

Notice of Health and Adult Social Care Overview and Scrutiny Committee



Date: Monday, 2 March 2020 at 6.00 pm

Venue: HMS Phoebe, Town Hall, Bournemouth BH2 6DY

Membership:

Chairman:

Cllr L Northover

Vice Chairman:

Cllr L-J Evans

Cllr H Allen
Cllr J Edwards
Cllr N C Geary

Cllr C Johnson
Cllr L Lewis
Cllr C Matthews

Cllr K Rampton
Cllr R Rocca
Cllr T Trent

All Members of the Health and Adult Social Care Overview and Scrutiny Committee are summoned to attend this meeting to consider the items of business set out on the agenda below.

The press and public are welcome to attend.

If you would like any further information on the items to be considered at the meeting please contact: Democratic Services or email democratic.services@bcpcouncil.gov.uk

Press enquiries should be directed to the Press Office: Tel: 01202 454668 or email press.office@bcpcouncil.gov.uk

This notice and all the papers mentioned within it are available at democracy.bcpCouncil.gov.uk

GRAHAM FARRANT
CHIEF EXECUTIVE

21 February 2020



Maintaining and promoting high standards of conduct

Declaring interests at meetings

Familiarise yourself with the Councillor Code of Conduct which can be found in Part 6 of the Council's Constitution.

Before the meeting, read the agenda and reports to see if the matters to be discussed at the meeting concern your interests

Do any matters being discussed at the meeting relate to your registered interests?

Disclosable Pecuniary Interest

Yes

Declare the nature of the interest

Do NOT participate in the item at the meeting. Do NOT speak or vote on the item EXCEPT where you hold a dispensation

You are advised to leave the room during the debate

Local Interest

Yes

Declare the nature of the interest

Applying the bias and pre-determination tests means you may need to refrain from speaking and voting

You may also need to leave the meeting. Please seek advice from the Monitoring Officer

No

Do you have a personal interest in the matter?

Yes

Consider the bias and pre-determination tests

You may need to refrain from speaking & voting

You may also need to leave the meeting. Please seek advice

No

You can take part in the meeting speak and vote

What are the principles of bias and pre-determination and how do they affect my participation in the meeting?

Bias and predetermination are common law concepts. If they affect you, your participation in the meeting may call into question the decision arrived at on the item.

Bias Test

In all the circumstances, would it lead a fair minded and informed observer to conclude that there was a real possibility or a real danger that the decision maker was biased?

Predetermination Test

At the time of making the decision, did the decision maker have a closed mind?

If a councillor appears to be biased or to have predetermined their decision, they must NOT participate in the meeting.

For more information or advice please contact the Monitoring Officer
(tanya.coulter@bcpcouncil.gov.uk)

Selflessness

Councillors should act solely in terms of the public interest

Integrity

Councillors must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships

Objectivity

Councillors must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias

Accountability

Councillors are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this

Openness

Councillors should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing

Honesty & Integrity

Councillors should act with honesty and integrity and should not place themselves in situations where their honesty and integrity may be questioned

Leadership

Councillors should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs

AGENDA

Items to be considered while the meeting is open to the public

1. Apologies

To receive any apologies for absence from Councillors.

2. Substitute Members

To receive information on any changes in the membership of the Committee.

Note – When a member of a Committee is unable to attend a meeting of a Committee or Sub-Committee, the relevant Political Group Leader (or their nominated representative) may, by notice to the Monitoring Officer (or their nominated representative) prior to the meeting, appoint a substitute member from within the same Political Group. The contact details on the front of this agenda should be used for notifications.

3. Declarations of Interests

Councillors are requested to declare any interests on items included in this agenda. Please refer to the workflow on the preceding page for guidance.

Declarations received will be reported at the meeting.

4. Confirmation of Minutes

To confirm the minutes of the meeting on 20 January 2020.

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a) Action Sheet

To note and comment as required on the action sheet which tracks decisions, actions and outcomes arising from previous Committee meetings.

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5. Public Issues

To receive any public questions, statements or petitions submitted in accordance with the Constitution. Further information on the requirements for submitting these is available to view at the following link:-

<https://democracy.bcpccouncil.gov.uk/documents/s2305/Public%20Items%20-%20Meeting%20Procedure%20Rules.pdf>

The deadline for the submission of public questions is Monday 24 February 2020.

The deadline for the submission of a statement is 12.00 noon, Friday 28 February 2020.

The deadline for the submission of a petition is 12.00 noon, Friday 28 February 2020.

6. The Big Plan 2018-21 Commissioning Strategy for Adults with Learning Disabilities Progress Report

To receive information on the progress in delivering the actions and

17 - 84

outcome contained in The Big Plan 2018-21, which is a Health and Social Care Commissioning Strategy for Adults with a Learning Disability, since it was published in 2018.

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|---|-----------|
| 7. Healthwatch Dorset | 85 - 96 |
| <p>To receive an introduction to the contract and priorities of Healthwatch. To include a description of the relationship between Healthwatch, the Council and scrutiny and to ensure the committee understands the contract with Healthwatch and offers input accordingly.</p> | |
| 8. Better Care Fund 2019/2020 | 97 - 104 |
| <p>To receive an update on the Better Care Fund and scrutiny of delivery and performance.</p> | |
| 9. Portfolio Holder Update | |
| <p>To receive any updates from the Portfolio Holder on key issues as appropriate and consider the frequency of these updates for future meetings of the Committee.</p> | |
| 10. Forward Plan | 105 - 110 |
| <p>To consider and amend the Committee's Forward Plan as appropriate.</p> | |

No other items of business can be considered unless the Chairman decides the matter is urgent for reasons that must be specified and recorded in the Minutes.

BOURNEMOUTH, CHRISTCHURCH AND POOLE COUNCIL
HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY
COMMITTEE

Minutes of the Meeting held on 20 January 2020 at 6.00 pm

Present:-

Cllr L Northover – Chairman

Cllr L-J Evans – Vice-Chairman

Present: Cllr H Allen, Cllr J Edwards, Cllr N C Geary, Cllr C Johnson,
Cllr L Lewis, Cllr C Matthews, Cllr K Rampton, Cllr R Rocca and
Cllr T Trent

Also in
attendance:

40. Apologies

There were no apologies received at this meeting.

41. Substitute Members

There were no substitutes for this meeting.

42. Declarations of Interests

For transparency, Cllr H Allen declared that she was an NHS employee in the Bournemouth, Christchurch and Poole area, Cllr C Johnson also declared that she was an NHS employee in the Bournemouth, Christchurch and Poole area, Cllr L-J Evans declared that she was an NHS Bank employee and Cllr C Matthews declared that he was a governor of the NHS Dorset Governing Body.

43. Confirmation of Minutes

The Committee confirmed the minutes of the meeting held on 18 November 2019 as an accurate record.

44. Action Sheet

The Democratic Services Officer updated the Committee on number 38 of the Action Sheet, concerning joint scrutiny with Dorset Council. Members were reminded of the two areas that had been identified for joint scrutiny, South Western Ambulance Service Trust (SWAST) and the Urgent Integrated Care Service and were informed that contact had been made with the Chair of Dorset Council's Health Scrutiny Committee. The feedback indicated that a June/July 2020 start-time was optimal for starting the scrutiny process. In addition, it was acknowledged that the current joint scrutiny protocol would be reviewed.

45. Public Issues

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

The Chair informed the Committee that there would be a change in running order, with the addition of two items under Any Other Business. These items were: Clinical Services Review and Budget 2020/2021 and Mid-Term Financial Plan – Assumed Savings. The Chairman explained that the new running order would be as follows:

- 6) Clinical Services Review
- 7) Adult Social Care: Point of First Contact Service Design
- 8) Budget 2020/2021 and Mid-Term Financial Plan – Assumed Savings
- 9) Review of Local Safeguarding Adults Boards
- 10) Emergency Duty Services
- 11) Forward Plan
- 12) Future Meeting Dates

46. Clinical Services Review

The Chair introduced Item 6, the Clinical Services Review (CSR), which concerned the outcome of the Independent Review Panel (IRP) and the Secretary of State's response.

The Corporate Director for Adult Social Care summarised the IRP's decision. Members were informed that the Secretary of State had accepted the IRP's judgement and agreed with the recommendation that the Dorset Clinical Commissioning Groups (CCG) proposals should proceed, with further action locally.

A member asked whether a special meeting should be arranged to specifically consider the outcome of the IRP. The Committee were reminded by the Corporate Director for Adult Social Care that the purpose of this update was for members to note the outcome of the IRP and the Democratic Services Officer explained that scrutiny would be best targeted during the implementation and delivery stages. The Committee was further advised future scrutiny could be discussed during development sessions and included when developing the Forward Plan for the new Municipal Year.

Two members of the Committee expressed concerns over the longer-term action of Poole Hospital's A&E and Maternity services being moved away. Both members felt that this was a regrettable decision.

RESOLVED that:- the Committee agreed to note the outcome of the IRP and Secretary of State's response with a view to consider areas of future scrutiny when developing their Forward Plan for the new Municipal Year.

47. Adult Social Care: Point of First Contact Service Design

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

The Committee received a presentation that provided an overview of the two, current points of first contact for Bournemouth, Christchurch and Poole (BCP) residents and the proposed, new single model.

Members heard that having two different points of contact, with different operating models, created an inconsistency in the service area and was also unhelpful to local residents. A review had been undertaken by KPMG between 2 September 2019 and 8 November 2019, which members heard had identified a proposal to combine both current, first points of contact into a single point for all BCP residents, to be temporarily known as the 'Front Door' for adult social care.

It was explained that there was a rising demand for adult social care services and the projected population of the BCP area would reach 412,000 by 2024, with 23% being aged 65 and over.

The Committee was shown a diagram of the proposed front door service and informed that community empowerment, resilience and early engagement were the foundations of the new model. Through these means, it was hoped that access to up to date information and advice, community-based information 'hubs', improved community outreach using 'Care Navigators' and digital, supported self-assessments would see adult social care issues either prevented or resolved before coming to the front door service. Members were told that the front door service would involve good levels of staffing, featuring specialists, to provide accurate and helpful advice that would then signpost the user to the relevant service.

Although the final structure of the front door service had yet been created, the Committee was shown its distinct parts: Call Handling, Professional Response and Community Response. The Director of Adult Social Care also emphasised the importance of partnership between the different sectors, including Primary Healthcare, Community Healthcare and the voluntary sector.

As an indicator of the financial costs involved in adult social care, the Director of Adult Social Care explained that, per annum, the average cost of a placement was £37,000 and £19,000 for a Domiciliary Care Package. It was hoped that there would be £750,000 savings made through the revised service by 2021/2022 and a further £750,000 by 2022/2023. Members were told that these savings would be achieved through a combination of means, these being prevention and early intervention work, the improved digital offer and enhancements made in partnership working with the new GP Primary Care Networks

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Members' questions were primarily concerned with the quality of service that future users would receive and how the Council could ensure that the community and voluntary offers would be of good quality. The Director for Adult Social Care explained that the early intervention process would be provided via a blend of different services, both Council based and community and voluntary based. The long-standing partners in the voluntary sector that the Council have, along with the careful work of the Commissioning team, would ensure good quality responses were provided within the community when aiming for early intervention.

A member questioned how the early intervention process would work. The Committee were informed that there would be a reliance on partnerships with other service areas, for example Primary Care. The close partnership and strong links with General Practitioners (GPs), would be one way that potential future users could be identified and early intervention measures put in place to assist.

When asked about the timeframes, the Committee was told that the single front door service would go live in April 2021 and that the digital offer and integration with Primary Care would be developed throughout 2022/2023. Assurances were made that the service would not be exclusively digital, but that it was hoped greater levels of contact would be made digitally. The Director for Adult Social Care Services explained that the overall budget was being developed and explained that there was high confidence in there being no additional cost to the service area. The new model would work on the basis of a highly professional service being delivered in order to enable people to have their needs met at the earliest stage and to prevent or delay the need for care and support and this would facilitate the savings of £2.5 million over 3 years.

The Portfolio Holder for Health and Adults informed the Committee that she had great confidence in the proposals, reiterating the significance in working to prevent the need for formal packages of care and engage early with users. Members heard from the Portfolio Holder that the process would be gradual, and that monitoring the progress would be key.

RESOLVED that the Committee agreed to note the report and requested that a progress update be presented at a future Committee meeting during the final quarter of 2020/2021.

48. Budget 2020/2021 and Medium-Term Financial Plan – Assumed Savings

The Chair introduced item 8, the Budget 2020/2021 and Medium-Term Financial Plan (MTFP) assumed Savings and explained that the full list of assumed savings had been considered by the Overview and Scrutiny Board at their meeting on 13 January and that it was suggested that the Health and Adults Social Care Overview and Scrutiny Committee consider the assumed savings relevant to their scrutiny remit.

The Director of Adult Social Care Commissioning presented the item and provided the Committee with a document, which can be found as Appendix 'A' to these minutes in the official Minute Book, outlining the savings that

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were expected within the Adult Social Care Service area from the 2020/2021 Budget and MTFP.

Members were informed that some of the assumed savings concerned staff structuring which would be subject to a formal consultation with employees and would therefore require a broad level of discussion if the Committee requested further information. The Directors of Adult Social Care Commissioning and the Director of Adult Social Care Services proceeded to explain each item individually, highlighting the key information for the Committee.

Members asked questions on the possible impact that the assumed savings would have on the quality and provision of services within adult social care, such as night care, catering services and the reablement service. The Committee heard that there was no intention to reduce the quality or outcomes of these or any services. There was, instead, the aspiration that technological and efficiency improvements would maintain or improve the quality and outcomes of services within Adult Social Care.

The Portfolio Holder for Health and Adults emphasised that the starting point for all of the budgetary planning was for there to be no reduction in outcomes for people who need services, to which a member of the Committee congratulated the service area for identifying assumed savings of £5.5 million within 3 years while maintaining the quality of outcomes for the public.

RESOLVED that having understood the assumed savings and scrutinised the areas of potential high impact, the Committee agreed to note the item.

49. Review of the Local Safeguarding Adults Boards

The Chair introduced item 9, the Review of the Safeguarding Adults Boards (SAB) and asked that the Independent Chair of the Bournemouth Christchurch and Poole Safeguarding Adults Board present the report and respond to any questions from the Committee.

The Independent Chair of the Bournemouth Christchurch and Poole Safeguarding Adults Board provided an overview of the independent report that was commissioned to provide options for future governance of safeguarding, a copy of which has been circulated and appears as Appendix 'B' of these minutes in the Minute Book

The Committee was informed that this was the first opportunity to provide an update on the reviews undertaken by BCP Council and Dorset Council. Members were told that the review had been delivered on time with good recommendations in areas for improvement, such as a better 'line of sight' on safeguarding frontline practice and the ability to identify work that is duplicated by Dorset SAB and BCP SAB. Furthermore, the review had identified good examples of alternative models of governance, such as the new partnership arrangements in each of the Bristol and Bath Council areas.

Overall the Committee heard that the report concluded that safeguarding was 'working', however there is an opportunity to improve it. The Independent Chair of the Bournemouth Christchurch and Poole SAB

explained that there were budget pressures present and that a better use of intelligence across partnerships would be of benefit.

He explained that it had been agreed that a wider structural review of governance across Children's and Adults and Community Safety Partnerships in the BCP and Dorset Council areas would be undertaken over the coming six months. The two SABs for BCP and Dorset Council areas would continue with an improvement plan based on the recommendations of the SAB review report.

Members discussed specific areas of safeguarding, such as County Lines and Cuckooing. The Committee referred to the models adopted by Bristol and Bath on incorporating other areas, such as community safety when approaching the issue.

RESOLVED that:- the Committee agreed to request a further report following the outcome of the structural review.

50. Emergency Duty Services

The Head of Long Term Conditions for Adult Social Care in BCP Council presented a report, a copy of which has been circulated and appears at Appendix 'C' to these minutes in the Minute Book which provided an update on the Out of Hours Service following its launch in November 2018.

Members were given an update on the performance of the new service and were informed that following the introduction of the new operation, demand was being met with a high-quality response. The Committee was told that as part of the operational change staff were relocated to better working accommodation. Furthermore, the skilled call handlers worked alongside seven social workers, all trained as Approved Mental Health Practitioners. The Head of Long-Term Conditions explained that in addition to the improved quality of practice, there were several benefits to the redesigned model which included: quality assurance audits, consistency in recording practices, daily management oversight, access to senior management during operating hours, increased staff capacity to respond to adult social care emergencies, phone lines staffed at all times during operating hours, reduction in the length of duty shifts from 16 hours to 12 hours, and the introduction of mobile working and technology, increasing flexible and agile working.

Context was also provided on the type and number of visits that the service conducts. Members were informed that 54% of all visits undertaken by the Emergency Duty Services team were Mental Health Act Assessments. A further 36% accounted for visits involving the dispensation of emergency powers, a process that allows individuals to be taken to a place of safety from a public place.

Members heard that a quality audit was undertaken during August 2019 and that the outcome highlighted the good quality assessments with no issues or concerns identified during the auditing period. The main recommendation that emerged from the audit, to maintain the quality of recording, was embedded in the daily practice of the service.

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The Committee was informed that no complaints had been received and that several compliments had been made by Dorset Police, a GP and service users. These related to the effective approach to supporting people in mental health crisis who are in custody as well as supporting the family of people in crisis. Members heard that the service now has the capacity to work more closely with partner agencies, families and carers to better support people in crisis.

Finally, the Head of Long-Term Conditions explained that the significant funding that had been agreed by the former authorities of BCP and the Shadow Authority had ensured the good quality out of hours service. The remodeled service had been of high cost because of the necessity to enhance the management and staffing structures, to meet demand and provide a responsive, high quality service.

Members asked questions on funding and were told that no additional investment was expected following the remodeling operation. The Committee showed interest in the possibility of visiting the service in their new premises, to which the Head of Long-Term Conditions expressed enthusiasm and informed members that the Chair could liaise with the relevant officers to facilitate these visits.

RESOLVED that following the scrutiny of the delivery and performance of the BCP Council Emergency Duty Service for Adult Social Care, the report be noted by the Committee.

51. Forward Plan

The Chair introduced item 11, before moving through the list of items for consideration at future meetings and inviting members to comment and suggest amendments as appropriate.

The Corporate Director of Adult Social Care Services gave an update on item number 4 of the Forward, the Adult Social Care - Learning Disabilities and Health Checks, and explained that it would consist of a joint report between Adult Social Care and Health and the People First Forum.

Members agreed to the additional meeting date of 27 April 2020.

The Chair informed the Committee that a training session on the Suicide Prevention Plan was being held on Thursday 6 February 2020 from 14:00-16:00 in the Town Hall and encouraged all members to attend.

The Democratic Services Officer reminded members that a development session would be arranged for the Committee to discuss what their scrutiny priorities would be for the new Municipal Year.

The Chair gave an update on the final list of scrutiny leads for the NHS Dorset Quality Accounts, informing members that works on this would be progressed via the Principal Officer of Planning and Quality Assurance.

Requests were made from two members on items to add to the Forward Plan, these being:

1) that the Portfolio Holder updates the Committee on key responsibilities and ongoing pieces of significant work.

2) an item on the health services on offer to Homeless people and Rough Sleepers and their outcomes.

RESOLVED that:- the Committee approve the Forward Plan with the above amendments.

52. Future Meeting Dates

The Chair requested that members note the future meeting dates as set out in their agenda packs and sought agreement from the Committee, for all future meetings to be held in the Town Hall, Bournemouth.

RESOLVED that:- the following meeting times, dates and location be agreed:

6pm Monday 2 March 2020 – Town Hall, Bournemouth.
6pm Monday 27 April 2020 – Town Hall, Bournemouth.
6pm Monday 1 June 2020 – Town Hall, Bournemouth.
6pm Monday 27 July 2020 - Town Hall, Bournemouth.
6pm Monday 28 September 2020 - Town Hall, Bournemouth.
6pm Monday 30 November 2020 - Town Hall, Bournemouth.
6pm Monday 18 January 2021 - Town Hall, Bournemouth.
6pm Monday 8 March 2021 - Town Hall, Bournemouth.

The meeting ended at Time Not Specified

CHAIRMAN

ACTION SHEET – BOURNEMOUTH, CHRISTCHURCH AND POOLE ADULT HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
Actions arising from Board meeting: 18 November 2019				
35	External Scrutiny – Quality Accounts	<p>To identify which members would be interested in being scrutiny leads for the NHS Dorset Trusts Quality Accounts.</p> <p>Actioned - Scrutiny leads for NHS Dorset Quality Accounts finalised and sent to the Principal Officer of Planning and Quality Accounts on 3 February 2020, to begin meeting arrangements.</p>	To ensure Committee members have the opportunity to scrutinise the quality accounts of NHS Trusts.	
38	Forward Plan	<p>That Democratic Services contact Dorset Council to begin work on a Joint Scrutiny Protocol.</p> <p>Actioned – Initial contact made with the Chair of Dorset Council's Health Scrutiny Committee and Principal Democratic Services Officer with a view to arrange a meeting.</p>	To enable joint scrutiny with Dorset Council	Completed.

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
Actions arising from Committee meeting: 20 January 2020				
46	Clinical Services Review	That the Committee holds a development session/s to consider where scrutiny can be best targeted during the implementation and delivery stages of the Clinical Services Review (CSR). The options for future scrutiny will subsequently be included in the Committee's Forward Plan for the new Municipal Year.	To effectively map out a focused scrutiny plan on the implementation of the CSR, that adds value to the process and supports the inclusion of local views.	
47	Adult Social Care: Point of First Contact Service Design	That members receive information on the projected growth of the under 65 population across Bournemouth, Christchurch and Poole in the next 5 years. Actioned – Information circulated to members by Democratic Services on 7 February 2020.	To ensure members are informed of BCP population's ever changing/developing adult social care needs and to better understand the areas of expected high demand.	Completed.

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
50	Emergency Duty Services	That members be given the opportunity to visit the out of hours service in their new premises. Actioned – Information circulated to members, by the Chair on 22 January 2020, on how to set up individual visits through the Service Manager of Adults Social Care.	To enable members to properly scrutinise and understand the delivery of the service, the opportunity to visit the out of hours team, will provide that knowledge.	Completed.
51	Forward Plan	That an item be added to the Forward Plan on the health services on offer to Homeless people and Rough Sleepers. Actioned – Item added to Forward Plan.	To scrutinise the health services on offer to Homeless people and Rough Sleepers and their outcomes.	Completed.
		That an item be added to the Forward Plan quarterly for the Portfolio Holder for Health and Adults to update the Committee on key responsibilities and ongoing pieces of significant work. Actioned – Item added to Forward Plan.	To assist the Committee by ensuring they are kept informed and up to date on the key areas of work by the Portfolio Holder.	Completed.

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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	The Big Plan 2018-21 Commissioning Strategy for Adults with Learning Disabilities Progress Report
Meeting date	2 March 2020
Status	Public Report
Executive summary	<p>The purpose of this report is to provide information on progress in delivering the actions and outcome contained in The Big Plan 2018-21, which is a Health and Social Care Commissioning Strategy for Adults with a Learning Disability, since it was published in 2018.</p> <p>The Big Plan Strategy was published in September 2018 along with a Work plan and contains 7 Big Aims.</p> <p>This paper provides an update on the work since publication, including:</p> <ul style="list-style-type: none"> • Increase in supported living accommodation • Performance in respect annual health checks and monitoring of deaths of people with a learning disability • Performance in supporting people into paid work • Update on the new LD Care and Support Framework and SW regional Residential care framework • Performance on reducing number of specialist inpatient placements • Updates on the Adult Learning Disability Service and Preparing for Adulthood Teams • The work to support young people coming through transition and support to carers/families <p>The report provides good evidence of improvements in services and some outcomes for people with a learning disability and their carers as a result of the plan. Both BCP Council and local organisations will continue to deliver the commitments of the Big Plan in full partnership with people with a learning disability and their carers. As a new Council, BCP Council will be working to ensure consistency in services and outcomes for people with a learning disability and their carers across the Council area. The Committee is asked to support a recommendation that the Bill of Rights for people with a learning disability is adopted formally by the Council.</p>

<p>Recommendations</p>	<p>It is RECOMMENDED that the Committee:</p> <ul style="list-style-type: none"> (a) Scrutinise progress in delivering the Aims and Actions of the Workplan and through this improve services and outcomes for people with a learning disability and their carers; (b) In conjunction with the Cabinet member for Adult Social Care and Health, recommend to Council that the Bill of Rights Charter for people with a Learning Disability (as attached in Appendix 3) is formally adopted by BCP Council; (c) Requests that a report is presented to the Committee for scrutiny in March 2021 on the progress in delivering of the Big Plan 2018 to 2021 and on preparations for developing a future strategic plan.
<p>Reason for recommendations</p>	<p>The Big Plan 2018 to 2021 sets out the Big Aims for BCP Council and local organisations through which the services and outcomes for people with learning disability and their carers will be improved. The Big Plan was developed and is being delivered in partnership with people with a learning disability and their carers. The Committee is asked to scrutinise the progress being made in delivering the Big Plan and its seven Big Aims.</p> <p>The Bill of Rights Charter was signed up to by the preceding councils as well as the Dorset Clinical Commissioning Group on behalf of the local NHS. It is recommended that BCP Council formally adopts The Bill of Rights Charter as part of its visible commitment to ensure the rights of people with a learning disability.</p>

Portfolio Holder(s):	Cllr Lesley Dedman - Portfolio Holder for Adults and Health
Corporate Director	Jan Thurgood, Corporate Director, Adult Social Care Sally Sandcraft - Director of Primary and Community Care, NHS Dorset Clinical Commissioning Group
Report Authors	Jonathan O'Connell – Head of Strategic Commissioning - Disabilities Mark Harris - Head of Service for Mental Health and Learning Disabilities, NHS Dorset Clinical Commissioning Group
Wards	All
Classification	For Recommendation and Scrutiny

Background

1. According to Mencap, a learning disability is 'a reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life'. People with learning disabilities have significant and widespread difficulty in learning and understanding. They will have had this difficulty since birth/ very early childhood.
2. Having an IQ of 70 or below is often used as a strong indicator of a person having a learning disability but is only ever considered as a measure of learning disability alongside other social factors when considering eligibility for specialist support. For more information please refer to the Appendix 1 – 'Learning Disability – Key Facts'.
3. Table 1 below provides an estimate of the prevalence of people with learning disabilities amongst the local population.

LEARNING DISABILITIES POPULATION STATISTICS

Prevalence of learning disabilities	Bournemouth	Poole	Dorset	England
Population predicted to have a learning disability (2019)	3,829	2,833	8,026	1,043,196
Population predicted to have a learning disability (2035)	4,259	3,037	8,634	1,138,857
Proportion of population estimated to have a learning disability (2019)	2.42%	2.34%	2.44%	2.37%
Growth 2019 - 2035	11.18%	7.06%	7.54%	9.17%

* Combined growth: Bournemouth, Dorset, Poole 2019-2035	8.46%
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Table 1

4. A significant proportion of adults with a milder form of learning disability will not be known to services and will not require specialist health or social care support.
5. At the 2019/20 Qtr 2 reporting, there were 2,467 people registered with a GP as having a learning disability across the BCP area.
6. Currently, around 820 people receive a commissioned service/direct payment from BCP Council. Those that do require services can require as little as a few sessions of support per week with an average cost of £116pw, to those requiring dedicated support 24/7 at a cost of between £2-3,000pw.

National agenda

7. Since Valuing People¹ in 2001, there has been a commitment to ensure people with learning disabilities experienced better outcomes. The most recent programme of change, 'Transforming Care' followed on from the Winterbourne View abuse scandal in 2011². 'Transforming Care' focused on reducing the number of people placed in specialist inpatient units at a national level by 50%. This was to be achieved by developing community services to enable people to move into settled accommodation.³
8. The national 'Transforming Care' programme ended in March 2019, at a national level the numbers of people in specialist inpatient settings has fallen well short of the 50% target. The programme has been superseded by a new LD and Autism Programme as part of the NHS Long Term Plan (LTP).
9. The new programme continues with much of the work from the previous TCP, including reducing inpatient numbers. It also introduces some new objectives with a greater focus on autism, children and young people. The NHS LTP for LD and Autism outlines a total of 18 objectives which local systems will be expected to deliver by working together across health and social care. A local delivery plan has been drafted, but work is ongoing to develop this further, (Appendix 2).

The Big Plan 2018-21

10. The Big Plan 2018-21 is a Health and Social Care Strategy for Adults with a Learning Disability. The version published covers the Bournemouth, Poole and since April 2019, the Christchurch area.
11. The strategy was coproduced with people who have a learning disability and their families. It is published in an accessible format, known as Easy Read. It is supported by appendices which contain more detailed information.
12. The Big Plan consists of 7 Big Aims, which align to:
 - The national 'Transforming Care' Programme
 - The local Bill of Rights Charter for adults with a learning disability, (Appendix 3)
13. The Bill of Rights Charter was signed up to by the preceding councils as well as NHS Dorset CCG and a recommendation of this report is that BCP Council formally adopts The Bill of Rights Charter as a new organisation.

¹ A key government strategy for people with learning disabilities published in 2001

² Winterbourne View was an independent hospital featured in a panorama investigation in 2011 due to abuse of patients by staff.

³ Settled accommodation means living your own home or with friends or family.



Fig. 1 - 7 Big Aims

14. The Strategy was published in September 2018. A work plan was published alongside the strategy. The work plan is formally updated annually. It was last updated in September 2019, (Appendix 4).
15. Progress is monitored through the [BCP Learning Disability Partnership Board](#) (LDPB) and the Pan Dorset Learning Disability and Autism Joint Commissioning Board.
16. The LDPB is a multi-agency meeting – organised and co-chaired by people with a learning disability and the council senior officers. It includes carers, advocacy services and provider representatives, alongside officers from Adult Social Care, Housing and Dorset CCG.
17. The Joint Commissioning Board has recently updated its terms of reference and membership in light of the NHS LD and Autism Programme new areas of priority. This is a pan-Dorset meeting with representation from both councils, Dorset CCG as well as regional representation from NHSE&I.
18. The Big Plan already includes the Transforming Care Programme objectives and how they will continue beyond 31 March 2019. The pan-Dorset Learning Disability and Autism Programme Board will develop and oversee the delivery of an Action Plan to deliver the 18 objectives of the national programme and its delivery will be monitored alongside the delivery of the Big Plan 2018 to 2021.

Big Aims Progress Update

19. This section of the report will provide an update on the key areas of work over the past 18 months, since publication.
20. Table 2 below provides a summary of the progress one year on in terms of the 37 actions within the Big Plan Work Plan.

Rag Rating	2018 Starting position	Sept 2019 first annual review position
Red - Not started/delayed	0	0
Amber – Work started but not yet completed	13	13
Green - Work completed	0	5
NS - Not started and not due to start as yet	9	7
Ongoing – Ongoing objectives as opposed to specific actions with clear end date	11	12
Not Rag rated	4	0
Total	37	37

Table 2

Big Aim 1 - Where I live

21. The key aim is to support people to live as independently as possible in settled accommodation. This means reducing the Council's reliance on residential care in favour of supported accommodation or placements made through the Shared Lives scheme, where people live with approved family carers.
22. Performance is measured through the ASCOF⁴ return, KPI -1G. In the period April-December 2019 in total, BCP Council's Adult Social Care Directorate has supported 589 individuals (or 71.2% of all service users) to live independently in settled accommodation. The remaining 28.8% are in registered care homes. The England average for 2018/19 was 77.4% and so improvement is required.
23. There were different levels of performance in relation to people living in settled accommodation in the former Council areas with the Bournemouth area having a higher proportion of residential care placements. A five-year programme will be developed with delivery beginning in 2020/21 in order to increase the proportion of people with a learning disability living in settled accommodation in the BCP Council area with a target of 84% of people receiving services to live in settled accommodation by 2025.
24. To achieve this BCP Council will continue to increase the number of supported living units across the BCP area. In the past 18 months, working with partners, 32 new supported living units have been made available. This includes Woodlark House, a supported living scheme for young people aged 16-25 with complex needs. In addition, 8 flats at Christopher Crescent in Poole have been modernised, providing accommodation for up to 13 people.
25. Through the Transforming Care Programme capital funding grant, bids have secured over £2.1m from NHSE to provide accommodation for people coming out of specialist inpatient settings and to prevent others being admitted.
26. A supported housing allocation panel, originally established in Poole, is now being extended across all BCP to effectively match people with the right type of supported accommodation. Since it began in 2016, it has found suitable supported accommodation for 83 people.
27. The Shared Lives scheme continues to grow. The Bournemouth and Christchurch services were bought back under the direct management of the Council just prior to Local Government Re-organisation, merging with the Poole scheme to cover all BCP.

⁴ Adult Social Care Outcomes Framework

Big Aim 2 - Staying Healthy

28. The Annual Health Check scheme is for adults and young people aged 14 and over who have been assessed as having moderate, severe or profound learning disabilities, or people with a mild learning disability who have other complex health needs.
29. People with learning disabilities often have difficulty in recognising illness, communicating their needs and using health services. Research shows that regular health checks for people with learning disabilities often uncover treatable health conditions.
30. Most of these are simple to treat and make the person feel better, while sometimes serious illnesses such as cancer are found at an early stage when they can be treated. The Annual Health Check is also a chance for the person to get used to going to their GP practice, which reduces their fear of going at other times.
31. The national target is for 75% of people registered with a GP as having a learning disability to receive an annual health check. There is a financial incentive for GP's to complete each health check.

Completed health checks 19/20, 18/19 and 17/18 across Dorset:

Quarter	19/20 Completed Health Checks (number)	19/20 Learning Disability Register Size	19/20 Completed Health Checks (%)	18/19 Completed Health Checks (number)	18/19 Learning Disability Register Size	18/19 Completed Health Checks (%)	17/18 Position Completed/ Register Size (%)
1	318	4328	7%	318	3900	8%	294/3450 (9%)
2	429	4325	10%	342	3744	9%	351/3619 (10%)
3	703*	4288	16%	757	4051	19%	612/3765 (16%)
4	-	-	-	953	4237	22%	892/3763 (24%)
Total*	1450	4288	34%	2370	4237	56%	2149/3763 (57%)

Table 3

*Q3 figures are based on submissions from 63/80 practices and are therefore subject to change.

32. At the Qtr 2 stage BCP area practices were performing at 18%, (442 checks out of register of 2,467⁵).
33. The National average achievement in 17/18 was 51%.
34. More health checks have been completed this year (Q3 cumulative position) than for the same period the previous two years (+33 on 18/19 and +193 on 18/19). As noted above, 17 practices are yet to submit for Q3, the final position is therefore likely to improve further.

⁵ Qtr 3 breakdown was not fully available at time of report.

35. The target for 19/20 is 3009 completed health checks. In order to achieve target, CCGs are being asked to do 2 things:
- Ensure those people on GP learning disability registers are offered and encouraged to have an Annual Health Check (AHC)
 - Increase the numbers of people on their GP learning disability registers and ensure these additional patients are offered an AHC.

Ongoing work to improve performance:

- Dorset Healthcare are carrying out a pilot with the Bournemouth and East Collaborative with a view to increasing uptake and quality of health checks. The impact of the pilot will be reviewed in 20/21 to help inform future work in this area.
- In 19/20, Experts by Experience offered a quality checking service, including awareness training, reasonable adjustments and a focus on health checks to Primary Care Networks (PCNs).
- Primary Care Networks are considering LD annual health checks as part of prevention-at-scale quality improvement initiatives.
- Work to improve uptake is being aligned with work already underway for Serious Mental Illness health checks – support pack to be expanded to include learning disability checks.
- Following feedback gathered during recent engagement on the Long Term Plan, Healthwatch have agreed to work with a PCN (network TBC) to make health checks more person centred, better meet the needs of individuals, and to improve quality and uptake.
- A task and finish group has been organised to define a programme of work intended to check and improve the quality of health checks.

Learning Disabilities Mortality Review (LeDeR) Programme

36. The LeDeR programme was established in response to the recommendations of the Confidential Inquiry into the premature deaths of people with learning disabilities (CIPOLD).
37. The programme's aims are to:
- Support improvements in the quality of health and social care service delivery for people with learning disabilities
 - Help reduce premature mortality and health inequalities for people with learning disabilities.
38. Local reviewers, (mixture of paid and voluntary as part of own job) will undertake a review following the death of an individual. Learning from local reviews and the wider programme is used to inform practice.
39. There are 22 reviewers across Dorset, although only 14 are active and currently allocated reviews. 53 reviews have been completed across Dorset since the programme began in 2017. The availability of reviewers does impact on number of reviews undertaken. This is usually due to existing clinical work needing to take priority. At the end of December 2019 there were 22 reviews awaiting allocation.
40. The national team have produced 5 'Action into Learning' newsletters covering areas such as pneumonia, sepsis, recognising deterioration, constipation and the Mental Capacity Act.
41. Local learning - a significant number of reviews have demonstrated good care throughout the life, and end of life, of the individual. 9% of reviews have indicated that care fell short of expected good practice. For further information please refer to Appendix 5 of this report.

Big Aim 3 - Having a Good Life

42. The Big Plan identifies the need for people to lead fulfilled lives, including opportunities for social, leisure, learning and employment opportunities.
43. Supporting people into employment paid or voluntary provides meaningful occupation, enables people to integrate within society and feel valued, as well as contribution to either economy and/or the local community.
44. Supporting people with learning disabilities into work has been a continuing objective with national agendas and is included as one of the 18 objectives in the NHS LTP.
45. The ASC Outcomes Framework, (ASCOF KPI 1E), measures the numbers of people with a learning disability who receive an ASC service and are in paid work.
46. In the period April-December 2019 BCP is currently performing at 4.5%. This is an improvement on the 2018/19 end of year positions for Bmth (3.3%) and Poole (2.3%) but remains below the 2018/19 England average of 5.9%.
47. A Supported Employment Review is currently underway, with recommendations due in July 2020 and work will start later in 2020 to review the day centre and day opportunities across BCP Council.

Big Aim 4 - The Right Care and Support

48. The Adult Learning Disability Service is an integrated team that work across Bournemouth, Christchurch and Poole. The team consists of health and social care workers from BCP Council and Dorset Healthcare University Foundation Trust (DHUFT). The team includes Social Workers, Learning Disability Community Nurses, Occupational Therapists and Physiotherapists. It also has close links with the Consultant Psychiatrist, Consultant Psychologists and Speech and Language Therapist.
49. The service offers support, advice and guidance on services available for adults 18+ with a learning disability. The services are based on giving a combination of care and practical support for people with a learning disability to lead fulfilled and independent lives.
50. Key Strengths/Achievements of Adult Learning Disability Service:
 - The Learning Disability Service consists of staff with expertise in relation to learning disabilities across health and social care, which ensures clients receive a holistic response to their needs.
 - The team has excellent links with other services such as probation, the forensic team and children's services
 - The team has developed good relationships with stakeholders such as People First Forum and various Carers Groups
 - The assessments and support plans are Person Centred, which means they are focussed on the needs of the individual and their aspirations and how these can be met whilst taking into consideration the views of all involved in an individual's care.
 - The service manages complaints and compliments effectively and continues to develop ways to learn from identified outcomes
 - Since October 2019 the service is managed as one, across all three BCP localities
 - The service now has a dedicated lead in relation to care and support and a dedicated lead for business, performance and quality
 - The service has contributed to achieving a rating of "Outstanding" in the recent CQC inspection of Dorset Healthcare Foundation University Trust

51. Key Areas for Development for the Adult Learning Disability Service (Action Plan under development):
- To further develop the application of strengths-based work to enable clients to make a contribution wherever possible.
 - To identify ways in which the agreed Person-Centred Principles are referenced within the teams' day-to-day work
 - To further develop processes and resources to aid effective internal and external communication
 - To develop suitable targeted training and development opportunities and support staff to be resilient
 - Identify ways in which the service can attract new highly skilled staff as well as retain their existing staff.
52. In addition to the Adult Learning Disability Service the east area Intensive Support Team operates seven days a week from 8am- 8pm, providing specialist support to people in crisis.

Care and Support at home

53. A new BCP wide LD and Autism Care and Support Framework was launched on 1 April 2019, following a formal tender prior to LGR. There are 25 providers on the new framework, of which 12 are specialist in supporting people with complex health, autism, mental health and behaviours that challenge services. The framework was co-produced with people with learning disabilities, carers. It is a joint framework with NHS Dorset CCG and supports around 300 people to live in the community.

Quality of Care and Support Provision

54. Of the 25 providers on the framework, 2 are rated by CQC as Outstanding, 22 are rated as Good and one requires improvement. In addition, BCP Council's own In-House Supported Living Service is rated as Outstanding.

Residential Care

55. Whilst the strategic direction is to support people into their own homes, residential care still has its place. Residential care homes for people with learning disabilities are much smaller than the traditional older people's care homes; typically between 6-10 beds. Some may be registered for just 2 or 3 people, specialising in supporting people with very complex needs. The national direction of travel on models of care has been for smaller care homes and the Care Quality Commission will only consider registering new LD care homes of 6 beds or less.
56. BCP Council is currently working with the 13 other local authorities across the South West Region to launch a new SW regional framework for residential care. This will introduce a:
- Standard specification for residential care across the region
 - Clear pricing structure for understanding fees
 - Regional approach to contract monitoring, thus providing greater assurance across the region
57. The number of people placed out of area by the council is relatively small, (22). Some were placed to be closer to family, others because at the time their care needs could not be met locally. These will be reviewed as part of the wider residential care review programme to see if they could and would want to return to the BCP area.

Quality of Residential Care

58. With the exception of one home that Requires Improvement, all homes are currently rated as either Good or Outstanding (1) by CQC.

Specialist inpatient update

59. As referred to earlier in this report as part of the Transforming Care agenda Dorset TCP has been trying to reduce the number of people in specialist hospital units. There are no specialist learning disability inpatient units within the county of Dorset. Consequently, people are placed out of area.
60. Since 1 April 2019 there have been 27 community pre admission Care and Treatment Reviews (CTR's) across Dorset. These are held when someone is at risk of a hospital admission. Of the 27 undertaken, just 4 resulted in an actual admission. This is very positive with other action taking place in the community to support the person. A further 6 adults were admitted without an CTR due to a sudden deterioration in their mental health.
61. A key aim within the Big Plan is to ensure that local mental health services can meet the needs of people with a learning disability and thus reduce the need for out of area hospital placements. It is positive to note that there has not been an admission to an out of area adult specialist inpatient setting in the past 16 months and that recent admissions to local MH inpatient settings have had very positive outcomes.
62. In the past 3 months 3 people have been successfully discharged back to the community with bespoke housing and support solutions to meet their needs.
63. Table 4 below shows the number of children, young people and adults with a learning disability and or autism in a specialist hospital setting/MH inpatient setting as at 13 February 2020.

Dorset TCP	Current numbers	Projected figures end of year (March 2020).	19/20 Target	20/21 Target
Adult Dorset CCG Funded (non-secure setting)	14 (BCP 7)	11 (BCP 4)	11	8
CYP NHSE Specialist Commissioning	4 (BCP 3)	3 (BCP 2)		2.1
Adult NHSE&I Specialist Commissioning (secure setting)	10 (BCP 8)	10	11	10

Table 4

64. 4 of the 7 Adult BCP inpatients are in local MH inpatient services, with only 3 out of area.
65. 4 BCP inpatients (3 adults and 1 young person) are due to be discharged before the end of March 2019. A further 2 BCP inpatients are on track to be discharged in April/May 2020. NHSE&I recently expressed their thanks for the positive work going on in the area.

Big Aim 5 - Keeping Safe

66. In addition to working with the local provider market to ensure the care people receive is of good, or outstanding quality, a great deal of work is done to enable people with learning disabilities to keep themselves safe.
67. This is particularly challenging for people with milder forms of learning disability, who are more able and are living within in the community with a greater level of independence.
68. Sadly, in 2015 a young man with learning disabilities was murdered. 'Harry' died on 26th May 2015 and 'Karen' and 'John' have both since been convicted of his murder and sentenced to life imprisonment.
69. Following Harry's death, a Safeguarding Adults Review (SAR) was commissioned as it was felt that agencies may have been able to do more to protect him. The review also met the criteria for a Domestic Homicide Review (DHR).
70. The Safeguarding Adults Board worked with partner agencies before publication of the report in order to share the learning from the case and try to prevent similar tragedies.
71. An action plan was created based on the recommendations made by the report author. Of the 13 Recommendations made, 6 have been completed and the remaining 7 are on target for completion within the agreed timeframe.
72. The Safeguarding Adults Board also worked with the Learning Disability Partnership Board (LDPB) to speak to members about what had happened to Harry, in October 2018 and then again in May 2019 after the report had been published.
73. Although not directly as a result of Harry's death, the Keeping Safe Group of the LDPB held a Keeping Safe Event in June 2019 and touched on some relevant themes such as mate crime and how to report concerns to the authorities. Over 180 people attended the event. A further event is planned for 2020.
74. The Safeguarding Adults Board held a learning event for practitioners in November 2019, two half-day sessions with 120 attendees at each, with police, various local authority staff including social work staff from both Children's and Adult services, housing, commissioning staff, health staff, occupational therapists, safeguarding adults and children's boards amongst others.
75. The Safeguarding Adults Board also produced a Synopsis of Learning and has commissioned an Easy Read version of the learning from the case.
76. At their Provider Event on 11th February the Safeguarding Adults Board presented some of the information about the Harry case to attendees and will circulate further information when sending out the presentations from the day.
77. Further information is available in the Background Papers at the end of this rep
78. The LDPB's Keeping Safe Group wider work includes:
 - Production of easy read information on Domestic abuse and violence have been produced. Work is currently underway on an Easy Read guide to modern slavery
 - Updating all 134 Safe Places⁶ across Bournemouth and Poole with plans underway to extend the scheme into Christchurch
 - Keep safe training is being offered by the Adult Learning Disability Service to high risk service users

⁶ Safe Places are organised by People First Forum. Local businesses sign up to the scheme to help people with learning disabilities should they feel in danger, lost or unwell. The scheme makes sure staff offer support to people with learning disabilities when they ask for help. These venues offer a refuge by displaying the 'Safe Place' sticker in their window.

79. An area of concern for people with a learning disability is feeling safe at Poole Bus Station. There is a multi-agency partnership approach to tackling the anti-social behaviour at Poole Bus Station, which will include the introduction of regular patrolling Community Safety Accredited Officers. The Safer Communities Team have been working closely with More Buses and Dorset Police and the Anti-Social Behaviour Manager has recently attended a "Go Forum" to brief People First Forum on the plan. Working with both Bus Companies remains a priority for the Keeping Safe Group⁷.
80. The witness profiling service which supports people with learning disabilities who have been victims or witnesses of crime to attend court and give evidence. Since April 2019 the service has worked with 55 referrals. Of these 24 have gone to trial, resulting in 21 guilty verdicts/pleas. A further 18 are awaiting trial.

Big Aim 6 - Becoming an adult

81. In September 2019 the Council introduced a new way of working to ensure young people transitioning from children to adult services receive support in an effective and seamless manner. This has included the introduction of a new transition pathway, new operational processes and the creation of a new Preparing for Adulthood team.
82. The new dedicated Preparing for Adulthood team combines expertise from children's and adult social care services and ensures the application of a consistent approach across all three localities (Bournemouth, Christchurch and Poole).
83. The newly developed transition pathway and new operational processes ensure that all young people living in the Bournemouth, Christchurch and Poole area are supported by the Preparing for Adulthood team until they are 25 years of age or until their transition work has been completed, whichever is sooner. This allows workers to establish a good understanding of the needs and aspirations of the young person and ensures that young people are supported to transition at a time that is of significant benefit to them.
84. Furthermore, the new transition pathway ensures all young people aged 13/14 (school year 9) have a transitions screening assessment to establish whether they will require the support of adult social care going forward. This work is undertaken in conjunction with schools and SEN workers and ensures young people and their families have access to the right support, advice and guidance in a timely manner.
85. From a commissioning perspective the focus has been on ensuring that key adult services can now support young people in transition from 16 years where they will require ongoing support from adult social care. This includes:
 - The LD Care and Support Framework
 - Care Act Advocacy Service
 - Residential Short Breaks Services
 - The LD and Autism Supported Housing Allocation Panel
 - Woodlark House a specialist supported Living Service for young people aged 16-25
86. Work is currently underway for a second supported living service for young people, due to open in the Summer 2020.
87. The BCP Health and Wellbeing Board recently commissioned a peer review of SEND, including preparing young people with SEND for adulthood. The findings and recommendations will be published in the near future.

⁷ An action group linked to the wider BCP Learning Disability Partnership Board.

Big Aim 7 - Support for families

88. The BCP LDPB has had a long standing and committed representation from families/carers. A Carers Action Group consisting of carers, the BCP Carers Commissioning Manager, an independent LD Carers Support Officer, and the Business Manager for the Adult Learning Disability Service agree what areas to work on to support carers.
89. Over the past 12 months they have been:
- Developing information packs for families to support young people as they transition into adult services as part of their journey to becoming an adult
 - Monitoring uptake of carers assessments
 - Finding out what other information families would find useful
 - Ensuring the voice of families of people with a learning disability is heard in the wider carers Steering Group and strategy
 - Ensuring carers know about any advice or training opportunities that may be available
 - Advising the Local Offer team on essential information that is useful for families
90. The Independent Carer Support Officer meets with carers regularly to provide support and give important updates on services.
91. A review of short breaks (respite) services across BCP will commence later this year. In the mean time a short breaks flat is being commissioned to meet an increase in current demand.

Summary of Financial Implications

92. BCP Council's spend on adults with learning disabilities represents 13.9% of the Council's total revenue expenditure. The predicted gross revenue expenditure for 2019/20 is just under £45m. The net budget for 2019/20 is £37.2M.
93. Dorset Clinical Commissioning predict to spend £45.6m on services for adults with learning disabilities across all Dorset.

Summary of Legal Implications

94. There are no specific legal implications in the Big Plan 2018-21 strategy itself. However, there are two areas that could/will have an impact moving forward:
- Supreme Court ruling on pay arrangements for 'sleep in nights' due early Summer 2020;
 - Introduction of new Liberty Protection Safeguards to replace the current Deprivation of Liberty Safeguards, (DoLS) legislation from October 2020.

Summary of Human Resources Implications

95. There a number of wider workforce issues in relation to providing services for people with a learning disability. These were summarised in the 2019 Dorset Transforming Care Partnership Workforce Plan⁸ as:
- Recruitment challenges within LD Nursing, Psychology, Psychiatry and Social Work
 - Ensuring the local care market has sufficient staff with the right skills and training to be able to support more complex people to live within the local community
 - Promotion of Positive behavioural Support to best t support people whose behaviours challenge services

⁸ Available upon request

- Promoting the use of Assistive Technology to increase independence and reduce risk
- Ongoing promotion of careers in care through the Council's 'Proud to Care' campaign

Summary of Environmental Impact

96. There are no specific environmental impact issues related to the Big Plan 2018-21. The LDPB has been discussing how to reduce its carbon footprint and has been raising profile of environmental sustainability with its members.

Summary of Public Health Implications

97. People with learning disabilities tend to have a higher risk of health inequalities compared to the general population, (further information in Appendix 1 – LD Key facts).
98. Work under the Staying Healthy Big Aim is key to supporting people to stay healthy. Work has been done to promote the Live Well Campaign to people with a learning disability, their families and formal carers.
99. The review of supported employment will seek to support more people into paid work, recognising the important role work has both financially and for a person's general wellbeing.

Summary of Equality Implications

100. An equality impact assessment was completed prior to publication in 2018. The assessment identified that the Big Plan 2018-21 would promote positive outcomes for people with a learning disability, with its strong focus on person centred support and alignment to the Bill of Rights Charter.

Summary of Risk Assessment

101. There are no significant risks associated with the Big Plan.

Conclusion

102. The report provides good evidence of improvements in services and some outcomes for people with a learning disability and their carers as a result of the plan. Both BCP Council and local organisations will continue to deliver the commitments of the Big Plan in full partnership with people with a learning disability and their carers. As a new Council, BCP Council will be working to ensure consistency in services and outcomes for people with a learning disability and their carers across the Council area. The Committee is asked to support a recommendation that the Bill of Rights for people with a learning disability is adopted formally by the Council.

Background papers

Useful Links

1. [Big Plan 2018-21 Strategy](#)
2. SAR/DHR 'Harry' The Safeguarding Adults Board website has links to the documents at <https://www.bcpsafeguardingadultsboard.com/about-the-bcpsab.html#scr>. Links to the Executive Summary, the full final SAR/DHR report and other relevant documents are below:

[Introduction to the Safeguarding Adult Review and Domestic Homicide Review into the death of 'Harry'](#)

[Joint SAR and DHR Final Report into the death of 'Harry'](#)

[Executive Summary of Joint SAR and DHR into the death of 'Harry'](#)

[Multi Agency Action Plan following the death of 'Harry'](#)

Appendices

Appendix 1 – Learning Disabilities Key Facts

Appendix 2 – Dorset ICS Long Term Plan: Learning Disability and Autism

Appendix 3 – Dorset Bill of Rights Charter for People with Learning Disabilities

Appendix 4 – Big Plan 2018-2021 - Work Plan September 2019 Update

Appendix 5 – LeDeR Programme Quarterly Report - Q3 2019/20

Appendix 1 – Learning Disability Key Facts

Who are people with learning disabilities?

According to Mencap, a learning disability is ‘a reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life’. People with learning disabilities have significant and widespread difficulty in learning and understanding. They will have had this difficulty since childhood.

The term ‘learning disabilities’ is different to specific learning difficulties such as dyslexia, specific social/communication difficulties such as Asperger’s syndrome or significant and widespread difficulty in learning and understanding that are acquired in later life.

Operational services across BCP Council define learning disability (for the purpose of eligibility) as including the presence of:

- A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with;
- a reduced ability to cope independently (impaired social functioning); and
- this started before adulthood, with a lasting effect on development.

Having an IQ of 70 or below is a strong indicator of eligibility for learning disability services, but is only ever considered as a measure of learning disability alongside other social factors.

How many People with Learning Disabilities are there?

Approximately 20 people in every thousand have a learning disability. Of these people, 4.6 are likely to be known to health and care services and 3.6 are likely to receive social care¹.

By combining information collected by government departments on the presence of learning disabilities among people using services, overall population predictions for England and the results of epidemiological research, Public Health England estimated that in England in 2015 there were 1,087,100 people with learning disabilities, including 930,400 adults.

The number of people with learning disabilities recorded in health and welfare systems in 2015 was much lower, for example GPs identified 252,446 children and adults as having learning disabilities on their practice-based registers².

There are a high proportion of adults with a mild learning disability who do not require specialist health or social care services.

Key issues experienced by people with a learning disability

• Higher mental health issues/needs

The prevalence of psychiatric disorders among children with learning disabilities is 36%, compared to 8% among children without learning disabilities. Children with learning disabilities account for 14% of all British children with a diagnosable psychiatric disorder.

¹ What Councils Need to Know about People with Learning Disabilities (2014) - A Local Government Knowledge Navigator Evidence Review

² Learning Disabilities Observatory (2016) People with learning disabilities in England 2015: Main report

The prevalence of psychiatric disorders is also significantly higher among adults whose learning disabilities are identified by GPs, when compared to the general population³

- **Co-existing autism spectrum disorders**

The prevalence of autism has been reported to be as high as 20-30% in people with learning disabilities known to local authorities. A recent study of children aged 10- 14 who had a current diagnosis of an autistic spectrum disorder found that 55% also had a learning disability.⁴

- **Challenging behaviours**

Challenging behaviours are shown by 10%-15% of people with learning disabilities, with age-specific prevalence peaking between ages 20 and 49.

- **Physical health conditions**

People with learning disabilities have high levels of physical ill health. When combined with other factors such as poor access to services, this can result in a significant level of inequality of health status. In terms of mortality, people with learning disabilities have a shorter life expectancy and increased risk of early death when compared to the general population. Life expectancy is increasing, in particular for people with Down's syndrome.

- **Health inequalities**

People with learning disabilities, especially people with less severe learning disabilities and people with learning disabilities who do not use learning disability services, are more likely to be exposed to common 'social determinants' of health such as poverty, poor housing conditions, unemployment, social disconnectedness and overt discrimination.

Key transition points for People with Learning Disabilities 7

For young people there are key transition moments which require planning and support: general planning for young peoples' futures; post-compulsory education and/or training; employment; independent life (including housing, finances, social life). The review presents research which has examined these moments of transition⁵

³ Emerson, E. Baines, S. Allerton, L. and Welch, V. (2011) A detailed analysis of the health inequalities suffered by PWLD is available at: Health Inequalities & People with Learning Disabilities in the UK.

⁴ Guidance for commissioners of mental health services for people with learning disabilities (May 2013) Joint Commissioning Panel for Mental Health <http://www.jcpmh.info/wp-content/uploads/jcpmh-learningdisabilities-guide.pdf>

⁵ Martin, K. Hart, R. White, R. and Sharp, C. (2011) Young people with special educational needs/learning difficulties and disabilities: research into planning for adult life services, LG Group Research Report. Slough: NFER and Adult Social Care Efficiency Programme: Interim Report 2013, Local Government Association

Dorset ICS Long Term Plan: Learning Disability and Autism

<u>Ref</u>	<u>Long Term Plan Aspiration</u>	<u>Programme of Work</u>	<u>Planned Delivery date</u>	<u>NHSE/I support require/requested</u>
1.	We will improve uptake of the existing annual health check in primary care for people aged over 14 years with a learning disability, so that at least 75% of those eligible have a health check each year.	Improving the uptake of annual health checks is a key area of work for the Dorset LD Health Action Group. Activities include work by experts of experience with local GP practices to support awareness of the required reasonable adjustments and improve accessibility to a health check. We are also working with the local LD forums to promote health checks to their members. We will work with care providers to ensure a question about uptake of health checks by their residents/service users is regularly monitored. A number of Primary Care Networks have also identified LD health checks as one of their priorities within Locality Improvement Plans	TBC	Request to NHSE/I to share good practice and areas of success to inform local interventions
2.	We will also pilot the introduction of a specific health check for people with autism , and if successful, extend it more widely.	We will await guidance from national/regional colleagues about how this new initiative can be progressed	tbc	Guidance around implementation
3.	We will expand the Stopping over medication of people with a learning disability autism or both and			

	Supporting Treatment and Appropriate Medication in Paediatrics (STOMP-STAMP) programmes to stop the overmedication of people with a learning disability, autism or both.			
4.	We will accelerate the LeDeR initiative to identify common themes and learning points and provide targeted support to local areas. And we will continue to fund the Learning Disabilities Mortality Review Programme (LeDeR), the first national programme aiming to make improvements to the lives of people with learning disabilities.			Support is required to understand the best means of creating a sustainable approach to LEDER
5.	Sustainability and Transformation Partnerships (STPs) and integrated care systems ICSs will be expected to make sure all local healthcare providers are making reasonable adjustments to support people with a learning disability or autism	The need to ensure reasonable adjustments is enshrined within local service specifications. Training and support is offered locally through a 'Quality Checkers' programme. Mystery Shopper exercises are also undertaken to inform areas of need. Each of the local acute hospitals has an LD lead to promote compliance	Ongoing	
6.	Over the next five years, national learning disability improvement standards will be implemented and will apply to all services funded by the NHS. These standards will promote greater consistency, addressing themes such as rights, the workforce, specialist care and working more	Once standards are published we will respond accordingly	tbc	Publication of standards to inform requirements

	effectively with people and their families.			
7.	By 2023/24, a 'digital flag' in the patient record will ensure staff know a patient has a learning disability or autism.	We will link with national developments to support implementation of a 'digital flag'	2023/24	To keep local system informed of developments
8.	We will work with partners to bring hearing, sight and dental checks to children and young people with a learning disability, autism or both in special residential schools.	We will commit to incorporating routine questions around health screening within the annual reviews undertaken by the Looked After Children Team	2021/22	To support more responsive commissioning of services for hearing, sight and dental checks
9.	Together with local authority children's social care and education services as well as expert charities, we will jointly develop packages to support children with autism or other neurodevelopmental disorders including attention deficit hyperactivity disorder (ADHD) and their families, throughout the diagnostic process.	We will commit to commencing a review of current provision to fully understand gaps with a view to co-producing a diagnostic pathway for children with autism or other neurodevelopmental disorders		Dedicated financial resource to support development of new diagnostic pathways Sharing of best practice
10	Over the next three years, autism diagnosis will be included alongside work with children and young people's mental health services to test and implement the most effective ways to reduce waiting times for specialist services	Linked to point 9. Children and young people's mental health services are currently offering support for autism diagnosis for children with a co-existing mental health presentation. Development of a co-produced diagnostic pathway will encompass this element		

11	By 2023/24 children and young people with a learning disability, autism or both with the most complex needs will have a designated keyworker , implementing the recommendation made by Dame Christine Lenehan.	All Children and young people with complex needs currently have a named professional		Clarity on the role and responsibilities of the 'designated keyworker' and how this aligns with other exiting roles
12	By March 2023/24, inpatient provision will have reduced to less than half of 2015 levels (on a like for like basis and taking into account population growth).	<p>Dorset will work to reduce the number of inpatients to:</p> <p>Adults – 16 Children & Young People – 2</p> <p>To achieve this we have developed a local risk register of individuals deemed at risk of admission and will work with existing and new care providers to increase availability of care packages to meet the needs of complex cases.</p> <p>As a system we are continuing to work on developing the local crisis response and intervention offer</p>	2023/24	<p>Support to facilitate regional conversations to consider optimal scale, configuration and location of commissioned beds.</p> <p>Support to ensure all stakeholders are engaged within the development of NCM provider collaborative where specialist commissioning of in-patient beds is being devolved</p>
13	We will work with the CQC to implement recommendations on restricting the use of seclusion, long-term segregation and restraint for all patients in inpatient settings, particularly for children and young people.	<p>We will explore piloting of the use of national tools building on other existing approaches linking to the requirement to quality assure providers through 6-8 weekly visits.</p> <p>We also add this to the standing agenda for monthly cohort review meetings</p>		
14	We will review and look to strengthen the existing Care, Education and Treatment Review (CETR) and Care and Treatment Review (CTR) policies, in partnership with people with a learning disability, autism or both,	We review existing protocols and practice in light of emerging guidance to ensure process meet all necessary standards and requirements		Support peer review of processes across the South West

	families and clinicians to assess their effectiveness in preventing and supporting discharge planning.			
	Local Objectives	Action required to meet target	Planned Delivery date	NHSE/I support require/requested
15	<p>We will further our understanding of the needs of the people with a learning disability and Autistic people – including admission patterns, health disparities, health inequalities and collaborate with all stakeholders to improving the lives of people in the SW</p> <p>Reduce LOS for anyone in specialist hospital including use of 12-point discharge</p>	Process is embedded in existing discharge planning and forms part of the content of the monthly cohort review meetings	March 2020	
16	Enhance local employment opportunities for people with a learning disability and/or autism in the South West	Through our 'Pathways to Employment' programme we will create new employment pathways to enable people with a learning disability and/or autism to obtain meaningful paid employment that supports independent living	March 2020	
17	People with the most complex needs will be offered improved access to care in the community, allowing more people to live in or near their own homes and families	Working across health and social care, we will seek to use community assets to inform local community development that aligns with and supports an intensive offer to people with the most complex needs. Insights and learning from	2023/24	

		CTR/CETRs will used to inform future service development		
18	People with a learning disability, autism or both, will be offered the opportunity to have a personal health budget (PHB), where eligible			

Bill Of Rights Charter



Written by
people with learning disabilities
2012



This Charter



In 2004 members of Poole Forum, Bournemouth People First and People First Dorset wrote their own Bill Of Rights without staff.



In 2011 they updated and added to the Bill Of Rights. They feel the message should be spread to as many people as possible so we have made this Charter.



This Charter is for organisations, services and individuals to sign up to, to say that they will support and work to the Bill Of Rights- the rights that most people take for granted!

Equality



We hope that you will sign up and show your support to achieving equal rights for all. Read on to find out more about the Bill Of Rights...

Bill Of Rights



The right to feel safe when going out

- from strangers, from burglars and from bullying



The right to feel safe in our own homes

- to learn how to be safe in our home
- to feel safe from staff
- to be able to report staff when they are mean



The right to live where we want to live

- to live where we want to
- to live with who we want to
- to make choices in the home and elsewhere



The right to support when and if I need it

- to choose our own carers and to choose how we are supported
- to respectful 'give and take' between carers and service users



The right to relationships

- to learn about friendships
- to marriage
- to engagements
- to sex education
- to choose when to have a relationship or not



The right to say NO!

- to bullying
- to drugs or drink
- to strangers
- to parents
- to staff



The right to confidentiality

- when making a report it won't come back on us
- we decide who sees our life plan
- around health issues (patient - doctor)



The right to communicate

- to use the latest technology (e.g iPads)
- to alternative communication
- to plain language with pictures



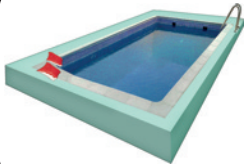
The right to independence

- to make decisions
- to go out
- to take care of our own stuff
- to run our own business
- to choose what to do
- to come and go when we want
- to be the boss of our own life
- to control our own money
- to a job



The right to adulthood

- to make our own decisions
- to get married
- to have children
- to have sex
- to birth control
- to vote
- to have a drink



The right to use public facilities

- swimming pools
- libraries etc



The right to transport

- to accessible transport
- to learn to drive



The right to good health care

- to confidentiality around health issues (patient - doctor)
- to make decisions
- to choose what to do
- to plain language with pictures

Listen
to us!



The right to have our voice heard by the Government about

- day services
- good health care
- living where we want to
- jobs



The right to freedom of speech

- to be the boss of our own life
- to make decisions
- to choose what to do



The right to have feelings

- to grief
- to get angry

Sign Up



To sign up, all you need to do is contact your nearest group:

- Bournemouth People First
- Poole Forum
- People First Dorset



Your logo will then be added to the website to show you are supporting the Bill Of Rights.

We would like to thank Dave Hingsburger who facilitated both Bill Of Rights events (2004 and 2011).

Dave Hingsburger is a well known author and disability rights speaker from Canada.



Photo: just some of us with Dave Hingsburger in 2011

Contact Us

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People First Dorset



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2 Herringston Barn
Dorchester
Dorset
DT2 9PU





Big Plan 2018 - 2021

Work Plan



September
2019



We can give you help to read or understand this information



(01202) 261039

Text
Relay











18001 01202 261039





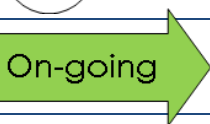


poole.gov.uk/accessibility

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The meaning of symbols we have used in this document

 Red	Work not started / delayed
 Amber	Work started but not completed
 Green	Work completed
 Not started	Work not due to start until
 On-going	Work already started and will continue




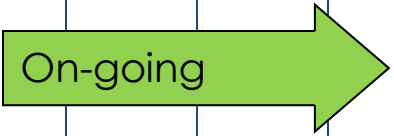
Where I Live



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2019
	2018	2019	2020	2021		
5 Work on housing and care for people with complex needs, whose behaviour challenges services. This means behaviour that might cause harm or damage, or might stop people from doing things.					<p>This is part of Dorset's Transforming Care Partnership Plan.</p> <p>The Where I Live action group will check progress on this action.</p>	<p>In March 2019 a Pan Dorset Housing Plan was completed as part of Transforming Care. This includes new buildings like Woodlark House.</p> <p>We have bought 2 properties in January for 2 people with complex needs and coming out of hospital.</p> <p>There are 2 more bids for NHS England funding for buying or developing properties in 2020.</p>






Where I Live



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2019
	2018	2019	2020	2021		
54 Work with other organisations to give more choice for supported living.					The Where I Live action group will check progress on this action.	The new Care and Support Framework has given us 19 providers to support with different Supported Living schemes. We will use the Supported Housing Panel to help us plan for future need. Sometimes housing developers approach us. There are plans for a new scheme in Southbourne in 2020.




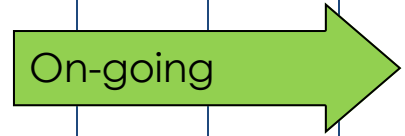

Where I Live



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2019
	2018	2019	2020	2021		
55 Look at having 1 housing panel for Bournemouth and Poole. This is a group that matches people to housing.					The Where I Live action group will check progress on this action.	This work will start to happen. It will be a BCP Council Panel to include all supported housing for people with learning disabilities.
Review the Shared Lives service in Bournemouth and Poole. This service matches people to carers who they then live with.					The Where I Live action group will check progress on this action.	The review has started. Poole and Bournemouth are working together to review and update paperwork and processes to be the same. There will be other changes too, and this will take until end of 2019 and maybe into 2020.




Staying Healthy



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2019
	2018	2019	2020	2021		
Making sure more people have a Health Check every year.					The Health action group will check progress on this action.	Work with GP practices is ongoing. Pilot looking at improvements to the process has started In 2018/19 there was an increase in number of completed health checks
Making sure more people have Health Action Plans.					The Health action group will check progress on this action.	Work will start in 2019/20




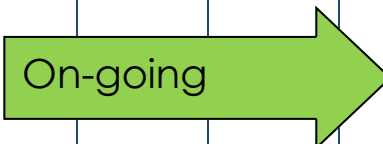
Staying Healthy



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2019
	2018	2019	2020	2021		
57 Using Experts by Experience to check health services. These are people with learning disabilities or carers who have their own experience of health services.		On-going			Dorset NHS Clinical Commissioning Group will check this action and update the Health action group.	Service in place. Quality checks have been happening, with feedback shared with providers and the Clinical Commissioning Group updates to the Health action group.
Help make health services for people with learning disabilities better so that fewer people die early.		On-going			The Health action group will check progress on this action.	LeDeR programme in place. Reviews have taken place and learning widely shared.






Having a good life



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2019
	2018	2019	2020	2021		
Putting in better toilets and more Changing Places. Changing Places are large, accessible toilets that have extra equipment.				NS	The Bournemouth Christchurch and Poole Learning Disability Partnership Board will check progress.	A Task and Finish group will be set up in late 2020 to oversee this work.
Supporting people into work.					The Bournemouth Christchurch and Poole Learning Disability Partnership Board will check progress.	This will be reviewed by the Partnership Board in November 2019
Supporting people with a learning disability to set up their own business.			NS		The Bournemouth Christchurch and Poole Learning Disability Partnership Board will check progress.	This will be reviewed by the Partnership Board in November 2019




Having a good life



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2019
	2018	2019	2020	2021		
69 Checking the quality of day opportunities in Poole.					Through monitoring of contracts and updates to the Bournemouth, Christchurch and Poole Learning Disability Partnership Board .	A task and finish group will be set up in 2019 to look at this work.
Check day opportunities in Bournemouth.					Through monitoring of contracts and updates to the Bournemouth, Christchurch and Poole Learning Disability Partnership Board .	A task and finish group will be set up in 2019 to look at this work.






Having a good life



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2019
	2018	2019	2020	2021		
00 Make sure day opportunities do more to help people learn new skills.			NS		Updates to the Bournemouth, Christchurch and Poole Learning Disability Partnership Board from the task and finish group.	A task and finish group will be set up in 2019 to look at this work.
Make sure day opportunities help people to be a part of their local community.			NS		Updates to the Bournemouth and Poole Learning Disability Partnership Board from the task and finish group.	A task and finish group will be set up in 2019 to look at this work.





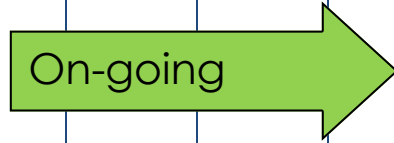
The right care and support when I need it



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2019
	2018	2019	2020	2021		
Giving people personal budgets and personal health budgets - this is money to spend on social care or health needs.					Update from the community learning disability teams to the Bournemouth, Christchurch and Poole Learning Disability Partnership Board.	There have been changes about how information is shared for people who have Direct Payments. More work needs to be done to make sure that everyone knows and understands the value of their Personal Budgets.
Reviewing the work we pay Bournemouth People First and Poole Forum to do.					The Bournemouth and Poole Learning Disability Partnership Board will check progress on this action.	This work has been completed. They are now People First Forum.





The right care and support when I need it



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2019
	2018	2019	2020	2021		
Making person centred planning the same across Bournemouth, Christchurch and Poole.					Contract monitoring of the Framework. Feedback from the Adult Learning Disability Service to the Partnership Board and the Learning Disability Forum	The new Framework has started. Person Centred Principles are part of the contract. The Principles will be used to develop an Adult Learning Disability Service Charter and future 'performance indicators'.
Supporting the use of Intensive Interaction. This is a way to help people with complex needs learn to communicate with the people around them.					The Bournemouth and Poole Learning Disability Partnership Board will check progress on this action every year.	There was an update at the July Partnership Board from Dorset Clinical Commissioning Group.






The right care and support when I need it



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2019
	2018	2019	2020	2021		
Planning and checking that mental health services work for people with learning disabilities.					To be confirmed	<p>Presentations about 'The Retreat' were given to the Learning Disability Partnership Board and the Learning Disability Provider Forum to raise awareness.</p> <p>'The Retreat' is a new service for people experiencing poor mental health.</p> <p>A quality checker review is planned.</p> <p>More work is needed to review how inpatient services are working. How to do the work will be agreed with Dorset Healthcare.</p>



The right care and support when I need it



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2019
	2018	2019	2020	2021		
64 Work more between Bournemouth and Poole on planning and buying care and support, and housing services.					A task and finish group and the Where I Live group will work on this action.	The new Care and Support Framework started 1 April 2019.
Help people to use Individual Service Funds. This means that people can have more choice and control over their care and support, but their care provider looks after the money to pay for this.					A task and finish group will work on this action.	This will be part of the work to do with Personal Budgets and Personal Health Budgets. It is part of the Care and Support Framework as an option for providers to offer Individual Service Funds.




The right care and support when I need it



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2019
	2018	2019	2020	2021		
Work on care and support as part of the Transforming Care Programme. This is about making care and support better for people with learning disabilities and/ or autism.					The Transforming Care Programme will end in 2019.	Transforming Care has finished. The NHS 10 year plan is now in place. A lot of the work in the Big Plan supports Transforming Care. the Learning Disability Joint Commissioning and Transforming Care Board will review in Autumn 2019 to agree further work.




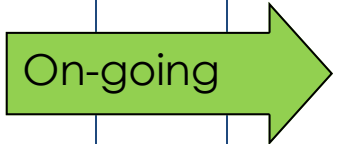
The right care and support when I need it



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2019
	2018	2019	2020	2021		
Check residential care against the new Service Model from the Transforming Care Programme. This is about making care and support better for people with learning disabilities and/ or autism.		NS			Principal Officer Joint Commissioning to report to the Bournemouth, Christchurch and Poole Learning Disability Partnership Board	This work will be replaced with South West region Learning Disability Residential Care Framework Project.




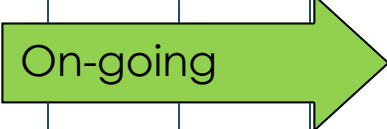
Keeping Safe



 What we need to do?	When will we do this by?				 How will we check this has been	 Update 2019
	2018	2019	2020	2021		
Talking to people about different types of crime to help keep them safe.					This will be monitored by the Keeping Safe action group.	Keeping Safe event in June 2019 Domestic abuse and violence leaflets are published. Training for providers, about relationships. Learning from Serious Case review 'Harry' Go Forum had updates about not accepting low level hate behaviour. Looking at resources to adapt, like Escape the Trap, a domestic abuse programme.

Keeping Safe



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2019
	2018	2019	2020	2021		
Supporting Safe Places.					This will be monitored by the Keeping Safe action group.	People First Forum will finish checking and reviewing how many places are still Safe Places by October 2019 Looking at Safe Places in Christchurch. Safe Place training will be updated by People First Forum.




Keeping Safe



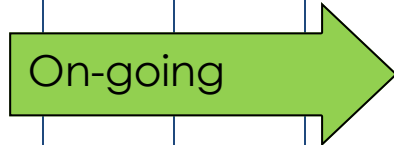
 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2019
	2018	2019	2020	2021		
Helping people to stay safe online.		 On-going			This will be monitored by the Keeping Safe action group.	Keeping Safe event in June 2019. Adult Learning Disability Team runs 2 workshops over 2 weeks. It is targeted work. The team thinks about who would benefit from the workshops. Information is being added to Local Offer website

Keeping Safe






 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2019
	2018	2019	2020	2021		
Support people with a learning disability who are victims or witnesses of crime.					This will be monitored by the Keeping Safe action group.	As of July 2019: There have been 42 referrals in 2019: 26 from Bournemouth 9 from Dorset 7 from Poole Of which: 15 have been to court resulting in: 13 guilty verdicts/pleas 2 not guilty TV South Today news interviewed the advisor about the support available.

On-going







Keeping Safe



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2019
	2018	2019	2020	2021		
Check residential care against the new Service Model from the Transforming Care Programme. This is about making care and support better for people with learning disabilities and/ or autism.		NS			Principal Officer Joint Commissioning to report to the Bournemouth, Christchurch and Poole Learning Disability Partnership Board	This work will be replaced with South West region Learning Disability Residential Care Framework Project. This action is finished BCP Council is part of the South West region working group. This is a new action in the Big Aim 'Right care and support'




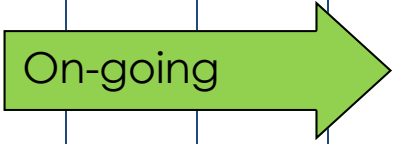
Keeping Safe



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2019
	2018	2019	2020	2021		
Help care providers support people with complex needs, whose behaviour can challenge services. This means behaviour that might cause harm or damage, or might stop people from doing things					This work is part of the Transforming Care Programme. The Bournemouth, Christchurch and Poole Learning Disability Partnership Board will be given updates on progress on this action.	The Care and Support Framework started on 1 April 2019. There are 12 specialist providers on the Framework. There is some work with Dorset HealthCare to set up a positive behaviour support network for care providers and professionals.






Becoming an adult



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2019
	2018	2019	2020	2021		
Making sure young people and their families can get the right information.					The Bournemouth, Christchurch and Poole Learning Disability Partnership Board will check progress on this action every year.	Learning Disability Partnership Board and action groups have worked with the Local Offer websites to collect and share information. The Housing Pathway has been updated to help families look at housing options.

Becoming an adult




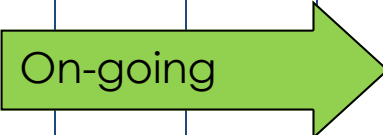


 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2019
	2018	2019	2020	2021		
Do more work on how Children's and Adults' social care services are organised for people aged 0-25.					Jenni Collis-Heavens will update the Partnership Board (January 2020?)	This work started after Local Government Reorganisation.
Making it easier for young people to move from Children's to Adults' services.					Jenni Collis-Heavens will update the Partnership Board (January 2020?)	A new Preparing for Adulthood team is now working across BCP Council.

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Becoming an adult




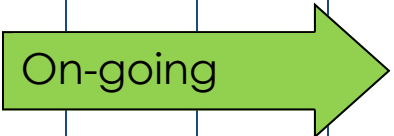




 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2019
	2018	2019	2020	2021		
Work on making it easier for young people to move from Children's to Adults' mental health services.					Through local Special Educational Needs and Disabilities (SEND) Strategy groups and an update to the Bournemouth and Poole Learning Disability Partnership Board every year.	Special Educational Needs and Disabilities (SEND) forum in place. Mental Health implementation plan (following NHS long term plan) will deliver targeted improvements over the next 5 years.

75






Support for my family



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2019
	2018	2019	2020	2021		
Making more information available for carers.					The Carers action group will check progress on this action.	Working with Local Offer to include information . Where I Live group is developing housing options information.
Getting more carers from Bournemouth to take part in the Learning Disability Partnership Board.					The Carers action group will check progress on this action.	There are 2 carers that may attend the Board, but we need more. We also need to find carers in Christchurch to attend.
Making plans for older family carers.					The Carers action group will check progress on this action.	A system is being developed by the Learning Disability Team and this is shared at the Carers action group regularly.

Support for my family



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2019
	2018	2019	2020	2021		
Work with carers and follow the ideas of 'Valuing Carers in Dorset 2016 - 2020'.					The Carers action group will check progress on this action.	The Strategy outcomes are being reviewed with a view to refreshing the Strategy.
Support carers with advice and training.					The Carers action group will check progress on this action.	Family Friendly Information can be developed more. Advice and training is available.

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LeDeR Programme Quarterly Report Q3 2019/20

Appendix 5

1.0 INTRODUCTION

- 1.1 This report, written on 05/02/2020, provides an update of the LeDeR Programme within Dorset up to the end of Q3 2019/20.

2.0 PROGRAMME UPDATE

Reviewer recruitment progress

- 2.1 At the end of Q3 2019/20, the breakdown by organisation is as follows:

Organisation	No of trained reviewers	No of reviewers who have commenced one or more reviews	No identified and awaiting reviewer training and/or line manager authorisation	Total number of trained and potential reviewers per organisation	Total number of reviewers currently allocated a case
CCG (including primary care)	9	7	0	9	7
DHC	8	5	2	10	4
PHFT	0	0	1	1	0
RBCH	3	1	1	4	1
DCHFT	2	2	0	2	2
Bournemouth, Christchurch and Poole Council	0	0	0	0	0
Dorset Council	0	0	0	0	0
Local LD Charities	0	0	5	5	0
SWASFT	0	0	0	0	0
Total	22	15	9	31	14

- 2.2 Of the 22 trained reviewers, only 14 are 'active' and currently allocated reviews. The remaining individuals (some of whom have previously undertaken a LeDeR review) continue to state work pressures as the reason to be unable to undertake a LeDeR review at this time. There are also three trained Reviewers who are currently working 'bank' for their organisations who would like to complete reviews; however, payment would be required for these reviews for which there currently is no budget.

- 2.3 On 09/10/2019 the Dorset programme's first funded reviewer joined the CCG LeDeR team via a 'bank' arrangement to work 11.5 hours/week, solely focusing on undertaking LeDeR reviews. This has now increased to 15 hours/week. This role has been funding from non-recurrent NHS England monies.
- 2.4 It is anticipated that the number of reviews completed each quarter will increase significantly from Q4 2019/20 now that dedicated, paid reviewer resource is in place (and the CSU reviews are starting to be received – see Section 2.5)

Programme status and activity

- 2.5 The following table summarises the activity of the Dorset programme, at the end of Q3 2019/20. All data is cumulative.

	2017/18			2018/19				2019/20		
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Total notifications	41	49	56	73	75	81	83	95	105	116
Notifications awaiting allocation to a reviewer	31	32	15	17	14	13	9	15	16	22
Completed reviews	5	7	9	15	16	23	36	49	51*	53*
Reviews awaiting sign off by Assurance panel	2	0	0	0	0	0	3	2	5**	4**

*This includes those reviews undertaken by NHS England as part of the initial 'backlog' ('Backlog 1') and have all been approved by the LeDeR Bristol team.

**These four reviews were submitted to the July, August, September and November Assurance Panels and are awaiting actions to be completed by the Reviewers prior to closure.

North of England Commissioning Support Unit (CSU)

- 2.6 In January 2020 contact was received from the North of England CSU who nationally have been procured by NHS England to undertake reviews of all unallocated reviews which were notified prior to 31/12/2018. The CSU was initially allocated 16 Dorset reviews and these reviews are now underway with a view to complete them by 31/03/2020. In early February 2020, CSU was allocated a further two reviews from prior to 31/12/2018 and two from the period 01/01/2019 – 30/06/2019.
- 2.7 The operating model of the CSU is with paid reviewers (which were advertised nationally on NHS jobs) which is a different model to the Dorset programme which predominately relies on volunteer reviewers.
- 2.8 All reviews undertaken by the CSU will be 'signed off' by the monthly Dorset assurance panel prior to closure.



- 2.9 At the time of writing the Q3 2019/20 quarterly report (05/02/2020), and in consideration of the reviews allocated to the CSU, the next review waiting to be allocated for review was notified in August 2019. This is a significantly improved position than prior to the procurement of the CSU and the commencement of the Bank LeDeR reviewer. NHS England have stated that all LeDeR programmes need to get to, and sustain, a position where all deaths are reviewed within six months of notification.

3.0 SHARING LEARNING

- 3.1 The objective of this report is to be primarily about identification, sharing and implementation of learning from LeDeR reviews within Dorset.

National learning and resources

- 3.2 The national team, based in Bristol, have produced five 'Action into Learning' newsletters since July 2018, sharing the national learning associated with:

[Aspiration pneumonia](#)

[Sepsis](#)

[Recognising deterioration](#)

[Constipation](#)

[Mental Capacity Act](#)

- 3.3 There have been no new 'Action into Learning' newsletters since the last quarterly report.
- 3.4 A monthly newsletter, which contains news and resources, is circulated from the LeDeR team at the University of Bristol. The monthly bulletins (to January 2020) can be viewed [here](#).

Local learning

- 3.5 Not all reviews generate learning, with a significant number of reviews demonstrating good care throughout the life, and end of life, of the individual. To 31/12/2019, 9% of reviews have indicated that care fell short of expected good practice (scored 4, 5 or 6).
- 3.6 Of the two cases closed during Q2 2019/20, neither scored '3', '4', '5' or '6'. Therefore, there are no 'specific case' synopses within this report.
- 3.7 The 53 reviews completed (to 31/12/2019) are scored as follows:

Score	Score description	To 30/09/19	Q3 2019-20	Total	% of cases
1.	This was excellent care and met current best practice	9	0	9	17%
2.	This was good care, which fell short of current best practice in only one minor area.	29	2	31	58%
3.	This was satisfactory care (it fell short of expected good practice in some areas but this did not significantly impact on the person's wellbeing).	4	0	4	8%
4.	Care fell short of expected good practice and this did impact on the person's wellbeing but did not contribute to the cause of death.	2	0	2	4%



5.	Care fell short of current best practice in one or more significant areas, although this is not considered to have had the potential for adverse impact on the person some learning could result from a fuller review of the death.	3	0	3	5%
6.	Care fell far short of expected good practice and this contributed to the cause of death.	0	0	0	0%
7.	This review was done prior to 1-6 care scoring; deemed unavoidable	2	0	2	4%
8.	This review was conducted via an external process and has therefore not been scored (e.g. CDOP, DHR)	2	0	2	4%
Total		51	2	53	100.0%

3.8 The recommendations from the review scored '2' in Q3 2019/20 were:

Issue	Learning	Recommendation
Miss X was prescribed O2 PRN for home use, however the GP was querying who was monitoring this.	An AIRS form should have been completed by the GP. A care plan should have been in place and shared with GP.	Communication between Southampton Cardiac team, GP and local respiratory nurse needs to be linked up.
Mr Y's DNACPR was poorly completed, with incorrect information in sections 2,3 and 4.	DNACPR needs to be legible without the use of acronyms and the content appropriate. No MDT or family members were included in the decision made.	To take to the Pan Dorset mortality meeting and address formally through GP network.
End of life care plan completed without circle of support involvement.	Whilst someone may have capacity, it is still important to encourage the person to involve their circle of support when completing their End of Life Care Plans.	To advise community learning disability staff to encourage person to involve their circle of support when completing end of life care plans.

3.9 Specific recommendations are followed up by the Dorset Local Area Contact, and from March 2020, this will be undertaken by the LeDeR Facilitator (see Section 4.2).

3.10 As stated in Section 2.3, it is anticipated that the number of reviews reviewed each quarter (and hopefully signed off as completed) will increase significantly from Q4 2019/20 due to dedicated resource to undertake reviews.



4.0 AFFECTING CHANGE

- 4.1 During the first 'Learning Disability and Autism Programme Board' on 27/01/2020 the overarching governance arrangements across Bournemouth, Christchurch and Poole and Dorset for the NHS Learning Disability and Autism Programme (as part of the NHS Long Term Plan (2019)) were discussed, along with the mechanism by which learning from the LeDeR programme will feed into quality improvement work and commissioning decisions. The next meeting of the Joint Commissioners Officers Group (JCOG) is in March 2020 to set direction in line with the work plan for Dorset.
- 4.2 From 02/03/2020 a 'LeDeR facilitator' will be joining the team 35 hours/week. The objectives of the post are to:
- Undertake LeDeR reviews;
 - Increase awareness of the LeDeR programme resulting in an increase in reporting of the deaths of those with a learning disability to the programme;
 - Increase engagement of health and social care professionals in the LeDeR programme;
 - Increase the profile of the need for change in relation to those with a learning disability, to increase overall life expectancy;
 - Establish a method of collating identified changes in practice resulting from LeDeR learning;
 - Facilitate greater knowledge of 'best practice' across health and social care providers within Dorset.

Author's name and title: Suzie Hawkins, Local Area Contact – LeDeR, NHS Dorset CCG
Date: 05/02/2020

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To routinely receive the quarterly report directly from the Local Area Contact (by being added to the distribution list), please contact suzie.hawkins@dorsetccg.nhs.uk, stating your contact details, your job title and the meeting at which the paper will be presented.

To become a reviewer, please email helen.corlett@dorsetccg.nhs.uk

NOTIFY A DEATH: Anyone can notify the LeDeR team including people with learning disabilities themselves, family members, friends and paid staff.

[Click here to notify of a death online](#) or call **0300 777 4774**

A poster about how to notify a death is available [here](#). If you would like any printed copies, please contact the LeDeR team on leder-team@bristol.ac.uk or call 0117 331 0686

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HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Healthwatch Dorset
Meeting date	2 March 2020
Status	Public Report
Executive summary	<p>Healthwatch England and local Healthwatch organisations were established in 2013, under the Health and Social Care Act (2012). Healthwatch England was established as an effective, independent consumer champion for health and social care and provides a leadership and support role for local Healthwatch organisations.</p> <p>Local Healthwatch Dorset is the County's independent health and social care champion. It exists to ensure that people are at the heart of care and listen to people's views about health and social care services. These views are then shared with decision-making organisations, so together a real difference can be made.</p> <p>Healthwatch Dorset is funded by Dorset Council and BCP Council through funding received from Central Government. The contract was previously held by Help and Care until 31st March 2019. On contract renewal and after competitive tender the contract was awarded to Evolving Communities, a community interest company.</p> <p>As part of the Local Authority (Public Health, Health and Well Being Board and Health Scrutiny) Regulations 2013 local Healthwatch can escalate matters of concern to the Overview and Scrutiny Committee, when it is felt necessary to do so. Local Healthwatch must produce an annual report in relation to activities for the financial year and Overview and Scrutiny Committees should be sighted on this.</p> <p>Healthwatch priorities for the coming year include:</p> <ul style="list-style-type: none"> • Gathering feedback on cancer support services in West Dorset • Working with young people to influence the Children & Young People's Mental Health services review • Access to primary care, including work on Learning Disability health checks, carers and disabled access • Accident & Emergency services and transport.

Recommendations	<p>It is RECOMMENDED that:</p> <p>The Committee</p> <ul style="list-style-type: none"> a) Note the Content of the Report and in particular, note the roles, responsibilities and priorities for 2020/21 of Healthwatch b) Ensure that as the Committee develops its Forward Plan it takes into consideration the Priorities of Healthwatch to ensure effective alignment and avoid duplication c) Continue to invite a Healthwatch representative to be an observer at the Committee to ensure that Healthwatch can directly input into the work of the Committee insights gained from Healthwatch's engagement with local people and communities. d) An annual basis, ensure that the Committee considers both the Annual Report of Healthwatch Dorset and its annual priorities.
Reason for recommendations	As part of the Local Authority (Public Health, Health and Well Being Board and Health Scrutiny) Regulations 2013 local Healthwatch should work collaboratively with the Overview and Scrutiny Committee in order to improve outcomes for individual residents of the BCP Council area.
Portfolio Holder(s):	Cllr Lesley Dedman, Adults and Health
Corporate Director	Jan Thurgood, Corporate Director, Adult Social Care, BCP Council
Contributors	<p>Louise Bate, Manager, Healthwatch Dorset</p> <p>Elaine Stratman, Head of Strategic Planning and Quality Assurance, Adult Social Care, BCP Council</p>
Wards	all
Classification	For Update

Background

1. Healthwatch England and local Healthwatch organisations were established in 2013, under the Health and Social Care Act (2012). Healthwatch England was established as an effective, independent consumer champion for health and social care and provides a leadership and support role for local Healthwatch

organisations. It advises NHS England, English Local Authorities, NHS Improvement and the Secretary of State for Health. It also has the power to recommend that action is taken by the Care Quality Commission (CQC) when there are concerns about health and social care services.

2. Healthwatch Dorset was established in 2013 and is the County's independent health and social care champion. It exists to ensure that people are at the heart of care.
3. Dedicated teams of staff and volunteers listen to what people like about local health and social care services, and what could be improved. These views are then shared with the decision-making organisations, so together a real difference can be made. Healthwatch Dorset can also help people to find the information they need about the health and social care in their area.
4. Healthwatch Dorset is funded by Dorset Council and BCP Council through funding received from Central Government. This funding is not ringfenced. It has powers to ask both the NHS and the Local Authorities, which have responsibility for social care, for information which is relevant to the exercise of its functions. It is also empowered to make recommendations to the NHS and Local Authorities and has a seat on the Health and Wellbeing Boards.
5. The contract for Healthwatch Dorset was previously held by Help and Care until 31st March 2019. On contract renewal and after competitive tender the contract was awarded to Evolving Communities, a community interest company. It provides a professional consultancy service specialising in research, evaluation and public engagement. It is an independent organisation and supports the work of 3 local Healthwatch organisations across the South West.
6. The Health and Social Care Act 2012 also makes provision for local authorities to arrange an Independent NHS Complaints Advocacy Service (ICAS), in relation to their area, for complaints relating to the provision of health services. SEAP provides this service for the Dorset and BCP Council areas.
7. As part of the Local Authority (Public Health, Health and Well Being Board and Health Scrutiny) Regulations 2013, local Healthwatch organisations can escalate matters of concern to the Overview and Scrutiny Committee, when it is felt necessary to do so. Part of the obligation of the committee is that the committee should acknowledge receipt of anything escalated and keep Healthwatch informed of any action the committee takes.
8. As well as above, Local Healthwatch must produce an annual report in relation to activities for the financial year that ends 31st March. These reports must address such matters as the Secretary of State may direct and will include information

about the amount of spending and details regarding what this is being spent on. This report must be made publicly available and a copy sent to a number of organisations including the relevant Health and Social Care Overview and Scrutiny Committees.

9. During the last year a lot of work has taken place to establish the new provider of local Healthwatch. This has included continuing with projects carried over from Help and Care. Over the past year, focus has been on:
 - a. Speaking to over 1000 local people in 2019.
 - b. Working on projects such as the NHS Long Term Plan, Diabetes Awareness, A&E services, homelessness, cancer support services.
 - c. 200+ engagement events in 2019 across Dorset.
 - d. Established a bank of over 110 volunteers across Dorset, carrying out visits, gathering feedback & supporting promotion stands.
 - e. Establishing a new Steering Group to set our work priorities, local volunteers have helped us create our Workplan.
10. Over the coming year, a number of work priorities have been identified and these are currently being consulted upon, these include:
 - a. Cancer Support Services in West Dorset – pilot project working with Macmillan & Wessex Cancer Trust.
 - b. Children & Young People's Mental Health services – work with young people to influence the CAMHS review.
 - c. Access to Primary Care – to include work on Learning Disability Health Checks, carers & disabled access.
 - d. Accident & Emergency Services – gathering feedback from patients at Dorchester & Bournemouth Hospitals.
 - e. Transport - clear & accessible information, disabled access, older people and rural communities.
11. It is important that the BCP Council Health and Adult Social Care Committee and Healthwatch Dorset have good communication in order that the work of both bodies can add most value in improving the outcomes and experiences of residents who use health and social care services. One way in which communication is enabled is that a Healthwatch Dorset regularly attends the Health and Adult Social Care Committee meetings as an observer and is enabled to contribute to the discussion in meetings. As the Committee develops its Forward Plan, it will be useful for the Committee to consider the priorities and work plan of Healthwatch Dorset to ensure effective alignment and avoid duplication. The Committee is also recommended to ensure that it annually has an item on the Healthwatch Dorset Annual Report and on the annual priorities of Healthwatch Dorset.

Appendices

Healthwatch Dorset presentation attached.

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Your independent health & care champion

Our Vision

We exist to ensure that people are at the heart of care. Our dedicated team of staff and volunteers listen to what people like about local health & care services, and what could be improved. These views are then shared with decision-makers, so together we can make a real difference.

People can also speak to us to find information about health and social care services available locally.

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**For better health and
care in Dorset which
is shaped by the
voices of local**



What We Do

- Engage with local people about health and care services and promoting their involvement in all areas.
- Provide an information and signposting service for local people so that they can make choices about health and social care services.
- Monitor the quality of health and care services.
- Use the voice of local people to influence commissioners and providers.
- Alert local commissioners & providers, Healthwatch England and the Care Quality Commission to concerns about services.



Achievements

- Spoke to over 1000 local people in 2019
- Projects: NHS Long Term Plan, Diabetes Awareness, A&E services, homelessness, cancer support services
- 200+ engagement events in 2019 across Dorset
- Over 110 volunteers across Dorset, carrying out visits, gathering feedback & supporting promotion stands
- Set up a new Steering Group, local volunteers who help us create our Workplan

“We would like to thank Healthwatch Dorset and everyone who took part, it’s vital we hear what’s important to local people & where they think we should focus our efforts for the future.” Dorset ICS



Workplan 2020/21

- **Cancer Support Services in West Dorset** - pilot project working with Macmillan & Wessex Cancer Trust
- **Children & Young People's Mental Health services** - work with young people to influence the CAMHS review
- **Access to Primary Care** - to include work on Learning Disability Health Checks, carers & disabled access
- **Accident & Emergency Services** - gathering feedback from patients at Dorchester & Bournemouth Hospitals
- **Transport** - clear & accessible information, disabled access, older people and rural communities.

“it doesn't make sense to simply design services and hope they work for people; we have to involve people in that process to ensure that the solutions meet the

Contact Us



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- ☎ www.instagram.com/Healthwatch.dorset



HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	The Better Care Fund 2019/20
Meeting date	2 March 2020
Status	Public Report
Executive summary	<p>This report provides an overview of the Better Care Fund (BCF) plan for 2019-20 and progress in regards implementing the plan.</p> <p>The BCF is a key delivery vehicle in providing person centred integrated care with health, social care, housing and other public services, which is fundamental to having a strong and sustainable health and care system.</p> <p>The Health and Wellbeing Board has the responsibility for governance and sign off for the plan which was completed in September 2019. The plan was then submitted for national approval and in January 2020 NHS England advised the plan had received approval.</p> <p>It was a year of minimal change for the BCF, with any major changes coming from a national review in 2020 onwards.</p> <p>The aim is to use the 2019-20 plan to continue to help deliver 'Our Dorset-Looking Forward' the Integrated Care System Plan which is currently going through the national approval process.</p>
Recommendations	<p>It is RECOMMENDED that:</p> <p>The Committee</p> <ul style="list-style-type: none"> (a) Scrutinise and provide comment on the delivery of the plan and current performance (b) Consider if the Committee wishes to request further reports in the coming 12 months in order to scrutinise the BCF plan in full or specific parts of delivery and/or performance.
Reason for recommendations	<p>The BCF Plan is a key operating plan in meeting a number of the deliverables of the Dorset Integrated Care System and a national driver for health and social care integration. Delivering the Better Care Fund Plan will improve outcomes for individual residents of the BCP Council area.</p>

Portfolio Holder(s):	Cllr Lesley Dedman, Adults and Health
Corporate Director	Jan Thurgood, Corporate Director, Adult Social Care, BCP Council Sally Sandcraft, Director Primary and Community Care. Dorset Clinical Commissioning Group
Contributors	Kate Calvert, Deputy Director Primary and Community Care, Dorset Clinical Commissioning Group Elaine Stratman, Head of Strategic Planning and Quality Assurance, Adult Social Care, BCP Council Mali Gudgion, Team Manager, Strategic Planning, BCP Council
Wards	All
Classification	For Decision

Introduction

1. This report provides an overview the Better Care Fund (BCF) for 2019-20 and describes the schemes, priorities and progress for the year.
2. The report also sets out the governance route for ensuring delivery of the BCF and alignment with the Dorset Integrated Care System governance arrangements.

Background and Better Care Fund 2019-20

3. Since 2013, the Better Care Fund (BCF) has been a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible. The BCF has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them with integrated health and social care services, resulting in an improved experience and better quality of life.
4. National guidance was issued by NHS England in the summer of 2019 in order to complete the Plan. The deadline for submitting the plan was September 2019. There are a number of national conditions set that need to be applied in order to reach the national assurance process; one of which is that the plan is jointly agreed by partners and is signed off for approval by the Health and Wellbeing Board. The Board has the responsibility for the ongoing governance of the plan. The plan was submitted for national approval and in January 2020 NHS England advised the plan had been approved.
5. It was a year of minimal change for the BCF, with any major changes coming from a national review in 2020 onwards. The aim is to use the 2019-20 plan to

continue to help deliver 'Our Dorset-Looking Forward' the Dorset Integrated Care System Plan which is currently going through the national approval process.

6. As part of the planning process for 19/20 financial year, the budget needed to be set based on the new BCP health and wellbeing area including using a population split of 11.7% for disaggregation of funding for Christchurch for both Local Authority and Dorset CCG.
7. The majority of the pooled resources for the Better Care Fund come from existing activity within the health and social care system. In addition, in more recent years extra short-term grants from central government have been paid directly to local authorities called the improved Better Care Fund with conditions imposed that the purpose of the grant is used for meeting adult social care needs, reducing pressures on the NHS and ensuring that the social care provider market is supported.
8. In addition the BCF is subject to a CCG minimum contribution uplift that must be met as one of the imposed conditions for meeting the national assurance process.

Approach to integrated Services at Health and Wellbeing level

9. Dorset CCG and BCP Council working in conjunction with local NHS providers and the wider market continue to invest all BCF allocation under the same five schemes carried over from the 2017-19 plan which are detailed below:
10. **Maintaining Independence**- below highlights some of the activities within the scheme:
 - a. The pan-Dorset integrated Equipment Service, which provides a rapid response whereby 90% of standard equipment, such as bath rails is delivered within three days of being requested. A strongly integrated approach between Health and Social Care Practitioners is ensuring that the Partnership is able to consistently support people, with increasingly complex needs, to remain independent in the community. The current contract is currently under review
 - b. Coastal Lodge – an initiative between Dorset Healthcare and Tricuro provides short-term accommodation to help support discharges from / or prevents admission into hospital.
 - c. We provide an online information and advice service through My Life My Care across the BCP Health and Wellbeing area. We have worked hard to engage with GP Surgeries, Pharmacies and small businesses to promote the website, and we have had good and positive feedback from the public. Moving forward, My Life My Care will form part of the Council's plans to re-design the Adult Social Care "Front Door" function providing a digital first point of contact for people seeking support.
11. **Early supported discharge**- this scheme responds to the national 8 high impact changes that make a difference to discharge planning. This includes working

with acute hospitals in planning for safe discharge into community settings. Focussed work on 'stranded'/long stay patients is taking place and a dashboard has been rolled out to acute hospitals to enable more active monitoring and management of patient flow. Weekly structured calls are taking place between senior officers to ensure that everything is being done to support long stay patients.

Integrated hospital discharge practices in both acute hospitals is continuing to influence more efficient and co-operative ways of working, linking closely with community hospitals to facilitate timely discharge.

In addition, a stroke pathway has been implemented at both acute hospitals with a dedicated stroke practitioner appointed working on a multi-agency basis to ensure discharge is timely.

A number of schemes have been put in place to facilitate timely and effective hospital discharges over the winter period using the Better Care Fund and Winter Pressures Grant. including:

- Enhanced Brokerage Services in order to prioritise packages of care and reablement
- Expanded independent living advisor services to help prevent delays by assisting people who fund their own care and support.
- Continued to deliver a hospital discharge support team delivering reablement and therapy.
- Injected additional capacity into the Poole area through use of interim beds at a new facility called Figbury Lodge, extra reablement assistant capacity and employment of an Occupational Therapist in order to enhance therapy led services.
- Deployed increased social work capacity through extended weekday and weekend working
- Ensured additional funding and have provided an increased the level of capacity to facilitate discharge through care home placements and care packages for very complex/high cost cases. We have also extend protected hours for care providers, in order to protect hard to source packages for up to 2 weeks.
- Commissioned extra winter domiciliary care hours in order to meet the extra demand, we have provided 18,527 hours of homecare per week during December 2019
- Enhanced BCP's community alarm and response service in order to reduce/ prevent admissions and increase confidence for those returning home from hospital.

12. **Carers**- Better Care Fund resources have enabled the range of services provided to carers in Bournemouth and Poole to be extended to residents of Christchurch. The services available include:

- a. The pan-Dorset counselling service, which has had positive feedback.
- b. Discount Cards have supported carers to benefit from hundreds of concessions.

- c. Befriending Service: this has created opportunities for experienced carers to mentor and support new carers.
 - d. The appointment of a social activities organiser has brought carers together, enabling friendships to develop. Activity workshops include advice on maintaining health and wellbeing.
 - e. The Carers Centre is supporting carers of people with Dementia to access specialist information and advice through regular drop-in sessions and offers peer support. The success of this has seen a similar drop-in session created in Dorset, providing an equitable service across the Dorset area.
13. **Moving on from Hospital Living**- provides integrated personalised care for people with complex needs who have moved on from long stay hospital accommodation. The Dorset wide pooled budget has provided a shared approach to managing financial risks over the past 3 years. A decision was made in early 2019 by partners to separate the current Dorset wide arrangement into two separate pooled budgets, reflecting the two new councils; BCP Council and Dorset Council from 1 April 2019. The BCP pooled budget arrangement supports 85 residents who moved on from hospital living.
14. **Integrated Health and Social Care Locality Teams**- have so far developed community hubs across Bournemouth and Poole. These are multi-disciplinary teams made up of social services and extend to involvement of GP Practices; physical and mental health teams and the voluntary sector to support people who are frail and those with complex needs. Work is also underway to more clearly define our rapid response offer provided in the community as well as deliver in-reach into ED departments with a view to implement changes in 2020/2021.

Below provides a breakdown of the spending by scheme type, source of funding and expenditure. A high level view of this is detailed below:

Scheme Description	CCG contribution	BCP contribution	Total
	£000	£000	£000
Maintaining Independence	7,798	13,374	21,172
Early Supported Hospital Discharge	4,883	3,086	7,969
Carers	1,148	0	1,148
Moving on From Hospital Living	7,265	2,182	9,447
Integrated Health & Social Care Locality Teams	19,105	0	19,105
Total	40,199	18,642	58,841

15. In addition to this Dorset CCG and BCP Council continue to focus on some additional areas of work for 2019-20 as detailed below:

a. **Strong and sustainable care markets-** Joint procurement of home care; mobilisation of a new 80 bedded care home in Poole with the NHS commissioning a number of short stay beds; purchasing of a care home in Bournemouth. There is also a strategic intention agreed to work towards an integrated quality function and team covering home care, nursing homes and residential homes. There is also an intention to work towards developing a shared market management plan.

b. **Understanding joint expenditure-** Prior to further aligning NHS and social care budgets it has been agreed that we will share financial information in order to better understand our joint expenditure and common areas of spend. This will enable us to make informed decisions of where we align budgets in the future.

Governance Arrangements

16. The Joint Commissioning Board has oversight of implementation of the Better Care Fund plan for the BCP Council area.

17. The BCP HWBB has oversight of budget management for 19/20. It will also provide governance oversight to the delivery of the four national performance targets which include, non elective admissions to hospital, delayed transfers of care, the effectiveness of reablement and permanent care home admissions for over 65's (please see appendix 1 for details of Quarter 3 performance outturn).

Summary of financial implications and risk

18. The non-recurrent nature of funding solutions in 19/20 and the challenges to the sustainability of funding for both the CCG and LAs means that managing the BCF budget creates risks for both Dorset Clinical Commissioning Group and BCP Council.

19. The mandatory 2019/20 uplift for BCP is 4.6% calculated on the Expenditure on Social Care from the Minimum CCG contribution of £10.437m. The uplift increases the minimum CCG contribution to be spent on Social Care to £10.919m. That is an increase of £482k.

20. The table below summarises the sources of funding and area of spend.

Sources of funding	Area of spend		Total
	Social Care £000	Community Health £000	
BCP contributions			
- Disabled Facilities Grant	3,101		3,101
- iBCF	11,296		11,296
- Winter pressures Grant	1,748		1,748
- Additional LA contribution	2,497		2,497
CCG contributions	10,919	29,280	29,975
	29,561	29,280	58,841

21. There is also £770k funding pressure experienced by the CCG, BCP Council and Dorset Council in regards to the Integrated Community Equipment Service in 2019/20. A recovery plan is in place. Funding partners have agreed not to reduce their contributions for 2019/20 and 2020/21. This still leaves a potential funding risk to all partners if demand outstrips resource. There is also pressure within the pooled funding agreement for Moving on From Hospital Living. This is due to cost of living and national living wage increases as well as increasing complexity for those individuals funded through the scheme. Any cost pressures impact on both partners through the risk share agreement.

Appendix 1

Better Care Fund – performance measures

Metric 1: Non-elective spells in hospital (all ages) measures the reduction in the number of spells of unplanned acute admissions to hospital (**lower spells is better performance**).

- April to October 2019 outturn was 30,906
- Target for 2019/20 is 51,246

It is unlikely the end of year the NEA target will be met. The average activity for the seven months so far is 4415. Extrapolating this average out for the remaining 5 months of the year would give a total of **52,982 which is above target and does not take into account added winter pressures.**

Metric 2: Admissions to Residential and Nursing Homes (older people 65+) measures the long-term support needs of people met by admissions to residential and nursing care homes. (**lower admission rate is better performance**).

- April to December 2019 outturn was 356.4 per 100,000 population
- Target for 2019/20 is 592 per 100,000 population

We are currently projected to meet the target

Metric 3: Percentage at Home 91 days after discharge (older people 65+) measures the number of older people who were still at home after being discharged from hospital into reablement/rehabilitation services. (**higher percentage is better performance**).

- April to December 2019 outturn was 76.6%
- Target for 2019/20 is 79.7%

Currently targets are not being met, plans are in place to review reablement services. There are also ongoing issues regarding the capture of data at local level from provider systems.

Metric 4: Delayed Transfers of Care (aged 18+) measures the appropriate setting for people to regain their independence by reducing the time they stay in a hospital bed. For the purpose of the Better Care Fund it measures delays which are attributable to the whole system of health and social care, based on a bed day rate per month. (**Lower bed rate is better performance**).

- April to November 2019 outturn was 34.4 bed day rate
- Target for 2019/20 is 25 bed day rate.

It does not allow for fluctuations in the year i.e. winter pressures. **Therefore, the DTOC target is not being met.** Please note discussions with NHSE, at this stage they are unable to rebase the DTOC target (the target is based on B'mth and Poole population) on the BCP population. However they are aware and advice given was that they don't envisage this to be an issue for the current year and will ensure that this point is considered in national conversations (including Winter related reviews) when looking at DTOC trends.

Forward Plan – BCP Health & Adult Social Care Overview and Scrutiny Committee

The following forward plan items are suggested as early priorities to the Health O&S Committee by the Chairman and Vice Chairman, following consultation with officers.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer
	Meeting Date – 2 March 2020			
1	The BIG Plan Update (Learning Disabilities Commissioning)	To scrutinise the performance and outcomes being achieved with people with a learning disability and their carers and the progress in delivering the “Big Plan” (Learning Disability Strategy).	Presentation by People First Forum and report	Jo O’Connell and Jen Collis-Heavens BCP Council and Mark Harris CCG
2	Healthwatch Dorset To receive an introduction to the contract and priorities of Healthwatch. To include a description of the relationship between Healthwatch, the Council and scrutiny	To ensure the committee understands the contract with Healthwatch and offers input accordingly.	Report	Louise Bate Healthwatch / Elaine Stratman, Principal Officer Planning and Quality Assurance
3	Better Care Fund 2019/2020 To receive an update on the Better Care Fund	To enable the Committee to scrutinise the delivery and performance of the Better Care Fund.	Report	Elaine Stratman, Principal Officer Planning and Quality Assurance

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer
4	Portfolio Holder Update	To assist the Committee by ensuring they are kept informed and up to date on the key areas of work by the Portfolio Holder.	Verbal	None
Meeting Date – 27 April 2020				
5	Adult Social Care Strategy To receive an update on the development of the Adult Social Care Strategy.	To offer recommendations on the Adult Social Care Strategy in advance of its consideration by Cabinet.	Report	Elaine Stratman, Principal Officer Planning and Quality Assurance
6	Suicide Prevention Plan	To offer recommendations on the BCP Council Suicide Prevention Plan in advance of its consideration by Cabinet	Report	Sam Crowe, Director of Public Health
Meeting Date – 1 June 2020				
7	NHS Looking Forward Plan To receive an update on the NHS Looking Forward Plan.	To ensure that the Committee has information on the Plan as approved by the Health and Well-Being Board, Dorset Integrated Care System and NHS England and to identify areas for future scrutiny in the implementation of the Plan	Report	Sam Crowe, Director of Public Health; Sally Sandcraft, Dorset CCG; Jan Thurgood, Corporate Director, Adult Social Care

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer
8	Adult Social Care Charging Strategy To receive feedback from a working group of the Health O&S Committee, established to consider options relating to the BCP Adult Social Care Charging Policy.	The findings of a scrutiny working group will strengthen the final strategy by testing options available to the council in respect of adult social care charging. To consider the final policy proposals that will go to Cabinet for implementation. Note – final Working Group meeting is being arranged for mid-April.	Working group will report initially to Committee in November 2019 and will report again when consultation outcomes are known and prior to the final policy is being presented to Cabinet for approval.	David Vitty Director of Adult Social Care Services
	Meeting Date – 27 June 2020			
	Meeting Date – 28 September 2020			
	Meeting Date – 30 November 2020			
	Meeting Date – 18 January 2021			
	Meeting Date – 8 March 2021			
9	Adult Social Care: Point of First Contact Service To receive a progress report in respect of the new adult social care intake service.	To ensure that the Committee has information on the progress of the new adult social care intake service.	Report	David Vitty Director of Adult Social Care Services

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer
	Meeting Date TBC			
10	Dorset Clinical Commissioning Group (CCG) – Mental Health Rehabilitation Service That an update on the strategic business case, including the financial details of the service would be provided to members. The next steps would also be highlighted.	The information provided will ensure that Councillors are aware of the proposals in this respect, and the views of the next stage of the process to be undertaken by the CCG.	Presentation and report.	Mark Harris Dorset CCG / Elaine Hurll Dorset CCG
11	Dementia Services Review To receive an update on progress since the Dementia Services Review.	To inform O&S of progress in Dementia Services November 2021/January 2022.	Report	Mark Harris Dorset CCG
12	Health services for people who are Homeless and Rough Sleeping	A discussion on the focus of the item and the value that scrutiny can add will be held at the proposed development session.	TBC	TBC
13	Structural Review of Safeguarding Community Safety Partnership	To ensure the committee are informed of any changes to the arrangements.	Report	Barrie Crook Independent Chair, Bournemouth, Christchurch and Poole Safeguarding Adults Board.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer
Commissioned Work Work commissioned by the Committee (for example task and finish groups and working groups) is listed below. Note – to provide sufficient resource for effective scrutiny, one item of commissioned work will run at a time. Further commissioned work can commence upon completion of previous work.				
14	Adult Social Care Charging Strategy Working Group	As per item 8 above Final meeting to be arranged for mid-April.		David Vitty Director of Adult Social Care Services
15	The South West Ambulance Service Trust Improvement and Financial Investment Plan	To scrutinise the impact of the improvement and financial investment plan on the response times and outcomes of the Ambulance Service	Possible joint scrutiny with Dorset Council	Jan Thurgood, Corporate Director for Adult Social Care
16	The implementation and performance of NHS Dorset Urgent Integrated Care Services	To scrutinise the impact, service performance and outcomes of the NHS Dorset Urgent Integrated Care Services (April 2020, 1 year after implementation)	Possible Joint Scrutiny with Dorset Council	Jan Thurgood, Corporate Director for Adult Social Care

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer
Development Session Forward Planning 2021 Date TBC Work will be discussed by Committee at the development session and will be strategically placed on the Forward Plan as and when necessary.				