

BOURNEMOUTH, CHRISTCHURCH AND POOLE COUNCIL

**HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY
COMMITTEE**

Minutes of the Meeting held on 02 September 2019 at 6.00 pm

Present:-

Cllr L Northover – Chairman

Cllr L-J Evans – Vice-Chairman

Present: Cllr H Allen, Cllr J Edwards, Cllr C Johnson, Cllr L Lewis,
Cllr C Matthews, Cllr K Rampton, Cllr R Rocca, Cllr M Earl and
Cllr P Hilliard

Also in
attendance:

16. Apologies
Apologies were received from Councillor N Geary and Councillor T Trent.
17. Substitute Members
Councillor P Hilliard acted as substitute for Councillor N Geary
Councillor M Earl acted as substitute for Councillor T Trent
18. Declarations of Interests
There were no declarations of Pecuniary Interest or other interests made at this meeting;
For Transparency Councillor H Allen informed the Committee she was an NHS employee;
For Transparency Councillor L J Evans informed the Committee she was a bank NHS employee;
For Transparency Councillor C Johnson informed the Committee she was a staff nurse at Royal Bournemouth Hospital;
For Transparency Councillor Chris Matthews informed the Committee he was a Governor at Dorset HealthCare University NHS Foundation Trust.
19. Confirmation of Minutes

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Members confirmed the minutes of the meetings held on 17 June and 22 July 2019.

19.1 Action Sheet

The Committee confirmed the Action Sheet without amendment.

20. Public Issues

There were no public questions, statements or petitions received for this meeting.

21. Update on the Outcome of a Judicial Review Process and the Independent Review Panel Process

The Monitoring Officer presented a report, a copy of which has been circulated and appears as Appendix 'A' of these minutes in the Minute Book.

The Committee were provided an update on the outcome of a Judicial Review challenging the changes to the delivery of local health services in Dorset proposed by the Clinical Commissioning Group (CCG).

A further update was also provided to the Committee on the referral of the local health services changes to the Secretary of State. It was explained that the Independent Reconfiguration Panel had received the submission of information from the CCG which it would consider as part of its review. No further information regarding timescales was available.

Members were provided with the Court of Appeal Judgement and the Court Order at Appendix 1 and 2 to the report and the Submission of information to the Independent Reconfiguration Panel by the CCG at Appendix 3.

RESOLVED that:-

(a) That the current position be noted;

(b) That a further report be provided when additional information became available.

22. Safeguarding Adults Board - Annual Report and Business Plan

The Independent Chair of the Safeguarding Adults Board presented a report, a copy of which has been circulated and appears as Appendix 'B' of these minutes in the Minute Book.

The Committee were asked to consider and comment on the Bournemouth and Poole Safeguarding Adults Board's Annual Report and the Dorset Safeguarding Adults Board, and Bournemouth, Christchurch and Poole

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Safeguarding Adults Board Joint Business Plan. Christchurch joined the Bournemouth and Poole Safeguarding Adults Board in April 2019.

The Committee were reminded that the purpose of the Board was to protect adults at risk from abuse, significant harm or neglect. The Business Plan 2018/19 considered the first year of a three-year joint strategy and the Annual report highlighted the work and outcomes of 2018/19 in addition to considering future challenges. The Business Plan and Annual report were attached at Appendix 1 and 2 of the report.

The Independent Chair reminded the Committee that the Safeguarding Adults Board was a statutory body introduced in England under the Care Act 2014. The Board was required to prepare annual strategic plans and an annual report. It also commissioned Safeguarding Adult Reviews to ensure that there was systematic learning to improve policy and practice within and between agencies when a vulnerable adult or adults suffered very serious harm or died as result of abuse, neglect or exploitation.

The Committee were taken through the subheadings of the annual report which included effective prevention, effective safeguarding, effective learning and effective governance. It was explained that the Board's work was undertaken in collaboration with its partner agencies.

The Board had agreed together with the Dorset Safeguarding Adults Board to focus on three key concerns. These were domestic abuse, exploitation and neglect/self-neglect. It was particularly highlighted that more work would be done to integrate domestic violence and safeguarding services; an assessment tool could be developed to identify those at risk of exploitation and county lines abuse and neglect and self-neglect would be examined in terms of different types of neglect in order to improve the identification of and responses to all categories of neglect.

A number of questions were raised and discussed by members some of which included;

- Reasons for a peak in section 42 enquiries during quarter 2, officers agreed to look in to this and circulate information;
- The complex set of circumstances surrounding the Safeguarding Adults Review in relation to "Harry" and those involved in his case and the learning opportunities regarding prevention;
- That improvements in listening to people with learning disabilities were being made and service professionals were working together to reach out to communities for their safety;
- The impact of County Lines crimes;
- Resourcing for safeguarding issues and the importance of a safeguarding culture;
- Why a higher number of females have safeguarding issues, officers agreed to look into this and provide further information.

RESOLVED that: -

(a) The Committee commented on and noted the Adult Safeguarding Board's Business Plan and the Annual Report

23. Dorset Clinical Commissioning Group (CCG) - Mental Health Rehabilitation Services

The Principal Program Lead for Mental Health for NHS Dorset Clinical Commissioning Group presented a report, a copy of which has been circulated and appears as Appendix 'C' of these minutes in the Minute Book.

The Dorset Clinical Commissioning Group and Dorset Healthcare Trust carried out a review of Mental Health (MH) Rehabilitation Services. These services provided for people who had severe enduring mental illness and a range of other complex issues.

It was highlighted that the review was fully co-produced with Dorset Mental Health Forum, Local Authorities and other key stakeholders who had an interest in MH Rehabilitation and complex care pathways such as homelessness and MH assertive outreach.

The Committee were informed that the number of people in Dorset who experienced serious mental illness was expected to increase to 7,882 by 2020/21. Of this population, 20% (approximately 1,500 people) would require rehabilitation and 1% (approximately 79 people) would require inpatient rehabilitation.

It was explained to the Committee that the proposed model for MH Rehabilitation Services contained a combination of community resource and hospital care. Furthermore a combination of care inside and outside of hospital was required. This model was a blended model that would be delivered by a mix of NHS and third sector providers.

In developing the proposed model a view seeking exercise was undertaken. There were 144 respondents which included service users, carers, staff and 26 other agencies that worked with MH services. The proposed models were then taken back to the same service users who said they felt they'd been listened too.

It was explained that the preferred model would include a high dependency unit, a community rehab unit in the east and west of the county, a community outreach team and supported housing. It was highlighted that the CCG had not looked at accommodation before as part of health but in considering the MH pathway they found people needed accommodation. It was proposed that a wider piece of work on MH housing would be beneficial.

The case for change included a belief that people who require rehab or complex care should be able to access support and treatment in the community and in hospital when necessary, should have a better experience of treatment and support in community settings and receive better outcomes. They should not be placed out of area for longer than

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necessary and should be able to access treatment and ongoing support in a variety of settings within their community.

The proposals are anticipated to provide benefits including a reduced number of out of area placements, better use of in-county inpatient facilities with shorter admissions, appropriate exit routes into a range of accommodation and a blended model of bed provision which is more cost effective than purely NHS bed provision.

The review was moving into the NHS assurance stage which required advice and support from the Committee. This would be followed by public consultation if required and then implementation. The Committee agreed that public consultation would not be required because carers, service users and their families had been engaged during the view seeking stage. They also agreed with Dorset Council's view that the proposals could be viewed as service improvement.

A number of questions were raised and discussed by members including:

- Details of the view seeking exercise;
- Details of the preferred models cost implications;
- That there needed to be a wider conversation on out of area MH Rehabilitation and the use of section 117;
- That a strategic business case was being developed and that officers could provide the Committee with more detail of the finances at a later date;
- The benefit of widening access to MH Rehabilitation Services;
- The potential to cause stress to the person and their family by placing them out of area;
- That following the reassurance process a strategic outline case would be brought back to the Committee;
- The impact supported housing has on individual tenancies;
- The details of the estate work were underway;
- That the timescales for an individual's rehabilitation differ and are very personal;
- That being admitted to MH services is often a relief, although the experience of those placed out of area can be different.

RESOLVED that:-

- (a) Endorsed the review findings and proposals to develop a more community-based Rehab model of care;**
- (b) Supports the intention to go through NHS Assurance with the proposed bed changes;**
- (c) The proposals do not need to go out to public consultation.**

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24. Bournemouth, Christchurch and Poole Council's Safeguarding Strategy

The Corporate Director for Adult Social Care presented a report, a copy of which has been circulated and appears as Appendix 'D' of these minutes in the Minute Book.

The BCP Council Corporate Safeguarding Strategy set out how the Council would deliver its safeguarding duties; the accountabilities of individual Councillors and officers; the training and development standards across the Council and the plan for monitoring the delivery of the framework.

It was particularly highlighted that Safeguarding was the responsibility of all councillors, employees, volunteers and those who are contracted to provide services. The proposals for DBS Checks for members were highlighted and the importance of providing adequate training.

The Committee were asked to provide any comments in order that these be relayed to the Cabinet meeting on 30 September 2019.

A number of questions were raised and discussed by members including:

- The Committee supported a requirement for all councillors to undertake an enhanced DBS check. However it was also acknowledged that there was no legal requirement for a DBS check and only individuals in particular roles could receive an enhanced check;
- That safeguarding training should be mandatory for all councillors;
- That there should be a clearer definition of what makes someone a vulnerable person or an adult at risk of harm;
- That having an advanced DBS Check protects councillors and individuals;
- Details around how the DBS Check would be undertaken and the information subsequently used and stored;
- That more work would need to be carried out around the strategy of the policy, including who would make decisions about DBS check returns;
- That the information from a DBS check would be considered personal data so would not be subject to freedom of information requests;
- Whether the consequences for officers of not following the policy should also be outlined in the policy document;
- That a DBS Check shows unspent crimes and an enhanced DBS Check also reveals spent crimes. Officers could provide a briefing paper on the differences;
- The Committee wished to express to Cabinet that the DBS Check should be as robust as possible;

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RESOLVED that:-

- (a) The policy should contain clearer usage and include a clearer definition for ‘vulnerable person’ and ‘adult at risk of harm’;**
- (b) The consequences for officers who did not follow the policy should be included, in addition to the consequences for councillors;**
- (c) The Committee would express its support for a enhanced DBS check to Cabinet;**
- (d) The Committee unanimously voted in support of recommending mandatory safeguarding training for councillors.**

25. Forward Plan

The Committee were informed that a date was being organized in October where training would be provided to Committee members on the statutory work on adult social care and where Councillors could consider items for the Forward Plan.

RESOLVED that:-

- (a) The Committee agreed the items on the Forward Plan at Appendix 1 to agenda item 10’;**

26. Future Meeting Dates

For Councillors to note the meeting dates of the Committee, as listed below:

Monday 18 November 2019 – Christchurch Civic Centre

Monday 20 January 2020 – Bournemouth Town Hall

Monday 2 March 2020 – Christchurch Civic Centre

The meeting ended at 7.45 pm

CHAIRMAN