

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

Minutes of the Meeting held on 28 September 2020 at 6.00 pm

Present:-

Cllr K Rampton – Chairman
Cllr L-J Evans – Vice-Chairman

Present: Cllr L Northover, Cllr H Allen, Cllr J Edwards, Cllr N C Geary,
Cllr C Johnson, Cllr C Matthews, Cllr R Rocca, Cllr M Robson and
Cllr D Butler

81. Apologies

There were no apologies for absence for this meeting.

82. Substitute Members

There were no substitute members for this meeting.

83. Declarations of Interests

Councillors made the following declarations of interest:

Cllr H Allen declared, for transparency, that she is employed by the Royal Bournemouth Hospital.

Cllr C Johnson declared, for transparency, that she is employed by the Royal Bournemouth Hospital.

84. Confirmation of Minutes

The minutes of the meeting held on 27 July 2020 were confirmed as a correct and accurate record.

85. Public Issues

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

86. Action Sheet

An update was provided on minute number 59 of the Action Sheet. The Committee were informed that due to COVID19 and the interim constitutional arrangements, participation at a Council meeting could not be facilitated for external participants. Therefore, an all-member seminar session, conducted by the People First Forum, was being arranged. The session would provide information to Councillors on the People First

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Forum's Bill of Rights Charter and adults living with a learning disability in the BCP conurbation.

Following this update, the action sheet was noted and there were no further comments.

In addition to the summary of actions taken since the Committee's previous meeting, the Portfolio Holder for Adults gave an update on work she had undertaken. The main points of the update were as follows:

- A seminar on the local outbreak management plan had been held for all Councillors and provided a clear brief on the plan.
- Health and Wellbeing Board met in September and discussed a range of issues including the Safe and Well Checks.
- The Joint Safeguarding Adults Board met in September following a huge amount of work completed to improve joined up working between all of the wide-ranging partnerships.
- The Adult Lead Members for South West Board's Quarterly meeting took place and provided a great insight into how other Councils are handling the COVID19 pandemic. Discussions varied from good practice, preparations for a second wave and also the impact of Brexit on Council services.
- The Tricuro executive shareholder group have met several times throughout this period, focusing on arrangements for a new chief executive.

There were no questions following the Portfolio Holder's update.

87. Learning Disability Annual Health Check Programme - Update

The Committee received an update on the delivery of the Health Check programme from the Head of Service (Mental Health & Learning Disabilities) for NHS Dorset CCG.

Members heard that the programme, which is a key feature in the NHS' Long Term Plan and also features within the local Dorset Learning Disabilities and Autism plan, had been impacted by COVID19 and that there were challenges faced in its delivery.

The Committee heard that 2000 annual healthchecks were completed last year, which accounted for 54% in Dorset and 60% in BCP. Members were told that this was not the level desired by the service but that figures are moving in the right direction.

Conducting healthchecks has been highlighted as a priority within the Phase 3 recovery process across the whole of the NHS. A target of 67% completion rate has been set for end of the current financial year and a further target of 75% is set for the end of long-term plan.

Quarter one, which was the main period affected by COVID19, saw 123 healthchecks conducted, with 73 of these taking place in the BCP area. Priority work had been undertaken for the Phase 3 recovery process and a trajectory to achieve a 67% threshold of completed checks has been set.

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Work was also being done closely with GP Practices to increase the number of healthchecks that are completed. Furthermore, within the development of the local Primary Care Networks, several PCNs have highlighted annual healthchecks as a local priority and have added them to their local improvement plans. Several stakeholders have also been engaged, including Healthwatch and the People First Forum, to gain support from primary care and support the programme in delivering its aim. Members were informed that data was an important part of overseeing annual healthchecks and that the CCG intelligence team had been helping to develop this approach alongside a task and finish group which ties in with the local quality improvement plan.

An important factor that was highlighted was continuing to build relationships with different Learning Disability teams within the community and linking in with Public Health Dorset to provide positive steps for service users for healthy living.

Work had been scheduled to build a help platform for GPs to share good practice experiences. Members heard that some practices had different approaches to healthchecks and that it would be beneficial to achieve consistency based on good practice. It was also heard that healthchecks could also be combined with flu vaccinations and that the ongoing principle of encourage people with learning disabilities to access primary care for healthchecks and to use the Yellow Book would continue.

Several questions were asked by members and included whether the projections following Quarter One were too optimistic due to the risk of a second wave. The Head of Service (Mental Health & Learning Disabilities) for NHS Dorset CCG agreed that the projections were optimistic however hard work had and would continue to be undertaken to achieve these figures. Contextual information was provided on how, historically, different Quarters saw different numbers of healthchecks conducted and that efforts were currently being made to balance these variations out and achieve more consistency. Further information was given on contingency planning and it was heard that it would be difficult to make contingency plans due to the risk COVID19 presents to the learning disabilities cohort. National guidance had prompted virtual healthchecks to be explored for this purpose, and discussions with colleagues across South West have been held. The key priority for the service areas was to ensure that the cohort would not be put at any further risk, which includes the provision of full PPE and assessments on whether those at highest risk get healthchecks first.

A question was raised on whether mobile units, similar to test centres, could be created to conduct healthchecks. The Committee heard that this was not something considered previously and that instead, where possible, the service would take practitioners to care home or home visits. This approach was being assessed by the task and finish groups on best practice. The Director of Primary and Community Care of NHS Dorset Clinical Commissioning Group expressed that they would feed this suggestion into the task and finish group and that the desirable aim would be to offer a menu of options and reduce the medicalised feel of

healthchecks in order to best adapt them for all people with learning disabilities.

RESOLVED that the Committee agreed to note the content of the report as per the recommendation.

88. Joint Business Plan 2020-22 of the Dorset and Bournemouth, Christchurch & Poole Safeguarding Adults Board - Annual Report 2019-20 of the Bournemouth, Christchurch & Poole Safeguarding Adults Board

The Committee received an update on the progress of the Safeguarding Adults Board (SAB) objectives 2019-20, a summary of the overarching aims of the Board for 2020-22, an explanation of how the Board plan to achieve said aims and how the coronavirus pandemic may impact partner agencies' ability to contribute to the plan.

The Independent Chair of the Safeguarding Adults Board began by summarizing the independent report that the Board commissioned from an external consultant. The primary aim of the review was to aid in evolving the governance structures of safeguarding. The commissioner was an Ofsted examiner and gave an overall positive update.

Members heard that the highlights of the report included:

- The Work of subgroups was deemed to be very useful.
- The SAB's policy and procedures, which are updated every year, were positive.
- The reviews follow up process and the action plans for learning were complimented.
- The Board could improve their 'Line of Sight' to understand actual performance better on a day to day basis.
- Meeting structures were causing duplication and overlap.

The Commissioner did not suggest a specific, new governance model, but the report showed that an overarching governance structure was required to strengthen safeguarding action. This would enable strategic planning to take place and allow staff to work better across the different themed areas of work. Domestic abuse was an issue that highlighted the need for better strategic planning to take place and reviews in the past suggested the need to integrate better and provide more support for individuals facing safeguarding issues. The overall message was that the SAB needed to continue to work harder on connecting on work across partnerships.

COVID 19 doesn't feature in this report as it was looming at time this report was undertaken but the Committee heard that the SAB keep in contact with providers and voluntary sector agencies to enable them to contribute to the business plan. A successful event informed providers and voluntary sector agencies on liberty protection safeguards as well providing information on how to help vulnerable people to build healthy relationships.

The Committee heard that a Safeguarding Adults Review had also been undertaken and was published March 2019. A main aim was to disseminate the information more widely and communicate to providers how best to support people with a Learning Disability. The SAB ran a forum for service users looking at issues on personal safety for people who are vulnerable.

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The Committee asked several questions on this update. One member asked how far the Keeping Adults Safe leaflet was circulated and whether it also featured on other media formats. The Committee were told that the information was available on the SAB website, had been shared widely with Council partner organisations and that work alongside the People First Forum had delivered an easy read version of the findings.

A question was posed on the findings data being difficult to interpret. The Independent Chair of the SAB explained that there would be more work done on analysing data to better relate it to information from partner organisations, but that this would need to be built into future resourcing.

On a query about duplication of work at Board meetings, it was heard that the SAB had held three, joint face-to-face meetings in March. Also, a tripartite system had been trialed where each board would have their own, separate meetings and another one together. Both Boards met separately in July and then in September the tripartite approach was tried again. The SAB were now at the stage where they could reflect and review what meeting format works best and what specific issues require joint working. Finally, the Committee were informed that meetings had been scheduled in October with the purpose of progressing safeguarding governance.

Safeguarding for homeless people and emergency temporary housing over the initial COVID19 lockdown was discussed following a question from a Member. The Committee heard that there had been a review into the cases of two homeless men that had died and that safeguarding of homeless people was a rising priority nationally as well as locally. This was in part due to the various new issues that occurred following emergency temporary housing, such as possible cuckooing and domestic abuse.

Questions were posed on safeguarding for people who self-neglect. Members heard that the SAB had requested site of examples of case work on this topic. A self-neglect and hoarding panel was also being set up alongside national research into the issue. Analysis showed that self-neglect ranked highly in the contributing factors of vulnerable people.

A question on the financial implications facing adult safeguarding was raised. The Independent Chair of the SAB explained that funding was not spread evenly between contributors and that all SABs received the majority of their funding from the relevant local authority, CCG and Police. Funding was also received from the hospitals and Dorset Healthcare but not from the Probation Office. One of the things the SAB would review was the funding spread as it had not been reviewed for many years. This would involve a zero-based budgeting exercise to assess how much funding was needed how this should reasonably be spread across partners.

The Independent Chairman of the SAB introduced the Business Plan 2020-2022. Members heard that it was a joint plan across BCP and Dorset Council. COVID19 had delayed the development and progress the plan whilst also potentially delaying the actions set out. As a 2-year rolling plan, an element of flexibility is needed due to problems that new outbreaks of COVID19 would cause. The Board were planning a reflective learning event for October to evaluate the impacts and lessons to be learned on keeping

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people safe in Care Homes going forward and to ensure that the Winter response addresses any known issues. An SAB in the Midlands was conducting a review into this matter and the Independent Chair felt that it was the right time to evaluate what opportunities have been missed while dealing with the COVID19 pandemic from a safeguarding perspective.

The Committee heard that existing priorities were being built upon, such as Domestic Abuse. Services were becoming more alert to the wider extent of domestic abuse. Current reviews into cases in Dorset and abuse over long periods of time were being conducted.

Neglect and self-neglect were also big areas of concern for safeguarding and, similar to domestic abuse, they can entail lots of different categories of safeguarding. Members heard that it was difficult to target how to prevent neglect as it can occur in numerous forms, such as a carer not following a care plan, or a medicine regime. More work was needed to understand the issue locally and it remained a priority for both Boards.

Adaptions would have to take place in order to adapt to the numerous, emerging and pre-existing issues.

A question was asked on the issue of problem drinking, and a Member referenced a report from the national leaders of General Practice that suggested the number of individuals with a drinking problem had increased from 4.8 mil to 8.4 since February 2020. Local alcohol liaison services had seen a significant increase, including young people requiring help. The Committee heard that the national work on dependent drinking was to be completed at the end of the financial year and that it was a project between 20 partners, funded by Public Health England.

The Independent Chair of the SAB discussed the pressure on services due to COVID19 and highlighted loneliness, bereavement and dealing with grief. From this, services were noticing that there was an increase in the reasons for depression and neglect to occur.

On the subject of emergency service calls concerning safeguarding, the Committee were informed that there had been a 50% increase. However, not all of these calls had required further action and very few had resulted in a section 42. Most calls were concerning lack of care packages or care concerns. The Director of Adult Social Care explained that the quality of the Council's triage service saw fewer cases go further or lead to Section 42s.

The Committee referenced Appendix 2 of the report, the "Feedback from 'Harry Learning Event'" and requested that the answers be provided for the 'questions from the panel' section. The Independent Chair of the SAB offered to seek whether these questions had been answered and respond to Members at a later date.

RESOLVED that the Committee agreed to note the content of both reports as per the recommendations.

89. Adult Social Care Charging Policy

The Head of Adult Social Care presented the report and began by explaining the context of this piece of work. Members were reminded that there were three legacy charging policies for Adult Social Care across BCP

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and that the decision to harmonise these charges centred on the principles of equity for all residents and full cost recovery. The Head of Strategic Development & Change Management informed the Committee of the charging assessment process and how said process determines the charge a user will be required to pay towards their social care. Members were reassured that a proposed mitigation in the case of certain, extreme situations would be for the Head of Adult Services to wave the charges.

Members then heard from the Principal Research Officer for Organisational Development on the outcome of the public consultation to which 3000 service users, carers and other stakeholders provided feedback.

The Lead Member of the Adult Social Care Charging Policy Working Group gave an update on the Group's final meeting. Highlights from the meeting included questions on consultation responses, simplification of language, combination of transport charges and day centre charges, delays to implementation of policy and mitigating factors. The Committee heard that the Working Group provided test and challenge to the development of the policy and endorsed the recommendations of the officers.

The Committee considered the proposed single charging policy and the recommendations of the Adult Social Care Charging Policy Working Group before voting on the individual recommendations contained within the report.

RESOLVED that each of the recommendations, contained within the Officer's report be approved. The recommendations are as follows:

(a) The findings of the consultation are noted and commented on.

(b) Committee recommend to Cabinet that the new Adult Social Care Charging policy is approved.

(c) Committee support the use of mitigation measures which assist clients when moving to new charging arrangements as set out in paragraphs 17 to 21 of the report.

90. Forward Plan

The Committee considered the Forward Plan and the following requests were made:

- H Allen asked for an update to come to Committee in 6 months' time, following implementation of the Adult Social Care Charging Strategy.
- J Edwards requested an update on GP services response to COVID19 to which the Director of Primary and Community Care, NHS Dorset Clinical Commissioning Group explained that this could be included in the Winter Response item at the Committee's next meeting.
- The Chair requested that scrutiny of Tricuro be added to the Forward Plan for the next meeting with the suggestion that members of the O&S Board be invited as the item may cover the remit of both bodies.

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- Cllr H Allen suggested that the item on scrutiny of Health services for people who are Homeless and Rough Sleeping be considered at Committee in the New Year or early Spring 2021.

RESOLVED that the Forward Plan was agreed and approved by the Committee.

The meeting ended at 8.50 pm

CHAIRMAN