

Notice of Health and Adult Social Care Overview and Scrutiny Committee



Date: Monday, 27 July 2020 at 6.00 pm

Venue: Virtual meeting

Membership:

Chairman:

Cllr L Northover

Vice Chairman:

Cllr L-J Evans

Cllr H Allen

Cllr D Butler

Cllr J Edwards

Cllr N C Geary

Cllr C Johnson

Cllr C Matthews

Cllr K Rampton

Cllr M Robson

Cllr R Rocca

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 view the live stream of this meeting at the following link:

<https://democracy.bcpCouncil.gov.uk/ieListDocuments.aspx?MId=4318>

If you would like any further information on the items to be considered at the meeting please contact: Democratic Services by email at 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

17 July 2020



Available online and
on the Mod.gov app



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
(anne.brown@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. Election of Chairman of the Health and Adult Social Care Overview and Scrutiny Committee

Councillors are asked to elect the Chairman of the Health and Adult Social Care Overview and Scrutiny Committee for the 2020/21 Municipal Year.

4. Election of Vice-Chairman of the Health and Adult Social Care Overview and Scrutiny Committee

Councillors are asked to elect the Vice-Chairman of the Health and Adult Social Care Overview and Scrutiny Committee for the 2020/21 Municipal Year.

5. 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.

6. Confirmation of minutes

To confirm the minutes of the meeting held on 2 March 2020.

7 - 16

a) Action Sheet

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

17 - 20

7. 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/ieListMeetings.aspx?CommitteeID=151&Info=1&bcr=1>

The deadline for the submission of public questions is Monday 20 July 2020

The deadline for the submission of a statement is 12.00 noon, Friday 24 July 2020

The deadline for the submission of a petition was, Friday 10 July 2020.

8. University Hospitals Dorset - update on merger, services and estates programme

To receive a presentation on the above.

9. Adult Social Care Consumer Relations Annual Report 2019/20

21 - 56

Adult Social Care has a statutory responsibility to produce an annual report on complaints received, issues that have been raised and any action that has been taken to improve services. Adult Social Care encourages feedback from a range of sources including complaints, compliments, comments, surveys, consultations and engagement to improve services. This report provides a summary of feedback and learning for BCP Council Adult Social Care from 1st April 2019 to 31st March 2020.

10. Adult Social Care Strategy

57 - 68

This report presents the draft Adult Social Care Strategy for consideration by Councillors prior to the presentation of the Strategy to Cabinet on 2 September 2020 for approval.

The report outlines how Adult Social Care has engaged with stakeholders, including people who use services and carers, in order to inform a draft set of strategic priorities for the next 4 years.

It set outs how the priorities align to the Fulfilled Lives objectives in the Corporate Strategy and the Council's wider transformation programme. The draft strategy also responds to national drivers, legislation and where performance measures and customer feedback indicates that strategic change is required to deliver improvements in outcomes and services.

The report highlights the potential to develop new approaches to service delivery as a result of learning through the COVID 19 pandemic. The overarching priorities for the Strategy are:

- **Engage with individuals and communities to promote well-being**
- **Support people to live safe and independent lives**
- **Value and support carers**
- **Enable people to live well through quality social care**
- **Deliver Services that are modern and accessible**

11. Adult Social Care Response to the COVID19 pandemic

69 - 80

The report sets out for the scrutiny of Committee members the BCP Council Adult Social Care response to the COVID19 pandemic as at mid-July 2020. It provides details on how Adult Social Care has worked with the local NHS and the Care Sector to ensure that local people who require information, advice, guidance, assessment, care and safeguarding have continued to be supported through the period of national lockdown and the subsequent gradual easing of lockdown measures.

It also outlines the work undertaken with the Adult Social Care sector in order to support all social care providers as they have worked with skill and commitment to provide quality care to service users and carers through the unique and highly complex circumstances of the pandemic.

This work has been conducted in the context of rapidly developing and changing national guidance for the health and care system.

The report also outlines the financial impact of COVID19 for the Adult Social Care sector and the funding provided to the sector by the Council through Grant monies from Government. It provides information on the financial situation for BCP Council Adult Social Care Directorate in 2020/21.

12. Healthwatch Dorset Annual Report

81 - 108

The Healthwatch Dorset Annual Report will be presented to the Committee.

13. Portfolio Holder Update

To receive any updates from the Portfolio Holder on key issues as appropriate.

14. Forward Plan

109 - 114

To consider the development of the Committee's Forward Plan.

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.

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

Minutes of the Meeting held on 02 March 2020 at 6.00 pm

Present:-

Cllr L Northover – Chairman

Cllr L-J Evans – Vice-Chairman

Present: Cllr J Edwards, Cllr C Johnson, Cllr L Lewis, Cllr C Matthews,
Cllr K Rampton, Cllr R Rocca, Cllr T Trent and J Kelly

Also in
attendance:

53. Apologies

Apologies were received from Cllrs H Allen and N Geary.

54. Substitute Members

Notification was received from the nominated representative of the relevant Political Group Leader that Cllr J Kelly was substituting for Cllr H Allen for this meeting of the Committee.

55. Declarations of Interests

For transparency, Cllr C Johnson declared that she was an NHS employee in the Bournemouth, Christchurch and Poole area. Cllr L-J Evans also declared, for transparency, that she was an NHS employee in the Bournemouth, Christchurch and Poole area.

56. Confirmation of Minutes

The Committee confirmed the minutes of the meeting held on 20 January 2020 as an accurate record.

57. Action Sheet

The Chair gave an update on the Action Sheet. Members heard that item 35, the 'External Scrutiny Quality Accounts', and item 46 'Clinical Services Review' were the two items still outstanding.

It was explained that in relation to item 35, the scrutiny leads for the NHS Dorset Quality Accounts had been finalised and that meeting arrangements were being made with the Principal Officer of Planning and Quality Accounts for late March, early April time.

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In relation to item 47, members were reminded that a development session will be held in early June at which point the Committee will consider where scrutiny can be best targeted during the implementation and delivery stages of the Clinical Services Review (CSR).

The Corporate Director for Health and Adult Social Care explained that, going forward, actions would remain on the Action Sheet for one Committee meeting cycle after their completion.

RESOLVED that:- The Committee confirmed the action sheet without amendment.

58. Public Issues

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

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

The Head of Strategic Commissioning – Disabilities briefly explained Item 6, 'The Big Plan 2018-21 Commissioning Strategy for Adults with Learning Disabilities Progress', before introducing the People First Forum.

The Assistant Manager of the People First Forum explained the group's current structure, their aims and vision, the services they provide to the community and the main enquiries that they receive. These enquiries ranged from questions on emotional wellbeing, assertiveness, being heard and the groups and events that the group organise. Members were told of the Safe Place project, the Witness Profiling service, the Easy Read Information and Quality Checking work that the People First Forum had undertaken. The Committee were told about the main events that the People First Forum arrange in the community, including the Big Night Out with Suttles that is attended by 600 adults with a learning disability.

The trainer for the People First Forum explained what the Bill of Rights Charter was, what the main rights were, how the Charter had been developed and how many organisations had signed up to it. The group's members had agreed that the Charter should include the following rights: the right to feel safe when going out, to feel safe when at home, to receive support when needed, to relationships, to say no, to confidentiality, to independence, to public facilities, to good healthcare, to be heard and to have feelings and more. The Committee were asked whether they would continue to support the Charter and whether it would be part of BCP Council's plans in the way they work. Finally, the Trainer provided some significant figures and information on how rights had not been respected for adults with a learning disability or autism.

Members commented on the successes of the People First Forum's work and noted that over 800 people had become members of the group. It was

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explained that new members often joined after attending a People First Forum social meeting or after visiting a friendship centre. A question was asked on whether the People First Forum could attend the Council meeting at which the Bill of Rights Charter would be considered. The Democratic Officer advised that if the Committee were minded to include this in their recommendation to Council, this could be investigated and the possible arrangements would be assessed.

One member asked about the challenges that adults with a learning disability or autism may face when voting in elections. The Committee heard that Easy Read material was produced nationally to assist people with a learning disability or autism when voting, and that this was very important in supporting them during this process.

The Head of Strategic Commissioning – Disabilities gave a presentation on the Big Plan 2018-21 Progress Report. To start, an overview of the local population of people with a learning disability across the BCP area was given. 820 people received Adult Social Care services, 2,467 were registered with a GP and 7,772 was the estimated number of those with a learning disability in the local population.

From this, the Head of Strategic Commissioning – Disabilities explained that the priority workstreams for transforming the care of those with a Learning Disability or Autism were as follows:

- Preventing and reducing the specialist in-patient placements.
- Conducting quality assurance visits every 6-8 weeks.
- Conducting Care Education and Treatment Reviews (CETR) and Care and Treatment Reviews (CTR).
- Encouraging Annual checks for people with a Learning Disability.
- Identifying common themes and learning points from the Learning Disability Mortality Review Programme (LeDeR).
- Engaging with the Supporting Appropriate Medication reviews (STOMP/STAMP).

The Committee were informed of the in-patient numbers and annual health check figures. It was heard that only 35% of adults had attended an annual health check in the first three quarters of 2019/2020. However, this was noted as being ahead of the 2018/2019 trajectory for the same period. The Head of Strategic Commissioning – Disabilities stated that 53 reviews of the LeDeR had been undertaken in 2019/20, 9% of which resulted in recommendations for the service. It was heard that these recommendations are followed up on a routine basis. The Committee were told that the CETR/CTR process had been developed and was in place and that monthly cohort meetings were scheduled to review at-risk cases. Similarly, a medicines optimisation transformation group had been formed to oversee polypharmacy and prescribing activity. This coincides with the STOMP/STAMP campaign which had been shared and publicised.

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The Head of Strategic Commissioning – Disabilities summarised the programme's Key Longer-Term Developments up to 2023/24. These included:

- National learning disability improvement standards for all NHS funded services
- A 'digital flag' in the patient record to ensure staff know a patient has a learning disability or autism.
- A designated keyworker for all children and young people with a learning disability, autism or both who have the most complex needs.
- The offer of the opportunity to have a personal health budget (PHB), where eligible.

The Committee were then shown an overview of the 'Big Plan 7 Big Aims' and were updated on their progress. With this, members heard that out of an overall thirty-seven pieces of work scheduled to be completed, thirteen had been started and five had been completed. There were no pieces of work that had not been started or were delayed.

Members were updated on the 'Big Plan's key successes, for example: the increase in availability of supported accommodation, the formation of the BCP wide Learning Disabilities and Autism Care and Support framework and the fact that there were no out of area CCG commissioned adult admissions in 2019/20.

An area where further work was required included to increase the uptake of annual health checks for people with a learning disability. Also, employment support opportunities that are built around the individual and developing support in the community were both identified as areas of improvement.

The level of completed health checks was raised as an issue by members, specifically why this figure was so low. The Director of Primary and Community Care provided further information and context around the figures. The Committee heard that level of health checks was expected to be around 55% by the end of the final quarter. One area of improvement that was highlighted was the de-medicalisation of the offer and for thought on how and where health checks can be undertaken more successfully. The role of Healthwatch as being a critical partner in developing the offer for health checks was raised during the discussion. One member asked how people with a learning disability or autism were notified and reminded of their health checks, to which the Committee were informed that an Easy Read style letter was sent by the relevant GP Practice as an initial first point of contact. Additionally, the 'Yellow Health Book' was referenced as a resource that assisted with health-related matters including a person's health information and their health action plan.

Both the Assistant Manager and Trainer of the People First Forum gave information on the barriers that they and others had faced when attending a health check. It was heard that the experience of attending health checks differs from person to person and that practices and doctors are received differently by different service users.

A Councillor not on the Committee, Cllr D Butler, addressed the Committee and asked whether mobile health checks had been considered to accommodate for those individuals who may struggle with attending GP practices or hospitals. The Director of Primary and Community Care NHS

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Dorset Clinical Commissioning Group responded to the question by explaining that a model for mobile health checks was being explored and that the service understood the importance of working out in the community.

A Member commented on the LeDeR and the mortality levels, highlighting that these were not good enough. The Director of Primary and Community Care NHS Dorset Clinical Commissioning Group explained that the Learning Disability and Autism Board discussed this topic at their last meeting and feedback was given to those partners who provide services. The Head of Strategic Commissioning – Disabilities informed the Committee that meetings are held with the relevant service providers three times a year and that LeDeR is a standing item at these meetings.

A member of the Committee suggested that a People First Forum training session be offered to all members of the Council to better inform Councillors of the experiences and the work/services that they do in the community. The motion was proposed and seconded, and the Committee agreed to request a training session be arranged for all member of the Council by the People First Forum to Council. Another member of the Committee suggested that the People First Forum be invited to the future Council meeting where BCP Council will be recommended to formally adopt the Bill of Rights Charter. The Democratic Officer advised the Committee that they would work with the Chair and key officers to assess how the People First Forum could engage at the future Council meeting.

RESOLVED that:-

The Committee agreed to:

- (a) In conjunction with the Cabinet member for Health and Adults recommend to a Council that the Bill of Rights Charter for people with a Learning Disability is formally adopted by BCP Council.**
- (b) Request that a report is presented to the Committee for scrutiny in March 2021 on the progress in delivering of the Big Plan 2018-2021 and in preparations for developing a future strategic plan.**
- (c) Request an update in six months on the progress of health check figures and an item on the Council's paid employment offer for adults with Learning Disabilities and Autism.**
- (d) Request that a training session be offered to all BCP Councillors by the People First Forum of their experiences and the work/services they do in the community and for the People First Forum to be invited to the relevant future Council meeting.**

60. Healthwatch Dorset

The Manager of Healthwatch introduced item 7, 'Healthwatch Dorset', before giving a presentation to the Committee. The Committee heard that Healthwatch Dorset's main aim is to share the views gathered so that those people at the heart of care see can be heard in seeking improvements to services. Members were told that Healthwatch Dorset undertake proactive engagements from their space at The Bridge at the Littledown Centre and the Manager of Healthwatch Dorset provided examples of the main actions the group undertake, including:

- Promoting the involvement of local people in all areas of health.
- Providing an information and signposting service to assist local people in the choices they have about health and social care services.
- Monitoring the quality of health and care services.
- Utilising the voice of local people to influence commissioners and providers.
- Alerting the relevant bodies to any concerns about local health and care services.

Members were told that Healthwatch Dorset had spoken to over 1000 local people in 2019. During this time, several projects had been undertaken and contributed to, including the NHS Long Term Plan, Diabetes Awareness, A&E Services, homelessness and cancer support services. The Committee heard that over 110 people had volunteered for Healthwatch Dorset over 2019 and a new Steering Group of local volunteers had been created to help create the Healthwatch Dorset Workplan.

This Workplan focused on five main topics: cancer support services in West Dorset, children and young people's mental health services, access to Primary Care, A&E services and transport. The Committee raised several questions regarding the Workplan and a member enquired as to whether Healthwatch Dorset had been involved in any of the Homelessness Reduction Workgroups, to which members heard they had not but would be happy to contribute. A Member asked how the five Workplan priorities had been reached. The Manager of Healthwatch Dorset explained that the process was lengthy, whereby a year's worth of feedback was evaluated in line with the framework of key themes. It was explained that the key themes considered were geography, protected characteristics, local priorities and Healthwatch England's national priorities.

A question was asked on the Diabetes Awareness work that was undertaken by Healthwatch Dorset in 2019 and its outcomes. The Healthwatch Dorset manager informed the Committee that the project delivered good resources in the form of videos and blogs made by young people living with diabetes, which had since been shared among Primary Care providers.

The Manager of Healthwatch Dorset showed the Committee its recent report into patients' views when using Poole Hospital's A&E service. A Member asked how future scrutiny could be done on this topic, and the Manager of Healthwatch Dorset suggested that she have a conversation with Poole Hospital to see when the best time to consider their response to the recommendations would be.

The Manager of Healthwatch Dorset informed the Committee that 20 PLACE Visits (Patient Led Assessment of Care Environment) had been conducted in the past year and a working group member that was present

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highlighted the key roles and actions of the working groups that assessed both Poole Hospital and St Ann's Hospital. It was heard that the group's teamed with staff and patients to inspect the care environment. The Manager of Healthwatch Dorset told the Committee that she would circulate the results of the PLACE visits after the meeting.

Finally, the Manager of Healthwatch Dorset told members that Healthwatch's annual report would likely be published around June.

RESOLVED that:-

The Committee agreed to

- 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) On an annual basis, ensure that the Committee considers both the Annual Report of Healthwatch Dorset and its annual priorities.**

61. Better Care Fund 2019/2020

The Head of Strategic Planning and Quality Assurance for Adult Social Care and the Director of Primary and Community Care for Dorset Clinical Commissioning Group presented item 8, 'The Better Care Fund 2019/20'.

The principles of the Better Care Fund (BCF) were explained to the Committee and it was heard that since 2013, the programme had spanned both the NHS and local government in seeking joined-up health and care services. This was so that people can manage their own health and wellbeing and live independently for as long as possible. Members heard that the BCF requires the NHS and local government to create a single pooled budget, accompanied by the ethos of closer working and a shift of resources into social community services. The Committee were told that the plan, along with descriptions of the schemes and how the money will be spent are required to be agreed and signed off by the BCP Health and Wellbeing Board as well as NHS England.

Members heard that at present several schemes make up the plan and these include:

- Maintaining Independence
- Early Supported Discharge
- Carers
- Moving on From Hospital Living
- Integrated Locality Teams

A funding table was then shown to members which broke down the cost of each scheme and how those costs were shared between the Clinical Commissioning Group and BCP Council. From this, the current performance statistics were explained, and the four metrics were discussed. The four areas were: Non-elective spells in hospital (all ages), Admissions to Residential and Nursing Homes (older people 65+), Percentage at Home 91 days after discharge (older people 65+) and Delayed Transfers of Care (18+). Members raised queries on the fact that three of the four metrics were highlighted as underperforming. A question was asked on what was being done to seek improvement in this regard and the Committee were told that, in line with the overarching ethos, the community offer would be developed, and workers will be utilised and mobilised as effectively of possible. This piece of work was highlighted as being in line with Primary Care Networks Stream which would help to make a sustainable difference in ensuring the optimal hospital utilisation.

A question was asked as to whether the performance figures put the funding at risk, to which it was explained that although the metrics were not good reputationally nor for patient outcome, the performance has not previously affected funding at all. The Director of Primary and Community Care for Dorset Clinical Commissioning Group reassured the Committee that the current direction was positive and that there must be commitment to ensure that sustainable community-based work was delivered. The BCF metrics exist within a wider work stream in Dorset focusing on growing our capacity and capability within primary and community services to reduce reliance on hospitals, especially by earlier work within our local population. National pressures, especially in non-elective admissions and delays within hospitals also dictate the starting base of performances. It was further detailed that a major piece of work concerns the investment stream into Primary Care services as well as making best use of existing resources, such as staff skills and the capacity of the joint work force GP Practices, community practices and adult social care processes.

The Director of Primary and Community Care for Dorset Clinical Commissioning Group clarified that the metrics of the BCF do not separate health and social care as these are fixed nationally. The Head of Strategic Planning and Quality Assurance for Adult Social Care added that localised data for November 2019 showed that BCP services saw 35 'bed days', NHS hospital services saw 765 'bed days' and there were 110 joint-services 'bed days' across the area. This placed the NHS at 123 out of 151 Local Authority areas, BCP Council at 13 out of 151 Local Authority areas and joint-services at 131 out of 151 Local Authority areas.

A question was received from Councillor Stephen Bartlett during item 8, relating to the former care-provision site, Templeman House. The question focused on whether Templeman House would be a viable facility for temporary accommodation following hospital treatment. The Portfolio Holder for Health and Adults, the Director of Primary and Community Care for Dorset Clinical Commissioning Group and the Director of Adult Social Care Commissioning responded by clarifying that the site was not suitable given its size and its current standard of building regulations. In order to refurbish the building suitably, a third of all beds would be lost.

Furthermore, the site is even more unsuitable for those with complex needs, who are generally the patients that require temporary accommodation between hospital treatments and returning home.

A question was asked by a member on the cost of equipment to assist with independent living in homes. The Director of Adult Social Care Commissioning explained that provision of equipment was a universal service and there was no cap on the number of pieces that an individual can have. This area has a pooled budget with Dorset Council and the governance arrangements around purchasing equipment is subject to price-effectiveness and recycling schemes.

Resolved that:-

Members agreed to request that Officers bring a report to Committee in October featuring the BCF's end of year performance and also the 2020/21 plan, for scrutiny.

62. Portfolio Holder Update

The Portfolio Holder for Health and Adults provided the Committee with an overview of her key activities and engagements in recent months. These included meetings on the merger of the Poole Hospital Foundation Trust and the Royal Bournemouth Hospital Foundation Trust and Christchurch Hospital Foundation Trust, New Dorset Integrated Care System (ICS) Chair appointment and a providers event for Safeguarding.

Members asked questions regarding Covid-19 and the Portfolio Holder and Corporate Director for Health explained that guidance would shortly be issued by the Chief Executive of Public Health Dorset. The Corporate Director for Adult Social Care informed the Committee that she would take their concerns to the Corporate Management Board and that future briefings would be in line with the framework of national and local guidance. A member asked a question on the 'Deprivation of Liberty' applications and the high numbers that BCP Council had received in recent months. The Corporate Director for Adult Social Care explained that recent case law saw an expansion in the criteria needed for a Deprivation of Liberty application. Due to the extremely high number of cases, BCP Council had triaged the referrals to catch high priority cases. Members heard that 'Liberty Protection' had replaced the title of Deprivation of Liberty. The Corporate Director for Adult Social Care expressed that if members wanted detail on the current and future legislation surrounding Liberty Protection

63. Forward Plan

The Chair introduced item 10, the Forward Plan. The Chair proposed that an item be added to the Forward Plan for the 27 April 2020 meeting, on the merge of two local NHS Foundation Trusts: Poole Hospital NHS Foundation Trust and Royal Bournemouth Hospital and Christchurch Hospital NHS Foundation Trust. The Committee heard that this item would be for information purposes and would allow members to fully understand and comment as necessary on the business case for the merger. The Committee agreed to add the item to the Forward Plan. The Chair ended

the discussion by informing members that advice would be provided by Democratic Services on the possible conflict of interest that may arise for those members who also on the Planning Committee as there is, at present, a live Outline planning application for the Royal Bournemouth Hospital that is predicted for decision

The Chair reminded members that a development session was to be arranged for early June 2020 for them to work on developing the Committee's Forward Plan. The timeframe allowed the Committee to receive informative items on several of the key policies and projects within the service area, which would allow them a knowledge base to then plan how best to target scrutiny throughout the 2020/2021 Municipal Year.

RESOLVED that:- The Committee agreed to add the NHS Foundation Trust merger for local hospitals to the Forward Plan for the meeting on 27 April 2020. The Committee approved the Forward Plan with the above amendment.

64. Exclusion of Press and Public

RESOLVED that under Section 100 (A)(4) of the Local Government Act 1972, the public be excluded from the meeting for the following item of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 in Part I of Schedule 12A of the Act and that the public interest in withholding the information outweighs such interest in disclosing the information.

65. Urgent Business - Adult Social Care

Exempt Information – Category 3 (Information relating to the financial or business affairs of any particular person (including the authority holding that information)).

The Committee were advised by the Corporate Director for Adult Social Care of a performance related matter requiring the Committee's attention. The Committee, following the update, identified two members to monitor the progress of the situation in a rapporteur role.

(Although this item did not appear on the agenda, the Chairman agreed that it be dealt with as a matter of urgency due to the need to appraise members of the committee of the matter in question.)

The meeting ended at 8.47 pm

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 Committee meeting: 2 March 2020				
59	The Big Plan	For arrangements to be made for the People First Forum to hold a training session for all Councillors of BCP Council. Action: Training opportunity has been added to the Councillors Development Programme. Arrangements to be made at a future date.	To ensure all members of the Council are updated on the key themes, issues and actions of the People First Forum.	
59	The Big Plan	To add an item to the Forward Plan on The Big Plan. For members to receive an update in six months on the BCP annual health check figures and the paid employment offer for adults with a learning disability or autism. Action: Item added to the Forward Plan for consideration at the 28 September 2020 meeting.	To allow members to monitor the progress of the highlighted areas of BCP Council's 'Big Plan', these being: health checks and the paid employment offer.	

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
59	The Big Plan	For officers to discuss the options for the People First Forum to attend a future Full Council meeting where the Bill of Rights Charter will be considered.	To enable the voices of a local group (People First Forum) to be appropriately heard at Council.	
60	Healthwatch Dorset	For the Healthwatch Poole A&E report to be circulated to all members. Action: report circulated to all members of the Committee by the Democratic Services Officer.	For members to be informed of the findings/recommendations that came out of Healthwatch Dorset's report and to consider these when conducting future scrutiny.	
60	Healthwatch Dorset	To add an item to the Forward Plan on Healthwatch Dorset's annual report. Action: Item added to the Forward Plan for consideration at the 27 July 2020 meeting.	The report will provide members with an annual update on the activity of Healthwatch Dorset and allow them to consider their findings in future scrutiny.	
61	Better Care Fund - End of Year Performance 2019/2020	To add an item to the Forward Plan for the Committee to receive a report for The Better Care Fund's end of year performance 2019/2020. Members will receive an update on the Better Care Fund metrics and their 2020/2021 Plan.	The year-end report for the Better Care Fund 2019/2020 will allow members to monitor its progress. Scrutiny will add value to the two requested topics: The Better Care	

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
		Action: Item added to the Forward Plan for consideration at the 30 November 2020 meeting.	Fund metrics and 2020/2021 Plan.	
62	Portfolio Holder Update – Deprivation of Liberty Applications	To add an item to the Forward Plan on the changes in legislation to the Deprivation of Liberty Applications. Action: Item added to the Forward Plan under ‘meeting date TBC’.	For members to receive information on the current and future legislation as well as information on how BCP Council will enact those changes.	
63	Forward Plan	For an item to be added to the Forward Plan on the business case for the merger of the Poole Hospital NHS Foundation Trust and The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and its current progress. Action: Item added to the Forward Plan for consideration at the 27 July 2020 meeting.	To provide the Committee with the knowledge base to effectively map out a focused scrutiny plan on the implementation of the NHS Dorset Looking Forward Plan.	

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
63	Forward Plan	<p>For advice to be circulated to those members who sit on both the Health and Adult Social Care Overview and Scrutiny Committee and the Planning Committee on the potential conflict of interest regarding the item on the NHS Hospital Foundation Trusts merger to be considered at the meeting on 27 April 2020.</p> <p>Action: Guidance has been obtained from the Monitoring Officer and will be circulated to the relevant members in advance of the meeting on 27 July 2020.</p>	To prevent any conflict of interest arising when considering the NHS Hospital Foundation Trusts merger.	
63	Forward Plan	For the Chairman to work with Key Officers on how best to consider the ongoing issue of Covid-19.	For members to receive up to date, expert information on the ongoing issue of Covid-19.	

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Adult Social Care Consumer Relations Annual Report 2019/20
Meeting date	27 July 2020
Status	Public Report
Executive summary	<p>Adult Social Care has a statutory responsibility to produce an annual report on complaints received, issues that have been raised and any action that has been taken to improve services. Adult Social Care encourages feedback from a range of sources including complaints, compliments, comments, surveys, consultations and engagement to improve services.</p> <p>This report provides a summary of feedback and learning for BCP Council Adult Social Care from 1st April 2019 to 31st March 2020.</p>
Recommendations	<p>It is RECOMMENDED that the Committee:</p> <p>i) Consider and note the information contained in this and accompanying report.</p> <p>ii) Consider and note any actions or issues to consider for the Committee's Forward Plan</p>
Reason for recommendations	<p>Adult Social Care has a statutory responsibility under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 to report complaints and other representations about Health and Adult Social Care. Councils and NHS bodies are required to produce an annual report about complaints received, issues that have been raised and any action that has been taken to improve services.</p>

Portfolio Holder(s):	Cllr Lesley Dedman, Portfolio Holder for Adults and Health
Corporate Director	Jan Thurgood, Corporate Director, Adult Social Care
Report Author	Nicky Mitchell, Quality Assurance Team Manager
Wards	Council-wide
Classification	For Recommendation

1. Background

- 1.1 Adult Social Care has a statutory responsibility to produce an annual report under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 to report on complaints received, issues that have been raised and any action that has been taken to improve services.
- 1.2 This report provides a summary of the feedback and learning covering the period 1st April 2019 to 31st March 2020 included at Appendix 1.

2. Summary of key findings

- 2.1 This is the first Adult Social Care annual report on customer opinion and learning for BCP Council and therefore it has not been possible to provide bench-marking data for the local authority area as a whole. However to enable comparison, legacy authority and regional information has been included where appropriate.

- 2.2 In the 2019/20, the total number of complaints for BCP Council ASC was 178.

In 2018/19, the total number of complaints received for the Bournemouth, Dorset County Council for the Christchurch area and Poole legacy authorities totalled 187.

22 complainants referred their complaint to the Ombudsman for an independent review. The Ombudsman chose not to investigate 9 of the 22 referrals due to the either; a premature referral, the complainant did not have the authority to make the complaint, the length of time it had taken for the complainant to raise the referral or the Ombudsman felt that the council had already done all they could to rectify the situation and an investigation would not change the outcome.

- 2.3 Complaint themes highlighted communication and perceived standard of service and professional practice as being the most common concerns. Trends around finance and charging were also highlighted. Nationally the Local Government and Social

Care Ombudsman (LGSCO) reported assessment and planning, charging and safeguarding were their most common themes for complaint.

- 2.4 Organisational learning has been taken from customer feedback where possible. Details of learning from feedback can be found in the Annual Report at Appendix 6.
- 2.5 In total, **275** compliments and messages of thanks were received.
- 2.6 The statutory NHS Digital ASC users survey highlighted some areas for improvement particularly around information and advice and user satisfaction. Action plans are being put in place to look at how we can improve related services and in turn the measures, around these two areas.

3. Customer Feedback arrangements for Adult Social Care as BCP Council

- 3.1 Since BCP Council was formed in April 2019, work has progressed to align the 3 legacy Councils' complaint processes. The service now operates as one including contact details, day to day procedures and reporting. The final element is to align the complaints policies, which is currently being progressed.
- 3.2 Performance, statutory surveys and customer engagement are all now also aligned for Adult Social Care. This work along with complaints, feeds into a Quality Assurance and Standards Framework that allows the organisation to have a clear line of sight into how it is performing with the voice of the user being central to this work.

4. Summary of financial implications

- 4.1 Financial payments can be made as a result of a complaint if this redress is considered appropriate. Any costs in this respect are accepted as the responsibility of the Social Care service. Financial redress can be offered at any point within the process if relevant or can be recommended by the LGSCO. In 2019/20, a total of £350 was required to be waived from recommendations from the LGSCO.
- 4.2 There are costs of employing independent investigators for complaints however they are only used in exceptional circumstances. The use of any independent investigators is always agreed by the service prior to commencement.

5. Summary of legal implications

- 5.1 The statutory framework for complaints about adult services are:
 - the NHS and Community Care Act 1990

- the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

5.2 Alongside this, government guidance are also relevant including Getting the Best from Complaints (DfES 2006).

5.3 The guidance requires the complaints function for Social Care to be at 'arms length' from the operational delivery.

6. Summary of Human Resources Implications

6.1 Adjustments have been made to align the staffing structure across BCP to ensure robust complaints management arrangement is in place and Human Resource implication risks have been mitigated through the careful management of staff handover.

7 Summary of Sustainability Impact

7.1 New ways of working across the council in regard to flexible working from home, sustaining paperless business and system processes will have a positive impact on sustainability. The increase use of virtual engagement and communication with users cuts down on travel implications therefore reducing our carbon footprint.

8. Summary of Public Health Implications

8.1 Understanding the voice of the users and being a listening organisation can help us understand where improvements in services are needed to support the health and wellbeing of our residents.

7. Summary of equality implications

7.1 Many of the service users of adult services will be vulnerable, or from potentially disadvantaged groups. The complaints process is a vital part of the Council's quality assurance function to ensure all service users receive fair treatment and reasonable adjustments. Service users will have a very wide range of individual needs and backgrounds. All protected characteristics under equalities legislation may be relevant to complaints made to Adult Social Care Services and need to therefore considered fully when they are relevant to complaints.

7.2 The Complaints Service will ensure complainant's individual requirements are supported, for example through interpreting services or by advocacy services.

7. Summary of risk assessment

- 7.1 The Complaints Service manages complex, high risk complaints which if not effectively managed could result in scrutiny by the Local Government and Social Care Ombudsman, Central Government, CQC or through the courts via judicial review. The implications of this scrutiny could negatively affect the Council's reputation and result in major financial costs.
- 7.2 Practice issue complaints can include elements of safeguarding which require effective management and proactive action. The Complaints Service must be able to recognise these issues when they arise within a complaint context and action them appropriately.

Appendices

Appendix 1 – Customer Opinion and Organisational Learning in Adult Social Care – Poole Annual Report 2019/20

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Customer Opinion and Organisational Learning in Adult Social Care

Annual Report
2019/20

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Introduction

Since the 1st April 2019, BCP Council has provided services to around 400,000 residents from Hamworthy and Broadstone in the West to Highcliffe in the East - the twelfth largest resident population of any council in England.

Feedback from customers is vital to any organisation in making improvements. BCP Council Adult Social Care welcomes and encourages feedback by any means including complaints, compliments, comments, surveys, consultation, engagement or audits and uses this feedback systematically to try to make services better.

Locality authorities have a statutory responsibility to report complaints and other representations about health and adult social care under the Local Authority Social Services and National Health Service (NHS) Complaints (England) Regulations 2009. They require councils and NHS bodies to produce an annual report about the complaints they have received, issues that have been raised and any action that has been taken to improve services.

This annual report covers feedback and learning for the period. 1st April 2019 to 31st March 2020. It aims to:

- review the management and performance of the statutory complaints and representations process in 2019/20 (including statistics, the nature of complaints and compliments received, and how the learning from these has been used to improve services);
- give examples of how improvements have been made using other forms of customer opinion given by service users, their carers and families.

Read more about the statutory process at [Appendix 2](#).

Executive Summary

From April 2019, the councils that served Bournemouth, Christchurch and Poole were replaced by one new council known as BCP Council. This report presents the valued opinions Adult Social Care (ASC) service users, carers, families and partners gathered over the year 2019/20. This is the first annual opinion and organisational learning report for BCP Council and therefore it has not been possible to add in bench marking data, however, to allow some perspective, legacy authority and regional information has been included where appropriate.

In the 2019/20 the total number of complaints for BCP Council ASC was **178**.

In 2018/19 the total number of complaints received for the Bournemouth Christchurch and Poole legacy authorities totalled 187.

Communication, professional practice and finance have been highlighted as the most common themes from complaints;

- communication was raised in 65 complaints;
- perceived professional practice was the reason for 57 complaints;
- issues around finance were highlighted in 62 complaints.

A total of **83** individual concerns were managed outside the complaints process with the individuals involved not wishing to pursue a complaint despite being offered the service, but felt they needed support to resolve a situation. These cases were dealt with in conjunction with Adult Social Care operational teams. Moving forward consideration is being given to how learning from these issues can also be extracted however the learning is often individual rather than organisational.

A further **74** general signposting enquiries were also recorded for this period. These usually require signposting the individual to the correct service to assist them, for example safeguarding.

It is important to note that as well as 178 complaints and representations, BCP ASC also received **275** compliments and messages of thanks during 2019/20. A further breakdown of these compliments can be found further down the report.

To put complaints into perspective, in the period from April 2019 to March 2020 Adult Social Care received contact from external customers on 91,480 occasions, including telephone calls, emails and via people walking into customer centres. This contact included reports of safeguarding concerns, calls to the Crisis Loan Line for assistance and contact calls to practitioners.

Over the year, customer opinion has also been sought via consumer surveys, consultations and engagement events. These findings feed into Quality Assurance reporting to senior leaders for direction and to influence planning for service developments.

Complaints

Local resolution

It is stated in legislation that most complaints should be resolved by local resolution. This means trying to resolve complaints at the earliest opportunity and as close to the point of service delivery as possible.

Investigation

An investigation may be carried out if requested by the complainant, or if it is judged by the Complaints Manager to be the best way to respond to the issues raised.

Local Government and Social Care Ombudsman (LGSCO)

The complainant can also approach the LGSCO at any stage of the complaint.

Summary of complaints activity in 2019/20

Complaints received

In the 2019/20 the total number of complaints for BCP Council ASC was **178**.

In 2018/19 the total number of complaints received for the Bournemouth Christchurch and Poole legacy authorities totalled 187.

Acknowledgement of complaints

99% of the complaints received were acknowledged within the 3-day requirement. The only complaint not to be acknowledged in this timeframe was a complex case with 97 pages of complaint to consider.

Complaints resolved within 20 days (local best practice)

- 153 (86%) were responded to within 20 working days
- 25 (14%) were responded to outside of 20 days due to the complexity of the case or;
- 11 of the 25 late complaint responses were delayed due to the council's planning and response to the COVID-19 pandemic

Formal investigations

2 formal investigation were instigated this year and are being managed by independent investigators. As of 31st March 2020 both cases remain ongoing. The themes for these investigations are communication and professional practice.

Complaints made to the Local Government and Social Care Ombudsman (LGSCO)

In 2019/20:

- 22 complainants referred their complaint to the ombudsman for an independent review
- The ombudsman chose not to investigate 9 of the 22 referrals due to the either; a premature referral, the complainant did not have the authority to make the complaint, the length of time it had taken for the complainant to raise the referral or the ombudsman felt that the council had already done all they could to rectify the situation and an investigation would not change the outcome
- 13 complaints were investigated; 9 decisions have been received and 4 are currently still under investigation.
- 7 ombudsman decisions were upheld and learning from these cases is included in the table further down the report.

Please see [Appendix 3](#) for details around cases and decisions.

Complaint themes

To allow detailed recording and identification of key areas of learning and improvement, complaints may have more than one theme recorded.

Complaint theme	2019/20
Communication (perceived inadequate communication, information and advice)	65
Finance (decisions around funding, invoice disputes/delays, self-funders approaching the Council for funding, financial assessment)	62
Professional practice (level of support and guidance, feeling involved/empowered in assessment process) (member of staff for Bournemouth)	57
Decision around assessment and eligibility	42
Policy or process	25
Quality of domiciliary provision	13
Delay in providing a service	11
Quality of residential or nursing home	11
Safeguarding process	7
Commissioning	3
Respite	3
Extra Care Housing	1

The 3 top themes for complaints were also historically a concern for the legacies authorities and are explained in further detail below.

Communication

Many of the complaints around communication relate to providing information in a timely manner and to the expectations service users and carers have of our response to contacts and queries.

Adult Social Care is looking to address this issue and consider what additional support can be provided to staff to improve communication. Please see the learning table in [Appendix 6](#).

Financial (funding issues, charges or fees)

Individual complainants have made challenge around national and local policy decisions in terms of funding eligibility. Also included in this theme are cases where there have been

delays in financial assessments and issues with the payment system for Christchurch residents which has now been resolved.

Complaints about professional practice

Challenges have been made around the expectation of the level of service provision available and the approach to how needs and services are determined. These include individuals not feeling empowered and supported during the assessment process.

Complaints and the local government reorganisation (LGR) process

Prior to the inception of BCP Council, complaints from Christchurch residents were managed by Dorset County Council. They reported 3 complaints for the ASC Christchurch area for the year 2018/19. In 2019/20 we have received 24 complaints. 6 of these complaints were upheld and related to the LGR process (financial recording on the Mosaic system) however the other 18 were general service complaints not related to LGR.

The lessons we have learnt from customer feedback

In many instances, outcomes to complaints are specific to the case, and there are few general learning points that would influence policy or procedure. This is similar to the national picture, as noted by the LGSCO, who reports that in 201-/20 78% of the cases they investigate the outcome was a remedy for injustice for the individual, i.e. an apology, financial redress or provision of service, with the remaining 22% recommending organisational learning and improvement at organisational level, e.g. staff training or procedural change (reference <https://www.lgo.org.uk/information-centre/reports/annual-review-reports/adult-social-care-reviews>).

Individual issues about specific teams are dealt with through supervision with the team managers and team meetings. This can be followed up through the performance management and operational management meetings where specific elements of learning are discussed, and actions agreed as required.

Please see a full table of learning, including organisational learning, being rolled out across BCP Council area, in [Appendix 6](#).

Further improvements planned from learning from 2019/20:

- The Quality Assurance Team are planning to attend team meetings around complaint themes and trends.
- Complaints training will be reviewed as part of the ongoing service development for BCP Council including the involvement of the user voice in sessions.

Monitoring the effectiveness of the complaints procedure

As part of aligning the complaints process from 3 legacy councils, thought is being given to how we monitor the effectiveness of the complaints process.

The majority of complainants now prefer to communicate via email so an online feedback survey is being considered where a link to the survey can be included in the closing complaint email.

Staffing and aligning of the complaints service

Currently there are 2 officers in post that manage the day to day process including, acknowledging, recording, tracking and monitoring each case.

Since BCP Council was formed in April 2019, work has progressed to align the 3 legacy authority's complaint processes. The service now operates as one including contact details, day to day procedures and reporting. The final element is to align the complaints policies, which is currently being progressed.

Training

There is now an BCP online complaints training module for practitioners to use across the whole of social care. This course is intended to be used for an induction and refresher. Since being rolled out at the beginning of 2020, 28 people have completed the course.

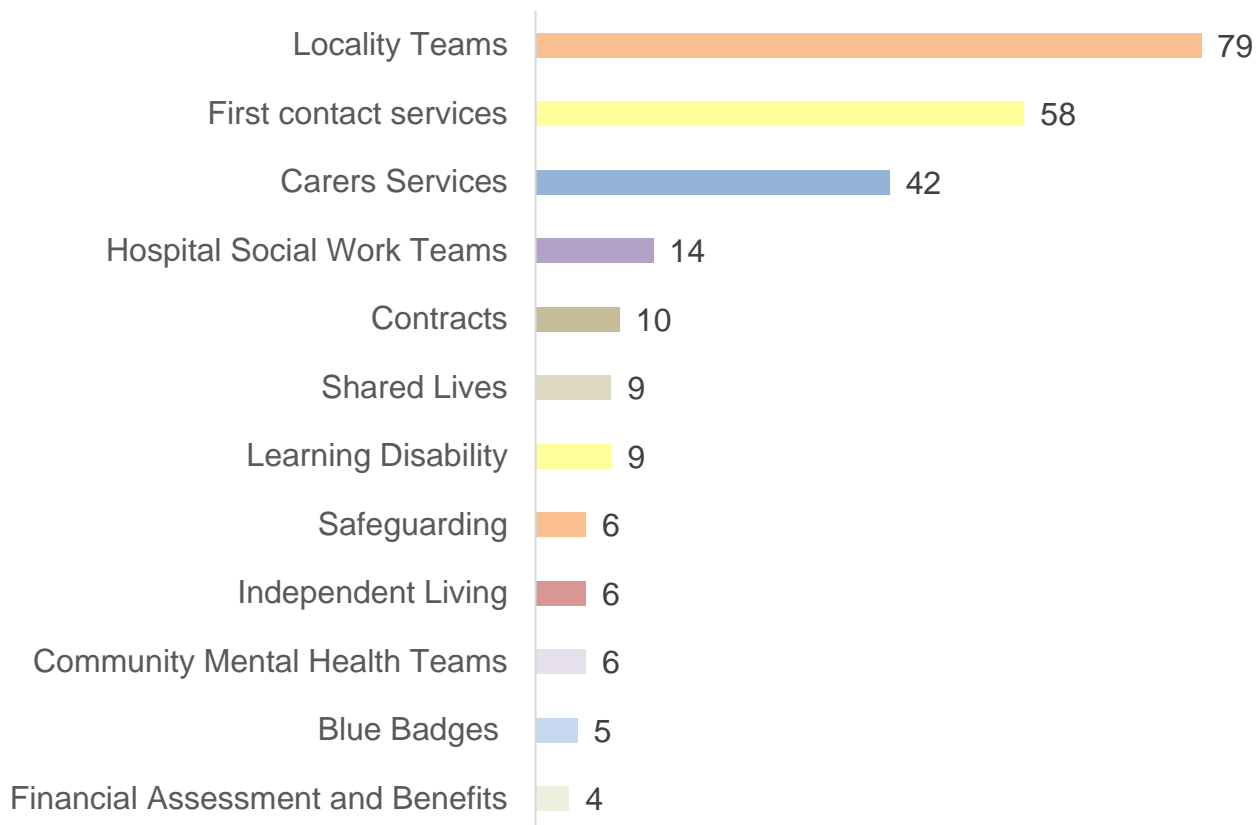
Face to face training is being reviewed as part of aligning the services and thought is also being given how to deliver this with the COVID-19 restrictions in place. The ambition is to also offer bespoke workshops and team focused complaints training.

An online staff tool box is in design to provide support documents such as letter templates, language checklists, legislative information and LGSCO information.

Compliments

Service users and staff are encouraged to report feedback about services. Compliments are vital because they help to give us a complete picture of the services offered. In addition to complaints, they can help us make changes to improve services further by identifying good practice.

In total, **275** compliments and messages of thanks were received. The teams with the largest numbers of complaints are shown in the graph below but many other teams also received positive feedback. See [Appendix 5](#).



Compliments and positive feedback are shared with staff on a weekly basis through the staff newsletter. At the same time, teams are reminded to feedback comments from adults and carers and many teams now have a systematic way of doing this. A small selection of compliments and thank yous received is at [Appendix 1](#).

Other forms of customer and community feedback

Satisfaction surveys

NHS Digital Adult Social Care User Survey

In January 2020 local authorities with adult social care responsibilities took part in the national annual survey that asks users of adult social care services about their quality of life and how services they receive impact on this.

The survey was sent to all adults in receipt of long-term support services funded or managed by the Council on the date chosen to extract the data. A total of **681** people completed the questionnaire, a **34.1%** response rate. The survey informs seven performance measures in the Adult Social Care Outcomes Framework (ASCOF).

Adult Social Care Outcomes Framework (ASCOF) indicators (subject to ratification):

Response	BCP Council 2019/20	South West average 2018/19	England average 2018/19	Bournemouth 2018/19	Dorset (incl. Christchurch) 2018/19	Poole 2018/19
QOL score	19.4	19.3	19.1	19.3	19.4	19.2

1B – The proportion of people who use services who have control over their daily life

Response	BCP Council 2019/20	South West average 2018/19	England average 2018/19	Bournemouth 2018/19	Dorset (incl. Christchurch) 2018/19	Poole 2018/19
I have as much control over my daily life as I want	81.3%	79.7%	77.6%	81.7%	79%	78.8%

111 – The proportion of service users who report that they have as much social contact as they would like

Response	BCP Council 2019/20	South West average 2018/19	England average 2018/19	Bournemouth 2018/19	Dorset (incl. Christchurch) 2018/19	Poole 2018/19
I have as much social contact as I want with people I like	47.5%	46.6%	45.9%	46.9%	46.5%	42.3%

3A – Overall satisfaction of people who use service with their care and support

Response	BCP Council 2019/20	South West average 2018/19	England average 2018/19	Bournemouth 2018/19	Dorset (incl. Christchurch) 2018/19	Poole 2018/19
I am extremely/very satisfied with the care and support services I receive	62.1	67.1%	64.3%	63.1%	69.8%	60.3%

We will look to gain more of an understanding of satisfaction from our service users, potentially as part of a focus group discussion around the survey results so we can understand the voice of the user. We can then use the learning from this to feed into the Adult Social Strategy and commissioning plans in order to improve our services.

3D1 – The proportion of service users who find it easy to find information about services

Response	BCP Council 2019/20	South West average 2018/19	England average 2018/19	Bournemouth 2018/19	Dorset (incl. Christchurch) 2018/19	Poole 2018/19
In the past year, I have generally found it very easy to find information and advice about support, services or benefits	68.7%	70.5%	69.7%	72.4%	71.2%	78.4%

We will be reviewing our information and advice offer as part of the redesign of the first point of contact service and recommending the factsheet approach to providing information and

advice. This will include the review and modernisation of the online information and advice directory My life my care. The website will continue to be promoted to staff through the Champions, newsletter and team updates, to encourage the use of the system.

4A – The proportion of people who use services who feel safe

Response	BCP Council	South West average	England average	Bournemouth	Dorset (incl. Christchurch)	Poole
	2019/20	2018/19	2018/19	2018/19	2018/19	2018/19
I feel as safe as I want	70.0%	70.1%	70%	69.4%	73.9%	71.1%

4B – The proportion of people who use services who say that those services have made them feel safe and secure

Response	BCP Council	South West average	England average	Bournemouth	Dorset (incl. Christchurch)	Poole
	2019/20	2018/19	2018/19	2018/19	2018/19	2018/19
Care and support services help me in feeling safe	87.0%	87.7%	86.9%	83.6%	84.1%	90.8%

Q2a - Do you feel the services you use are the right ones to best meet your needs? (Local question)

Yes	79.8%
Some of them but not all of them	18.9%
No	1.2%

Q2b - Did you have a say in what services you use? (Local question)

Yes	66.2%
Some of them but not all of them	22.5%
No	11.3%

Q3 - If you receive care in your own home from a care agency arranged by BCP Council Adult Social Care, overall how satisfied are you with the help that you receive from them? (Local question)

I am extremely/very	70%
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A full report of the survey will be presented to senior managers and a full improvement plan will be developed around the findings.

First point of contact services

Surveys are sent to individuals who contact Poole ASC Helpdesk and who then receive information and advice, have a visit and/or an assessment by a visiting officer.

In 2019/20, 179 people completed a survey. Of these, 99% said that they found the visit or call was helpful and informative and that their needs were identified, and 99% felt they had received the right information and advice.

Many positive comments were received. For example, one person said the visiting officer 'was very understanding of both my wife's and my own needs, and has provided my wife with follow-up information telephone service'; and another told us that the visiting officer 'was excellent, she picked up my needs, understood my independence, it's nice to know she is always there, in the background, should I need help, advice, a listening ear - bearing in mind I live alone with no family nearby'.

Moving forward and as part of the work to ensure that there is one "Adult Social Care Front Door offer" across BCP Council area we will be working to ensure the opinions of those who use the service is captured for the whole area not just the Poole locality.

Special Educational Needs and Disabilities (SEND) Peer Challenge

The Local Government Association (LGA) were invited to undertake a Peer Review of BCP Council SEND service at the end of January 2020. The peer review analysed all aspects of the service and offered a number of challenges to support improvement.

The findings from the review highlighted that the council has invested in supported living accommodation for 18-25 year olds, and are in the process of commissioning a further supported living service for young people from age 16-25, with the focus on supporting young adults in preparing for adulthood. The challenge also identified the positive development of the recently established Preparing for Adulthood team and suggested that it had the potential to broaden its remit to focus on the wider Preparing for Adulthood agenda and link into the SEND and Inclusion Strategy.

A number of recommendations were made from the LGA which have been incorporated in the SEND improvement plan and include ensuring statutory partners understand and demonstrate their commitment to delivering the requirements of the SEND reforms, develop a clear communication strategy and to engage with parents and carers to build confidence and consult on the draft SEND and Inclusion Strategy as soon as possible.

Consultations/engagement/information and advice

A number of engagement and consultation exercises have been carried out with adults who have used services over the past year including:

- Through the Adult Social Care User Survey, we identified 198 people who said they may like to be involved in the work of Adult Social Care in developing services.
- The Virtual Consultation Group is ongoing and has been used on a regular basis, including to give feedback on new My life my care pages and new forms being designed.

- A regular focus group has been established to further engagement with service users and carers around the information and advice offer and other areas of business when needed. This group was meeting bi-monthly face to face but is now planned to be delivered online due to the COVID-19 pandemic.
- A number of bespoke workshops have been held with service users and carers to provide projects such as falls prevention and loneliness and isolation with direct user experience.
- The Learning Disability Partnership Board represents the BCP Council area and continues to drive service improvements through change action groups as part of the Big Plan 2018 to 2021. The Board and action groups engage with adults with a learning disability and family carers to enable them to have a voice, as well as with partners such as Health and the police. The care and support framework for adults with a learning disability and/or autism was implemented on 1 April 2019. Co-production with self-advocates and carers to develop information has included domestic violence leaflets in easy read as well providing ideas and information for local websites including My life my care and Local Offer.
- Poole Over 55s forum is now supported by Community Action network and is reviewing its aims for the community. Bournemouth Older Peoples forum has now been running for 5 years and has membership of over 300.
- The Proud to Care Recruitment campaign has been used to engage and support care homes and homecare providers. We have also run a Facebook advertisement calling for people interested in working in care to get in touch. The campaign reached over 70,500 people of which over 4200 clicked to view.
- A care provider newsletter continues to provide regular updates and communications.
- Work continues to promote adult social care factsheets with GPs, community centres and libraries and this is being extended to places of worship and sheltered accommodation.
- Since the factsheets replaced our leaflets, there have been over 67,000 downloads from the factsheet web page with Comments, Compliments and Complaints, START and The Financial Assessment being the most popular.
- The My life my care (MLMC) online information directory has been promoted at a diverse range of events and meetings across Bournemouth, Christchurch and Poole to professionals and the public alike including patient participation groups, locality teams and hospitals. The site received 301,740 hits in 2019/20.
- MLMC Pages were quickly developed in response to the COVID-19 pandemic which were used by BCP corporate teams, Healthwatch, the public and other professional partners, as well as our own staff, to provide much needed crisis support.

Appendix 1 – a selection of compliments and thanks received



I am writing to say thank you for all the help and support you have given me over the past months. The adaptations to my home have helped me a lot - I find it easier to get in and out of the house with the grab rails. The new stair rail also makes me feel safer when going up and down stairs. I really appreciated your help with the Blue Badge application and since receiving it my life has been greatly improved and I can now get out more. I am very grateful for your help and would like to say thank you once again.

I think every visitor, visit, phone call from this department has been really excellent. No-one has been hasty or disinterested and I praise everyone who has visited or written to me. I praise you all.

Wanted to thank you all for your wonderful support which he found so helpful whilst he was caring and to say what a fantastic service we are offering.

Thanks for the help and support over the last three years.

Dear team. Thank you for your speedy, friendly and efficient service in the handling of my request.

I want to thank you for this amazing service...Both [therapies] have helped to relieve a lot of the stress I carry because of my role and mother/carer to my son. CRISP are a wonderful team of two highly qualified ladies who have come into my life, not just as professionals, but as friends. [They] have supported me psychologically as well and physically, and I'm very grateful that thanks to CRISP, I was able to have both treatments to help with my stress. Once again, thank you to all of you at CRISP and to Jane for originally arranging this for me. I look forward to my next twelve vouchers, which I presume I'll receive in the next few months. People should be shouting about CRISP at the top of their voices. This service is truly awesome.

To all carers: The 'START Team' were truly professional in every aspect. They guided me and helped me regain my confidence to live independently once more. They were extremely patient, cheerful and competent - a dream team. Thank you for everything and we hope the team enjoyed their chocolates!!

I just wanted to bring to your attention how grateful we are to my brother's new worker, who has worked tirelessly on his behalf. She has been so professional and supportive to both of us. We count ourselves very lucky to have her at our side.

To all carers: [the team] were truly professional in every aspect. They guided me and helped me regain my confidence to live independently once more. They were extremely patient, cheerful and competent - a dream team. Thank you for everything.

Thank you so much for caring for Mum in such a determined professional and dedicated manner. We feel very lucky to have had you in our corner and thank you from the bottom of our hearts. All the best.

Thank you again for coming to see [X], she has a lifelong mistrust of officials and social workers and you eased this considerably for her which was lovely.

Mrs X wanted to thank Sue for all her work and support for herself and her husband in obtaining him a respite placement. Mrs X was very pleased

We would like to express our gratitude and appreciation of the care and hard work R has displayed whilst supporting our family in finding the best outcome for my mother in law. At no time has anything been too much trouble. R has listened to all of our concerns and mum in law and we feel very happy with the care home chosen. D is enjoying her new home, very much joining in with the singing etc. So please pass on our sincere thanks to R

Many thanks for all your support and encouragement, you are an absolute star and helped us more than you will ever know.

I will certainly miss having you there as support throughout all of Mum's transition from hospital to home and all I can say is how right you all were! Mum has thrived at home and you would not recognise her. The care she is receiving has a lot to do with that and she has learnt to accept it gracefully and welcome it. Long may it last. Take care and thank you.

Daughter V wanted to say a huge 'thank you' to you, E, for all your hard work in getting things underway for her dad. Really, very much appreciated.

Thank you so much for your email. Really appreciate you getting in touch. We were so very lucky to have you working with my Dad. You went out of your way to support us through the difficult journey, and we're extremely kind. I know I can speak for both Mum and I that we loved working with you and getting to know you.

”

Appendix 2 – the Joint Adult Social Care and Health Complaints Procedure

What is a complaint?

An expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a local authority's adult social care services provision which requires a response.

What is a representation?

A comment, suggestion or compliment made about the service provided. Legislation states that if it is possible to resolve a lower level matter immediately or within 24 hours, there is no need to engage the complaints process.

Who can complain?

An adult who is entitled to, or has a possible need for, a personal social service at any stage in their contact with the service. They also qualify if they are acting on behalf of the adult as their representative and acting in their best interests.

How the procedure works

a) Local resolution

In the majority of cases, a problem-solving approach will be adopted to resolve complaints as close to the point of service delivery as possible. Most complaints are resolved using this approach and typically by the operational manager. Timescales for responding to complaints are agreed between the complainant and the Complaints Officer. Locally, complaints are normally responded to within 20 working days. If the complainant is not satisfied with the outcome of their complaint they have the option to ask for their complaint to be formally investigated or to request a further meeting, or they can ask the Local Government and Social Care Ombudsman to consider their complaint.

b) Formal investigation

In discussion with the complainant and Complaints Officer, an investigation can be invoked rather than using local resolution. The risk, complexity and seriousness of the complaint will be considered when making this judgement.

An in-depth examination of the complaint is completed by an investigating officer who is independent of the service area. A report will be compiled and forwarded to the Service Unit Head who acts as an adjudicator and will identify the Service Unit's response/decision on each point of complaint and any actions. Timescales for implementation will be included. Timescales are agreed between the complainant, the responding manager and the investigating officer.

c) Local Government and Social Care Ombudsman (LGSCO)

The complainant can approach the LGSCO at any time during the procedure or if they remain unhappy after the local authority's efforts at resolution have been exhausted. However, if the Ombudsman considers that issues could be resolved at a local level they will refer the complaint back to the local authority.

Complaints that have both health and social care elements

There may be some occasions when complaints have elements of both health and social care services. If so, the Complaints Officer will look at the issues and decide whether the Protocol for Dealing with Joint Complaints needs to be adopted and the complaint progressed in accordance with this route.

Appendix 3 - Local Government and Social Care Ombudsman (LGSCO) decisions received

Complaint 1

The decision stated that the way the Council assessed Mr B's finances when he went into a care home was incorrect. The Ombudsman has recommended the Council apologise and reassesses Mr B's finances from May 2017.

Decision: Upheld

Complaint 2

There was a delay of three weeks in the Council arranging for an agency to provide Mrs B's home care. The Ombudsman decided that this caused Mrs B and her family avoidable inconvenience and meant the family were likely to have provided care that should have been provided or arranged by the Council.

Decision: Upheld

Complaint 3

Mrs X complained about the care provided to Mrs Y and the lack of response to her complaint about this, and requested a response. The Ombudsman stated that the Council should have been more involved with the providers response to her complaints.

Decision: Upheld

Complaint 4

Mr Y complained that the Council did not take account of Mrs X's housing costs when assessing her finances and deciding how much she can afford to pay towards her care however the ombudsman found that there was no issue with the way Council reached its decision.

Decision: not upheld

Complaint 5

Mrs X complained that she felt the Council did not deal properly with her son's disability related expenditure, resulting in the charge for his care increasing from £18.88 to £34.35 a week, which she says he could not afford. The Ombudsman found that the Council was correct in the way it dealt with the son's assessed charge.

Decision: not upheld

Complaint 6

Mrs X complained that the Council did not instruct an independent social worker to consider if Mrs X had unmet need from March 2016 when carrying out an independent assessment of her care and support needs following a previous complaint to the Ombudsman. Mrs X said this caused uncertainty to Mr and Mrs X with which the Ombudsman agreed and said the Council should provide remedy. The Ombudsman was happy with the Council's decision not to backdate Mrs X's increased care package to March 2016.

Decision: Upheld

Complaint 7

Mrs C complained that she felt that its charging processes caused confusion and anxiety. The Council agreed to the Ombudsman's recommendation to waive historic charges and allocate a specific worker for the complainant to contact. The ombudsman stated the council did not deal with the complainant's complaint within the process and provided confusing and conflicting information which added to her anxiety. The Council agreed to apologise for these failures and make procedural changes.

Decision: Upheld

Complaint 8

Mr X complained about the care needs assessment. The ombudsman could not find reason to believe the assessment process was not followed except that it did not consider his need for someone to accompany him to medical appointments. The Council agreed to reconsider its assessment on that point in the light of the Care Act.

Decision: Upheld

Complaint 9

Mr X complained the Council did not provide his son, Mr Y, with suitable transport to a day centre. He felt the Council had not provided suitable transport to accommodate Mr Y's electric wheelchair since September 2017. The ombudsman recommended the Council pay Mr Y £900 for the distress caused and arrange suitable transport, with which the Council agreed. The Council also agreed to provide a payment of £100 to Mr X for his time and trouble in bringing the complaint to the Council and the Ombudsman and also for the frustration the matter has caused.

Decision: Upheld

Appendix 4 – Equalities information

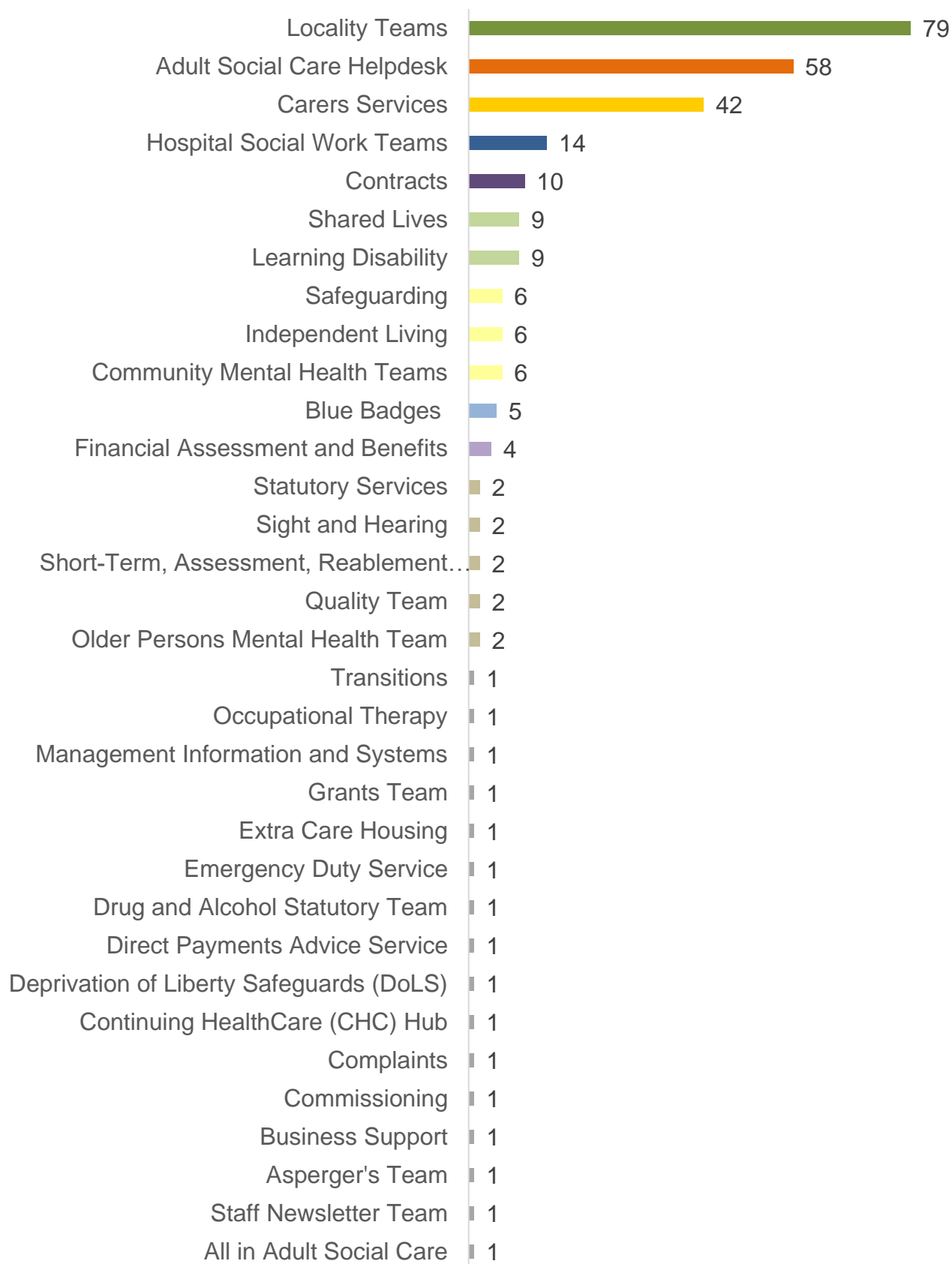
Primary Support Reason	2019/20
Physical Support - Personal care support	37% (66)
Learning Disability Support	13% (23)
Support with memory and cognition	12% (22)
Physical Support - Access and mobility only	12% (21)
Corporate	6% (10)
Mental health support	5% (9)
Social Support - Support to carer	5% (9)
Not recorded	4% (7)
Not applicable	2% (4)
Not known - not a service user	1% (2)
Social Support - Support for Social Isolation / Other	1% (2)
Sensory Support - Support for dual impairment	1% (1)
Sensory Support - Support for hearing impairment	1% (1)
Sensory Support - Support for visual impairment	1% (1)

Gender	2019/20
Female	60% (107)
Male	34% (61)
Corporate	3% (5)
Not recorded	2% (4)
Not applicable	1% (1)

Ethnicity	2019/20
White - English/Welsh/Scottish/Northern Irish/British	75% (134)
Not recorded	11% (20)
White - Any other White background	4% (8)
Corporate	3% (5)
Black/African/Caribbean/Black British - Any other Black/African/Caribbean background	1% (2)
Mixed/multiple ethnic groups - Any other mixed/multiple ethnic background	1% (2)
Other ethnic group - Other	1% (2)
Asian/Asian British - Any other Asian background	1% (1)
Asian/Asian British - Indian	1% (1)
Not applicable	1% (1)
Not recorded - refused	1% (1)

Appendix 5 – Compliments

Breakdown of compliments received by team.



Appendix 6 – Compliments

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Origin of learning and issues raised	Learning improvement identified	Further improvement to embed (if applicable)	Measure/outcome of learning
2019/20 Complaints - There has been a recurring theme around Mosaic finance e.g. issues with invoicing, communication, backlog etc) staffing levels needed to support issues arising.	Additional staff being recruited to support backlog, improve communication; systems now operational and aligning	Full outcome to be determined, but onward monitoring will be undertaken to assess improvements.	To be reviewed in 2020/21
2019/20 Complaint - complaint raised regarding the support available for clients claiming Employment and Support Allowance and length of time taken to secure payments. In this case staff supporting the client had been off work for an extended period and no follow up had occurred.	A review of processes has been undertaken to ensure applications are followed up in a timely manner.		To date, no recurrence of the issues arising.
2019/20 Complaint - Language used in	A review of the correspondence sent to	Improved communications being used	To be reviewed in 2020/21

Origin of learning and issues raised	Learning improvement identified	Further improvement to embed (if applicable)	Measure/outcome of learning
letters from the Financial Assessment team. Wording in letters to the complainant was described as mis-leading	clients to ensure that wording is appropriate and is clear to the reader.		
2019/20 complaint - Issues have been raised from complaints that suggest that we need to consider improving the way care providers work with and manage families when relationships break down and how they manage expectations.	Factsheet produced on 'what to expect from your provider'. Plans to review contract and work with providers to look at what procedures they have in place and how these can be improved.	Open for consideration and planning	To be reviewed in 2020/21
2019/20 complaint - A complaint highlighted that shared inbox's were showing unread messages but all of the emails they could see had been read but the unread emails were not in the inbox. Consequently, some	An article for the Adult Social Care staff newsletter was produced to inform teams of the issue and how to avoid the problem	Newsletter circulated	No more issues of this nature identified

Origin of learning and issues raised	Learning improvement identified	Further improvement to embed (if applicable)	Measure/outcome of learning
emails sent by users were missed.			
2018/19 complaint	One complaint was received from a provider who had increased the home's fees and complained about the time taken to agree the new fee.	Process now in place with Contracts Team to address these issues.	No further complaints of this nature have been received
2018/19 complaint/ Adult Social Care User Survey	Further staff and public factsheets have been created following complaints or survey feedback, including 'Notice periods' and 'Working with your home care provider'.	The 'Working with your home care provider' factsheet is now also being rolled out across the whole of Adult Social Care.	No further complaints of this nature have been received
2019/20 complaint - Complainant did not understand who to talk to when they couldn't pay their invoice	Finance team reminded to add contact details to invoices on how to contact Council if there is difficulty in paying		No further complaints of this nature have been received
LGSCO recommendation – to consider if complaint arrangements with Commissioned services need reviewing. Since this recommendation a	Consider how to work with providers to ensure they understand our statutory process - involve SIT to be clear with homes as part of monitoring, consider a bespoke training event for	Open for consideration and planning	To be reviewed in 2020/21

Origin of learning and issues raised	Learning improvement identified	Further improvement to embed (if applicable)	Measure/outcome of learning
further 3 complaints have required responses from providers which has highlighted further issues in regard to what is expected from their response and process	providers. There may also be a need to involve commissioning managers and review our contract approach as to what is expected from providers		
2019/20 complaint - Complaint around the safeguarding process and a Best Interest Assessment (BIA) (family dynamics issue)	A number of improvements were made to the BIA process including rewording of letters for clarity and allocating different assessors for repeated assessments to ensure objectivity is maintained.	Improved correspondence was used Allocating different assessors for repeated assessments to ensure objectivity is maintained	To be reviewed in 2020/21
2019/20 complaint - Complaint around a missed visit	Team members reminded about the importance of clearly recording visits in calendars.	Teams will also be reminded in complaints training.	To be reviewed in 2020/21

Origin of learning and issues raised	Learning improvement identified	Further improvement to embed (if applicable)	Measure/outcome of learning
2019/20 complaint - Complaint around the Royal Bournemouth Hospital discharge team and their information provided around charges (this was exacerbated by delays in financial assessments being completed)	Review information and advice packs that are well established in Poole and consider roll out across Bournemouth and Christchurch area	To be actioned in 2020/21	To be reviewed in 2020/21
Complaints around communication and comments from surveys	Reflection on working practices to improve communications	The ongoing Strengths Based Approach project will embed a model of social care work that will review our processes; in particular, those practices which we use to communicate with and work in collaboration with, our service users, cares and families	To be reviewed in 2020/21

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Adult Social Care Strategy
Meeting date	27 July 2020
Status	Public Report
Executive summary	<p>This report presents the draft Adult Social Care Strategy for consideration by Councillors prior to the presentation of the Strategy to Cabinet on 2 September 2020 for approval.</p> <p>The report outlines how Adult Social Care has engaged with stakeholders, including people who use services and carers, in order to inform a draft set of strategic priorities for the next 4 years.</p> <p>It set outs how the priorities align to the Fulfilled Lives objectives in the Corporate Strategy and the Council's wider transformation programme. The draft strategy also responds to national drivers, legislation and where performance measures and customer feedback indicates that strategic change is required to deliver improvements in outcomes and services.</p> <p>The report highlights the potential to develop new approaches to service delivery as a result of learning through the COVID 19 pandemic. The overarching priorities for the Strategy are:</p> <ul style="list-style-type: none"> • Engage with individuals and communities to promote well-being • Support people to live safe and independent lives • Value and support carers • Enable people to live well through quality social care • Deliver Services that are modern and accessible
Recommendations	<p>It is RECOMMENDED members:</p> <ol style="list-style-type: none"> 1. Consider and comment on the Strategy ahead of its presentation to Cabinet for approval on 2nd September 2020
Reason for recommendations	<p>This a key strategy for Adult Social Care as it will set the framework for transformation and improvement of services over the next 4 years.</p>

Portfolio Holder(s):	Cllr Lesley Dedman, Portfolio Holder for Adults and Health
Corporate Director	Jan Thurgood, Corporate Director, Adult Social Care
Report Author	Elaine Stratman, Head of Strategic Planning and Quality Assurance
Wards	All
Classification	For comment prior to presentation to Cabinet for approval

Background

1. The Adult Social Care Strategy will set the direction for transformation and improvement in the Adult Social Care Directorate for BCP Council over the next four years. The Strategy is aligned with the objectives of the Council's Corporate Strategy. This report outlines the how the Strategy has been developed and invites feedback and comments from the Health and Social Care Overview and Scrutiny Committee to finalise the plan in order to seek approval of the Strategy from Cabinet in September 2020.

Development of the draft Strategy

2. The draft Adult Social Strategy was developed in consultation with stakeholders and staff across the Adult Social Care Directorate through workshops and roadshows in the Autumn of 2019. This was to understand from their perspective what key strategic actions need to be taken over the next four years in order to improve outcomes and modernise services.
3. The Strategy was developed to include all relevant elements from the Council's Corporate Strategy, particularly from the Fulfilled Lives priorities (See appendix 3). It has also been developed in the light of the priorities in the NHS Five Year Forward Plan and has close links to the development of the Council's Housing Strategy.
4. Instrumental to the thinking behind the Strategy was responding to national drivers and changes of legislation. One example is the changes to Deprivation of Liberty Safeguards (DoLS) as part of the Mental Capacity (Amendment) Bill, which passed into law in May 2019 and is replaced with a scheme known as the Liberty Protection Safeguards.
5. Areas for improvement have been identified through feedback from people who use services and carers and benchmarking the BCP Council's performance in its first year of operation against national performance metrics. Appendix 1 provides data on BCP Council's performance in 2019/20. Key areas where the Councils' comparative performance indicates the need for strategic improvement are:
 - Numbers of people being admitted to a care home setting.
 - Lower percentages of people with a learning disability and with mental health issues living in settled accommodation and being in employment and training
 - Lower percentages of adults and carers receiving direct payments
 - Proportion of people receiving a short-term service that then need ongoing support
 - Proportion of delayed transfers of care when health and social care are jointly responsible

Stakeholder Engagement Findings

6. In early Spring 2020, an engagement programme was delivered to gather public and stakeholder views on the draft Strategy. This included surveys, workshops and focus groups, and working with partners to promote the survey within their networks. It should be noted that a number of the priorities had already been consulted upon during consultation on the Corporate Strategy in Summer 2019.
7. Some of the face to face events had to be cancelled due to the COVID-19 pandemic. However, alternatives were offered such as invitation to complete the online survey or engagement telephone calls.

8. Over 140 service users, carers or families completed the public questionnaire. Respondents told us that all the five proposed priorities were of great importance. However, the two most important were “Support for Carers” and “Enable People to Live Well Through Quality Social Care”. Over two hundred comments were provided by people who use services and carers. 25 stakeholders completed the online survey and 10 further partners came to a workshop to discuss the proposals. The key comments were:
- Information and advice and joined up working were key to delivering quality social care
 - Funding concerns were a theme throughout the comments
 - People said that living safe and independent lives was hard to achieve for very vulnerable people and that early access to services was important
 - Support for carers was a theme that ran through all the priorities and they felt that it is vital that families of carers are more engaged and involved right from the start of planning
 - Carers felt that respite was important
 - Comments around delivering modern and accessible services highlighted that they felt the priority was very ambitious and they were not sure how we would achieve this.
 - People felt that engaging with our communities and health partners was very important
 - Investment in well trained staff is needed with time to address needs with respect and dignity
 - Use modern technology
 - Support and empower communities
 - Involve carers in training staff
 - Getting it right for younger people will help in generations to come
 - Invest in the community and voluntary sector - the sector would really like to support the strategy but were already under pressure
 - Join up with projects which are in progress
 - Communicate the plans and progress so everyone is aware of what is happening

Learning from the Covid19 Pandemic

9. Adult Social Care’s response to the Covid19 pandemic has been focussed on ensuring the safety, health and well-being of people who use services and carers and driven by an extensive range of national guidance. Local deployment has been swift, with the health and social care system adapting quickly to new ways of working. This has fuelled significant interest in using this learning both at a national and local level in guiding reset and recovery plans. This learning will influence and change ways of working and service delivery for Adult Social Care. Key areas include:
- Using strength-based approaches, harnessing what we have learnt using the volunteer capacity in our communities
 - Reviewing the reablement and intermediate care offer, considering how to deliver an integrated model with NHS partners
 - Working with the NHS looking at how we jointly, commission and quality assure and support the independent sector market, and broker the market in an integrated way
 - Continuing with new ways of working including much more mobile working and flexible working.
 - Delivering a new model for carers services and how carers support each other: for example, using technology to deliver carer forums and online services
 - Considering our approach to assessing adults and how we develop support plans with them whether this needs to be in their own homes, or somewhere else or using technology to do this.
 - Take the positive learning from the Hospital discharge process that was rapidly deployed during the Covid19 pandemic and deliver assessment and support closer to home.

Next Steps

10. The learning from the stakeholder engagement which took place and learning from the Covid19 pandemic have enabled reflection on the draft strategy from where the Council was at February 2020 to entering recovery and reset. To that end the Strategy has been revised to reflect this and is attached at Appendix 2.

Summary of financial implications

11. This strategy is being brought forward at a time which is complex in terms of financial planning for the Council due to the COVID19 pandemic and also nationally given that there is still no Government plan for the long-term future of adult social care funding while the pandemic has exposed very starkly the financial needs of the adult social care sector.
12. A national Adult Social Care Task Force was established in June 2020 with the remit to ensure the delivery of Government's Plans for Adult Social Care through the pandemic period and its terms of reference include ensuring the sustainability of Adult Social Care over the next 12 months. The Government has made a commitment that it will bring forward proposals for the long-term funding of adult social care. The national planning for adult social care funding both in the short-term and in the long-term will have implications for the delivery of the Council's Adult Social Care Strategy and for the Council's Medium-Term Financial Plan.
13. The Adult Social Care Strategy once approved will be delivered over four years using a programme approach. Plans and timescales for implementation will be developed in alignment with the Council's Medium-Term Financial Plan. It is important to recognise that the predicted cost pressures in adult social care budgets due to demographic changes leading to increased demand for social care and also the rise in the costs of providing and commissioning social care are a key driver in terms of the pressures in the Council's Medium Term Financial Plan over the coming four years. Elements of the strategic programme will bring opportunities for efficiency and smarter ways of working (such as the greater use of new technologies). There will be joint working with health on areas of pooled and joint funding including the most effective use of the Better Care Fund. Some elements of the plan will require the development of business cases for investment and close work with housing to fund suitable homes for increasing numbers of people to have homes of their own in the community.

Summary of legal implications

14. The Strategy underpins the Council's delivery of major legislation such as the Care Act 2014 and addresses changes to legislation such as Deprivation of Liberty Safeguards (DoLS) as part of the Mental Capacity (Amendment) Bill being replaced with Liberty Protection Safeguards.

Summary of human resources implications

15. The strategy will have implications for the future workforce for the Council, our partners and the independent sector. A strong and skilled workforce supported by a comprehensive and positive training and development offer and career structures will be fundamental to the successful delivery of the strategy.

Summary of equality implications

16. The strategy impacts all equality strands from those preparing for adulthood to adults of all ages and impacts all forms of diversity including race, religion and gender. It has a diverse range of impacts on those living with disabilities.
17. Developing a strengths-based approach to practice which is a key priority within the strategy will be an enabler in ensuring that an individuals' background, skills and community are fundamental to all assessments; planning and care provision.
18. Adult Social Care's Commissioning Plans need to ensure that the Council is meeting individual diversity of need and the voice of adults who use services is listened to, to inform how this done.

19. Full equalities impacts will be completed for the transformation programme as it is developed and for individual significant elements of the programme as they are developed and delivered.

Summary of sustainability impact

20. Adult Social Care will be looking at internal practices and working with independent sector providers to reduce the carbon footprint. Staff will be encouraged use sustainable transport when undertaking visits and commuting. The Strategy also considers flexible working to reduce miles travelled to and at work. Any building development options will consider renewable energy sources and energy efficiency. The Council will be supporting new care delivery models which will in turn support local businesses and create jobs; including formal qualification opportunities and apprenticeships, for the social care workforce, both internal and for the independent sector. The strategy will look at models for delivering access to training and employment for people with disabilities.

Summary of Public Health Implications

21. The overarching aim of the strategy is to improve the health and well-being of residents in the Council area and improve quality of life. This will be enabled by delivering more efficient, effective and person-centred services working with partners including Public Health, NHS and the voluntary and community sector. The approach is to draw on the strengths of individuals and their communities.

Summary of risk assessment

22. The Strategy is ambitious in its intention to improve outcomes and therefore to mitigate the risks that people who use services and their carers are not able to access high quality advice, information and services; achieve their own goals; maximise their independence and participate in their community.
23. The Strategy is being developed in a context where there are no national proposals for long-term and sustainable financing of the adult social care sector and when the COVID19 pandemic has exposed starkly the financial challenges and significant costs pressures for both Councils and adult social care providers. The delivery of the Strategy will, therefore, be closely tied to the development of the Council's Medium-Term Financial Plan. The Strategy itself will introduce new approaches (such as strength-based practice; the increased use of new technologies and increases in supported and extra care housing opportunities) which will both improve outcomes and make better use of the Council's resources. A key area of focus for the strategy is market shaping and commissioning plans for the adult social care so that future local provision will both meet local need and be financially sustainable for the Council, NHS; self-funding service users and adult social care providers. It is important to underline again that central Government has a key role to play in developing a national plan for the long-term funding of adult social care.
24. The Strategy sets out a comprehensive transformation programme which is to be delivered over four years and will require a wide range of officers within the Adult Social Care Directorate and across the Council to contribute to its delivery. At the point of approval of the Strategy, the Council and its partners in adult social care and health will also be responding to the continued impact of COVID19. There will, therefore, be at times competing priorities for officers in terms of delivering strategic change and responding to the pandemic. The delivery of the Strategy will be undertaken through a programme approach with careful matching of expertise and capacity to each element of the programme. This may require at times bringing to the Council additional expertise and capacity to accelerate elements of the implementation plan.
25. The foundation of the delivery of the ambitions of the strategy will be the recruitment, retention and development of a skilled adult social care workforce within the Council and the whole Adult Social Care sector. A national and local key risk is the inability of some of the wider Adult Social care sector to recruit and retain staff. There is a commitment in the strategy to work with the adult social care sector to promote the opportunities and rewards of employment and careers in the adult social care sector through the Proud to Care initiative and to ensure

that high quality training and development opportunities are available to staff within the Council and the wider sector.

Background papers

BCP Council Corporate Strategy including Fulfilled Lives Priorities

[BCP Council Corporate Strategy](#)

NHS Long Term Plan

longtermplan.nhs.uk

Appendices

Appendix 1 – Outturn from the Adult Social Care Outcomes Framework 2019/20

Appendix 2 - Adult Social Care Strategy Priorities

Appendix 1 – Outturn from the Adult Social Care Outcomes Framework 2019/20

ASCOF indicators

DOMAIN 1: Enhancing quality of life for people

DOMAIN 2:

Indicator Ref	Indicator Name	Data Source	2019/20 YTD BCP Outcome s	2019/20 Target	18/19 England	18/19 South West	18/19 Nearest Neighbour
1C Part 1a	Adults over 18 receiving self-directed support.	MOSAIC & CareDirector	100%	Not set	89.0	91.6	88.1
1C Part 2a	Adults over 18 receiving direct payments.	MOSAIC & CareDirector	22.7%	Not set	28.3	27.9	26.7
1C Part 1b	Carers receiving self-directed support.	MOSAIC & CareDirector	40.4%	Not set	83.3	58.3	74.8
1C Part 2b	Carers receiving direct payments.	MOSAIC & CareDirector	4.6%	Not set	73.4	47.2	67.6
1E	Learning disability clients in paid employment.	MOSAIC & CareDirector	5.0%	Not set	5.9	6	6.7
1G	Learning disability clients living independently.	MOSAIC & CareDirector	73.2%	Not set	77.4	77.2	82.2
1F	Mental Health clients in paid employment.	DHC	6.9 (February 2020)	Not set	8.0	10.0	9.6
1H	Mental Health clients living independently.	DHC	30.1 (February 2020)	Not set	58.0	57.0	63.3
2A Part 1	Under 65: Permanent admissions.	MOSAIC & CareDirector	18.7	Not set	13.9	14.0	17.6
2A Part 2	Over 65: Permanent admissions.	MOSAIC & CareDirector	644.3	BCF 592	579.4	513.0	668.1
2B	Older adults at home 91 days after discharge from hospital with reablement/rehabilitation	Care Director DHC	92.4	BCF 79.7	82.4	80.8	82.1

2C Part 1	Delayed Transfers of Care All attributable delayed days	NHS England	Apr-Feb 10.3	BCF not equitable	10.3	12.2	Pending
2C Part 2	Delayed Transfers of Care 'Social Care' delayed days only	NHS England	Apr-Feb 0.2	Not set	3.1	3.9	Pending
2C Part 3	Delayed Transfers of Care 'Joint' attributable delayed days only	NHS England	Apr-Feb 1.4	Not set	0.8	0.7	Pending
2D	Outcome of short-term services	MOSAIC & CareDirector	70.7%	Not set	79.6	82.0	84

Adult Social Care Strategy Priorities | 1

Engage with individuals and communities to promote well-being

- Work with NHS, voluntary and community sector partners to support community activities in order to encourage participation, independence and reduce social isolation.
- Engage earlier with those residents at risk of worsening life chances and outcomes by developing outreach support in community-based settings.
- Offer support, guidance and assessment to residents to best meet their needs.
- Expand the number of dementia friendly communities.

Support people to live safe and independent lives

- Implement best practice adult safeguarding model for BCP Council with partners and introduce new Liberty Protection Safeguard legislation.
- Contribute to the implementation of the delivery plan “Brighter Futures” for children and young people
- Provide social care that focuses on people’s strengths and support from those around them, to encourage independence.
- Increase the proportion of adults with care and support needs in employment, training and volunteering.
- Provide the right accommodation options to support residents with care and support needs to remain active and independent.
- Increase the proportion of adults with a learning disability with care and support needs who live in their own home locally.
- Continue to promote and extend the use of assistive and digital technology to enable independence and enhance people’s quality of life.
- Improve outcomes for young people with disabilities and special educational needs as they move into adulthood.

Value and support carers

- Work with carers to improve access to information and advice ensuring it is delivered at the right time and tailored to the individual carer.
- Work with the NHS, increase the numbers of carers receiving support and services personalised to individual need.
- Increase the availability and options for time out and short breaks for carers.

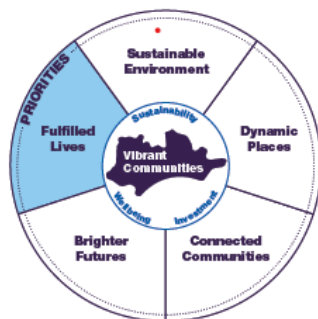
Enable people to live well through quality social care

- Implement a new first point of contact service for adult social care to improve on-line information and advice and supports residents' well-being and independence.
- Work with the NHS to improve the range and effectiveness of services which support people to live well in their own homes and reduce the need for hospital admissions.
- Ensure high standards of practice and effective team working.
- Work with all partners and people with lived experience to develop and deliver a strategy to improve the sustainability and quality of the social care market.
- Develop and implement plans so that the Council provides good quality and best value for money care and support.
- Develop with partners an adult social care workforce which reflects local needs.
- Promote careers in social care with partners including through the Proud to Care Initiative.
- Work with the NHS to improve patient experience of hospital discharge by implementing a home first model for assessing people's needs for care and support

Deliver Services that are modern and accessible

- Encourage people who use our services to be involved in shaping and monitoring services.
- Further develop integrated health and social care services within hospitals and the community.
- Enable staff to work efficiently through the use of mobile technology and flexible working.
- Ensure that we rigorously monitor and review outcomes and services and continuously learn from best practice.
- Ensure Adult Social Care Staff are well managed, supported, trained with opportunities to develop.
- Work across the adult social care sector to reduce carbon emissions and adapt to climate change.

Fulfilled Lives



Helping people lead active, healthy and independent lives, add years to life and life to years

Support people to live safe and independent lives

SDG 3 / 8

We will:

- implement a best practice adult safeguarding model for BCP Council with partners and new Liberty Protection Safeguard legislation by April 2021
- agree a suicide prevention plan by June 2020
- improve outcomes for young people with disabilities and special educational needs as they move into adulthood by March 2022
- increase the proportion of adults with a learning disability with care and support needs who are able to live in their own home, locally, by March 2023
- increase the proportion of adults with care and support needs in employment, training and volunteering by March 2023
- continue to promote and extend the use of assistive and digital technology to enable independence and enhance people's quality of life

Promote happy, active and healthy lifestyles

SDG 3

We will:

- promote active ageing in more deprived communities through Live Well Dorset and engage at least 1,000 people over 55 for each of the next three years

- work with our health partners to promote and enable whole school approaches to physical activity, increasing children's mental wellbeing by July 2020
- increase take up of health checks in BCP Council area to 7,500 in the year 2020/21
- undertake a review of leisure provision and residents' leisure discount schemes to enable greater participation in leisure activities by end of 2021
- agree with partners a health and wellbeing strategy by July 2020
- promote positive health including mental health within our communities and partners through a comprehensive action plan by December 2020
- increase the proportion of people with dependency successfully accessing alcohol and drug treatment services by March 2023
- facilitate new opportunities for communities and people to engage in creative and heritage activities to benefit their wellbeing by March 2021

Develop age-friendly communities

SDG 4 / 8

We will:

- work with health partners to promote the benefits of active travel and deliver a publicity campaign targeted at older people by March 2021
- continue to deliver a programme to improve safer environments in built up areas with increased priority for pedestrians and improved crossing facilities for wheelchair and mobility scooter users
- support greater use of bus services by providing new bus shelters with seating, accessible boarding kerbs and Real Time Information by March 2022
- expand the number of dementia friendly communities by March 2023

Value and support carers

SDG 3 / 5

We will:

- work with carers to improve access to information and advice ensuring it is delivered at the right time and tailored to the individual carer by March 2021
- work with the NHS to increase the numbers of carers receiving support and services personalised to individual need by March 2023
- increase the availability and options for time out and short breaks for carers by March 2021
- create a single model of young carers provision across the BCP Council area by summer 2022, ensuring consistency of support
- recognise the needs of staff members who are carers within BCP Council's conditions of employment by 2021

Enable people to live well through quality social care

SDG 3 / 10

We will:

- implement a new first point of contact service for adult social care to improve online information and advice and supports residents' wellbeing and independence by March 2022
- develop outreach support with GPs in community based settings to engage earlier and improve the quality of life for those residents at risk of worsening health and outcomes by March 2022
- work with all partners and people with lived experience to develop and deliver a strategy to improve the sustainability and quality of the social care market by March 2023
- promote careers in social care with partners including through the Proud to Care Initiative by March 2023
- work with the NHS to improve the range and effectiveness of services which support people to live well in their own homes and reduce the need for hospital admissions by March 2022

Tackle homelessness and prevent rough sleeping

SDG 4 / 8

We will:

- work to prevent homelessness by publishing a new homelessness strategy and deliver the action plan with partners by December 2020
- publish a single housing allocations policy by the end of 2020 to set out how we prioritise the allocation of BCP Council/housing association homes
- prevent homelessness by utilising government funding to maximise preventative services for people including those with complex needs and reduce the numbers of those at risk of losing their accommodation
- reduce rough sleeping by increasing access to suitable accommodation and re-modelling a range of sustainable housing support pathways

Promote lifelong learning for all

SDG 4 / 10

We will:

- deliver a lifelong learning strategy by March 2023, working with partners to promote a broad learning offer for work and well-being, culture and arts and to increase awareness of environmental issues and sustainable living
- target care leavers, disadvantaged boys and young people with the greatest barriers to learning and work to join apprenticeship schemes

- promote high-quality careers education and information advice for young people, adults needing to retrain and those for whom English is not their first language

Measures of success

1. percentage Care Quality Commission registered care services rated as good or outstanding
2. proportion of adults who use social care services who have control over their daily life
3. proportion of adults with a learning disability in settled accommodation
4. proportion of adults in receipt of support and services in employment
5. proportion of people who reported that risks have reduced as a result of a safeguarding enquiry
6. proportion of carers who receive info/advice or another service after an assessment
7. proportion of people with dependency accessing drug and alcohol treatment services, and the number completing successfully
8. numbers of people accessing learning opportunities
9. availability and take up of apprenticeships, supported internships and educational pathways
10. young people and adults receiving high quality careers education information and advice
11. number of people rough sleeping at any one time
12. number of households in bed and breakfast under homeless legislation provisions
13. number of dementia friendly communities
14. take up of health checks
15. national highways and transport public perception survey accessibility theme

Sustainable Development Goals (SDG)



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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Adult Social Care Response to the COVID19 pandemic
Meeting date	27 July 2020
Status	Public Report
Executive summary	<p>The report sets out for the scrutiny of Committee members the BCP Council Adult Social Care response to the COVID19 pandemic as at mid-July 2020. It provides details on how Adult Social Care has worked with the local NHS and the Care Sector to ensure that local people who require information, advice, guidance, assessment, care and safeguarding have continued to be supported through the period of national lockdown and the subsequent gradual easing of lockdown measures.</p> <p>It also outlines the work undertaken with the Adult Social Care sector in order to support all social care providers as they have worked with skill and commitment to provide quality care to service users and carers through the unique and highly complex circumstances of the pandemic.</p> <p>This work has been conducted in the context of rapidly developing and changing national guidance for the health and care system.</p> <p>The report also outlines the financial impact of COVID19 for the Adult Social Care sector and the funding provided to the sector by the Council through Grant monies from Government. It provides information on the financial situation for BCP Council Adult Social Care Directorate in 2020/21.</p>
Recommendations	<p>It is RECOMMENDED that:</p> <p>(a) Committee members scrutinise the Adult Social Care response to the COVID19 pandemic and identify any recommendations for additional actions to improve the responses to and outcomes for service users and carers</p> <p>(b) Committee members consider how they will continue to scrutinise the Adult Social Care response to COVID19.</p>
Reason for recommendations	<p>The COVID19 pandemic has meant that Adult Social Care has needed to implement at rapid pace new ways for working and extensive national guidance together with NHS partners and the adult social care sector to ensure the continued delivery of advice and quality care and support through the pandemic period. While</p>

	COVID19 has impacted on all members of our local community, there have been additional and, on occasion, the most severe impacts for people who use adult social care services and carers. There have been very significant demands on all staff and leaders working in the adult social care provider sector. It is important that the Committee scrutinise the work undertaken by Adult Social Care to date and identify areas for additional focus or work and consider how the Committee will undertake further scrutiny through the continuing pandemic period.
Portfolio Holder(s):	Cllr Lesley Dedman – Cabinet member for Health and Social Care
Corporate Director	Jan Thurgood – Corporate Director for Adult Social Care
Report Authors	David Vitty – Service Director Adult Social Care Services Phil Hornsby – Service Director Adult Social Care Commissioning
Wards	All
Classification	For Information and Recommendation

Background to the Adult Social Care Response to COVID19

1. The COVID19 pandemic has brought profound changes to the lives of everyone in society and most particularly to those who use adult social care services and their carers. The majority of people who use adult social care services have complex health needs and/or disabilities and many have been “Shielded” during the lockdown period. In the BCP Council area, 88 people living in care homes have died due to COVID19 related conditions from March to 10th July 2020. Councillors and officers of the Council will all wish to express their profound sympathy to their relatives and friends and to everyone in our community who has experienced bereavement during the pandemic.
2. Since the start of the pandemic, Adult Social Care Services has had to implement radical and rapid changes to the delivery of services. This has included:
 - working with NHS organisations to implement new approaches to hospital discharge to ensure that every patient as soon as they are medically fit can be discharged from hospital either to their home or a suitable care home placement.
 - the majority of social services teams and staff moving to home working and supporting many service users and carers through telephone and video conferencing
 - adult social care staff using additional and extensive Personal Protective Equipment (PPE) in their roles
 - working in new ways to support adult social care providers

- working with day care and day opportunity providers to find new ways of supporting service users and carers when the usual services cannot be provided due to social distancing and safety requirements
 - distributing government funding to the adult social care sector so that care providers have sufficient funds to meet new requirements and costs particularly in relation to PPE and staffing.
3. Extensive guidance has been issued by Government in relation to the delivery of adult social care for Councils and for the sector. Guidance has been very frequently revised and updated and a key role for Adult Social Care has been to ensure that partners and all providers are fully aware of and supported to implement new guidance. New and significant guidance continues to be issued. The Government has issued two major plans in relation to Adult Social Care: "COVID19 - Our Action Plan for Adult Social Care" (update 16th April 2020) and Coronavirus (COVID19): Care Home Support Package (published 15th May and updated on 9th July). In June 2020, the Government set up a National Task Force which is overseeing the implementation of both the national plans and considering the sustainability of the sector over the coming year.
 4. The BCP Council's Scrutiny Board has received monthly reports on the Council's overall response to COVID19 from April 2020 and at the Board meetings in April, May and June, there has been specific focus on the adult social care response and issues. A joint Health Scrutiny Committee was held by BCP Council and Dorset Council on 1st July 2020 and at this meeting, the Local Care Home Support Plans of both Councils received scrutiny. This meeting also provided Committee members with the opportunity to scrutinise the response of the local NHS to COVID19.

Delivering services including with the health system

5. Adult Social Care Services continues to deliver its major functions, although promoting ways of working which support social distancing, such as greater telephone and video-conference contact with clients and carers. Face to face visits continue where necessary and with appropriate use of PPE. Carers are, for example, being encouraged to meet, socialise and support each other through video-conference groups.
6. Adult social care has implemented three Easements of the Care Act (2014) which are permitted under the Coronavirus Act (2020). Day centres have been closed in order to maintain social distancing; some adaptations to clients' homes have been delayed because building firms are operating below usual capacity and, lastly, some people with a visual impairment are unable to undertake mobility training or communicate with social workers through a translator, again because of the need to maintain social distancing. As lockdown measures are eased nationally, these Easements are being reviewed regularly to ensure that services are resumed at the earliest point that it is safe to do so.
7. The hospital discharge services continue to use the multi-agency Covid19 pathways for patients to rapidly leave hospital as soon as they are medically fit to do so. The approach discharges people to their own home rather than to a care home wherever possible and seeks to avoid prolonged hospital stays so that acute hospitals have sufficient bed capacity available to meet the needs of patients diagnosed with Covid19. Where people do need to be discharged to care homes, this is only taking place where they have been tested and have not tested positive for COVID19. Where patients do test positive for COVID19, the current agreed pathway is for a

patient to remain in NHS care for the period when they continue to be infectious. Health and Social care colleagues are working across the Dorset Integrated Care System to develop a long-term and sustainable “home first” model of hospital discharge which will see more patients leave hospital in a timely way and have their long-term needs assessed at home. This model will be built on the learning from the COVID19 period. There is also significant planning for the Winter period in the light of the continuing incidence of COVID19 in the community.

8. The overall telephone demand for adult social care at Helpdesk and Care Direct is broadly as would be expected at this time of year, but between 1st May 2020 and 12th June 2020, the number of monthly email enquiries doubled to more than 2000 and the number of calls to the crisis line increased fivefold to 500 per month. Both of these increases are closely related to queries and pressures that individuals have experienced related to Covid-19 and the need to remain socially isolated or shielded.
9. The number of safeguarding concerns received during May and early June 2020 was approximately 20% above what we may expect, although the underlying level of formal investigations is unchanged. The nature of safeguarding enquires during the Covid-19 period has predominantly been about neglect or acts of omission, domestic abuse and psychological abuse. These themes are consistent with the prevailing circumstances during the Covid-19 period of carers under pressure and the impact of lockdown on households.
10. Although we know that the lockdown and social distancing associated with Covid-19 is creating mental health pressures for many people, the demand for statutory mental health assessments is little changed from 2019. As lockdown is relaxed, it is anticipated that adult social care will experience a rise in demand. In July 2020, there is already evidence of more individuals and families requesting intensive support and also a range of agencies are responding to an increased number of people with higher level mental health needs.

Working with the adult social care sector

11. A Social Care Group was established as a Task and Finish Group of the Dorset Local Resilience Forum to co-ordinate partnership working to support the Care Sector across the BCP and Dorset Council areas through the pandemic period. This group is chaired by BCP's Corporate Director for Adult Social Care and includes representatives of the social care sector, officers from the two Councils, Dorset Clinical Commissioning Group (CCG), Dorset Public Health, Dorset Civil Contingencies Unit and the Care Quality Commission.
12. The adult social care sector has experienced significant financial pressures due to COVID19, due to issues such as the increased requirements for PPE; increased staff sickness levels (particularly at the beginning of the pandemic) and the costs of deep cleans. BCP Council provided a 10% uplift to gross fee rates for care providers of Council commissioned care, from 19 March 2020, paid monthly in advance to help with cash flow. In addition, providers can request consideration for further funding to meet exceptional pressures above the 10% increase if they are able to evidence the additional costs. The Council has also provided a 10% uplift to Shared Lives carers for the March to July period in recognition of the exceptional level of support given by carers through the lockdown period. These uplifts have been funded by Government's Emergency Funding to Councils. To ensure providers had clarity of financial planning to meet pressures, the uplift to

commissioned providers was agreed until the end of July 2020. A review will be undertaken to determine if further funding is required beyond July and on what basis.

13. In late May 2020, the Council produced with the adult social care sector and NHS partners, its Local Care Home Support Plan. This document sets out comprehensive plans to support Care Homes to have in place all elements of evidence based practice in relation to the prevention of spread of COVID19 into and within care homes and also to ensure that residents have good quality care, including access to primary and community health care services.
14. The supply of appropriate Personal Protective Equipment (PPE) has been an issue for all health and social care providers. As part of the Dorset Integrated Care System Incident Management arrangements, a Health and Social Care PPE Cell was formed to address issues of supply and ensure that stocks were being received by the NHS and adult social providers. This group has worked closely with the Local Resilience Forum PPE cell to ensure the flow of required PPE to health and social care from bulk deliveries made through national arrangements to the LRF. BCP Council set up a single point of contact through which local social care providers could request PPE. Additionally, PPE has been purchased directly by the Council and used to support the adult social care sector. Care Providers are consistently reporting in July 2020 that they have sufficient access to PPE, although there are still occasions when providers have to approach the Council for urgent supplies of PPE when their supply chains fail or are delayed. From the perspective of adult social care providers, access to PPE via the Council in situations where they have an urgent need remains a critical safety net for the continued delivery of safe care across the sector.
15. A quality assurance system for care home support, led by the local authority, has been used in conjunction with the information available on the national Capacity Tracker to review data and information about the market and individual providers on a daily basis. Regular contact is made with all care homes and home care agencies. BCP Council, the Care Quality Commission and Dorset CCG staff work closely together to identify areas of concern and required support. This includes ensuring that all concerns raised as safeguarding issues are comprehensively followed up and are part of the on-going assessment of individual providers. There is a dedicated council email address for care homes to raise issues and concerns.
16. In May, the government established an Adult Social Care Infection Control Fund, in the form of a grant to local authorities, intended to support the care market. For BCP Council, the grant allocation is £6 million, received in two equal tranches.
17. The Council distributed the first tranche of the grant, during June, to all care home providers in accordance with the prescriptive grant conditions. The conditions required that 75% of the funding was be given directly to care home providers based on the numbers of CQC registered beds in the home. There was more flexibility in the distribution of the remaining 25%. Local partners, including adult social care representatives agreed, the discretionary element of the grant would be distributed to home care and supported living providers. This element was also paid out in the latter part of June.
18. On 3 July, the government published guidance that care home staff, including bank and agency staff, should be tested for coronavirus weekly, while residents should receive a test every 28 days. This is in addition to intensive testing in any care home facing an outbreak, or at increased risk of an outbreak. Visiting staff (for example

Social Workers and Allied Health Professionals) working in care homes are to be tested. The LRF Testing cell is working on the ways in which the testing for visiting staff can be delivered.

Summary of financial implications

19. BCP Council has at 10th July 2020 received £22 million of emergency Government funding in order to meet the additional costs and financial impact of COVID19 in 2020/21. BCP Council is projecting additional costs and lost income in its General Fund to be £52.3 million resulting in a funding gap of £30.3 million.
20. The estimated COVID19 related cost pressure for Adult Social care until September 2020 is £8.4. The breakdown of the £8.4 million is as follows:

£000	Description of service
5,852	Supporting the market – 10% additional payment to providers of home care, residential care and shared lives including £250k for additional support in case of provider failure
1,000	Estimated cost of Care packages that will become ASC responsibility when the Hospital Discharge to Assess scheme ends.
832	Additional demand and loss of contributions as a result of day centres closure, additional respite and carer breakdown
71	Other worker related expenditure including PPE for frontline staff and in-house care services
690	Medium Term Financial plan savings from the front door service review and other initiatives not deliverable as a result of the COVID19 disruption.
8,445	Total pressures due to Covid 19 estimated up to end of September

21. As well as the emergency funding to Councils, the Government also provided £1.3bn funding to the NHS to support enhanced discharge arrangements. This included providing free out-of-hospital care and support to people discharged from hospitals or who would otherwise be admitted into hospital, for a limited time. This removed barriers to discharge and transfer between health and social care. In line with the government direction, BCP Council has taken on all commissioned care responsibilities for all hospital discharges since 19 March including for self-funders, people with continuing health care eligible needs as well as people who would normally fall under the Council's funding criteria. All care commissioned following a hospital discharge is reclaimable from the Dorset Clinical Commissioning Group (DCCG). Up to the end of June, BCP Council has claimed £4.6m from the DCCG for care home placements, home care, community equipment, social care assessment, brokerage and administration staff overtime. This arrangement will continue until further guidance from the Government that the COVID19 crisis arrangements for hospital discharge should terminate.

22. Adult Social care has identified a total of £4.170 million in year savings to contribute to the budget savings required by the Council as follows.

Budget	Explanation	Saving Variance 2020/21 £000s
Fundamental Base Budget Review	Budget rebase including LGR disaggregated budgets, care budgets, and budgets not fully used due to Covid-19 such as mileage and training.	(1,300)
Employee Costs - Adult Social Care Services	Savings relating to vacant posts.	(1,000)
Long Term Conditions	Reduction in placement numbers as measures are put in place to provide alternative provision in a client's own home.	(500)
Long Term Conditions	Implementation of a strengths-based approach to assessment and enhanced review programme of support being provided to residents receiving home care, ensuring that care packages meet eligible needs under the Care Act 2014.	(300)
Long Term Conditions	Implementation of a strengths-based approach to assessment and enhanced programme of review of support being provided to residents who use direct payments, ensuring that eligible needs under the Care Act 2014 will be met.	(200)
Learning Disability and Mental Health	Package of measures including targeted reviews, achieving best value from s117 and reviewing the need to maintain case contingencies for cases in Continuing Health Care or Ordinary Residence disputes.	(500)
Tricuro Savings	Efficiency savings in relation to care services provided by Tricuro.	(260)
Employee Costs - Commissioning & Improvement	Savings relating to service restructure.	(110)
Total Adult Social Care Savings		(4,170)

23. The Council has also received one-off Adult Social Care specific grant funding of £6 million for infection control in the care sector. The detail of how this grant has been distributed to the care sector is set out in Paragraph 17.

Summary of legal implications

24. Government recognised that the full requirements of the Care Act (2014) might be difficult for Local Authorities to discharge during the Covid-19 pandemic and has introduced Easements to the Act. The provision of easement powers for Local Authorities took legal effect on 31st March 2020 through the Coronavirus Act (2020).
25. Paragraph 6 sets out the three easements implemented by adult social care relating to day centres, home adaptations and sensory loss services which have been reported to the Health and Wellbeing Board in June 2020 and are unavoidable if social distancing measures and client safety were to be maintained. These easements are being regularly reviewed to see if they continue to be required. New national advice on opening day centres and day opportunities was published on 10th July 2020 by SCIE which will guide decision making in this area.
26. Other statutory duties contained within the Care Act 2014, Mental Health Act (1983) and Mental Capacity Act (2005) remain unchanged and unaffected.

Summary of human resources implications

27. Operational teams have been equipped with the technology and PPE necessary to work in a more flexible way with reduced use of office space and a greater reliance on working from home and videoconferencing. Some temporary arrangements have been necessary to extend working hours to support hospital discharge services between 8.00am and 8.00pm, seven days per week.
28. It is recognised that many staff members who are required to work from home are facing personal pressures during the pandemic and work has been undertaken with Human Resources colleagues to promote a range of staff support services.
29. Sickness absence levels are low and for those staff who have been tested for antibodies, very few have been identified as having contracted Covid-19. There is, however, a risk to services should there be a spike in or second wave of Covid-19 infection lead to raised sickness absence levels or widespread self-isolation. Specialist roles such as Approved Mental Health Practitioners, Safeguarding Adult Practitioners and Emergency Duty Staff are a particular focus because these officers face high levels of statutory demand and as a result of their specialist training and skills, it is not easy to provide cover for high levels of sickness or absence in these service areas.
30. In order to contribute to savings, a staffing vacancy freeze is in place and consequently only the most critical posts are being released for recruitment. Most fieldwork teams and support services are holding vacancies, which limits workforce resilience and will lead to longer waiting times for some services. The majority of the posts are only being held vacant for the current financial year with the 2021/22 budget built on the basis that the majority of these posts will be filled.

Summary of sustainability impact

31. The move to widespread home and remote working with the Adult Social Care Directorate has led to very significant reductions in travel and care mileage claims for most staff. There will be significant learning about mobile and flexible working, which will be taken forward from this period.

Summary of public health implications

32. COVID19 has had profound impacts on many people who use services and their carers. It will be important to understand and support adult social care service users and carers with the long-term impacts in terms of both mental and physical health and well-being. As lockdown measures are released, Adult Social Care is beginning to see an increase in requests for support. It is clear that carer stress has been a key issue during the lockdown period and this has resulted in a higher level of safeguarding contacts being made in relation to potential domestic abuse.
33. There have also been unique opportunities for interventions to improve access to health and social care support to some groups in the community. This has been particularly evident in relation to those people who are rough sleeping or homeless who have been accommodated in the lockdown period. Many of these people have been enabled to register with a GP and to access health checks and treatment. The initiative to ensure access to Hepatitis C treatment has been particularly successful.
34. There has been a focus on the delivery of drug and alcohol services during the pandemic and ensuring that people who have substance misuse addictions were supported to be safe and receive appropriate support, treatment and medication through the lockdown period.
35. The separation from family and friends has been a difficult issue for many and particularly for people living in care homes and supported living environments who in normal circumstances would have contact with relatives. The Council's Supported Living Service and commissioned providers have made extensive use of new technologies to ensure communication between family members and as lockdown is easing providers are developing ways to enable contact which is in line with social distancing guidance.

Summary of equality implications

36. The focus has been on ensuring that service users and carers continue to be able to access information, advice, assessments and services and to minimise harm and adverse impacts in terms of the COVID19 virus and of lockdown restrictions. The closure of day centres has impacted on older people and those with a physical disability, learning disability or mental illness. These impacts are mitigated through the use of interim community-based support services which have been established in partnership with Tricuro and other day opportunity providers to support clients and carers with the greatest needs.
37. Research evidence is showing that older people and people from a black and minority ethnic background have been more adversely impacted by COVID19. Research has also been undertaken on the impact on people with a learning disability. Adult social care staff and managers have therefore worked in a context where only essential visits have been undertaken to service users and carers homes and to care homes to minimise risk of infection spread. These visits have been conducted with staff wearing PPE in line with national guidance. As lockdown restrictions are lifted; community transmission of the virus locally has reduced and there is an increasing demand for assessments for services such as Occupational Therapy, adult social care staff are undertaking more visits to service users in their homes. Staff and managers will continue to take a risk-based approach to the decision to undertake visits and appropriate PPE will always be worn.

38. From a staffing perspective, staff who have a heightened risk in relation to COVID19, including staff from a black or minority ethnic background and those with relevant medical conditions, are being offered individual risk assessments and workplace adjustments where appropriate.

Summary of risk assessment

39. The continuing Covid-19 pandemic with the risk of a second wave or spike in COVID19 combined with winter pressures could place very significant pressures on the resilience of the Council's staffing and services; of the social care market and of the health and social care system. Detailed planning is taking place with the NHS and with social care providers to plan for the coming months and mitigate risks.
40. The Covid-19 virus remains a risk to adult social care clients and carers, many of whom are in vulnerable categories and have been shielded or socially isolating. A rise in local infection rates of Covid-19 will, therefore, present a disproportionate risk to adult social care clients and carers. This is being taken into consideration in all decisions related to the delivery and commissioning of adult social care services.
41. Many clients and carers have elected, since March 2021, to decline homecare, respite care or residential care because of concerns about Covid-19. These clients have relied disproportionately on carers and family during the months of lockdown, but throughout the summer and autumn may again feel sufficiently confident to approach adult social care again for support and services. This may lead to a raised demand for adult social care as the summer progresses.
42. Adult social care sector representatives are raising concerns about the financial stability of individual providers and of the social care sector both nationally and locally. Home care and care home providers saw a reduction in demand for services in the lockdown period with home care providers reporting an increase in uptake of services by June 2020. For some care home providers, the level of vacancies has increased since March 2020. This combined with the increases in costs related to COVID19 has created financial pressures for many providers. While Government has provided specific grant funding to local Councils to distribute additional funding to the adult social care sector from March to September 2020 to address the significant additional costs of COVID19, there has been no Government announcements about further dedicated funding through the rest of the financial year and the pandemic period.
43. A long-term risk has been the lack of a Government Green Paper setting out proposals for long-term and sustainable funding of adult social care nationally. Government has indicated that it is still intending to develop proposals for the future funding of Adult Social Care. Given the additional and severe financial pressures which the COVID19 period has brought to the Council and the Adult Social Care, sector, it remains imperative that national Government develops and brings forward proposals for the sustainable funding of Adult Social Care.

Appendices

There are no appendices to this report.

Background papers

Policy Paper: Covid19: Our Action Plan for Adult Social Care (Updated 16th April 2020)
Department of Health and Social Care

Guidance: Coronavirus(COVID19): care homes support package (Updated 9th July 2020)
Department of Health and Social Care

BCP Council: Care Home Support Plan, Letter to Minister of State, 29 May 2020:
bcpcouncil.gov.uk

Office for National Statistics: Death registrations and occurrences by local authority and health board: ons.gov.uk

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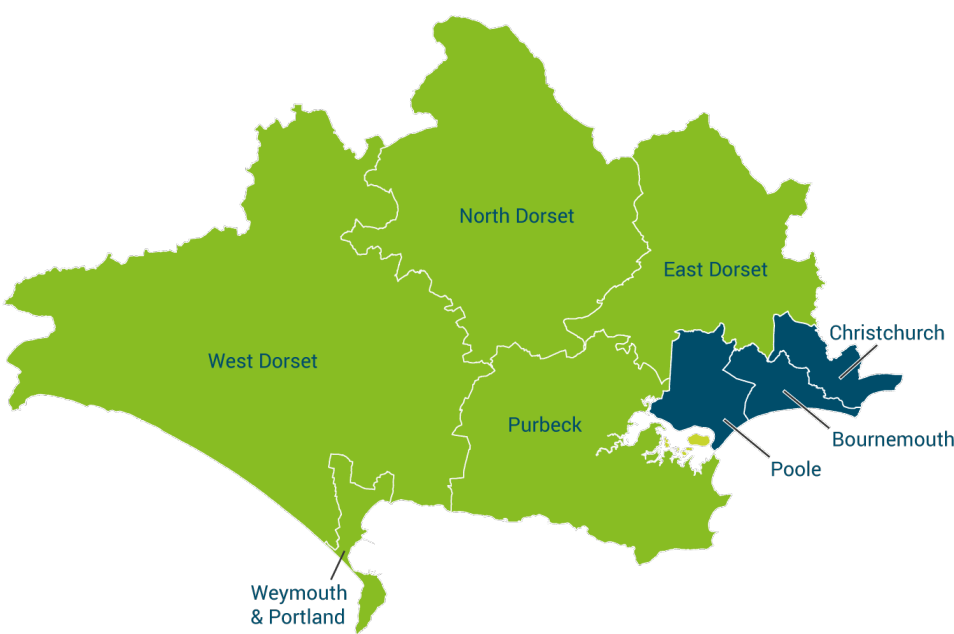


Annual Report 2019/20

Guided by you

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Healthwatch Dorset is the county's independent champion for people who use health and social care services. We work with communities and organisations across the whole of Dorset to ensure local people are put at the heart of health and social care.

Key

- Dorset Council
- BCP Council

Message from our Chair



Viv Aird,
Chair, Healthwatch Dorset Steering Group

“Both councils would like to congratulate Healthwatch Dorset for the excellent work they have achieved in 2019/20. Evolving Communities, Louise and her team can take great credit for helping to establish a new service delivery model for Dorset whilst maintaining the very important role of listening to people to influence decision making and to make positive change.”

Christopher Skinner, Partnerships & Engagement Officer, Dorset Council

Welcome to Healthwatch Dorset's Annual Report for 2019/20. It has been a busy and productive year with many changes along the way. We have a new provider (Evolving Communities), we relocated to a new office so we are in the heart of the community, and we recruited two new members of staff. We also recruited a new volunteer-led Steering Group, bringing a wealth of additional skills and experience to the organisation.

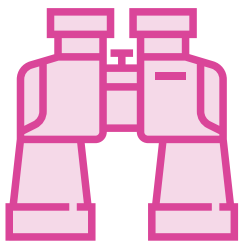
This report highlights our work over the last year to help put people at the centre of health and social care. During the year, the team gathered feedback from over 1,500 local people, produced reports on the future of health and social care services, including A&E and cancer support, and raised awareness of diabetes by working with an amazing group of young people. We also helped thousands of people find the information and support they needed about local services.

I would like to thank the Healthwatch staff and volunteers who are dedicated to making sure that the health and care system in Dorset reflects what local people expect and need. I would also like to thank everyone who has shared their story with us over the last year, your feedback really can make a difference.

At this anxious time, with the coronavirus outbreak having such an impact on all of us, it has never been more important to have a strong independent voice for local people. I am proud to be involved with Healthwatch Dorset and I am looking forward to working with local people in the coming year to improve health and care services across Dorset.

Viv Aird
Chair, Healthwatch Dorset Steering Group

About us



Our vision is simple

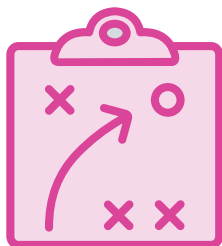
Health and care that works for you.

People want health and social care support that works – helping them to stay well, get the best out of services and manage any conditions they face.



Our purpose

To find out what matters to you and to help make sure your views shape the support you need.



Our approach

People's views come first – especially those who find it hardest to be heard. We champion what matters to you and work with others to find solutions. We are independent and committed to making the biggest difference to you.



How we find out what matters to you

People are at the heart of everything we do. Our staff and volunteers identify what matters most to people by:

- Visiting services to see how they work
- Running surveys and focus groups
- Going out in the community and working with other organisations.



Find out more about us and the work that we do

- 🌐 healthwatchdorset.co.uk
- 📘 HealthwatchDorset
- 🐦 @HWatchDorset
- 📷 [healthwatch.dorset](https://www.instagram.com/healthwatch.dorset)

Our priorities

Last year (2018/19) over 2,000 people told us about the improvements they would like to see health and social care services make in 2019/20. These were our priorities for the year based on what you told us and taking into consideration national and local priorities in health and social care.

Diabetes awareness

We encouraged young people to speak up about their experience of living with type 1 diabetes, to raise awareness and reach out to other young people living with the condition (see p.9).



Raising awareness with real-life stories

Working with Bournemouth University, we produced a series of impactful films about local people's experiences of health and social care to inform and educate students and the wider community (see p.10).

A & E services at Poole Hospital

We investigated what matters most to people who use Poole Hospital A&E, to help shape decisions about changes to A&E performance standards nationally and locally (see p.11).



Cancer support in West Dorset

We reported on support services for cancer patients, their carers and family, to inform a new Macmillan project to provide earlier cancer support (see p.12).

NHS Long Term Plan

We asked local people about the changes they would like to see to improve the NHS in Dorset, as part of the NHS Long Term Plan (see p.13).



Highlights from our year



Find out about our resources and the way we have engaged and supported people in 2019/20.

Health and care that works for you



120 volunteers helped to carry out our work. In total, they gave up over **400 hours** of their time.

We formed a new Healthwatch Dorset Steering Group, with **5 members** and **4 special advisors**.

We employed **4 staff**, including two new members of the team.

We received **£204,800** local authority funding.

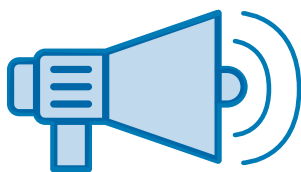
Providing support



Over **1,500** people shared their health and social care stories with us.

Over **1,000** people contacted us for information, advice and support over the phone, by email, online and at community events and venues.

Reaching out



26,874 people engaged with us through our website.

We reached **212,190** people through social media.

We engaged with thousands of people at over **200** community events across the county.

Our e-bulletin was sent to over **220** people each month to share our news, information and feedback.

Making a difference to care



We published **2 reports** and **7 short films** about the improvements people would like to see with their health and social care, and we made **16 recommendations** for improvement.

How we've made a difference



Speaking up about your experience of health and social care services is the first step to change. Take a look at how your views have helped make a difference to the care and support people receive in Dorset.

Empowering young people with diabetes to speak up

We talked to young people about their experiences of living with type 1 diabetes. We helped them raise awareness of the condition and to reach out to other young people in Dorset who are living with diabetes.

We worked with six schools and the Dorset Diabetes Nurse Team, and talked to hundreds of young people across the county. With our support, they ran assemblies during Diabetes Week, created a blog, and produced two short films that were shown in schools and promoted on social media during World Diabetes Day. The blog and videos have been seen by thousands of people and shared with health commissioners and providers.

14-year-old Rosey's blog raised awareness of what it's like to live with type 1 diabetes. She won the Young Person's Outstanding Contribution at the Diabetes UK Inspire awards for campaigning to get glucose sensors available on prescription.

“I have a lot of anxiety about going to sleep because a lot of diabetics die in their sleep and you just hope it won't be you. Please don't make assumptions about my diabetes and don't bully me about it – just ask me if you have any questions.”

Nicole, age 16



Rosey, campaigning to get glucose sensors available on prescription

“I used to have to finger prick my glucose levels eight times a day, but now I have the glucose scan 11 times a day which is much better. The insulin pump has changed my life. I really enjoyed working with Healthwatch Dorset. I wanted to reach out to other young people with type 1 diabetes and also raise awareness of the condition among those who do not know what it is like.”

Issy, age 13

The number of people diagnosed with diabetes has more than doubled in the last 20 years. There are now almost 3.7 million people living with diabetes in the UK. Approximately 15% of those are living with type 1 diabetes. (Source: Diabetes UK)

For more information

Full details of this story, blog and videos are on our website: healthwatchdorset.co.uk/work/our-projects/

Raising awareness with real-life stories

Sharing people's stories is a great way to build understanding and influence change.

We worked with Bournemouth University to create a series of films about real people's experiences of the health and social care system, including homelessness, end-of-life care and living with long-term health conditions.

The films were shared with health and social care students and promoted in the wider community.

Matt's story was nominated for a national Charity Film Award. It provides a powerful insight into how unexpected life events can create a pathway into homelessness, substance misuse and poor health, which can prove difficult to move beyond. Matt also tells how local charity Hope Housing helped him find stability and new direction.

"We are delighted with the opportunity to have collaborated with Healthwatch Dorset on these films. They are part of embedding real world learning into health and social care education at Bournemouth University and ensuring that the voices of people with lived experience are central to our student's personal and professional development."

Dr Mel Hughes,
Bournemouth University



Matt, talking about his experiences of homelessness

"I split up with my girlfriend. I was unwell and being stubborn, not asking for help and just trying to keep being self-employed. I was in and out of hospital with nowhere to go... I couldn't look after myself anymore, I just ground to a halt."

For more information

Visit our website to read more:

healthwatchdorset.co.uk/work/our-projects/

Watch the films:

bournemouth.ac.uk/faculty-health-social-sciences/



Photo credit: Poole Hospital NHS Foundation Trust

Measuring A & E performance at Poole Hospital

Poole Hospital is one of 14 hospitals across the country testing new A&E performance measures, looking at the quality of care, communications, and facilities, as well as waiting times. We worked on this national project with Healthwatch England, gathering public feedback to inform future decisions about changes to A&E nationally and locally.

We investigated what matters most to people who use Poole Hospital A&E, carrying out 10 visits and interviewing over 40 patients, family members and carers. The most common concerns were about the quality of communications. People wanted to be better informed about waiting times, about what would happen while they were in A&E, and who they could talk to for information and support.

“The department seems heavily staffed, but no-one will tell us what’s happening. I keep having to ask the questions.”

“I didn’t want to bother the staff, but I’d had an hour wait and felt that was enough of sitting, not knowing what was happening.”

For more information

Visit our website to read the full report:
healthwatchdorset.co.uk/reports-publications/

“I welcome this report and how it has captured what we know to be true – that patients want timely care that they are kept informed about, and to know who is providing it. I am looking forward to working with Healthwatch Dorset to identify how their recommendations can best be implemented to better support our patients.”

Mark Mould, Chief Operating Officer,
Poole Hospital



Improving cancer support in West Dorset

Macmillan Cancer Support and the Wessex Cancer Alliance want to provide earlier cancer support for people in the community. We gathered community insight to help them develop two new pilot projects called **Right by You**, for West Dorset and Southampton. We worked in partnership with Wessex Voices and Healthwatch Southampton.

Over 100 cancer patients, carers, and family members responded to our online survey and we interviewed almost 40 people face-to-face across Dorchester, Weymouth, and Portland.

This is what they told us:

- People are grateful to the NHS for their medical treatment.
- Those affected by cancer would like more support with emotions, medical treatment, finances and transport.
- There is less support available for some groups, including younger patients, carers, and family members.
- People are seeking different support options in their local communities.
- Almost 40% of those who completed our online survey and 60% of those we interviewed, had not talked about their support needs with a NHS professional.

“When you are going through a diagnosis or treatment for cancer, it’s so important to have the right support. Your comments will be used to inform and support the evaluation of our pilot projects in West Dorset and Southampton, which aim to provide people with support in the community earlier in their cancer journey.”

Chris Scally, Strategic Partnership Manager,
Macmillan Cancer Support

For more information

The publication of this report has been delayed due to the coronavirus pandemic, but it will be available on our website later in the year.



Share your views with us

Tell us about a recent health or social care experience, or share your views about local services to help make care better. Get in touch. Healthwatch Dorset is here for you.

🌐 healthwatchdorset.co.uk

☎ 0300 100 0102

✉ enquiries@healthwatchdorset.co.uk

Long Term Plan

#WhatWouldYouDo

NHS Long Term Plan

Following a commitment from the Government to increase investment in the NHS, the NHS published the **Long Term Plan** in January 2019, setting out its key ambitions over the next 10 years. In the summer of 2019, Healthwatch launched a countrywide campaign to give people a say in how the plan should be implemented in their communities.

We asked people #WhatWouldYouDo to improve the NHS locally? Here is a summary of our work and what we found.

What do people want?

The top issues that people told us they wanted services to focus on were:

- Quicker and easier access to GPs
- Faster diagnosis and treatment options
- Annual health checks and more regular support for people with long-term conditions.

What are we doing about it?

We have been working with Dorset Clinical Commissioning Group to embed our findings into their future plans for local services. In the coming year, we will be working with local Primary Care Networks, made up of groups of local GPs and Patient Participation Groups, to help improve access to GP services, annual health checks, and support for people with long-term conditions and their carers.

For more information

Visit our website to read the full report: healthwatchdorset.co.uk/reports-publications/

Highlights



More than **500** people shared their views with Healthwatch Dorset, **306** completed our online survey and **195** people shared their views at events and meetings.



We visited **5** local groups reaching different communities across the county, including **3** focus groups to find out about the views and experiences of people with learning disabilities and autism.



We attended **6** community events and venues to speak to the public about their views and experiences, including a Picnic in the Park at Swanage, patient groups at GP surgeries, hospitals, and a local college.

Listening to people with learning disabilities and autism

As part of our campaign to identify how people wanted to improve their local NHS, we held three focus groups to find out about the views and experiences of people with learning disabilities and autism. Common themes emerged about the care and support they would like to help manage their condition and stay healthy:

- Advice on how to sleep well
- Access to friendship groups
- More speakers at groups to provide information around health and care
- More general easy read information provided by their GP.

The following needs were also highlighted:

- The opportunity to be accompanied when accessing services
- Shorter waiting times for appointments to help reduce anxiety
- Opportunities to talk to other patients to find out what treatments would be like
- Always being told about test results, whether positive or negative
- Being able to maintain normal levels of independence during care.

“Healthwatch Dorset has done a great job reaching out to our communities... to find out what they think about health and staying well in Dorset. We would like to thank Healthwatch Dorset and everyone who took part, because it’s vital we hear what’s important to local people, where they think we need to do better and where they think we should focus our efforts for the future.”

Tim Goodson, Leader for Dorset Integrated Care System and Accountable Officer for Dorset Clinical Commissioning Group



Helping you find the answers

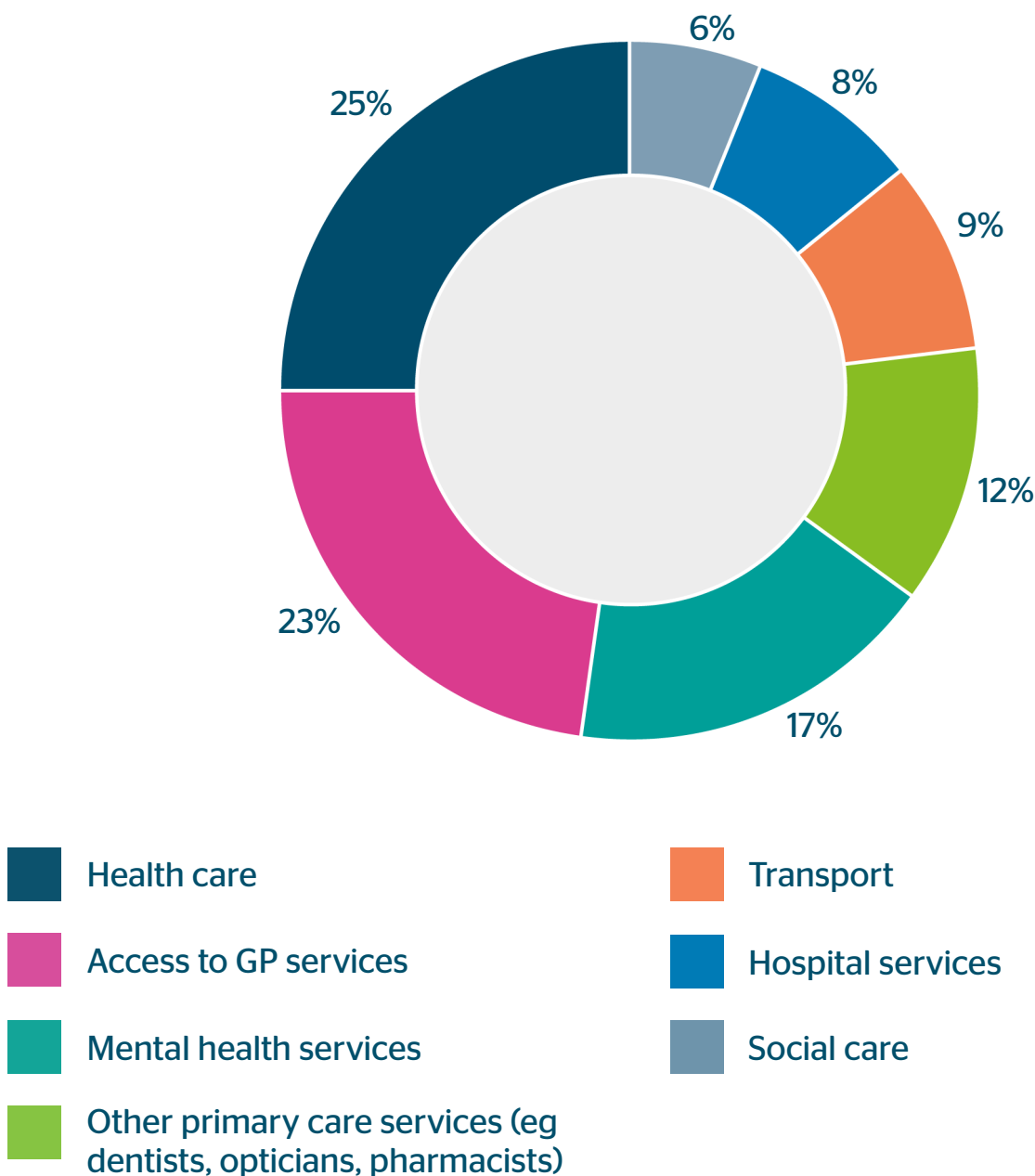


Finding the right service can be worrying and stressful. Healthwatch Dorset plays an important role in helping people to get the information they need to take control of their health and care and find services that will provide them with the right support.

This year we helped over 240,000 people get information and advice by:

- Answering over 1,000 enquiries over the phone, by email, online, and at community events and venues
- Providing information and advice to 26,874 people via our website
- Promoting services and information that can help people on our social media, reaching 212,200 people.

Here are some of the areas that people asked about





Sharing your ideas to improve care

When Mary visited Bournemouth Hospital for an appointment, she was frustrated because nobody knew she has learning disabilities. She suggested the hospital adopt the Sunflower Scheme used by supermarkets, where sunflower lanyards are given to customers who have a learning disability if they want to be easily identified. We shared Mary's suggestion with the hospital, and they told their staff about the scheme.



Helping you access NHS dental care

David from Weymouth wanted to know how to find a local NHS dentist - this is something we are regularly asked about. We directed him to the NHS website that shows dentists who are taking NHS patients, and he was able to register with a dentist in his area.



Transport to health appointments

Sarah from Christchurch asked for help getting her husband to Lymington Hospital. He has idiopathic pulmonary fibrosis and is unable to walk far, but the hospital is a 20-minute walk from the bus stop. We gave Sarah information about local patient and community transport schemes and she made arrangements with Christchurch Neighbour Cars.



Contact us to get the information you need

If you have a query about a health or social care service, or need help with where you can go to access further support, get in touch. Healthwatch Dorset is here for you.

🌐 healthwatchdorset.co.uk

☎ 0300 100 0102

✉ enquiries@healthwatchdorset.co.uk

Our volunteers



Lisa, Healthwatch Dorset volunteer

At Healthwatch Dorset we are supported by 120 volunteers. They help us find out what people think is working well, and how people would like to improve services in their communities.

This year our volunteers:

- Raised awareness of our work at events, in the community and with health and care services
- Visited services to make sure they are providing people with the right support
- Listened to people's experiences to help us know which areas we need to focus on
- Helped support our day-to-day running.

Steering Group members, who are also all volunteers, represented Healthwatch Dorset at meetings with partner agencies.

Assessing the care environment in Dorset hospitals

Twenty-one of our volunteers helped eight Dorset hospitals with their annual NHS Patient-Led Assessments of the Care Environment (PLACE), reporting on their strengths and areas for improvement.

They were guided by our staff to use the national NHS assessment framework to look at non-clinical elements of hospital care which affect patient experience. This includes cleanliness; food and hydration; privacy, dignity, and wellbeing; condition, appearance, and maintenance of hospitals; how well the needs of patients with dementia are met; and how well the needs of patients with a disability are met.

The results, which were published by the NHS in March 2020, showed that all hospitals rated very highly for overall cleanliness, while other areas need some improvement.

For more information

Visit our website: healthwatchdorset.co.uk/work/our-projects/



Chris, Healthwatch Dorset volunteer

“It is great to be involved in PLACE, as helping to ensure a good environment really matters. The role is an important one, giving up some time to help patients is really rewarding and plays a small part in helping the NHS to improve.”

Chris, Healthwatch Dorset volunteer



Volunteer with us

Are you feeling inspired? We are always on the lookout for new volunteers. If you are interested in volunteering, please get in touch with Healthwatch Dorset.

🌐 healthwatchdorset.co.uk

☎ 0300 100 0102

✉ enquiries@healthwatchdorset.co.uk

Spotlight on our volunteers

We could not do what we do without the support of our amazing volunteers. Meet some of the team and read what they get up to.



Ellie-May

Young Volunteer of the Year [Awarded by Dorset Volunteer Centre, nominated by Healthwatch Dorset]

Ellie wants to work in healthcare in the future. She has volunteered with Healthwatch Dorset for a few years, joining us at engagement events to empower local people to make positive changes in local health and care services. She also volunteers to raise funds for Cancer Research UK.



Bob

Volunteer of the Year [Awarded by Dorset Volunteer Centre, nominated by Healthwatch Dorset]

Since retirement, Bob has been a valued volunteer with Healthwatch Dorset. He gives his time to help others and supports us with a variety of activities. He takes an active role, helping to improve the way patients, the public, service users and carers can influence their own care and how services are planned and delivered.



John

Dementia Friends training

Our volunteer John delivered a Dementia Friends training session to our staff and volunteers this year. This is just one example of how our volunteers can use their skills and knowledge to raise our awareness and understanding, as well as supporting the work we do in the community.

“I love volunteering as it allows me to interact with the public, share the charity’s message and it gives me a real sense of achievement.”
Ellie-May

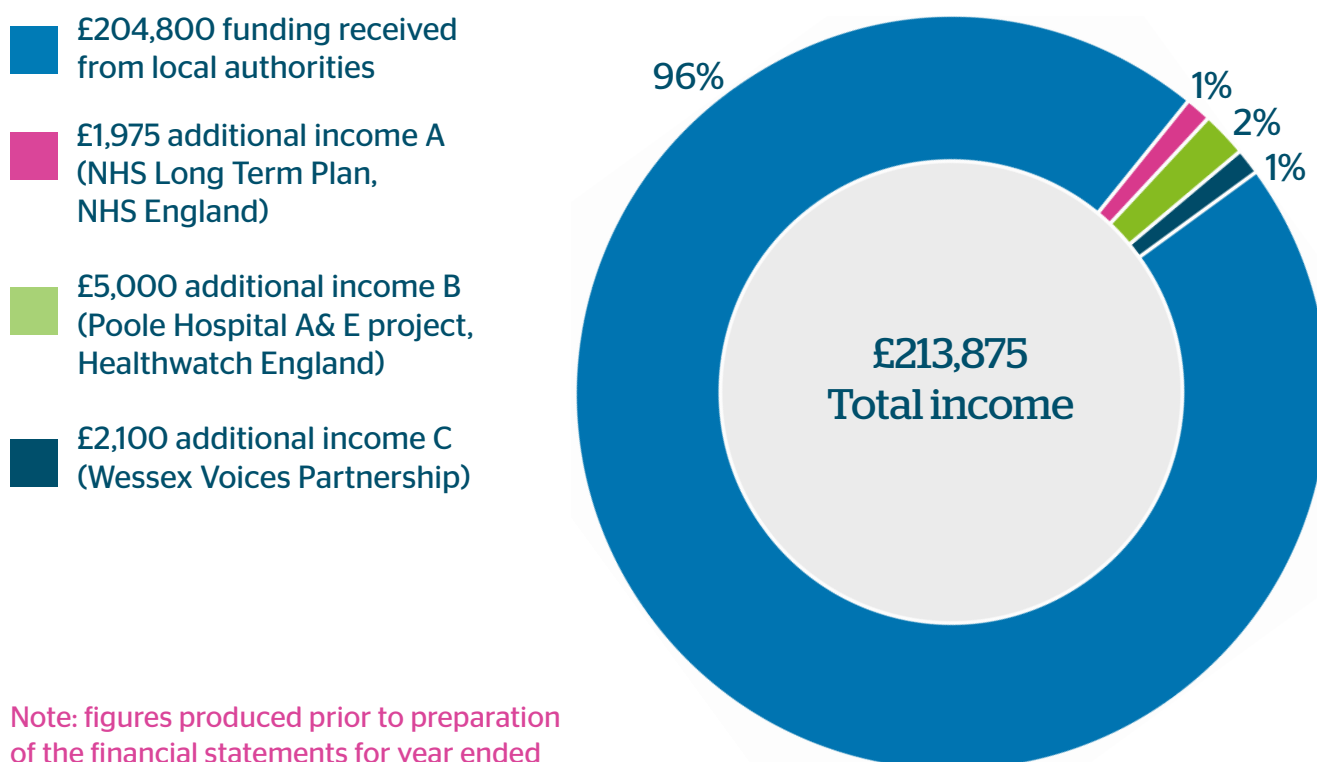
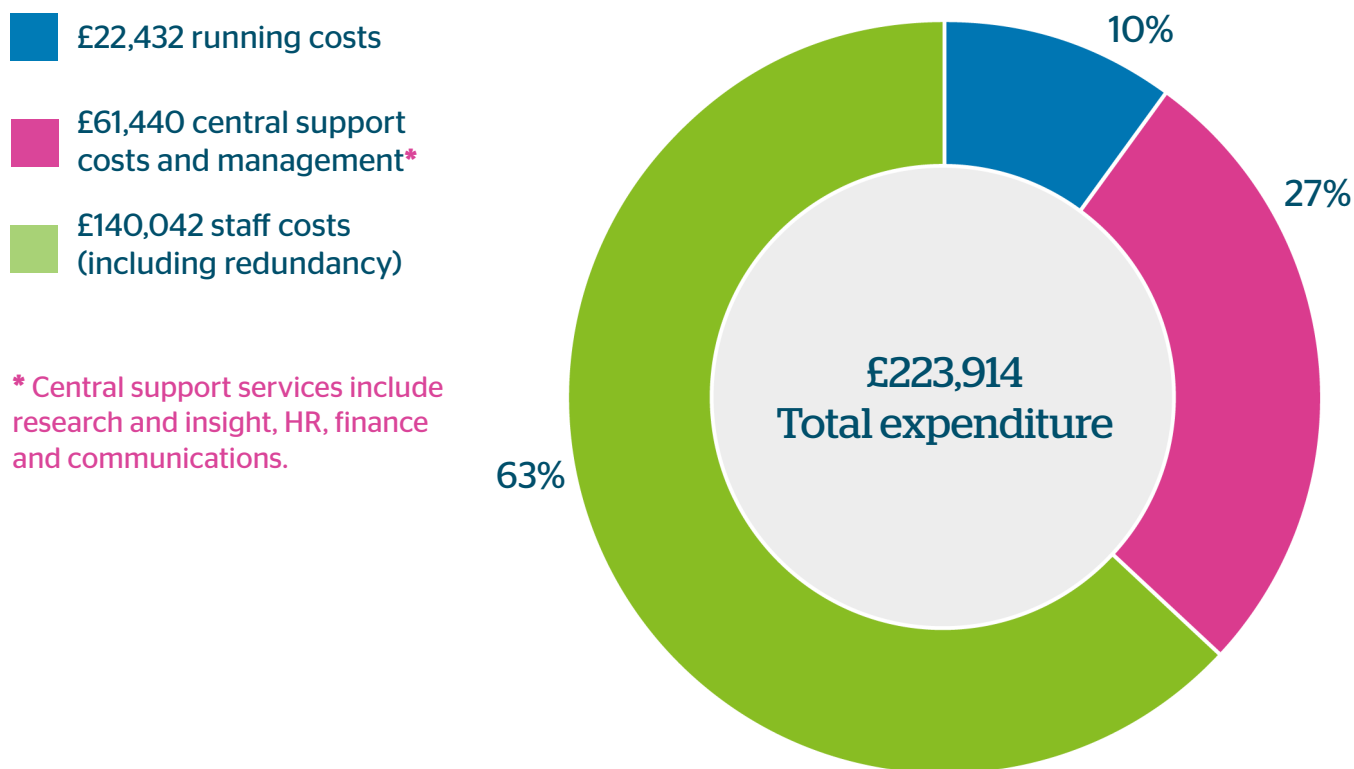
“The award-winning volunteer scheme goes from strength to strength and the newly formed steering group has a wealth of knowledge and experience that can only benefit Dorset, Bournemouth, Christchurch and Poole.”
Christopher Skinner, Partnerships & Engagement Officer, Dorset Council

Our finances



Ebi, Special Advisor
Healthwatch Dorset Steering Group

We are funded by our local authorities, Dorset County Council and Bournemouth, Christchurch & Poole Council (BCP), under the Health and Social Care Act (2012). In 2019/20 we received £204,800.



Note: figures produced prior to preparation of the financial statements for year ended 31 March 2020.

Our plans for next year



Message from our Manager

Working together to make a difference

We worked with many people and organisations across the county last year to make health and social care better for local communities, and we are looking forward to working with many more as we continue to help services develop and improve.

Looking ahead

We have several new projects planned for 2020/21. These will look into issues raised by local people, while reflecting national and local priorities in health and social care, including the impact of coronavirus.

Our projects will focus on the following themes:

- Accessing local health and care services during the coronavirus pandemic
- Children and Adolescent Mental Health Services (CAMHS)
- Primary Care Services (such GPs, pharmacy, and dentistry)
- Transport to health and social care services
- Accident and Emergency Care (A&E).

We will develop and adapt our plans during the year, as services begin to recover from the pandemic, to make sure our work is relevant, meaningful and reflects people's needs.

Connecting with local communities

Social distancing measures may mean we need to be creative about how we reach our communities, but there are plenty of ways people can share their experiences with us through online surveys and focus groups, social media and by talking to us on the phone.

“We will reach out and listen to our local communities, and work with you to influence positive change in health and social care.”



Louise Bate, Healthwatch Dorset Manager

Thank you

Finally, I would like to say a personal thank you to everyone who has shared their story with us, and to our volunteers and the many groups we work with. Your invaluable support helps us connect with local communities so that we can ensure their voice is heard by those working at the highest levels in health and social care across the county.

Louise Bate
Healthwatch Dorset Manager

About Healthwatch

Here to make care better

The network's collaborative effort around the NHS Long Term Plan shows the power of Healthwatch in giving people who find it hardest to be heard a chance to speak up.

The #WhatWouldYouDo campaign saw national movement, engaging with people all over the country to see how the Long Term Plan should be implemented locally. Thanks to the thousands of views shared with Healthwatch we were also able to highlight the issue of patient transport not being included in the NHS Long Term Plan review – sparking a national review of patient transport from NHS England.

We simply could not do this without the dedicated work and efforts from our staff and volunteers and, of course, we couldn't have done it without you. Whether it's working with your local Healthwatch to raise awareness of local issues, or sharing your views and experiences, I'd like to thank you all. It's important that services continue to listen, so please do keep talking to your local Healthwatch. Let's strive to make the NHS and social care services the best that they can be.

Sir Robert Francis, Healthwatch England Chair



“I’ve now been Chair of Healthwatch England for over a year and I’m extremely proud to see it go from strength to strength, highlighting the importance of listening to people’s views to decision makers at a national and local level.”

Thank you

Thank you to everyone helping us put people at the heart of health and social care, including:

- Members of the public who shared their views and experience with us
- All of our amazing staff and volunteers
- The voluntary organisations that have contributed to our work
- Our partners including Bournemouth, Christchurch & Poole Council; Dorset Council; NHS Dorset Clinical Commissioning Group; Bournemouth, Christchurch & Poole Health and Wellbeing Board; Dorset Health and Wellbeing Board; and the Dorset NHS Foundation Trusts, including The Royal Bournemouth & Christchurch Hospitals, Poole Hospital, Dorset County Hospital, Dorset Healthcare University, and South Western Ambulance Service.



The Healthwatch Dorset Steering Group (pictured left to right): Viv Aird, Naomi Patterson, Sue Warr, Ebi Sosseh, Margaret Guy, Peter Greensmith, Amanda Shirlin-Brown, Richard Selby and Lauren Bishop.

Contact us

Tell us what you think of health and social care services in Dorset and help make health and care better for everyone in our community.

☎ 0300 111 0102

✉ enquiries@healthwatchdorset.co.uk

🌐 healthwatchdorset.co.uk

Healthwatch Dorset
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Chaseside
Bournemouth
BH7 7BX

If you need this report in an alternative format, please contact us.

Find us on social media:

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📷 [healthwatch.dorset](https://www.instagram.com/healthwatch.dorset)

🌐 [healthwatchdorset](https://www.linkedin.com/company/healthwatchdorset)

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The Healthwatch Dorset service is run by Evolving Communities CIC, a community interest company limited by guarantee and registered in England and Wales with company number 08464602.

The registered office is at:
Unit 4, Hampton Park West, Melksham, SN12 6LH.

☎ 01225 701 851

✉ info@evolvingcommunities.co.uk

🌐 evolvingcommunities.co.uk

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

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

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer
	Meeting Date – 28 September 2020			
1	The Big Plan – Update To receive a 6-month update on the BCP annual health check figures and the paid employment offer for adults with a learning disability or autism.	The update will allow members to monitor the progress of the highlighted areas of BCP Council's 'Big Plan', these being: health checks and the paid employment offer.	Report	Jo O'Connell Jen Collis-Heavens Mark Harris - CCG
2	Annual Report for 2019/20 and Business Plan for 2020/21 for the BCP Safeguarding Adults Board To receive the Annual Report for 2019/2020 from the BCP Safeguarding Adults Board and the Board's 2020/21 Business Plan.	The Committee will be updated on the work undertaken by the BCP Safeguarding Adults Board during the last year as well as the Board's Business Plan for 2020/2021. The item will also provide opportunity for the Committee to consider how it would like to engage in future scrutiny opportunities relating to the Adult Safeguarding Board and consider any Committee training needs in this respect.	Report	Barrie Crook Independent Chair, Bournemouth, Christchurch and Poole Safeguarding Adults Board.
3	Adult Social Care Charging Strategy To receive feedback from a working group of the Health O&S Committee,	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.	Working group will report initially to Committee in November 2019 and will report again when consultation outcomes are	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
	established to consider options relating to the BCP Adult Social Care Charging Policy.	<p>To consider the final policy proposals that will go to Cabinet for implementation.</p> <p>Note – final Working Group meeting is being arranged for late July/early August</p>	known and prior to the final policy is being presented to Cabinet for approval.	
	Meeting Date – 30 November 2020			
4	<p>Better Care Fund – End of Year Performance</p> <p>To receive the year-end report for the Better Care Fund for 2019/2020 including an update on the metrics and the 20/21 Plan.</p>	The year-end report for the Better Care Fund 2019/2020 will allow members to monitor its progress. Scrutiny will add value to the two requested topics: The Better Care Fund metrics and 2020/2021 Plan.	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
	Meeting Date – 18 January 2021			
	Meeting Date – 8 March 2021			
5	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
	Meeting Date TBC			
6	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
7	Dementia Services Review	To inform O&S of progress in Dementia Services November 2021/January 2022.	Report	Mark Harris Dorset CCG

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer
	To receive an update on progress since the Dementia Services Review.			
8	Health services for people who are Homeless and Rough Sleeping	Further discussions required with Chairman and Cllr Allen to establish the benefits and how scrutiny could be conducted.	TBC	TBC
9	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.
10	Deprivation of Liberty Applications	For the Committee to be informed of the changes in legislation to the Deprivation of Liberty Applications.	TBC	Jan Thurgood, Corporate Director, Adult Social Care.
11	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
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.				

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer
12	Adult Social Care Charging Strategy Working Group	As per item 3 above Final meeting to be arranged for late July/early August.	Working group	David Vitty Director of Adult Social Care Services
13	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
14	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
15	External Scrutiny – Quality Accounts	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. This item has been paused due to COVID19.	To ensure Committee members have the opportunity to scrutinise the quality accounts of NHS Trusts.	

	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 Work to be discussed by Committee at Development Sessions and to be strategically placed on the Forward Plan when as and when necessary.				