

NHS DORSET CLINICAL COMMISSIONING GROUP

SPECIAL GOVERNING BODY MEETING

20 SEPTEMBER 2017

A Special meeting of the Governing Body, of the NHS Dorset Clinical Commissioning Group was held at 10am on 20 September 2017 at the Dorford Centre, Bridport Road, Dorchester, DT1 1RR.

- Present:**
- Forbes Watson, Chair (FW)
 - Jenny Bubb, Locality Lead for Mid Dorset (JB)
 - Nick Evans, Locality Lead for Poole Bay (NE)
 - Tim Goodson, Chief Officer (TG)
 - David Haines, Locality Lead for Purbeck (DH)
 - Teresa Hensman, Audit and Quality Chair (TH)
 - Stuart Hunter, Chief Finance Officer (SH)
 - David Jenkins, Deputy CCG Chair/Public Engagement Member (DJ)
 - Karen Kirkham, Locality Lead for Weymouth and Portland and Assistant Clinical Chair (KK)
 - Blair Millar, Locality Lead for West Dorset (BM)
 - Mufeed Ni'Man, Locality Lead for East Bournemouth (MN)
 - Ravin Ramtohal Locality Lead for Christchurch (RR)
 - David Richardson, Locality Lead for Poole North (DR)
 - Ben Sharland, Locality Lead for Central Bournemouth (BS)
 - Elaine Spencer, Registered Nurse Member (ES)
 - Jacqueline Swift, Primary Care Commissioning Committee Chair (JS)
 - Simon Watkins, Locality Lead for Poole Central (SW)
 - Simone Yule, Locality Lead for North Dorset (SY)
- In attendance:**
- Conrad Lakeman, Secretary and General Counsel (CGL)
 - Steph Lower, Executive Assistant (SL)

	Action
The Chair welcomed all to the meeting.	
1. Apologies	
1.1 Colin Davidson, Locality Lead East Dorset	
2. Quorum	
2.1 It was agreed that the meeting could proceed as there was a quorum of members present.	

3. **Declarations of Interest, Gifts or Hospitality**

- 3.1 The Secretary and General Counsel said papers copies of the Register of Declarations of Interest were available at the meeting. He asked members of the Governing Body to declare any interests which were or could be perceived to be in conflict of the decisions to be made.

Declarations of Interest were made as follows:-

CGL

- Dr F Watson, Chair declared his spouse was an employee of Dorset Healthcare University NHS Foundation Trust. The Secretary and General Counsel said the declaration was sufficiently remote and Dr Watson could remain and participate in the votes.
- Dr M Ni'man declared he was Director of an organisation that provided a walk-in centre in Boscombe and diagnostics for Dorset Healthcare University NHS Foundation Trust. The Secretary and General Counsel said the declaration was sufficiently remote and Dr Ni'man could remain and participate in the votes as the walk-in centre was out of scope for the review.
- Dr R Ramtohal declared he was on a bank contract for approximately four hours a month at the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust. The Secretary and General Counsel said the declaration was sufficiently remote and Dr Ramtohal could remain and participate in the votes.
- Dr D Richardson declared he undertook one session a week as a hospital practitioner at the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust. The Secretary and General Counsel said the declaration was sufficiently remote and Dr Richardson could remain and participate in the votes.
- Jacqueline Swift declared she was a Mental Health Act Manager at Dorset Healthcare University NHS Foundation Trust. The Secretary and General Counsel said the declaration was sufficiently remote and she could remain and participate in the votes.
- Teresa Hensman declared she was a Mental Health Act Panel Member for Dorset Healthcare University NHS Foundation Trust. The Secretary and General Counsel said the declaration was sufficiently remote and she could remain and participate in the votes.
- Dr D Haines declared he was a partner in a practice with a substantial contract with Dorset Healthcare University NHS Foundation Trust to provide services. The Secretary and General Counsel said Dr Haines could remain for the discussion but would not be able to participate in the votes relating to the Purbeck locality.

4. Strategy

4.1 Clinical Services Review – Commissioning Decisions

4.1.1 Dr P Richardson, Director of Design and Transformation introduced the background to the Clinical Services Review and the need for change.

Integrated Community Services proposals

4.1.2 The Assistant Clinical Chair presented the Integrated Community Services proposals.

4.1.3 The Chief Executive of Dorset Healthcare University NHS Foundation Trust (DHUFT) said DHUFT had been fully involved in the development of the proposals and was fully supportive of them. He said the proposals were a positive blueprint for Dorset NHS services and supported the prevention of ill-health and promoted independence and well-being of the people of Dorset, with care closer to home.

Questions from the Governing Body

4.1.4 The Chair said the questions from Governing Body members had been informed by feedback and questions received from key stakeholders and members of the public during the process and in the planning for the meeting.

4.1.5 Question

The Registered Nurse Member asked for assurance that the Equality Impact Assessments (EIAs) would remain core during the implementation phase.

Answer

The Director of Nursing and Quality said the EIAs had been undertaken during the design and planning phase. The nine protected characteristics had been considered together with other characteristics, particularly those most relevant to Dorset being social isolation and an ageing population and robust plans were in place. More work was required regarding particular groups i.e. non-English speaking individuals and the armed forces but reassurance was given that the EIAs were 'live' documents and would be reviewed and updated regularly.

4.1.6 Question

The Locality Lead for North Dorset sought assurance that nursing homes could provide the community beds, including the appropriate level of clinical care.

Answer

The Chair gave an example of the closure of Lyme Regis Community Hospital over 20 years ago and the successful quality intermediate care provided in the local nursing homes which had kept people closer to home.

The Director of Service Delivery referred to the Better Care Fund Plans which set out how the CCG and local authorities would work together to deliver health and social care services, including nursing care in a joined-up way. A strong nursing home sector would be required and a framework agreement had been developed to enable collaborative commissioning of beds from the current providers. This would also attract new providers to the area. Regarding the clinical quality, the Care Quality Commission (CQC) standards would still apply.

4.1.7 Question

The Locality Lead for West Dorset asked whether staff jobs would be at risk and what mitigating action would be taken to minimise the potential loss of clinical staff during the implementation of any changes.

Answer

The Director of Engagement and Development said in Dorset there was a 1 in 7 staff potential to retire over next 5 years and there was currently a 10-15% turnover rate of staff. There was confidence that the One Dorset Workforce Plan developed with the providers had service plans to support this. He referred to the Workforce Action Board which was working on the delivery vehicles for addressing recruitment and retention issues and development of staff including enhanced and new roles e.g. apprenticeships. A Social Partnership Forum had been established in collaboration with the trades union partners to support staff through any changes.

4.1.8 At the conclusion of questions, the Governing Body **approved** the following recommendations:-

Integrated Community Services

ICS 1. To commission more services closer to people's homes delivered through integrated community teams and local community hubs to deliver better care.

Approved

ICS 2. To commission a community hub with beds at Sherborne Hospital.

Approved

ICS 3. To commission a community hub with beds at Blandford Hospital.

Approved

ICS 4. To maintain a community hub with beds in Shaftesbury Hospital whilst working with the local community until a sustainable model for future services based on the health and care needs of this locality is established, possibly at a different site to the existing hospital.

Approved

ICS 5. To commission a community hub without beds at Dorset County Hospital.

Approved

ICS 6. To commission a community hub with beds at Bridport Hospital.

Approved

ICS 7. To commission a community hub with beds at Weymouth Community Hospital.

Approved

ICS 8. To maintain services including beds at Westhaven Hospital until the community hub with beds at Weymouth Hospital is established and staff and services have been appropriately transferred.

Approved

ICS 9. To commission a community hub without beds on Portland, possibly at a different site to the existing hospital.

Approved

ICS 10. To commission a community hub with beds at Swanage Hospital.

The Locality Lead for Purbeck was conflicted on this item and did not participate in the vote.

Approved

ICS 11. To commission a community hub without beds at Wareham, possibly at a different site to the existing hospital.

The Locality Lead for Purbeck was conflicted on this item and did not participate in the vote.

Approved

ICS 12. To commission a community hub with beds at Wimborne Hospital.

Approved

ICS 13. For St Leonards Hospital to close.

Approved

ICS 14. To commission a community hub with beds on the Major Planned Hospital site.

Approved

ICS 15. To maintain services including beds at Alderney Hospital until alternative services have been established and staff have been appropriately transferred. At which point Alderney Hospital's community beds will close. Mental health and dementia services will remain unchanged pending the outcome of the dementia services review.

Approved

ICS 16. To commission a community hub without beds at Christchurch Hospital. [This will not affect the palliative care beds].

Approved

ICS 17. To commission a community hub with beds on the Major Emergency Hospital site.

Approved

Acute Services and Maternity and Paediatric Services proposals

- 4.1.9 The Assistant Clinical Chair presented the Acute Services and Maternity and Paediatric Services proposals.
- 4.1.10 The Chief Executive for Poole Hospital NHS Foundation Trust (PHFT) addressed the Governing Body and said the major changes, in particular regarding PHFT needed to be recognised and without change Dorset's NHS would not be sustainable. PHFT was supportive of the proposals and it was important to remember that clinicians from PHFT had been involved in the process throughout. Dorset had a good business case and was committed to working together to implement the changes which would be of major benefit to patients. Although PHFT's preference was for option A, she was clear that either option could be made to work. The outcome would provide PHFT with a clear strategic direction and positive future for the services and the hospital site and the trust would continue to take an active role in shaping the services for the future.
- 4.1.11 The Chief Executive for Dorset County Hospital NHS Foundation Trust (DCHFT) addressed the Governing Body and endorsed the recommendations. DCHFT predominantly served a rural area with a high elderly population so close access to services was very important. She said that to do nothing was not an option and services would not remain sustainable without major change. Regarding maternity and paediatrics, she supported the recommendation to work more closely with Yeovil District Hospital to provide services in a more collaborative way and referred to the strong relationships built between the two trusts to take this forward.
- 4.1.12 The Chief Executive from the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCHFT) addressed the Governing Body and supported the proposals. He said the services as proposed would offer patients better outcomes and save lives and there was an opportunity to develop centres of excellence. He said that without change, services would become unsustainable. The trust would work to ensure that all patients travelling to access emergency services would benefit. He said RBCHFT was committed to working with its partners to create sustainable central services

that would stand comparison with the rest of the country.

Questions from the Governing Body

4.1.13 Question

Teresa Hensman, Lay Member asked how the Governing Body could be assured that capital investment for the reconfiguration was within the current cost envelope.

Answer

The Chief Finance Officer said the investment of over £100M secured through the Department of Health was very good news. This would be subject to a process of reviews through an outline business case followed by a full business case. The maternity and paediatric proposals for West Dorset, one finalised, would require the same level of scrutiny as the CSR.

4.1.14 Question

The Locality Lead for Poole Central raised the issue of travel which had been a concern raised by many. He asked for a recap of the work undertaken to look at travel times including any planned future work, and sought reassurance regarding patient safety.

Answer

The Director of Design and Transformation acknowledged the known traffic congestion in Dorset, including holiday traffic. Transport had been looked at by the CCG, local authorities, patient transport service, ambulance service and voluntary sector with real travel time data verified by the local authorities used to inform the work. Alongside this, consideration had been given to housing and road building plans. He said providing care closer to home and better technology would have a positive impact on travel times and enable people to access services they may have previously had to travel to access.

The Clinical Director for the South Western Ambulance Service NHS Foundation Trust (SWASFT) said the proposals had been carefully considered in relation to the ambulance service including the impact on 999 calls. Data from 22,000 real patients had been analysed assuming those patients had been managed under the CSR proposals and SWASFT was confident that the proposals would have a minimal impact on the delivery of emergency services, with patients with the most time critical conditions being taken to the most

appropriate hospital within a clinically safe time. The integrated community services proposals were welcomed to help better manage over half the 999 calls which did not require hospital admission.

4.1.15 Question

David Jenkins, Lay Member referred to the developing proposals for the future of maternity and paediatric services in the west of Dorset which had been raised by many as a matter of particular concern. Once the proposals were finalised he asked whether there would be a further opportunity for public consultation and who would make the final decision on the recommendations.

Answer

The Chief Officer said as the preferred option was to support an integrated service across DCHFT and Yeovil District Hospital, both Dorset and Somerset CCGs would need to support the finalised proposals. The proposals would then need to be taken through the NHS England assurance process before being subject to further local public consultation by both Dorset and Somerset CCGs as appropriate.

4.1.16 Question

The Locality Lead for Purbeck asked how the CCG would monitor the clinical risk to patients during the transformation period.

Answer

The Director of Nursing and Quality said patient safety was the most important aspect and as each service change was planned, all clinical risks would be considered with clinicians, service providers and patients to ensure patients remained safe with the best outcomes.

4.1.17 Question

The Chair said a number of concerns had been raised by members of the public regarding whether the proposals would move towards privatisation of the NHS.

Answer

The Chief Officer said the Clinical Services Review was NHS led with a focus on NHS services. The capital funding was for

investment in NHS services including the creation of the major planned hospital and major emergency hospital and was not a move towards privatisation.

4.1.18 The Governing Body **approved** the following recommendations:-

Acute Services

AC1. To commission distinct roles for Dorset's acute hospitals (a Planned and Emergency Hospital, a Major Planned Hospital and a Major Emergency Hospital), as part of one acute network of services.

Approved

AC2. To commission a Major Emergency Hospital at the Bournemouth Hospital site.

Approved

AC3. To commission a Major Planned Hospital at the Poole Hospital site.

Approved

AC4. To commission a Planned and Emergency Hospital at the Dorset County Hospital site.

Approved

Maternity and Paediatrics

M&P1. To commission the delivery of consultant-led maternity and paediatric services from the Major Emergency Hospital.

Approved

M&P2. To seek to commission the delivery of consultant led maternity and paediatric services integrated across Dorset County Hospital and Yeovil District Hospital for the Dorset population. Implications for this recommendation will be considered by Dorset County Hospital and Yeovil District Hospital and any proposed changes to services in either hospital would be subject to further local public consultation by both Dorset and Somerset CCGs as appropriate.

Approved

4.2 Mental Health Acute Care Pathway Review – Commissioning Decisions

4.2.1 The Head of Mental Health and Wellbeing presented the Improving Mental Health Services in Dorset proposals.

4.2.2 The Chief Executive of DHUFT addressed the Governing Body and commended the work of the CCG, Dorset Mental Health Forum and partners regarding the pathway review and said there had been national recognition of the review. The proposals had also been shaped by those individuals who had life experience of mental health issues. He said the recommendations provided significant improvements to the current arrangements and were a sensible balance between urban and rural Dorset and said DHUFT was pleased to endorse the recommendations.

Questions from the Governing Body

4.2.3 Question

The Locality Lead for Central Bournemouth referred to patient concerns regarding the limitation of the current service and asked what the timescale was for implementation of the proposals.

Answer

The Head of Mental Health and Wellbeing said there was an urgent need for the additional beds as some service users were currently having to be sent out of Dorset. It was planned that the additional beds at Forston Clinic would be available by the end of the financial year. Regarding the community front rooms, it was planned to test the market in quarter four of the current financial year with the start of the implementation proposed for 2018. It was planned that the additional beds at St Ann's Hospital would be available within three years with the Linden Unit remaining open until the additional beds were operational.

DHUFT had been awarded funds to enable the Bournemouth retreat to be piloted for a year with a planned go live date of 2018. Following an evaluation of the retreat, consideration would be given on how to roll-out the rest of the service.

4.2.4 Question

The Locality Lead for Mid Dorset sought reassurance that there would be an adequate service provision for West Dorset.

Answer

The Director of Service Delivery said the driving principle of the changes was to ensure individuals could access the service as close as possible to home, for example, the Forston Clinic in the West of the county. It was important to note that access to services including community front rooms and retreats were of the same high priority as the additional beds.

4.2.5 The Governing Body **approved** the following recommendations:-

1. To commission increased mental health service provision.

Approved

2. To commission an additional 16 beds, 4 new beds to be located in Forston Clinic and 12 new beds to be located at St Ann's Hospital.

Approved

3. To relocate the 15 beds at the Linden Unit to St Ann's Hospital. Services and beds will be maintained at the Linden until the new beds are established at St Ann's Hospital and Forston clinic and staff appropriately transferred, at which point the Linden unit will close.

Approved

4. To commission a Retreat in Bournemouth.

Approved

5. To commission a Retreat in Dorchester.

Approved

6. To commission a Community Front Room in West Dorset.

Approved

7. To commission a Community Front Room in North Dorset.

Approved

8. To commission a Community Front Room in Purbeck.

Approved

9. To re-commission the seven Recovery beds (currently in the west of the county) to three in the west of the county and four in the east of the county.

Approved

The Chair thanked everyone for their support in reaching such a milestone. There was much work to be done to deliver the changes and that work would be undertaken with the same commitment as had been displayed to date.

5. **Date and Time of the Next Meeting**

5.1 The next meeting of the Governing Body of NHS Dorset Clinical Commissioning Group will be held on Wednesday 20 September 2017 at Vespasian House at 2pm.