

MINUTES

Meeting: SOUTH WEST WILTSHIRE AREA BOARD
Place: Nadder Centre, Weaveland Road, Tisbury, SP3 6HJ
Date: 8 March 2017
Start Time: 6.30 pm
Finish Time: 9.12 pm

Please direct any enquiries on these minutes to:

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Papers available on the Council's website at www.wiltshire.gov.uk

In Attendance:

Wiltshire Councillors

Cllr Tony Deane (Chairman), Cllr Peter Edge, Cllr Jose Green, Cllr George Jeans and Cllr Bridget Wayman (Vice Chairman)

Wiltshire Council Officers

Stephen Harris, Community Engagement Manager
Lisa Moore, Democratic Services Officer
Robin Townsend, Associate Director

Town and Parish Councillors

Berwick St. John Parish Council – R Carter, G Marks & T Bell
Dinton Parish Council – C Smith
Hindon Parish Council – D Robertson
Sedgehill and Semley Parish Council – B Ford
Tisbury Parish Council – J Amos & F Corp
Wilton Town Council - P Matthews

Partners

Wiltshire Police – Joe Power
Dorset & Wiltshire Fire and Rescue Service – Jason Moncrief

Total in attendance: 30

<u>Agenda Item No.</u>	<u>Summary of Issues Discussed and Decision</u>
1	<p><u>Welcome and Introductions</u></p> <p>The Chairman, Councillor Tony Deane welcomed everyone to the meeting of the South West Wiltshire Area Board.</p>
2	<p><u>Apologies for Absence</u></p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Swallowcliffe PC • Ebbesbourne Wake PC • Chilmark PC
3	<p><u>Declarations of Interest</u></p> <p>There were none.</p>
4	<p><u>Minutes</u></p> <p>The minutes of the previous meeting held on Wednesday 1 February 2017 were agreed as a correct record and signed by the Chairman.</p>
5	<p><u>Chairman's Announcements</u></p> <p>The Chairman gave the following announcements:</p> <p><u>Litter picking events</u></p> <p>There had been 14 picks arranged to take place last week throughout the area, with several others still yet to take place. Feedback received from half of those events had shown that 77 volunteers had taken part and collected 113 bags of rubbish.</p> <p>In previous years the Board had financed the litter picks for these days, buy funding the kit. It would now be down to the parishes to set aside funding to cover future kit to carry out litter picks.</p> <p><u>Purdah</u></p> <p>The pre-election period would begin on the 15 March. Although Purdah did not restrict day to day operation of the council, as a matter of good practice all agenda items and decisions, including grant applications, would be assessed before publication to assess whether they may be controversial.</p> <p><u>Cyber Crime</u></p> <p>Sergeant Harvey would be in attendance in May, to present information on</p>

	<p>Cyber-crime.</p> <p><u>Tisbury Community Safety Partnership</u> The last meeting would be held on Tuesday 16 March. At these meetings, they look at local priorities for policing in the community area. It was proposed that this Group would then become the South West Wiltshire Community Safety Partnership</p> <p><u>Question:</u> Wilton TC, Phil Matthews – This year there were 19 pages to the application for parish councillors. Anyone wanting to stand must take the papers to 5 Rivers or could nominate one person to take it in on their behalf. <u>Answer:</u> TD - There will only be elections in the parishes if there were more people standing than were places for on the parish council.</p>
6	<p><u>Shaftesbury & District Task Force</u></p> <p>Lester Dibben Secretary of the Shaftesbury & District Task Force (S&DTF) and members of the Save our Beds (SoB) Campaign were in attendance to give information on the campaign.</p> <p>The 'Shaftesbury Town Council Westminster Memorial Hospital (WMH) Working Group' was set-up to bring together various independent groups working to oppose the CCG plans to close the beds at the WMH, such as SoB & S&DTF. The Working Group had met weekly to allocate tasks, act as a forum for ideas, receive progress reports from the independent groups and to disseminate the information to the local councillors and representatives present.</p> <p>There had been a meeting with Dorset County Council earlier that day, when the group had challenged them for not carrying out the consultation properly. It was hoped that they would now agree to give more time for people to complete the consultation.</p> <p>However since that meeting the Group had received a letter stating that the consultation would not be extended and did end at midnight on February 28.</p> <p>Julian Prichard; the founder/manager of SoB explained that the Group was set up to make sure the consultation and questionnaires were sent out properly. The model they had involved a representative from each street in Shaftesbury. If an extension was granted, then the volunteers were ready to move in to south wilts to promote the consultation. Dick Ripper had collected together a 3,000 to 4,000 signature petition.</p> <p>A second consultation on Mental health services in Dorset was running from 1st Feb to the 31st March.</p> <p>Although we are in Wiltshire and not Dorset, some of our parishes were covered</p>

	<p>by this hospital.</p> <p>Dr Helen Tucker; a consultant employed by S&DTF who was the Vice President of the Community Hospitals Association; had written a report. She felt that it was a good thing that the Opinion Research Services (ORS) which had carried out the consultation would be analysing the questionnaires, as the ORS were accepting consultation questionnaires until the end of the week to allow for delays in the postal system. The consultation questionnaires, for those with learning difficulties, carried no end date but would no longer be accepted. Limited information had been recently accepted from Shaftesbury Town Council but there was no guarantee that future information would be accepted.</p> <p>Cllr Green had also attended a meeting and noted that she felt that people were being short changed with the length of the consultation and that many Wiltshire residents around the boundary had no idea about it. Along with the proposal to remove the beds, the minor injuries and clinics would also be going. She urged everyone to go back to their parish councils to respond.</p> <p>Cllr Wayman had been liaising with the Cabinet member for Health for information on Shaftesbury hospital. Some information had been provided by Wiltshire CCG, which stated that there had been 613 attendances to the hospital for the minor injury unit from Wiltshire residents, but that these were from a total of 7 spells which amounted to 230 bed days. It had seemed to take a long time to get this information. Cllr Wayman also contacted the local MP who also seemed not to be that helpful.</p> <p><u>Question:</u></p> <ul style="list-style-type: none"> • Have you contacted the Tisbury link scheme for their figures of the number of people using their service to access the hospital? <u>Answer:</u> No, thank you for this. <p>Link to the website: http://saveourbeds.co.uk/</p>
7	<p><u>Dementia Friends</u></p> <p>Steve Harris, Community Engagement Manager explained that at the last meeting the Board agreed to become a Dementia Friendly Community as part of the Dementia Action Alliance. As part of this we thought it might be nice to have a dementia friends training session for those in attendance tonight.</p> <p>Steve then carried out an interactive session where he explained about the Dementia Friends movement and how people could help to create a dementia friend's community.</p> <p>Five key points were:</p>

	<ol style="list-style-type: none"> 1. Not everyone who develops dementia is old 2. Dementia was not a natural part of ageing 3. Dementia was a disease of the brain 4. Dementia was a progressive condition 5. It was possible to live well with dementia. <p>For more information on Dementia Friends please go to: https://www.dementiafriends.org.uk/</p>
8	<p><u>Highways Major Maintenance Programme for 2017/18</u></p> <p>The Board considered the proposed schedule of works for 2017/18 as detailed in the papers attached to the agenda.</p> <p>Discussion took place around other possible roads which did not feature on the list. The Chairman noted that the programme was not yet written in stone, the Cllrs would be working with the Highways Officers to highlight other works around the community area which it was felt needed to be addressed.</p> <p><u>Questions:</u></p> <ul style="list-style-type: none"> • What was meant by terminal plates at Bulbridge road, Wilton on page 133 of the agenda? <u>Answer:</u> The Board agreed to find out and feedback. • A lot of the programme was focused on the C12, but was the white lining programme the Board was running going to be done after the surface dressing had taken place? <u>Answer:</u> We would coordinate were possible. • Could Calais Hill at Semley be looked at? <u>Answer:</u> The Board would take this back. <p><u>Decision</u> The South West Wiltshire Area Board approved the schedule of works for 2017/18, as detailed in the Highways report attached to the agenda.</p>
9	<p><u>Partner and Community Updates</u></p> <p>The Board noted the written updates attached to the agenda and circulated at the meeting.</p> <p><u>Police</u> In addition to the written report circulated at the meeting, Joe Power, a Wiltshire Police staff volunteer, working at the Crime Prevention branch, was in attendance to speak about various Rural Policing initiatives going forward.</p> <p>Due to the overwhelmingly rural nature of Wiltshire, the Rural Policing Support Unit (RPSU) had been created. This would be enhanced in the short term with a further ten nationally accredited Wildlife Crime Officers, bringing the full</p>

complement available to Wiltshire Police to 15. The intention is that these officers would remain embedded with their CPTs, continuing to work under current command arrangements. In addition, 20 Special Constables had received additional training and would continue to deliver operational effects, also in direct support of CPTs, with targeted priorities identified by RPSU.

Joe also highlighted the recent (7 March 17) adjournment debate on rural crime in the House of Commons, initiated by John Glen, MP for Salisbury. RPSU had worked closely with John Glen's office to assist him in preparing for the debate, and there had been widespread media coverage of this event.

Joe discussed several recent operations; notably Op ASTON, a very large multi-agency operation across Salisbury Plain, and Op DROGO, which saw 63 Special Constables working in direct support of CPTs in South Wiltshire. This was the single largest Special Constabulary operation in the history of Wiltshire Police, and it effectively doubled the capacity of the police.

Joe highlighted the first-class work being conducted by Community Coordinators, and advertised Community Messaging as an excellent way of staying informed about policing activity generally. He also discussed the perennial issue of 101 'wait times' but noted that work is ongoing in a number of areas and that early signs are very encouraging, and asked for a degree of patience as the police progress this issue.

Joe then discussed the Rural Crime Partnership and stated that he would expand on this at the Tisbury Community Safety Partnership meeting on 14 March 2017. The key headlines were that this initiative was still in its first year; it met quarterly and active participation was welcomed from across rural communities in Wiltshire. Andi Witcombe from the National Farmers' Union would also be attending the Tisbury CSP - she was a core member of the Rural Crime Partnership.

Joe highlighted the social media presence of the RPSU; notably @wiltsruralcrime on Twitter and the dedicated Facebook page @Wiltshire Rural Crime Team. The previously existing Horse Watch and Farm Watch Twitter pages have been absorbed into the current @wiltsruralcrime on Twitter. Joe concluded by drawing attention to the Chief Constable's open letter which identified Wiltshire Police as a 'force to be reckoned with' and that all the signs were immensely positive in terms of the Police's ability deal proactively with rural crime going forward.

Fire

In addition to the written update circulated at the meeting, Jason Moncrief was in attendance to give an update.

Incidents and highlights

- There was still a good amount of co-responding calls for Tisbury and Mere.
- There had been 5 RTC incidents in the district on the A303 in last two months.
- The retained availability for was struggling during the day time in some areas, particularly in Tisbury. People were urged that if they knew of anyone available in the day that might be interested in this. Currently there were 2 applicants for Tisbury, one for Mere and a number for Wilton all going through at present.
- A campaign was being run at the moment for people to turn up at set stations on a set night, to have a go at some of the tests and to speak to officers about what it was like to work as a retained Fire Fighter.

Questions

- What was a special service? It was something that isn't a fire.
- Did you still carry out the electrical safety checks? – Answer: We carry out the Safe & Well visits, people can go online and apply for a visit. Cllr Deane noted that the safe and well visits were really important, particularly for vulnerable people. If you know of people then identify them and pass them on to the fire service. Jason added that it was not just individuals who could have these checks and information, Officers could also deliver the safety messages to groups.
- Support from digital champions could be accessed to enable elderly people to access information online.

Steve read out a H&WB update which had been sent earlier that day:

Val was organising a Sunday lunch in April as a trial run for the elderly and lonely, as it had been expressed how Sundays could be a lonely time. If it was successful we may try it out in other areas of the South West.

There was an active team also working on hosting Sunday teas for 6-8 people at a time in remote areas specifically for the socially isolated and lonely. Work continued in searching and adding to 'Village Activities' and mindful of the urgency for dementia actions and activities in light of dementia action. Anne Marie had attended the Dementia Action Forum and we both attended South Wiltshire forum on 'Alive Active Care' this was an opportunity to meet with others who were working in the field of activity provision, to share ideas and find support in meeting the day to day challenges of keeping those which were cared for, engaged and active.

There was also workshops looking at simple sensory activities which gave some ideas to take away. We both attended and had a stand at the opening of the Tisbury Campus, this was a great opportunity to Network and share experiences.

	<p><u>Wilton Update</u> The Wilton Town Team minutes attached to the agenda had detailed the Town Trail. Cllr Edge also updated on the Wilton Parkway station, he had gone on the Trans Wilts destination train from Swindon to Salisbury, which had taken approximately 45 mins. The train had stopped at the potential Wilton Parkway location. The LEP had indicated verbal support for the Wilton Parkway. It was hoped that in 3 to 4 years the station would happen.</p>
10	<p><u>Local Youth Network (LYN)</u></p> <p>The Board noted the update from the LYN as detailed in the agenda.</p> <p>Cllr Wayman updated that the Education Officer from the Fire Service had visited to speak to the young people about the Salamander course. The LYN was in support of running a course in the area and recommended that funds were ringfenced from next years budget to pay for that.</p> <p>The Salamander was a course for a group of young people which was made up of a number of models, both active and practical which aimed to improve confidence and teach new skills.</p> <p>As the funding was from the 2017/18 budget the LYN would need to bring a recommendation back in the new financial year, to ratify the funding to the project.</p> <p><u>Decision</u> The South West Wiltshire Area Board supported the LYN recommendation to ringfence £3,400 of the 2017/18 budget to pay for a Salamander course in the area, with the condition that this came back for ratification in the new financial year.</p> <p><u>Questions and comments:</u></p> <ul style="list-style-type: none"> • Phil Matthews noted that the rubbish outside the building in Wilton should have been collected as they had requested for it to be moved, this would be check up on. <p>Cllr Wayman and Steve, had held the one year review meeting with seeds4success, which now triggered the release of the next tranche of funding to them.</p>
11	<p><u>Community Area Transport Group (CATG) Update</u></p> <p>The Board noted the minutes of the last meeting and recommendations as detailed in the report.</p> <p>The Chairman also noted that there was a process for funding 20mph speed</p>

	<p>limits through CATG, however a paper had been produced which asked whether the 20mph limits were effective. CATG would need to read the paper and decide whether we pursue any further 20mph schemes.</p> <p>The Area Board had previously decided to fund white lining. The contractors would carry out the work when funds were available. In parishes where works were less than £500, they had been approached to ask whether they wished to bolt on any additional works and pay for it themselves. The options for that would be looked in to.</p> <p>Cllr Jose Green asked if the white lining for Stourton could be checked as it appeared not to equate on the price quoted for the amount of work required, compared to other areas and work.</p> <p><u>Decision</u> The South West Wiltshire Area Board approved the recommendation for funding from the CATG as detailed in the report.</p> <p><u>Question:</u></p> <ul style="list-style-type: none"> • Was there a speed limit directly outside the Nadder Centre as it was unclear due to the signs in the estate? <u>Answer:</u> It was private land so the speed limit was up to Wiltshire Council. Steve Harris agreed to look at why the signs had not been removed.
12	<p><u>Nadder Community Campus</u></p> <p>The Chairman update the Board on the proposal to apply for change of use, to enable commercial leasing of a space in the building. This was due to the large costs involved with running the building, so the Council had considered options to raise the income.</p> <p>A meeting had been held at Nadder Centre to discuss the proposals. Since that time communication between the Council and the community had improved.</p> <p>The Board heard from Viv who ran exercise classes at the centre. She had relocated her business to the centre because she had been led to believe that it would be develop into a health and wellbeing centre. If the centre decided to expand the nursery, then this would not fit with the original plan.</p> <p><u>Question:</u></p> <p>Would the planning application be withdrawn next week? <u>Answer:</u> The Planning Committee may ask for a site visit; in which case they may defer the application until that had taken place.</p> <p>Was the Council trying to get in to the area of tax avoidance? <u>Answer:</u> The wish was to reduce the costs of running something like this. We must look at the books and do what we can to reduce the subsidy.</p>

	<p>At the public consultation meeting held at the centre last week, it was made clear that the community felt that Wiltshire Council had not made the best of a situation by lack of communication with the public. There were a number of people who would have liked to hire some of the rooms here but did not know who to go to, so there was a potential loss for this building. If there has been a loss its due to lack of communication and consultation with Tisbury and the surrounding villages.</p> <p>The Chairman noted that the opening ceremony here took place had been a good event, and asked for people to give the them time to tackle the teething problems. The footfall needed to be increased to keep encouraging the café.</p> <p>The will of Wiltshire council was to make this place a success and minimise the cost. To build on the success of the centre and make it the heart of the community.</p> <p>He gave an update on the progress of the History Society’s situation regarding their relocation into the centre. The process had been delayed by the consultation and meeting the previous week. Once they were aware of which spaces were still available they would take another look at this and other developments on the horizon.</p> <p>A Charity day had been planned for 3 June, this would be a black-tie dinner and dance for 145 people at £35 a head. Funding would be raised by holding an auction of promises. Baroness Scott had offered tea for 4 and a conducted tour around the house of Lords.</p> <p>Steve Harris explained that the Nadder Centre Board (NCB) was a sub group of the Area Board, the NCB could make recommendations to the Board, who could then make recommendations to the Cabinet.</p>
13	<p><u>Area Board Funding</u></p> <p>The Board considered 3 applications for funding from the Community Area Grant Scheme for 2016/17. Two as detailed in the pack and one circulated at the meeting.</p> <p>Applicants present were invited to speak in support of their projects. Following discussion, the Board voted on each application in turn.</p> <p>The Board noted that as this was the last meeting in the financial year there was not enough in the grant budget remaining to cover all the funding requested at this meeting. Should the Board wish to support all of the requests then funding would have been pulled back in from other unspent funds ringfenced for Area Board projects.</p> <p><u>Decision</u></p>

	<p>Tisbury Brocante & Fair was awarded £400 towards the purchase of display boards, with the following condition:</p> <ul style="list-style-type: none"> • Boards to be available to use by all parishes in SWW and to be stored at the Nadder Centre. <p><u>Decision</u> The application from Wilton Town Council was deferred until the next meeting.</p> <p><u>Reason</u> Waiting for a breakdown of the financial information provided, as the Total project cost of £17,300 was not broken down or explained.</p> <p>Cllr Edge noted his disappointment that this had not been made aware to him prior to the meeting.</p> <p><u>Decision</u> Donhead St Mary Village Hall Committee was awarded £4,986.52 towards a disabled access and essential replacement kitchen.</p>
14	<p><u>Close</u></p> <p>The next meeting of the South west Wiltshire Area Board will be held on Wednesday 24 May 2017, 6.30pm at Broadchalke Sports Centre, Knighton Road, Salisbury, Wiltshire, SP5 5HX.</p> <p>Wilton Town Cllr Phil Matthews thanked the Board for its support over last 4 years.</p> <p>The Chairman thanked everyone for coming and closed the meeting.</p>
<p><u>attachment: Save Our Beds Report</u></p>	

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Report

Commissioned by Shaftesbury and District Task Force on behalf of the Westminster Memorial Cottage Hospital Working Group in consultation with MPs, Councillors, Town and Parish Councils and a wide range of organisations and individuals.

**Response to Dorset CCG Consultation
on
Community Hospitals and Community Services
with particular attention to Westminster Memorial Hospital,
Shaftesbury**

"People have a right and duty to participate individually and collectively in the planning and implementation of their health care."

Alma Ata WHO 1978

Dr Helen Tucker
Director, HTA Ltd
Vice President of the Community Hospitals Association
February 2017

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1. Introduction

The community campaign group for Shaftesbury and surrounding areas has commissioned Dr Helen Tucker to prepare a report, representing their views on the proposals in Dorset Clinical Commissioning Group's (CCG) consultation document.

In order to fulfil this commission, I visited Shaftesbury and met with members of the group, visited the pop-up shop that is the base for the campaign, visited the hospital, and had telephone interviews with members of the group. For clarification, I also had a telephone call with Dorset CCG Engagement team, and with Dorset Healthcare Foundation Trust. I would like to thank everyone who kindly shared their information, thoughts and opinions.

The 4 key documents in the public domain that I have analysed are: the Dorset CCG Consultation Paper "*Improving Dorset's Healthcare*," the Questionnaire, the video "Integrated Community Services Proposals" on the CCG website and the Clinical Services Review Pre-Consultation Business Case (PCBC).

The local community in Shaftesbury and surrounded areas have taken on a responsibility to ensure that as many people as possible have an opportunity to respond to the CCG proposals. They have come together in an outstanding example of co-operation and action, and are highly organised. The campaign group has taken steps to make sure that they are as informed as possible, and understand the context for the changes proposed, and the potential impact on people living locally.

The group has asked me to provide a commentary to the proposals, and are submitting this as part of their official response to the consultation. I would like to thank them for trusting me with this task. I have experienced first hand how strongly local people feel about their local hospital, and how highly they value all of the services provided. This is to the credit of the local NHS.

2. Summary

Dorset CCG has invited the public to respond to their proposals for change in a consultation. This report considers the proposals in terms of their content, and also the process of consultation. The focus of this analysis is the community hospitals and services.

Dorset CCG currently has 13 community hospitals with 346 community beds. With the proposals, it is intended that 6 community hospitals will retain their inpatient beds within the hospital, 4 community hospitals will become hubs without beds and 3 community hospitals will close or change. New community hubs will be located in 2 acute General Hospitals, one of which will have community beds. The CCG proposes to increase the number of community beds overall from 346 to 415 (an additional 69 beds).

Within this proposal, Westminster Memorial Hospital, Shaftesbury would become a community hospital/hub without beds, and may relocate to a different building.

Proposal for North Dorset - Westminster Memorial Hospital, Shaftesbury

A local dynamic community hub without beds providing services such as outpatient, ambulatory care, diagnostics and co-location of community teams in Shaftesbury and Gillingham, with access to care home beds to provide step up care and palliative care beds with enhanced in-reach support in this area.

Discussions have begun with Wiltshire regards potential for collaboration in commissioning future provision for the population around the Wiltshire/Dorset borders which will strengthen the need for a higher specification non bedded community hub in Shaftesbury.

The future site for the local hub in Shaftesbury will be considered, in recognition that Shaftesbury hospital has significant limitations and would not be suitable as a future community hub.

Extract from Dorset CCG consultation

The consultation paper raises many questions. I have chosen to draw attention to 10 key questions from the consultation document, 6 of which concern the content of the proposal, and 4 concern the process of consultation.

Commentary on Proposals - Questions for Clarification

- Q1. Where will the community beds of the future be located?
- Q2. How is the Case for Change being made?
- Q3. What are the Differences in the Proposed Locations for Community Beds in the future?
- Q4. Has the CCG Considered the Research on Rural Hospitals and Closures?
- Q5. How are the Financial Savings going to be made?
- Q6. What is the Future for Westminster Memorial Hospital, Shaftesbury?

Commentary on Process - Questions for Clarification

Q1. Has the Engagement and Consultation reached all concerned with Westminster Memorial Hospital?

Q2. Has there been sufficient consultation time for all concerned with Westminster Memorial Hospital?

Q3. Is the Proposal Clear and Unambiguous

Q4. Is the Questionnaire Appropriate?

In summary I have read the Dorset CCG material in the public domain and I share many local people's reaction that there are questions still to be answered. The above 10 questions represent just some of these.

In conclusion therefore:

- **There is not enough information to make an informed decision on this important and far-reaching proposal for the future of local health and care. There are still many questions yet to be answered.**
- **There is scope to improve on the clarity of the proposal, and rectify inconsistencies.**
- **There is a case to be made to extend the consultation period, to remedy the lack of consultation with those living in a Wiltshire postcode. This may also enable a period of clarification.**

3. Commentary on the Proposals - Questions for Clarification

The documents from Dorset CCG have been analysed, and the following 6 questions raised.

Q1. Where will the community beds of the future be located?

Dorset CCG is to be congratulated for their proposals to extend the number of community intermediate care beds in Dorset. This is a strong recognition of the value of community inpatient care, and the role that these beds play in offering an alternative to an admission to an acute hospital bed, and also in offering an inpatient stay to those transferring from an acute hospital but not yet ready to go home.

Westminster Memorial Hospital (WMH) already provides 15 community beds, which cater mainly for older people with complex care needs and multiple conditions. Services include rehabilitation, palliative and end of life care.

The proposal sets out that 69 beds will be provided, in addition to the 347 community beds currently provided.

“The results indicated that over the next five years we will need 69 beds in addition to the 347 that we already have in the community.” Dorset CCG consultation document page 26. This gives a total of 416 community beds in the future.

The document goes on to say *“we could **also** use short term beds in care homes”*, which implies that the 416 beds are excluding care home beds. It is not clear where the 416 beds will be located, given that beds will close in many community hospital locations.

Proposed Community Beds	Beds
Community Beds in 7 community hospital hubs	145
Beds in community hospitals that will become hospital/hubs without beds	201
Additional beds – location not specified	69
Total	415

Table 1: Interpretation of Dorset CCG Proposals for Community Beds Source: Consultation Document

Proposal Community Hospital Beds	With Beds
Wimborne Hospital	16
Bridport Hospital	44
Blandford Hospital	24
Sherborne Hospital	34
Swanage Hospital	15
Weymouth Hospital	12
Additional location: Poole/Bournemouth Acute Hospital	TBC

Total Identified Community Beds	145
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Table 2: Proposal to retain community beds. Source: Consultation Document

Proposal for Community Hospitals to become Hubs without beds or to close	Without Beds
Westminster Memorial Hospital, Shaftesbury	16
Christchurch Hospital	16
Portland Hospital	16
Wareham Hospital	16
Additional Location: Dorset County Hospital	
St Leonards Hospital (to close)	22
Westhaven Hospital (further consultation)	34
Alderney Hospital (further consultation)	81
Total proposed bed closures	201

Table 2: Proposal to close community beds. Source: Consultation Document

The CCG proposals affect 15 locations: the 13 community hospital sites, and the proposal to site new community facilities in 2 acute hospitals. The proposals target an additional 10,000 avoidable admissions to acute hospitals per year in the future. It would be helpful to know how many avoidable acute admissions were estimated last year, and how this number will be increased with the changes.

Local people have been asking why would the CCG propose closing functioning and busy community hospital beds in community hospitals, when the strategy for the CCG is for an increase in community beds overall.

The source of the data for this would be expected to be The Pre-Consultation Business Case (Business Case). This document directs the reader to appendices which contain supporting information. These appendices are not in the public domain, and yet the Business Case relies on these throughout. It may be argued that in order to fully understand the Business Case, it is important to access the supporting data. Therefore there is incomplete information available to the public.

Q2. How is the Case for Change being made?

In order to make the case for change, it is essential to set out the current service (activity, impact, outcomes etc.) so that any proposed change can be properly assessed against that base line. It is then possible to illustrate the benefit of making changes, and gain support accordingly.

Local people have concerns that the current service is not fully appreciated and understood, and there is not a clear enough assessment of the strategic contribution that community hospitals with beds make within the overall health system. For instance, there is no evidence of the proposals being informed by

clinical audit of community inpatients, which would give a full appreciation of the acuity and complexity of patients. There is concern from the public that the new model of increased home-care support may not be appropriate or safe for patients currently supported in community hospitals.

Learning from the Independent Reconfiguration Panel

The Independent Reconfiguration Panel (IRP), in their published advice to Devon CCG said that it is prudent to be clear about the negative impact of the change to a cohort of patients, and to indicate what steps the CCG is taking to mitigate against these changes. *“It is necessary to be up-front about the realities and trade-offs of service change. A key lesson is to be clear and specific about which patients will likely continue to need inpatient care and how their needs will be met in the future. Particularly in a rural setting, travel and access will always be a significant concern even if only for a relatively small number of people. Recognising such concerns, and where possible mitigating for them, will help to calm local anxieties and build confidence.”*
Lord Ribeiro CBE Chairman, Independent Reconfiguration Panel

The Independent Reconfiguration Panel, a national body which carries out reviews of consultations which are referred for the Secretary of State for Health, advises that attention is given to the impact of the changes and how they may be mitigated. One of the main concerns is that access to services by patients and families will be reduced, and if there is a need for patients and their visitors to travel for a community bed (such as to Sherborne or Blandford) public transport will not be adequate. There is insufficient attention given to the practicalities of the impact of the changes, particularly for the cohort of patients using the inpatient facility.

There are claims made in some of the material available for the public that is not consistent throughout in making the case for change. For instance, there is a strong message in the video is that community hospitals are under-utilised by 40% - 50%. This point is not made in the consultation paper or in the Business Case so it is not possible to cross reference this. It would be helpful to have a breakdown of this, and understand the source. It is difficult to apply this finding to Westminster Memorial Hospital for instance as there is a high level of utilisation. Arguably, closing beds and closing the hospital at night will increase any under-utilisation rather than improve the use of the buildings.

This example of inconsistency has been identified by those in the Shaftesbury campaign group, and reinforced the view that the public have not been given access to all of the information that they need to make an informed view. There are still questions that local people are asking.

Another inconsistency concerns the consultation paper itself, and the proposals for Swanage Hospital. In the questionnaire it is clear that the proposal is for Swanage hospital to keep its community beds, and local people can indicate their support accordingly. In the consultation paper however on one of the maps on page 23 (not in the text) it says *“Either hospital or care home beds due to the small scale of beds to the population.”* There is a significant difference in these options, and if there individual’s tick that they agree with the proposals for Purbeck, does this mean that they could be voting for the possibility of the removal of beds at Swanage, and the replacement of these beds at a care home? This is unclear and misleading. This is another indication of a lack of information and some

inconsistency in information reducing confidence in the consultation process overall.

In describing the vision for community hospitals and services, it may be helpful to consider innovative practice, rapid pilots and vanguards. Nationally, community hospitals are part of the new model of “Primary Care Home” such as South Bristol Community Hospital, part of a Primary Acute and Community Models (PACS) such as Millom Community Hospital, and Multi-Specialty Community Providers (MCPs) such as Petersfield Hospital in “Better Local Care”, Hampshire. Fully functioning community hospitals can play a key role on delivering the NHS strategy, and being an integral part of the local health system.

With regard to innovation and best practice locally, community hospitals in Dorset have had national recognition such as being accredited for the Gold Standard Framework for high quality palliative and end of life care. Bridport, Wimborne and Blandford Community Hospitals have all won national Community Hospitals Association Innovation and Best Practice Awards.

There is an appreciation from the public of the need to recognise and build on good practice. There is some anxiety about the feasibility of the new models, and suggestions of a gradual change, with pilots being tested and full evaluations of new services being carried out before existing services are dismantled.

It would be helpful therefore to recognise the current service and its value, demonstrate an appreciation of the role that community hospitals play in each locality, consider their potential with local people, and build on successes. From this point, it would then be possible to make a case for further change. It must be stressed that there is not an opposition to change and improvement, but it is not clear that the case has been made, and no assurance that the future provision will be for the benefit of patients, particularly in rural areas.

Q3. What are the Differences in the Proposed Locations for Community Beds in the future?

The CCG proposes to locate community beds in either a community hospital, care home, or an acute hospital. The CCG also proposes that some community hospitals convert to being community hubs without beds. Each model is distinct and it will be helpful for the CCG to explain this more fully.

The CCG has recorded in its presentation material for North Dorset that the proposed arrangements for community beds to be moved to care homes “*may just look a little different.*” This is describing the change from NHS community beds that are integral within an NHS community hospital, to inpatient care in an independent care home. It may be argued that this statement minimises the impact of the different arrangements, and does not fully recognise or explain the very different models of care being proposed. I have attempted to give an

interpretation of the models, which I hope will reflect the models adequately, but further detail from the CCG would be welcome.

- **Community hospital with beds**

Classic community hospitals are small, local accessible hospitals serving a defined population, often in a rural setting. They are often viewed as an extension of primary care and are part of the NHS. They provide integrated inpatient and outpatient services and provide a base for a range of services, facilities and practitioners. Inpatients may be admitted by their GPs from home, or transferred after a stay under a Consultant at a General Hospital. Reasons for admission include rehabilitation, palliative and end of life care. Research has shown that community hospitals have a clear role in integrating care (Winpenny et al 2016; Tucker 2013) and that inpatient beds in a community hospital provide a cost effective and quality alternative to acute hospitals (Green 2005, Lappegard 2014, Swanson 2016).

- **General Hospital with a community ward**

NHS District General Hospitals are large acute hospitals providing specialist emergency and elective services. It is understood that community beds may be provided in one of the General Hospitals, and this is likely to be a ward primarily for patients requiring post-acute care such as rehabilitation.

- **Care Home with beds**

A care home offers a place to live for those needed accommodation with care. Care homes are not part of the NHS, but run in the independent sector. A care home could offer short-term stay rooms for people needing care and support such as rehabilitation. It is understood that the regulatory authority, CQC, would want any care home provider to demonstrate that the presence of people staying for a short period of time was not to the detriment of people living in the home. The regulators may require that any intermediate care unit was distinct, and acknowledged as a different model of care and staffed accordingly. It is understood that the model proposed would be that NHS staff such as nurses or therapists, would visit the home and provide an enhanced nursing and therapy service to those in the NHS-funded community beds in the independent care home.

- **Community Hubs without Beds**

Community hospitals were established with inpatient beds, and arguably this is what makes them a “hospital.” There is an increasing interest in converting some community hospitals to become community hubs without beds. It is understood that the hubs will increase their level of outpatient clinics, range of tests and treatments, and also accommodate associated services such as social care and services provided by voluntary agencies. Other ideas put forward by Dorset CCG include a café. An increase in the range and level of health and social care services are welcome, although there is a question of why this is at the expense of the beds. It is understood that at the Westminster Hospital there is

already a wide range of services and facilities, including a well-developed community teams. Essentially, the community hospital would no longer be open 24/7, but would shut at night and possibly at weekends. The public are concerned that other services provided at the community hospital might be removed or be restricted because of the lack of staff at night, such as minor injuries in the evenings or out of hours services.

Q4. Has the CCG Considered the Research on Community Hospitals and Closures?

Researchers have studied the impact of the closure of rural community beds in Canada, and concluded that for local communities this equates to a “critical incident.” The researchers have evidence that the impact of the closure of community beds can be viewed as the same as closing the hospital, and that local people view this as the same. They have lost their “hospital.’

“Individual and community perceptions of the impact of the conversion/closure of a rural hospital are often unheard and more often unheeded. Some researchers suggest hospital conversion/closure is a devastating event in the life of rural communities, yielding long-lasting medical, economic and psychological consequences.” Petruka et al 2003

Clearly the strength of the reaction from the public throughout Dorset would illustrate that local people take this change very seriously. It is a credit to the local NHS that local people value their local hospitals so highly, and view them as an essential part of their community.

It is understood that there is a lack of support and/or understanding for the CCG proposals. In common with some other health areas, there is a polarisation of views.

In very broad terms, it looks as though the CCG strongly support more home care and self care and want to re-locate community beds into the private sector or general hospitals. Although the model proposes extending community-based services, it also intends to make significant savings.

In contrast, it looks as though there is a lack of public trust in the proposals, and although there is support for care at home, there is concern that valued community hospitals and services will be dismantled to pay for this. There are worries that people receiving home care are “invisible,” and that the recognised difficulty in recruiting and retaining staff to work in peoples homes will mean that this model is not feasible to extend further.

Whilst this is a simplification of the respective positions, it is clear that there is a lack of common ground, and scope to improve the understanding of the proposals and their impact, and how this will be managed in a way that is to the benefit of patients and wider community.

It would be helpful to demonstrate that research evidence has informed the proposals, not only for the new model of care and an increase in care at home, but also for community hospitals and services. References and current research may be found on the CHARM website – Community Hospitals Association Research and Media <http://www.communityhospitalsresearch.org.uk>

Q5. How are the Savings going to be made?

Dorset CCG are clear that changes are required in order to optimise NHS resources in order to meet increasing need. It is understood that the CCG believes that the current service arrangement, if unchanged, would lead to a significant financial deficit.

It would be helpful to have clarification on the finances, both revenue and capital.

- **Revenue**

Dorset CCG records that it save £16m from changes in community services (STP). The CCG predicts an £8m saving from changes in outpatient clinics, although it is not clear how these savings will be generated from the planned additional 100,000 clinic attendances. There will also be an additional 69 community beds in the system. It is not clear how the costs of an NHS community hospital bed compares with an independent care home bed with NHS staff support for instance. It is unclear how the savings would be made.

- **Capital**

Dorset CCG states that land and buildings that are no longer required for NHS purposes (such as St Leonards community hospital and eventually Westminster Memorial Hospital) will be sold. There is a commitment that the capital raised from the sale would be reinvested locally. Can this commitment be made? Is it the case that capital receipts were required to go back into the national NHS budget, and not necessarily redeployed locally. There is a suggestion that the new service model will require capital investment.

Q6. What is the Future for Westminster Memorial Hospital, Shaftesbury?

Local people want to know what the options are for the future of the hospital and services. The hospital offers a valued service to people living locally, and this includes residents in Dorset, Wiltshire and Somerset. It is suggested that there could be an increase in services such as offering blood transfusions, chemotherapy and IV antibiotics on a day care basis (ambulatory care) which has been shown to be highly valued in community hospitals nationally. Other examples of developments may include an increase in telehealth, meaning that

more services can be provided remotely with connections to specialist advice and support. Proposals from the CCG also include a café, although it is understood that the public reaction has been to support more NHS services in the hospital rather than leisure or refreshment facilities.

It is hoped that options on the location of the community beds take into account how integral they are to other services within the hospital, and how the co-location of associated services works well.

Following the consultation, it is hoped that options for the future of the beds and hospital will be continued to be discussed in an open and informed way, and that all parties are open to options and possibilities.

4. Commentary on the Process- Questions for Clarification

The documents from Dorset CCG have been analysed, and the following 4 questions raised on the process.

Q1. Has the Engagement and Consultation reached all concerned with Westminster Memorial Hospital?

There is a concern that all those concerned with the Westminster Memorial Hospital have not been fully consulted. This includes patients, families and carers living within the geographical catchment area of the hospital, including parts of Wiltshire and Somerset.

A letter published by the MP Simon Hoare Blackmore Vale Magazine on 17th February sets out this case fully, and makes many excellent points about the shortfalls in the process.

The response from the CCG makes the case that there were only 198 inpatients with Wiltshire postcodes last year, and therefore the engagement and consultation was “proportional.” It would be interesting to know how many patients were admitted with Dorset postcodes for last year and whether the same approach would have been taken. However, it is not just the last years inpatients that should have a say on the future of the service. It is past, current and potential patients, those attending for clinics, inpatient stays, tests or other services. Similarly, their family and friends have a right to a view about the service as well as the wider community. Therefore the case being made for “proportionality” needs to be challenged. It can therefore be argued that not all stakeholders have been actively consulted.

Q2. Has there been sufficient consultation time for all concerned with Westminster Memorial Hospital?

The Dorset CCG website has an addition posted on the 16th February, identifying the right of those living outside Dorset to have their say, It is understood that the consultation was not formally notified to the public in Wiltshire in December or January when the consultation started. Therefore, it is being argued that the affected public who are living locally but have postcodes of Wiltshire, have not had the same access or time to be consulted.

For instance, on the website, there are no consultation events scheduled for people living in Wiltshire. It is understood that, within this 3-month consultation, 2 events were recently scheduled within one week of the closing date of the consultation period.

It may be argued that there is a case for extending the consultation period to enable all those affected to have full consideration of the proposals. It is understood that a letter to this effect is being submitted from respective Councils to the CCG. It would be helpful to have a comment on the process from the Local Authority Wellbeing and Scrutiny Committees, who have a duty to have oversight of the consultation process.

Q3. Is the Proposal Clear and Unambiguous

In considering the papers, the case has been made already in this report that the proposals lack clarity and consistency.

This view is supported by contributors to the Healthwatch Dorset website. It is understood a number of attenders of the public meetings have not had their questions answered to their satisfaction.

Views on Dorset CCG Consultation

*The document's too long and people will only be able to scan through it and miss some parts altogether.
The way the proposals are presented makes it difficult for the public to grasp what their real impact would be.
Some parts of the document are biased towards promoting one particular option over another.
There's too much use of NHS jargon with limited real information the public can understand.*

Source: Healthwatch Dorset

There is a case to be made for an extension to the consultation process, and for further clarity to be given on the nature and impact of the planned changes.

Q4. Is the Questionnaire Appropriate?

There are some difficulties in completing the questionnaire. For instance, does the recording of support for question 1 mean that this gives a mandate to the CCG for their proposals overall? There is not "free text comment box" for this question. This is the only question where there is no opportunity to clarification or further information.

There are no options for each locality, just one favoured option. Therefore there is no choice within this questionnaire. There is no option for status quo. The IRP advises that if the status quo is not an offered choice, there must be a clear rationale for this.

A further example is the Purbeck model, where support for the model may be support for care home beds rather than community hospital beds for Swanage – a significant difference for local people that may not be clear from the questionnaire.

I have witnessed a lack of confidence and trust in the process and in the way that the questionnaire is constructed. It is helpful that the questionnaire is being

analysed independently and that further telephone interviews are being made to enhance the response.

5. Conclusions

Dorset CCG is proposing a reconfiguration of health and care services, in order to develop their new model of care. The direction reflects the NHS Five Year Forward View, and is in keeping with the national context and policy.

There are concerns that the vision for the new way of delivering services is not yet shared by the wider community in Dorset.

One of the hurdles to genuine engagement may be the perceived lack of appreciation and knowledge that the decision-makers have of the local community services their value and impact. There is scope to have further planning on a local with those affected by the change, recognising the “place-based” initiative, the need to plan on a locality basis, and the known benefits of working with those using the service in a models known as co-design, co-production and co-delivery. There are tremendous energies, skills and talents of local people within a locality such as centred in Shaftesbury, which could be transformed through joint working into a positive energy for the future.

However, a case is made for the consultation having shortfalls in terms of the content of the proposals and the process of consulting.

This report concludes that:

- **There is not enough information to make an informed decision on this important and far-reaching proposal for the future of local health and care. There are still many questions yet to be answered.**
- **There is scope to improve on the clarity of the proposal, and rectify inconsistencies.**
- **There is a case to be made to extend the consultation period, to remedy the lack of consultation with those living in a Wiltshire postcode. This may also enable a period of clarification.**

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