



DORSET COUNCIL - HEALTH SCRUTINY COMMITTEE

MINUTES OF MEETING HELD ON THURSDAY 26 SEPTEMBER 2019

Present: Cllrs Jill Haynes (Chairman), Andrew Kerby (Vice-Chairman), Robin Legg, Jon Orrell, Emma Parker, Bill Pipe and Byron Quayle

Apologies: Cllrs Rebecca Knox, Nick Ireland and Ryan Holloway

Also present: Cllrs Tony Alford, Laura Miller and Jane Somper

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

Dorset Council:- Paul Beecroft (Communications and Engagement Business Partner - Adults); Eryl Doust (Project Manager); Andrea Kiy (Project Support Officer) and Denise Hunt (Senior Democratic Services Officer)

NHS Dorset Clinical Commissioning Group:- Diane Bardwell (Principal Programme Lead - Dementia Services Review); Rob Payne (Head of Primary and Community Care); Tracy Hill (Principal Programme Lead - Physiotherapy Services Review); Sarah Howard (Principal Primary and Community Care Lead)

Dorset County Hospital NHS Foundation Trust :- Inese Robotham, Chief Operating Officer

Dorset HealthCare University Foundation Trust: - Jane Elson, Service Director

9. Apologies

Apologies for absence were received from Cllrs Ryan Holloway, Nick Ireland and Rebecca Knox.

10. Minutes

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

11. Declarations of Interest

Cllr Jon Orrell declared a disclosable pecuniary interest in minute 14 as a GP and confirmed that he would not take part in the debate or vote on this item. As the report was for information only he would remain in the room to listen to the presentation and debate.

Cllr Andrew Kerby declared a disclosable pecuniary interest as his partner was employed by the Dorset Healthcare University NHS Trust as a nurse and advised that a dispensation was in the process of being made.

12. Public Participation

There were no public statements or questions made at the meeting.

13. NHS Dorset CCG - Dementia Services Review update

The committee considered a report by the Principal Programme Lead for the Dementia Services Review, NHS Dorset Clinical Commissioning Group (CCG) providing a summary update from the review following a period of public consultation.

The committee received a slide presentation setting out the background and scope of the review, the shortlisted and preferred option with costings showing the extra money that was needed to deliver that model.

The public consultation concluded on 11 August 2019 and its findings, which just been released, would be shared with the committee once published. The findings closely reflected the view seeking and demonstrated the value of co-production. Next steps following publication of the consultation and evaluation report included submission of a full business case and decision and investment by the Governing Body in November 2019 in order to mobilise and procure new services from April 2020.

The Chairman asked about support in instances where people experienced sudden onset of symptoms and what was being done to support families and carers in accessing information in situations where a person did not believe there was anything wrong with them.

The Principal Programme Lead explained that this was a complex area and that one of the proposals was to ensure people accessed the right information as well as the two national Dementia UK and Alzheimer's UK helplines offering bespoke advice. The Dorset Dementia Friendly initiatives had been very successful locally.

Members asked about the inpatient beds at Alderney hospital in the context of loss of beds in other areas and were advised that the number of beds had gone down overall which reflected a reduction in the occupancy rate. The intensive support service formally commissioned in East Dorset had resulted in a decline in the need for hospital admissions and steps had been taken to develop this service in the West. The need for 40 beds at Alderney Hospital would therefore continue to be monitored in light of development of services including community and transitional beds across the whole of Dorset and care home development. There had been difficulties in procuring staff prior to closure of the Chalbury Unit as the work was challenging due to the very high level of acuity. The business case had taken account of reimbursement of travel and accommodation costs for carers to recognise the increased distance.

In response to a question in relation to respite services for carers, it was explained that although an obligation under the Care Act, this work had

paused temporarily due to local government reorganisation, but that the Council had recently completed a review of this area of work.

Members asked what was being done to identify groups at risk of dementia which came under Public Health as part of the prevention agenda. There was currently a significant reduction in vascular dementia correlated to people reducing smoking. A lot of research was taking place in relation to prevention and so the focus would be about people living healthily until the findings were available.

Noted

14. Dorset Primary Care Networks

Cllr Jon Orrell did not take part in the debate but remained in the room during consideration of this item.

The Committee considered a joint report introduced by the Head of Primary and Community Care and Principal Primary and Community Care Lead, NHS Dorset CCG. Members received a slide presentation on the Primary Care Networks (PCNs) which came into force on 1 July 2019.

PCNs had autonomy work together to deliver services in a way that met the needs of its populations and were also encouraged to discuss innovation and different ways of working. Examples of this included focus on childhood obesity by the Mid Dorset PCN and early identification and prescribing for diabetes by the West Dorset PCN.

In response to a question it was confirmed that the 18 PCNs superseded the former GP localities and were based on 30-50k population. As these had only recently come into force, further discussion would take place with regard alignment with the Health & Wellbeing Board's locality groups.

The Chairman noted that an advantage of an improved system would be to help reduce pressure on A&E Departments as a result of people unable to book a GP appointment.

The reduction in GP numbers due to retirement or relocation, leading to undue pressure on the remaining GPs was also highlighted and the CCG was keen to develop a workforce plan for Dorset around integrated health and care teams that would remove stress from individual GP practices. There would be continued investment in attracting and retaining the workforce into Dorset. To date, 33 GPs who were thinking of leaving the profession had been retained through the offer of a more flexible contract with development support.

The Committee commented on appropriate Terms of Reference that encouraged the right people to attend the stakeholder meetings, the overlapping of the PCN boundaries and involvement by the PCNs in the recent GP closure in Stalbridge.

It was confirmed that the PCN boundaries reflected the patient intake of GP surgeries and that the closure of practice in Stalbridge had occurred prior to the formation of the PCNs. Although the CCG had engaged with the local community on the proposed closure and took steps to ensure that vulnerable patients were supported, GP surgeries were independent businesses and there had been no appetite for reprovision by another provider.

On conclusion of the discussion, the Chairman stated an update on progress would be considered in a year's time to assess the changes and the additional support that the Council could bring to that system. The Committee would hold an Inquiry Day in the New Year to investigate workforce and the Better Care Fund.

Noted

15. NHS Dorset CCG - Physiotherapy Services Review

The committee considered a report by the Principal Programme Lead, NHS Dorset CCG that provided an overview of the objectives, the review process, a summary of the findings and outline of the proposed recommendations.

The model included self-management, self-referral and face to face physio services and was now in the implementation phase with a business case being developed for the website and self-referral scheme to be submitted in November 2019 for approval.

In response to a question in relation to the criteria for self-referral requests, it was confirmed that a telephone triage system would be used to assess whether a face to face physiotherapy appointment would be necessary or to discharge a patient with advice following the first call.

Cllr Jon Orrell drew attention to problems with the current physiotherapy pathway that led to blocking and unnecessary redirecting of patients and asked whether this model would improve this situation. It was confirmed that the pathway would eliminate the steps that were problematic as the onus would be on the patient who could progress through the system without reference to a GP.

Members focussed on the waiting times in September 2018 outlined in the report, asking whether these had improved and if the changes were introduced, what could be done to improve the routine waiting time for Dorset Healthcare, which was almost double that of Poole General Hospital.

Members were advised that waiting times had not improved for routine patients and that a performance dashboard was used to monitor waiting times across the system in order to create flexibility. However, the organisations were reporting waiting times differently meaning that the data could not be heavily relied upon. An update on waiting times could be provided following the meeting.

The Chairman stated that the Integrated Care System was focussed on prevention at scale and that physiotherapy was a key factor in prevention. It was suggested that introduction of a voucher system for patients to use for treatment in the private sector or providing additional staff was investigated as a matter of urgency in order to increase capacity in the system and reduce waiting times. The Chairman proposed that a letter was sent to the CCG which was supported by the Committee.

Resolved

That a letter is sent to the NHS Dorset CCG to suggest ways in which the waiting times for physiotherapy could be reduced as outlined in the above discussion.

16. Notification of change - Repatriation of day case activity from Bridport Hospital to Dorset County Hospital

The Committee considered a report by the Chief Operating Officer (Dorset County Hospital NHS Foundation Trust) and the Service Director (Dorset HealthCare Trust) that concerned the repatriation to Dorset County Hospital of a small number of services requiring highly specialised staffing and equipment.

Members noted the workforce issues across community services, the continued growth of the private sector and the impact on infrastructure at Dorset County Hospital such as parking provision.

Members were informed that as an Integrated Care System there was sponsorship and development of apprenticeships in nursing which took time to invest and grow. Planning permission to extend Dorset County Hospital included a new car park and provision of a 7 day service would also help to reduce impact on parking.

Members were assured that there were no plans to repatriate other services from Bridport Hospital and there had been a growth in services in that area with the Bridport hub gaining national recognition.

Noted

17. Our Dorset - Looking Forward

The Committee considered a report by the Director of Public Health concerning Our Dorset - Looking Forward, the emerging 5 year local strategy in response to the national NHS Long Term Plan.

Members were informed that an update on the Integrated Care System (ICS) refresh would be considered by the Committee next year and would be a useful area to scrutinise, in particular the way in which the ICS plan evidenced its ambitions and outcomes. This had recently been signed off by the Bournemouth, Christchurch & Poole Council's Health and Wellbeing Board the previous day and would be considered by the Dorset Council Health and Wellbeing Board on 30 October 2019.

Noted

18. Appointments to Committees and Other Bodies

The Committee considered a report by the Project Manager - Adult Services concerning the appointment of members to the roles specified in the report.

Resolved

That the following appointments be approved:-

- Quality Account Panel for Dorset County Hospital: Cllrs Jill Haynes, Bill Pipe and Andrew Kerby
- Quality Account Panel for Dorset HealthCare: Cllrs Jill Haynes, Bill Pipe and Nick Ireland
- Liaison Member for NHS Dorset CCG: Cllr Jill Haynes
- Liaison Member for Dorset County Hospital: Cllr Andrew Kerby
- Liaison Member for Dorset HealthCare: Cllr Nick Ireland
- Liaison Member for South Western Ambulance NHS Foundation Trust: Cllr Rebecca Knox

Reason for Decision:

To assist in helping Dorset's citizens to remain healthy.

19. Urgent items

There were no urgent items to report.

The Chairman advised that the formal response to the Judicial Review appeal hearing had been e-mailed to the committee for information. The referral from the Dorset Health Scrutiny Committee remained with the Independent Review Panel and no further information had been received at this stage. She announced that the workforce plan and Better Care Fund would be considered by the committee at a separate Inquiry Day in the New Year.

Duration of meeting: 10.00 - 11.50 am

Chairman