

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

Minutes of the Meeting held on 08 March 2021 at 6.00 pm

Present:-

Cllr J Edwards – Chairman

Cllr L-J Evans – Vice-Chairman

Present: Cllr D Butler, Cllr C Johnson, Cllr A Jones, Cllr C Matthews,
Cllr M Robson, Cllr R Rocca, Cllr S Phillips and Cllr K Wilson

Also in attendance: Cllr Karen Rampton – Portfolio Holder for Adults
Cllr Nicola Greene – Portfolio Holder for COVID Resilience, Public
Health and Education
Cllr Hazel Allen – Member Lead for Homelessness

Jan Thurgood – Corporate Director Adult Social Care
David Vitty – Director of Adult Social Care Services
Sam Crowe – Director of Public Health Dorset
Phil Hornsby – Director of Adult Social Care Commissioning
Elaine Stratman - Principal Officer, Planning and Quality Assurance
Sally Sandcraft - Director of Primary and Community Care NHS
Dorset CCG
Joe Tyler – Democratic Services and Overview and Scrutiny Officer
Ben Tomlin – BCP Housing Services Manager
Stephen Killen - Transformation Director University Healthcare Dorset
NHS Foundation Trust
Mike Kelly - the Head of Mental Health at Dorset Healthcare
University NHS Foundation Trust
Jonathan Kempton - Programme Manager for this HIP/NHP
Programme within Dorset Healthcare University NHS Foundation
Trust.

113. Apologies

Apologies were received from Cllr D Farr.

114. Substitute Members

Cllr L Fear substituted for Cllr D Farr.

115. Declarations of Interests

The following Cllrs made declarations of interest:

Cllr L-J Evans declared, for transparency, that she is an employee of the
University Hospitals Dorset NHS Foundation Trust.

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Cllr C Matthews declared, for transparency, that he is a governor of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.

Cllr C Johnson declared, for transparency, that she is employed as a staff nurse at The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.

116. Minutes

The minutes of the meeting held on 18 January 2021 were approved as a correct and accurate record.

117. Public Issues

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

118. Action Sheet

The Committee noted the Action Sheet.

119. Homelessness Strategy - Summary of Health Aspects

The Council's Lead Member for Homelessness gave an overview of the health aspects of the Draft Homelessness Strategy. The Committee heard that there were thirty-three references to 'health' in the Strategy and that health and wellbeing was a core aim. Members were informed that: there is a clear link between homelessness and poor health that poor health can be a contributing factor to losing a job and/or losing your home. This includes poor mental health. Mental health issues are a common factor in homelessness and up to 45% of housing applicants cite poor mental health. Rough sleeping is at the more extreme end of homelessness and often involves substance abuse. The life expectancy of rough sleepers averages at 46 years old for men and 46 years old for women.

The Committee heard that there was the potential to save lives through the strategy, with specific emphasis on the health aspects. The health risks of homelessness range from dehydration, poor diet, stress, damp and cold, poor mental health, substance abuse, overdoses, blood borne viruses. There are visibly more health issues among the homeless cohort than the general population.

Members were told that the strategy encouraged rough sleepers to move of the streets and gain tenancies. This aim required a holistic approach that coordinates a wrap around care system to meet all the interrelated needs of the individual. Health plays an essential part of this and must be upheld alongside the other support mechanisms, such as benefits, housing, food and toiletries. The ultimate aim was for this to lead to meaningful activities for those individuals within the community and for the individual to receive

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skills, training and friendship. This is where health and wellbeing are inextricably linked.

It was explained that this was often a slow process and that the services must build trust with homeless individuals. The strategy would feature a joined-up approach alongside the housing services and prevention services. This would include an out of hospital model with provision in community working, alongside housing teams and a new dedicated group of housing officers. It is hoped that this approach would help prevent homeless related deaths including suicide, being the victim of crime, poor health and substance abuse. The 'package of tailored care' would also include access to GPs and dental care.

Members were informed that COVID19 had impacted the work on the strategy but had also encouraged services to work more closely together in a collaborative style. This multidisciplinary approach would enable the service area to safeguard individuals, prevent homelessness, intervene earlier and stop early deaths.

The Committee asked several questions following the update. Answers were provided by the Lead Member for Homelessness and the Housing Services Manager. The questions and responses included:

- A member asked if the strategies focus would be on rough sleeping, to which the Committee were informed that a bespoke provision to all individuals facing or experiencing homelessness would be offered.
- A member referred to the use of multidisciplinary teams and community hubs, to which it was explained that the strategy sought to upscale and build upon the successes of this model and that future hubs will be predominantly primary care focused with the inclusion of other services.
- A member asked if the Council could encourage landlords to keep rent prices low and offer incentives in order to aid tenants in precarious housing situations. The Committee were told that the Council could not directly cap rents but does have incentives in place such as grants and support to landlords. Repairs to properties may also be offered in return for longer tenancy agreements. Communication and continued conversations between landlords and the Council are imperative. Furthermore, the Council commission a number of support services for families with additional needs, such as for victims of domestic abuse, mental health issues or drug abuse.
- A member highlighted the fact that homeless people and rough sleepers face stigma and demonisation and the Committee heard that the 'welcome' for homeless people seeking support was key. Health is often the neutral entry point for homeless people and maintaining respect, whilst building confidence and trust was a way to reduce the stigma. The Lead Member for Homelessness agreed that dignity and tackling the stigma faced by homeless people should be an explicit part of the strategy.

After all questions had been asked and answers, the Committee noted the update.

120. Dorset ICS New Hospital Programme - Strategic Outline Case

The Transformation Director for the University Hospitals Dorset Foundation Trust (UHDFT) introduced the Strategic Outline Case. The main points raised during the presentation were as follows:

Stephen Killen – Transformation Director for UHD FT

Mike Kelly Dorset Healthcare – Head of MH

Jonathan Kempton – Head of Dorset Healthcare leading on this programme.

- The Strategic Outline Case was a £350 million capital opportunity. Following the clinical services review in 2017, the aim for better care and pathways of access, including care closer to home went through the local scrutiny process, a judicial review, an independent review panel and judgement from the Secretary of State.
- Members were reminded that the Dorset healthcare system and its work alongside the local authorities was in the top 10 nationally and was a Wave 1 care system.
- At the heart of the project was prevention, community investment, community services and care closer to home.
- £250 million funding would go toward the maternity and children's services at the Royal Bournemouth Hospital and the advance theatre complex at Poole. This was alongside investment in pathology.
- The Health Infrastructure Plan (HIP) saw between £350-£500 million invested in the Dorset healthcare program.
- The HIP2 scheme would be another ambitious program that seeks to develop hubs in the BCP area.
- £90 million investment would go toward refurbishment in wards and hospital beds, with Poole Hospital receiving £80 million for wards, theatres and beds. St Anne's hospital would also receive refurbishment of wards and beds.
- The HIP2 program builds upon the 2017 review and the extensive modelling of patient flow over a 5 year period. The first scheme focused on demand, capacity and division of beds across Dorset. Modeling identified that there were too many acute Mental Health beds in the West and not enough in the East. The outcome of the

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consultation and review was that the that Linden Unit should be closed (this site had 50 beds) and capacity moved to the St Anne's Site. The review further identified that an additional 16 Mental Health beds were needed (4 in the West and 12 in the East). The Second scheme highlighted the issues faced by young people needing to access children and adolescent mental health services (CAHMS). The long waiting list, imbalance between supply and demand and the high number of of young people not able to access beds locally. Psychiatric intensive care beds for young people was a specific problem. The 2017 review identified low bed base in the South of England as a region wide problem. There are currently 8 beds available at the Psychiatric Intensive Care Unit Pebble Lodge. Pebble Lodge has an education provision rated outstanding by OFSTED. The Second Scheme would provide PICU beds for Dorset, Sussex, Hampshire and Isle of Wight. Unfortunately, a 2017 planning application for a new Bournemouth site was not successful but plans are being redrawn to submit soon.

- HIP3 is the redevelopment of the Thorston site in Dorchester which has 18 beds but doesn't currently meet royal psychiatric standards.
- The key risks to this process were for the business case to be approved, delayed funding, cost inaccuracy, supply chain resilience, revenue impact and COVID19.
- Sustainability would be at the heart of the HIP and modern methods of construction and investment in local supply chains would be explored. This would be achieved by working with the Local Authority and Chamber of Commerce to seek local supply partners. The aim is for there to be net zero carbon at the heart of project.
- At present, the business case has been submitted to the NHS. It is supported by all partners in the Dorset system.

The Committee noted the update on the Strategic Outline Case.

121. Healthwatch Dorset Draft Workplan for 2021/22

The Manager of Healthwatch Dorset introduced the Draft Workplan for 2021/2022 and provided update for the Committee. The main points raised during the update were as follows:

- Feedback had been obtained and assessed in order to draft the work plan for the next year.
- Access to primary care was a key item for Healthwatch last year and it had to adapt due to COVID. The project was successful despite the necessary changes and has enabled virtual consultations to be utilised in the year ahead. Healthwatch were conscious that a lot of people were still not accessing primary care and assessments need to be made on how to make it easier for those not accessing primary care whilst not necessarily using virtual equipment.
- Accident and emergency care was another key issue throughout 2019 with a 2019 review on A&E performance measures. 111 First was a program that saw people call 111 first before visiting A&E. Via Poole Hospital, Healthwatch had made 120 calls to A&E users to

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see if there were any prevailing themes in the feedback. Any learning would be taken and adapted to use at Dorset County hospital in summer.

- A key project for the coming year would focus on marginalised young people. It was acknowledged that Healthwatch would need to be proactive on listening to young people. Therefore, a Young Listeners groups of 16-25 year-olds would be supported and trained over Summer 2021 to develop an engagement project to find out what young people think about health across Dorset. There had been numerous applicants for this role throughout January/February and there are now 13 young people in the group. This group will now be trained and supported to design their own engagement program.
- Transport was another key theme of focus for the coming year. A survey on accessing the COVID vaccine and what could be improved showed that transport was a concern as people were worried about how they would get to vaccine centres. Those shielding for a year were now scared to go vaccine centre.
- Additionally, Healthwatch were working on a commissioned project with Wessex council alliance and Wessex voices, funded by the NHS England and NHS Intelligence on developing creative engagement tools for young children living with cancer. Feedback would be gathered until June.
- There was still scope to work on other projects throughout the year, as last year Healthwatch had to adapt to numerous situations and therefore flexibility was required to ensure that the local concern/requirements was met.
- One area that raised a lot of interest was dentistry and Healthwatch were conscious that there couldn't be much changed locally but that they could input to Healthwatch England and aim to improve dentistry at a national level.

The Committee asked several questions following the update and presentation. Answers were provided by the Manager of Healthwatch Dorset. The questions and responses included:

- A member referred to vaccine hesitancy and asked if Healthwatch were going to look into this. Members heard that Healthwatch had launched a survey and had sent out a press release asking for people to respond with their experiences relating to the vaccine.
- A member asked the Manager for Healthwatch Dorset for their views on local concern around transport to vaccine centres. Members heard that there were a number of community schemes that Dorset used to have that were small and local but were impacted by COVID. Lots of volunteers for these community schemes were older and therefore had to stop volunteering. It was expected that as the system gets back to normal, there will be gaps in community transport, and therefore the voluntary structure must be provided with sufficient support and structure to benefit service users and volunteers.

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- A member asked a question on vaccine notification and the Committee were informed that Healthwatch were aware of 'double notifications' where people were contacted by more than one service. It was hoped that as the process moves on duplication would be reduced. Positive feedback from people who had received the vaccine was important in building trust and encouragement for others to opt in for the vaccine.
- A member raised concerns about the digital route of healthcare and referenced the fact that some people cannot use technology or digital equipment. Members were informed that the digital option has been great for many service users but keeping the offer open for face to face was a vital component of the menu of choice. The Director of Primary and Community Care NHS Dorset CCG reassured members that there was absolutely no intention to move entirely to digital solution and that there would always be a choice. There was a clinical need to continue face to face consultations with people.

After all questions were asked and answered, the Committee noted the update.

122. COVID-19 Update

The Director of Public Health for BCP Council introduced the progress report on Public Health and Adult Social Care Response to the COVID-19 Pandemic. The main points raised during the Public Health section of the presentation were as follows:

- Infection rates had continued to fall in the BCP Council area; lockdown 3 has been very effective at reducing transmission.
- The 7-day infection rate for BCP Council had fallen below the rate for England at 57 per 100,000 as of Feb 21 – 28.
- The transmission rate in Over 60s was also declining rapidly, with the current figure of 38 per 100,000. The South West regional rate for the same period was 44 per 100,000, with England standing at 81 per 100,000 population
- Testing positivity was 3% across BCP. This was an improvement on the figure in early January 2021 where positivity reached 19%.
- Although there had been improvements there was no room for complacency as some parts of the country, including the Midlands, North West and parts of London were showing increases in infections.
- More than 300,000 people in Dorset and BCP Council areas had received their first dose of the vaccine.
- Hospital admissions were reducing more quickly than predicted. The national evidence showed that the vaccination rollout was helping to reduce hospital admissions and reduce deaths; this was compared with modelled estimates.

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- The Government's roadmap provides a clear framework for how Public Health England will provide support whilst lockdown restrictions begin to ease.
- There is a national requirement to refresh the local outbreak management plan, as of 12 March.
- This revised plan will include preparations for how to live safely with COVID-19, providing assurance on local capability and capacity to respond to future outbreaks. This involves the mobilisation of rapid community testing and closer working with the Test and Trace scheme to identify contacts of those who are infected.
- Enhanced surveillance will be introduced to inform rapid suppression of cases.
- A vaccine coverage assurance was underway to close gaps in uptake among cohorts within the community that are as yet not taking up the vaccine offer.
- There were plans underway for surge testing of Variants of Concern.
- There was now also an opportunity to show learning from the past 9 months, with the ultimate aim to progress to a business as usual COVID mitigation strategy.
- Maintaining confidence in public adherence to social distancing and hygiene measures was imperative along with supporting schools to open safely which relied upon the lateral flow testing of secondary pupils and household bubbles.
- Clear communications around vaccination and rapid testing must be upheld. Neither receiving the vaccine or engaging in testing programs means that people can stop social distancing and practising good infection prevention and control measures.
- Getting infection rates down further would be key to prevent the risk of a resurgence.
- Public Health Dorset were monitoring the take up of community asymptomatic testing.

The Director of Adult Social Care Services introduced the social care services aspects of the presentation. The main points of the update were as follows:

- The service continued a focus on the hospital discharge program.
- There was now a lower demand for Respite Care, community based Domiciliary Care and Care Home placements from the community.
- There were certain challenges in accessing respite care for people with a learning disability and family carers and this was identified as a specific matter that needed addressing.
- Safeguarding concerns remain high with several groups. This was evidenced by volunteers reporting more concerns for their patients.
- Mental Health Act assessments and CMHT demand continued to be high which reflected the impact of the pandemic on mental health. Many residents were less able to access treatment services.
- Remote working continued to be successful and sickness absence was decreasing. Testing had begun taking place regularly among staff and many were being vaccinated.

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- PPE continued to be a routine part of operational practice with staff being both well-equipped and trained.
- Flexibility remains in the closure of Day Centres.
- Reviews and the re-provision of services to patients discharged during the first phase of the pandemic, between March-August 2020 were now concluding.
- Recovery of paused Continuing HealthCare assessments from the first phase of the pandemic (March-August 2020) continues.
- The risk of staff absence because of Covid-19 related illness or self-isolation was now much lower, however many of the pandemic related pressures on carers continue and a backlog of non-urgent care demand was showing.
- In terms of support for care providers, grant funding to support infection control measures, workforce capacity and rapid testing ends on 31 March.
- Ongoing infection prevention and control training continued to be offered and taken up by staff. This was in conjunction with the Clinical Commissioning Group.
- Advice, guidance and weekly briefings were being given from the Director of Adult Social Services and Director of Public Health.
- Staffing shortages were being supported via work with the Local Resilience Forum. There showed to be a reduction in demand.
- The vaccination co-ordination continued and encouragement for all eligible social care workforce to take up the vaccination was offered. This was still very much a focus for the service.
- Dorset HealthCare Trust had been providing a service for staff in all social care and NHS organisations to support those who were experiencing high levels of stress and distress. It was found that social care leaders were reporting some high levels of emotional stress within the sector – particularly in care homes.
- There had been a visible reduction in the number of care homes with infection outbreaks but there still needed to be vigilance on the matter as the risk remained high.
- The availability of care provision was good, however costs are still rising which had been linked to additional requirements of COVID that was not covered by grants.
- Strategic commissioning activity was underway and developments of commissioning strategies for older peoples care homes and extra care housing was ongoing.
- National guidance on care home visiting would change on 8 March and would enable increased levels of visiting by relatives in order to support the well-being of residents.

The Committee asked several questions following the adult social care presentation. Answers were provided by the Director of Adult Social Care Services and the Director of Public Health Dorset. The questions and responses included:

- A member asked what the uptake amongst care home staff and carers had been. The Committee were told that up to 68.2% of staff

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had received their first vaccination. A number of staff had been absent due to COVID and therefore could not take vaccination at the time; several if not most of this number would be picked up at a date in the near future. A small number of the cohort had opted not to take the vaccine and work to support encouragement efforts in this area was ongoing.

- A member asked about demand for the BIC vaccination hub. The Members heard Primary Care Networks had been key in the first stages of the rollout and that the BIC hub would see demand rise when the younger age groups were called for their vaccinations.
- A member asked when teachers will be called for their vaccines. The Committee were informed that the vaccine rollout was a nationally-lead programme that was being delivered at a local level. Command and control around routes of vaccination and supply of vaccination and order of cohorts were all lead nationally and unfortunately there was no leeway for local determination.

There were no further questions and the Chair thanked those that had presented.

123. Portfolio Holders' Update

The Portfolio Holder for Adults and the Portfolio Holder for Covid Resilience, Public Health and Education provided an update on the work that had taken place since the last meeting of the Health and Adults Social Care O&S Committee.

The main points of the update from the Portfolio Holder for Covid Resilience, Public Health and Education were as follows:

- Primary Care Networks and the BIC vaccination hub had both been successful in the vaccine rollout. There had been an incredibly high take up of vaccinations among the elderly population and this was in-part due to the use of Primary Care Networks in the local area. It is expected that the BIC vaccination centre will serve the lower age groups once the rollout reaches the relevant phase.
- It was key that trusted voices reach out into the community and advocate the vaccine to ensure equal take-up across all groups in BCP.
- Testing in schools was ramping up and a significant step up had been made in the capacity of testing. The plan would be for children to be tested at several times during school hours and for home testing to be introduced.

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- 11,000 people in BCP are classed as extremely clinically vulnerable.
- The Together We Can programme continues although requests for help has decreased and there now appears to be a higher level of resilience in the community.

The main points of the update from the Portfolio Holder for Adults were as follows:

- Single visitors could now visit relatives in care homes.
- Free PPE was being offered to carers.
- A live consultation was underway from the that CQC rates in social care are set.
- Another live consultation was underway regarding Mental Health Act legislation.
- The Adult Social Care contact centre had merged between Poole's help desk and Bournemouth's Care Direct teams and the opening times were now 9am-5pm Monday to Thursday and 9am-4:30pm on Fridays.

The Committee were given the opportunity to ask questions following the Portfolio Holders' Updates. Answers were provided by the Portfolio Holder for Covid Resilience, Public Health and Education and the Chief Executive of Public Health Dorset.

- A member asked how parents of school children had been informed about access to tests. The Committee were informed that the individual schools were sending out letters and information on testing.

The Committee noted the Portfolio Holders' Update.

124. Forward Plan

The Committee considered the Forward Plan.

The Chair updated the Committee on an upcoming item: the Carer's Strategy. Members were informed that this item concerned the carer's vision and strategy which had been developed pan-Dorset. The Strategy ended in 2020 and due to COVID there have been no further updates on the Carer's Strategy. BCP Council and Dorset Council will have their own respective strategies. It was suggested that the Committee may seek to commission a small working group with officers on this issue so as to provide appropriate strategic input and scrutiny. The Committee noted this and the matter would be considered further at a later date.

Several members requested information on dentistry provision in the NHS. The matter would be looked into further by officers in consultation with the Chair and Vice-Chair of the Committee

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

The meeting ended at 8.22 pm

CHAIRMAN