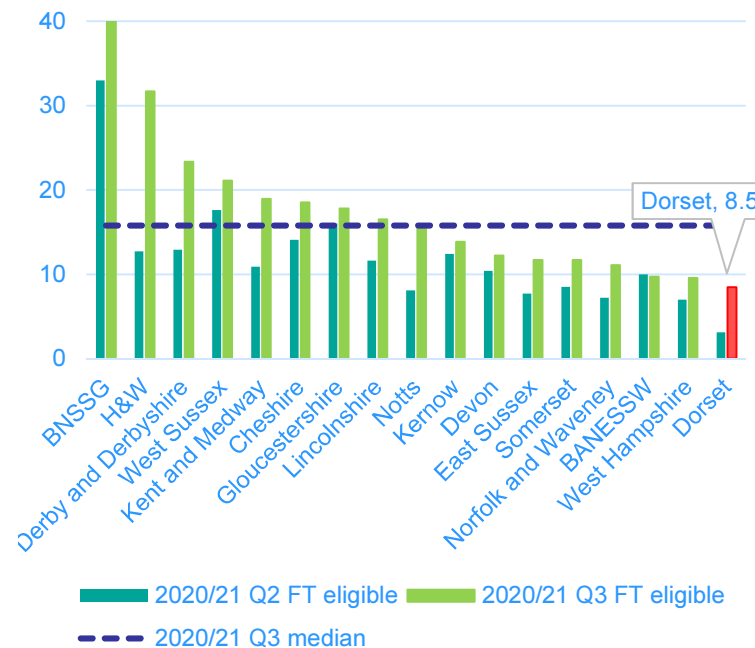
napshot at quarter end

### Clinical Commissioning

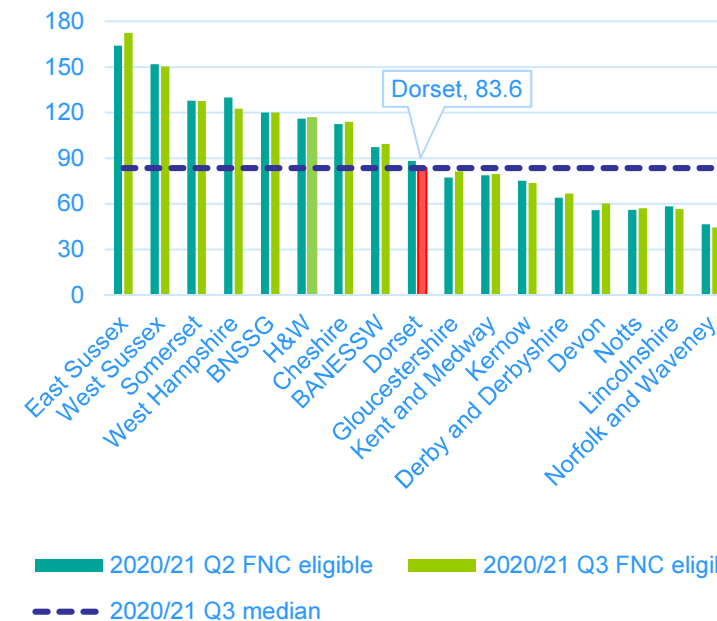
2020/21 Q2/Q3 CHC eligible per 50k population – snapshot at quarter end



2020/21 Q2/Q3 Fast Track eligible per  
50k population – snapshot at quarter end



2020/21 Q2 & Q3 FNC eligible per 50k population – snapshot at quarter end



# What we need to focus on together

*Clinical Commissioning*

- Continue to work together on joint funding
- Undertake targeted S117 programme
- Develop new S117 agreement
- Build on learning from deferred assessments to develop trusted assessment model as part of business as usual
- Continue to digitise processes improving efficiency
- Continue to develop staff to ensure referrals are appropriate and that MDTs consistently reach agreed recommendations
- Work with new national funding models and ensure timely assessments post discharge
- Input to the wider Home First programme to develop a locally sustainable discharge model in readiness for national funding ceasing
- Incorporate fast track into a wider end of life model that provides an equitable service to all across Dorset

# What we have achieved

*Clinical Commissioning*

- Implementation of new structure with additional management posts and continuous improvement team
- Development and implementation of a new joint disputes protocol
- Development of joint funding policy for children and young people (agreed in principle)
- Scoping and agreement of focused programme for S117
- Implementation of virtual processes for assessments and reviews
- Digital pioneers project on robotic automation
- Digital for CHC referrals and DST completion
- Redeployment of staff to support across system (Infection Prevention & Control, hospital discharge, front line ICU)
- Commissioning of service supporting hospital discharge for end of life patients requiring specialist care
- Deferred assessment programme – 635 referrals
- Utilisation of a trusted assessment model for deferred assessments

**Personal Health  
Commissioning**