

# Notice of Health and Adult Social Care Overview and Scrutiny Committee



Date: Monday, 24 May 2021 at 6.00 pm

Venue: Civic Centre, Poole, BH15 2RU

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## Membership:

### Chair:

Cllr J Edwards

### Vice Chair:

Cllr L-J Evans

Cllr D Butler

Cllr D Farr

Cllr C Johnson

Cllr A Jones

Cllr C Matthews

Cllr M Robson

Cllr R Rocca

Cllr S Phillips

Cllr K Wilson

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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. Please note that this meeting is scheduled to take place following the Annual Council Meeting on 11 May and therefore the membership as detailed above is subject to change.

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=4823>

If you would like any further information on the items to be considered at the meeting please contact: [Democratic.services@bcpCouncil.gov.uk](mailto:Democratic.services@bcpCouncil.gov.uk)

Press enquiries should be directed to the Press Office: Tel: 01202 454668 or email [press.office@bcpCouncil.gov.uk](mailto:press.office@bcpCouncil.gov.uk)

This notice and all the papers mentioned within it are available at [democracy.bcpCouncil.gov.uk](https://democracy.bcpCouncil.gov.uk)

GRAHAM FARRANT  
CHIEF EXECUTIVE

14 May 2021



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



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  
([susan.zeiss@bcpcouncil.gov.uk](mailto:susan.zeiss@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 Chair of the Health and Adult Social Care Overview and Scrutiny Committee**

Councillors are asked to elect the Chair of the Health and Adult Social Care Overview and Scrutiny Committee for the 2021/22 Municipal Year.

## 4. **Election of Vice-Chair of the Health and Adult Social Care Overview and Scrutiny Committee**

Councillors are asked to elect the Vice-Chair of the Health and Adult Social Care Overview and Scrutiny Committee for the 2021/22 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 8 March 2021.

## 7. **Public Issues**

To receive any public questions, statements or petitions submitted in accordance with the Constitution, which 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 a public question is 4 clear working days before the meeting.

The deadline for the submission of a public statement is midday the

working day before the meeting.

The deadline for the submission of a petition is 10 working days before the meeting.

**8. Action Sheet**

17 - 18

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

**9. COVID-19 Update**

For the Committee to receive an update from Adult Social Care Services on COVID-19, to enable the Committee to monitor the ongoing pandemic and scrutinise the ongoing response to COVID-19.

18:10 – 18:30\*

**10. Adult Social Care: Point of First Contact Service**

19 - 60

To receive an update on the Point of First Contact Service Design and the Implementation Plan for Adult Social Care, since the previous update in January 2020.

18:30 – 19:00\*

**11. Learning Disability Big Plan 2018-21 Update**

61 - 136

To receive an update on the Big Plan 2018-21 – a Health and Social Care Strategy for Adults with Learning Disabilities and an overview of the impact of Covid -19 on people with Learning Disabilities, their families and support services.

19:00 – 19:30\*

**12. Portfolio Holders' Update**

To receive any updates from the relevant Portfolio Holders on key issues or actions that have been taken since the last meeting, as appropriate.

19:30 – 19:45\*

**13. Joint Health Scrutiny Protocol**

137 - 138

For Members to receive an update on the development of the BCP and Dorset Joint Health Scrutiny Protocol. A draft of the protocol is attached to this agenda including comments received to date, any further updates will be reported to the Committee.

19:45 – 20:00\*

#### **14. Forward Plan**

139 - 150

To consider and comment as appropriate on the development of the Committee's Forward Plan.

\* Approximate timings.

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**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 – Chair

Cllr L-J Evans – Vice-Chair

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 43 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 away from 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



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the individual to receive 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 strategy's 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 and individuals 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

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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 good news story and a new £350 million capital opportunity. Following the Dorset Clinical Commissioning Groups' Clinical Services Review in 2017, the Dorset wide strategic plans 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 had been recognized nationally by inclusion in Wave 1 of the Integrated Care System partnership.
- At the heart of the project was prevention, community investment, community services and care closer to home.
- £250 million funding has already been committed to the maternity and children's services at the Royal Bournemouth Hospital and the advanced theatre complex at Poole. This was alongside investment in pathology.
- The Health Infrastructure Plan (HIP) if approved would see between £350-£500 million of new capital money invested in the Dorset healthcare programme.
- The HIP2 scheme would be another ambitious programme that seeks to develop hubs in the BCP area.
- Up to £120 million investment would go toward refurbishment in wards and hospital beds on the Royal Bournemouth site, with Poole Hospital receiving up to £70 million for wards, theatres and beds. St Anne's hospital would also receive refurbishment of wards and beds up to £90m.
- The HIP2 programme 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.

- The New Hospital Programme (HIP2) also includes the redevelopment of the Forston 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 Programme 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

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Poole Hospital, Healthwatch had made 120 calls to A&E users to 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 group 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 centres.
- Additionally, Healthwatch were working on a commissioned project with Wessex Cancer 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 people whom they are supporting.
- Mental Health Act assessments and Community Mental Health Team demand continued to be high which reflected the impact of the pandemic on mental health. Many residents were less able to access treatment services.

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- Remote working continued to be successful and staff sickness absence was decreasing. Testing had begun taking place regularly among staff and many were being vaccinated.
- PPE continued to be a routine part of operational practice with staff being both well-equipped and trained.
- Day centres remain closed in terms of their normal programmes but there are specific services provided for those with highest needs.
- 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.

The Director of Adult Social Care Commissioning presented next. The main points of the update were as follows:

- 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 to the adult social care sector 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 for the support since mid-February.
- 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 were 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.

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- 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 vaccination uptake amongst care home staff and carers had been. The Committee were told that up to 68.2% of staff 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-led 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



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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 the school weekend and for home testing to be introduced.
- 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 family 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

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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

## 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)
<b>Actions arising from Committee meeting: 2 March 2020</b>				
63	COVID-19	For the Chairman to work with Key Officers on how best to consider the ongoing issue of Covid-19.  <b>Action: For regular, brief email updates on the Council's COVID-19 ASC response to be circulated to members and for an update to be presented to Committee at their meetings.</b>	For members to receive up to date, expert information on the ongoing issue of Covid-19.	
<b>Actions arising from Committee meeting: 28 September 2020</b>				
88	Joint Business Plan 2020-22 of the Dorset and Bournemouth, Christchurch & Poole Safeguarding Adults Board - Annual Report	For members to receive answers to the questions for the panel section of the "Feedback from 'Harry Learning Event'" in Appendix 2 of the report.  <b>Action: A new Chair of the SAB has been appointed, Sian Walker. Feedback and outcomes from the Harry Learning Event</b>	For members to monitor what actions are being taken to identify and improve the support, challenges, risks and opportunities when dealing with vulnerable adults.	

<b>Minute number</b>	<b>Item</b>	<b>Action*</b> *Items remain until action completed.	<b>Benefit</b>	<b>Outcome</b> (where recommendations are made to other bodies)
	<b>2019-20 of the Bournemouth, Christchurch &amp; Poole Safeguarding Adults Board</b>	<b>have been circulated to all members of the Committee.</b>		
<b>Actions arising from Committee meeting: 30 November 2020</b>				
<b>110</b>	<b>Home First Programme (including update on the Better Care Fund)</b>	For the Committee to receive data on the readmission rates to hospitals in BCP following discharge through the Home First Programme.  <b>Action: Discussions will take place between BCP and NHS colleagues on capturing and presenting this information.</b>	For members to track the rate at which individuals, who have been discharged through the new process, had re-entered hospital and whether there were any specific or identifiable reasons for this.	
<b>Actions arising from Committee meeting: 8 March 2021</b>				
<b>120</b>	<b>Dorset ICS Strategic Outline Case; Health Infrastructure Plan.</b>	For the Committee to receive an update on the outcome of the NHS National Team and Treasury Office's decision on the Business Case of the Health Infrastructure Plan.	For members to track the process of the ICS at its various stages and plan future scrutiny accordingly.	

## HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	<b>Adult Social Care: Point of First Contact Service</b>
Meeting date	24 May 2021
Status	Public Report
Executive summary	<p>This report provides an update to the paper that was presented to Health and Adult Overview and Scrutiny Committee on 20 January 2020.</p> <p>Work has commenced, albeit delayed due to the first national Covid-19 lockdown, to transform the Adult Social Care ‘front door’ daytime service. The ambition to bring together the two front door services under our legacy Authorities has been achieved with the launch of the Adult Social Care Contact Centre in October 2020.</p> <p>Despite the progress made under the most challenging and unforeseen circumstances, there is more to be achieved throughout 2022/23 and 2023/24.</p> <p>A briefing session about the work of the ASC Contact Centre is being planned for all Members in July 2021.</p>
Recommendations	<p><b>It is RECOMMENDED that:</b></p> <p><b>(a) Committee note and comment on the content of this report.</b></p> <p><b>(b) Members require officers to present a progress report in respect of the Adult Social Care Contact Centre during the final quarter of 2021/22 for scrutiny.</b></p>
Reason for recommendations	Without action to continue to develop the Adult Social Care Contact Centre and implement early intervention and preventative responses to customer contacts, demand for long-term adult social

	care services, and associated costs, will continue to grow.  Successfully implementing a redesigned model will help to ensure resources are directed to those most in need, reduce waiting times, and enhance the customers experience. Adopting a strengths-based approach will positively promote personal resilience, self-esteem, wellbeing and independence.
Portfolio Holder(s):	Cllr Karen Rampton, Portfolio Holder for Adults
Corporate Director	Jan Thurgood, Corporate Director – Adult Social Care
Report Authors	Tim Branson, Head of Access & Carer Services, Adult Social Care
Wards	Not applicable
Classification	For Recommendation

## Background

1. Until October 2020, BCP Council operated two points of first contact for residents who require adult social care services. Inherited from preceding authorities, these were the **ASC Helpdesk** for residents in Poole and **Care Direct** for residents in Bournemouth and Christchurch.
2. Consultation with KPMG took place in 2019, culminating in a report and recommendations, published in December 2019, for a redesigned Adult Social Care 'Front Door'. These proposals were shared with Committee on 20 January 2020. The implementation of the proposals was due to commence immediately to allow the service to become operational in 2020/21.
3. The KPMG model suggests that the adult social care Front Door should be a specialist and discrete team within the overall corporate contact centre providing a range of social work and occupational therapy services which will improve early intervention and prevention responses.
4. The Front Door project also provides a vehicle for the launch and subsequent rollout of our strengths-based approaches in day to day practice.
5. Adopting a strengths-based approach means knowing about and supporting what people and communities can do for themselves, rather than focusing on what they cannot do. This is a central principle within the Care Act 2014. The Act expects local authority assessors to identify the strengths and capacities of the person and their personal social network, and the opportunities provided by their wider community, before deciding on a plan for additional care and support.

## Progress to date

6. The initial phase of the project has focused on harmonisation of legacy council services to provide a single service recognisable to all BCP Council citizens regardless of where they live within the conurbation.
7. An interim Contact Centre Manager was appointed in July to oversee the unification process, and the re-branded **Adult Social Care Contact Centre** (ASCCC) launched on 1<sup>st</sup> October 2020, providing a new single point of contact telephone number – 01202 123654 – and email address: [asc.contactcentre@bcpcouncil.gov.uk](mailto:asc.contactcentre@bcpcouncil.gov.uk) .
8. To support this, staff have been trained in more complex social care customer response methods which shift the focus away from the caller's 'problem' to discover the innate skills, knowledge and interests that an individual or their family, friends or carers can use to manage their own care needs. The approach also encourages the identification of resources within the local community that might resolve their issues.
9. ASCCC staff have worked closely with colleagues at Together We Can throughout the pandemic, most notably in supporting the triage of calls received into the TWC Helpline from people in need of support with access to food. This support has included signposting people to the most appropriate sources for food and ensuring that those in critical and urgent need received a food parcel, or had access to foodbank vouchers.

## Covid-19

10. Implementation of our front door transformation has, not surprisingly, been hindered as a result of the Covid-19 pandemic, and the consequences of national lockdowns and associated restrictions.
11. Since June 2020, all Contact Centre staff have worked remotely from home. This has posed a significant challenge in ensuring that staff are properly supported, particularly when dealing with calls from people in distress. Remote working has also meant that colleagues from legacy services have not had the same opportunity to get to know each other in the same way they would have under more normal circumstances, and the sharing of knowledge and expertise is similarly inhibited.
12. Certain elements of the staff training programme have also been set back by Covid-19, most notably the provision of Trusted Assessor training that enables Contact Centre staff to prescribe and issue small items of equipment and assistive technology.
13. The capacity for Outreach Officers, i.e. those staff who undertake visits to people in their own homes, has similarly been severely hampered by Covid-19 restrictions during lockdown. Visits have only been undertaken, after an

appropriate risk assessment, for those in the most urgent or critical need and where non-visiting alternatives will simply not work.

Adult Social Care call volumes were noticeably lower during the first lockdown, most likely because more people were at home, or not working, and were therefore able to support friends and relatives in need.

## **Emerging Outcomes**

14. Colleagues in our Management Information Team are supporting the development of a Performance Dashboard.
15. Early iterations of the dashboard, give an insight into the types of outcomes that stem from initial contacts received into the Adult Social Care Contact Centre:
  - a. In January 2021, 5726 contacts were received, of which 65% were resolved immediately without the need to capture demographic details for case management systems.
  - b. Fifty-three percent of the remaining contacts had a new Conversation Record completed, allowing for a more in-depth strengths-based conversation.
  - c. Of all Conversation Records in January resulting in a Care Act assessment, the ASCCC completed thirteen percent of these; effectively removing this work from long-term teams and ensuring customers received a prompt response.
  - d. From mid-December 2020 to 28 February 2021, five percent of Conversation Record interventions diverted an admission to acute hospital.
  - e. Of all Conversation Records completed during the same period which indicated the reason for contact was a safeguarding concern, 52% (136) were diverted away from a formal safeguarding process.
16. We can now analyse reasons for repeat referrals, rather than just record the numbers. The majority of repeat contacts were for persistent or worsening conditions. This data will allow us to target certain areas for service/team improvement and preventative initiatives if, for example, there are high numbers of people phoning back who did not understand or retain the previously agreed solution.

## **Next steps**

17. There are further service developments to be addressed in the next phases of the transformation programme, which KPMG suggest will require a further two years of development. These include:



- Consolidation of the two legacy Case Management Systems into a single system.
- The implementation of Anywhere 365 software to provide the real-time data necessary for understanding the extent to which demand is appropriately managed.
- A review of our assistive technology offer.
- Work with Strategic Improvement Partners to develop digital customer interfaces for more routine enquiries, for example webchat and enhanced online assessment.
- Update existing website information and functionality
- Development of an early intervention and prevention fieldwork team, closely aligned to the Contact Centre
- Recruitment of Occupational Therapy staff and additional Outreach Officers
- Options for student placements
- Exploration of embedded physiotherapy advice in association with Dorset Healthcare
- Further training and development of strengths-based practices
- Improved linkage with CRISP and the Carers Centre
- Enhanced working with voluntary sector partners and colleagues in Community Development, in support of our corporate approach to Asset Based Community Development

### **Summary of financial implications**

18. For the purpose of developing a savings proposal, and based on the findings from the KPMG review, a pragmatic saving of £1,000,000 was assumed for 2020/21 and further (incremental) savings of £750,000 assumed for each of 2021/22 and 2022/23. The delays in implementation brought about by the Covid-19 pandemic has resulted in a re-profiling of these savings as follows:

2021/22 savings £1.25m

2022/23 savings £1.25m

### **Summary of legal implications**

19. The Adult Social Care Contact Centre provides services compliant with the underpinning legislation for adult social care. That is the Care Act 2014, Mental Health Act (1983) and Mental Capacity Act (2005).
20. There is no requirement in law to operate a “Front Door” service for adult social care, but such a service presents a way of delivering early assessment and support in line with statutory duties.

### **Summary of human resources implications**

21. The ongoing development of the ASC Contact Centre may require transfer of staff from long-term social care teams as successes in early intervention work

reduce long-term demand, creating capacity to further invest in preventative initiatives.

### **Summary of sustainability impact**

22. It is proposed that the ASC Contact Centre will have a base within the new Civic Centre building, however staff will be encouraged to work flexibly and remotely, where possible, and utilise facilities available in community hubs and other customer touchpoints.
23. Where individuals are signposted toward opportunities and services closer to their home, and self-service options such as websites are used, there will be less need for face to face visits and the associated journeys. The environmental impact will be evaluated by the implementation project team and measures taken to minimise any adverse environmental impact.

### **Summary of public health implications**

24. The ability to prevent or delay need through early engagement is a critical component of realising the wellbeing principle of the Care Act 2014 and positively influencing public health.

### **Summary of equality implications**

25. A full equality impact assessment has been undertaken as part of designing the structure and operating model for the new Front Door service. There are, however, some broad principles which should help to mitigate any adverse equality impacts, including:
  - Maintaining an opportunity for face to face contact where necessary.
  - Simplified methods of contacting adult social care so that people who find communication difficult are not disadvantaged.
  - An approach to co-production with service users and carers which will help the implementation project team to better understand the needs of local residents and inform the service design.
  - Providing support to residents in order to use the council's digital front door
  - Adopting a "Tell us once" approach so that local residents do not have to repeat personal details on numerous occasions.
  - Ensuring that regardless of the method of contact, the advice and service given is equitable.
26. It will be important for the new Front Door to recognise the need for service provision to be accessible to all residents, including those with a disability, mental ill health, sensory impairment or where English is not their first language. In doing this it is recognised that information and advice will need to be available in a range of formats, including easy-read and braille and that a variety of contact

routes, which will include telephone, digital and face to face, are available to meet a range of different needs.

### **Summary of risk assessment**

27. The project management approach to developing the ASC Contact Centre includes risk management overseen by a project governance board.

### **Background papers**

Adult Social Care Front Door Design Summary Report (November 2019)

Report to Health and Adult Social Care Overview and Scrutiny Committee (20 January 2020): '*Adult Social Care: Point of First Contact Service Design*'

Equality Impact Assessment

### **Appendices**

There are no appendices to this report.

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# Adult Social Care

29

## Front Door Design

Summary Report

November 2019

# Executive Summary

## Approach

The Adult Social Care (ASC) Team analysed current practice across the front doors, and analysed best practice nationally. A new future model for operating the front door was designed and validated with ASC staff and cross referenced with the overall operating model for Bournemouth, Christchurch and Poole Council (BCP Council). Estimated investment and savings requirements have been outlined, with a high level implementation plan.

## Findings

There are inconsistencies across the front door, and some good practice across the services.

Performance data is not currently readily available in a way that allows for comparison across the areas.

The front doors do not systematically promote independence for residents, and there are opportunities to prevent, reduce and delay the demand on adult social care.

## Implementation

A high level implementation plan has been produced based on the following four workstreams:

1. Rationalise, Standardise and Improve Contact Channels
2. Digital Transformation
3. Asset Based Working
4. Data

## Future Design

The new operating model has four areas of focus:

- Community empowerment and resilience, that supports a flourishing community and voluntary sector for residents to be involved in
- Engaging early, in a way that prevents and delays demand and maximises independence
- Customer contact, predominantly digital and encouraging self service
- Assessment, a proportionate approach to support, guidance and assessment

# Context

There are a number key contextual elements that need to be considered when designing the future front door for Adult Social Care in Bournemouth, Christchurch and Poole:

- A new larger organisation, with a different footprint, brings about challenges and opportunities, both for the Council and for Adult Social Care.
- Demographic pressures mean that even if BCP Council 'did nothing' in relation to managing demand and transforming services, the services would not be sustainable.
- Bringing together three areas, with associated differing practice, has highlighted the need to standardise practice, but there is also an opportunity to radically transform the relationship with residents in a way that promotes wellbeing and independence.
- The discrepancies in demand and performance illustrate the opportunity to adopt best practice, both internally across BCP and from wider health and social care systems.



Source: Key Facts 2019 – State of Bournemouth, Christchurch and Poole Report

# Executive Summary: A future front door model

Following sessions to understand the current baseline and identify opportunities for change, a number of design aspirations were developed. These were validated and tested against the Council's organisational design principles. Through further development sessions an overall future front door model was developed, see diagram below (larger scale on page 27). Analysis of the potential impact of this model were considered and further validation was undertaken with ASC staff and those officers involved in the development of the organisational design.

There are 4 key elements to the future model:

## 1. Community empowerment and resilience

Supporting and enabling community activities through coordination and signposting to encourage participation, limiting social isolation and encouraging independence.

- Focus on **creating empowered and resilient communities** and improving access to local, tailored up to date information.
- Community and voluntary services that are **accessible and responsive**.

## 2. Engaging early

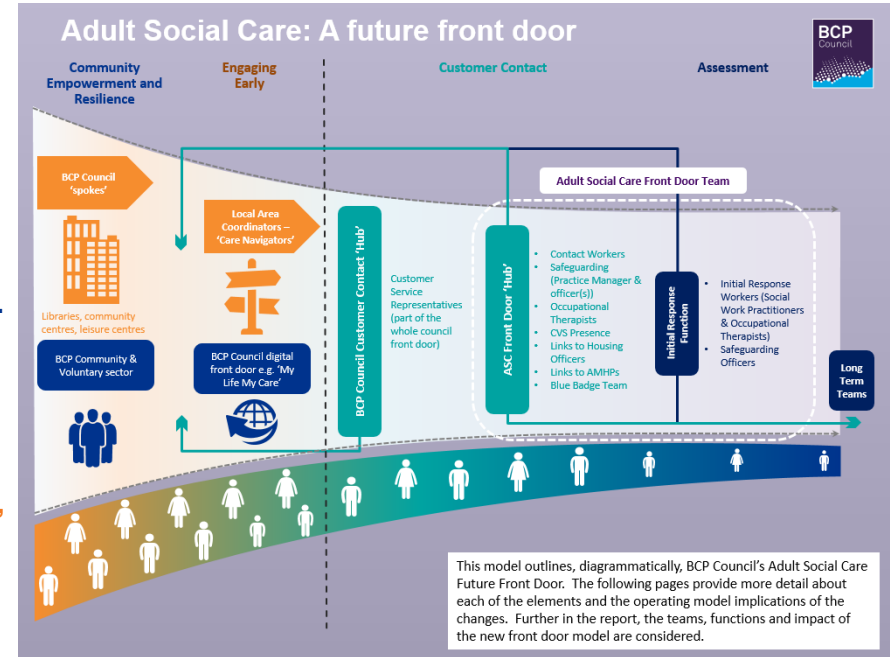
Earlier engagement with those at risk of poor outcomes and earlier identification of required investment in place based services.

- Improve and increase the use of community-based support such as **Local Area Coordinators**, and increase **outreach offer of information, advice and guidance** into the community.
- A **community based 'hub and spoke' model** utilising Council assets, with specialist teams providing face to face information, advice and guidance where required.

## 3. Customer Contact

A streamlined, intuitive, predominantly digital front door will allow customers to self-serve wherever possible by accessing guidance and real-time information relating to their services. Face to face and telephone engagement will remain available for those who require it.

- A **future digital front door** through "My Life, My Care" will serve as the first point of contact for people seeking support in ASC.
- This function will be made up of **multi-skilled professionals** including Mental Health, Safeguarding advisors and Occupational Therapists.



## 4. Assessment

Support, guidance and assessment for customers which is proportionate to their requirements.

- Consistent, standardised guidance and guiding questions** will be used to support staff in having the right conversations with residents; including an upfront finance checkpoint to set expectations early about financial eligibility.
- Digital and mobile working** tools and capabilities will also be available to support teams to work effectively and efficiently.



# Organisation Design Operating Model

The Council's operating model is designed to enable a common understanding of how BCP Council will operate in the future as one combined organisation. It shows the key elements of the new model and how they interact.

The most relevant sections of the model for the ASC front door work are those which relate to 'Citizen experience and engagement' – which could be described as the 'front office'. These elements are:

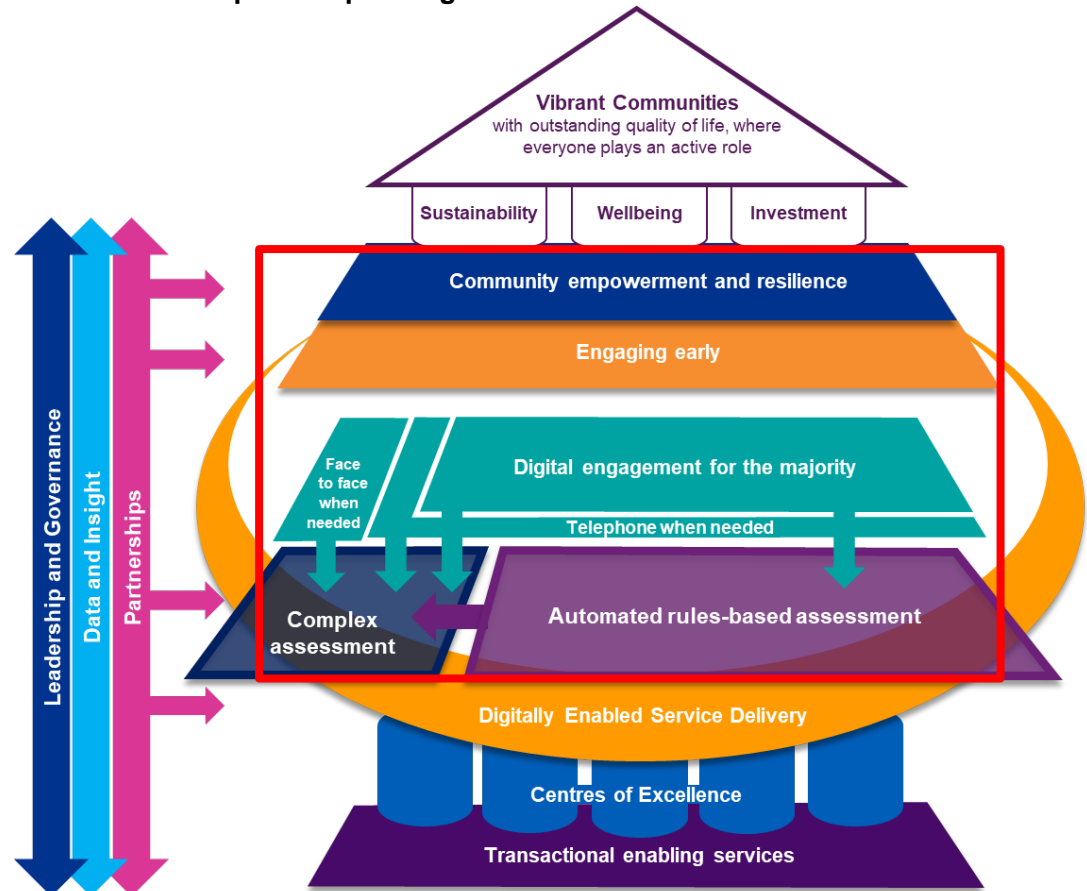
- Community empowerment and resilience
- Engaging early
- Customer contact (digital engagement for the majority, telephone and face to face where needed)
- Complex assessment
- Automated rules based assessment


The assessment activity covered in detail within this report is only that which takes place within the front door process. Other assessment take place outside of the front door process, such as reviews.

Other elements of the operating model are relevant, particularly those which run across all elements of the model (Leadership and Governance, Data & Insight and Partnerships).

Service delivery and Enabling functions will be impacted to some extent by the Front Door, but are not covered directly within this report.

## BCP Council's Proposed Operating Model



 The part of the model in the red box relates to 'Citizen experience and engagement'. This is the key section of the model for the Front Door work.

# BCP Council Organisation Design Operating Model



Operating Model Element	Description of element – Whole Council level	Adult Social Care Front Door
<b>Community Empowerment and Resilience</b>	Supporting and enabling community activities through coordination and signposting to encourage participation, limiting social isolation and encouraging independence, contributing towards improved societal wellbeing as a whole. This activity seeks to reduce need and therefore reduce demand for council services.	Identified as one of the four key elements of the Adult Social Care Front Door Model: <b>Community Empowerment and Resilience</b> By connecting to local community based support, residents could remain independent for longer, reducing their need for formally provided BCP council services.
<b>Engaging Early</b>	Earlier engagement with those at risk of poor outcomes and earlier identification of required investment in place based services. Using data and insight, alongside a more holistic understanding of need, BCP Council will help to shift service delivery away from more costly interventions when demand presents itself.	Identified as one of the four key elements of the Adult Social Care Front Door Model: <b>Engaging Early</b> By engaging early, some residents will reduce or delay the need to make formal contact with adult social care
<b>Customer Contact</b>	A streamlined, intuitive, predominantly digital front door will allow customers to self-serve wherever possible by accessing guidance and real-time information relating to their services. Face to face and telephone engagement will remain available when it is required.	Identified as one of the four key elements of the Adult Social Care Front Door Model: <b>Customer Contact</b>  This incorporates the digital front door, with telephone, virtual and face to face engagement when required.
<b>Automated Rules-Based Assessment</b>	Consistent, automated and self-service based approach for all rules based assessments, reducing manual processing effort and enabling the customer to access the majority of services on demand. Assessments are basic and rely on little or minimal specialist interpretation.	Identified as one of the four key elements of the ASC Front Door Model: <b>Assessment</b>  This element recognises that there will always be a need for a face to face assessment for some residents due to their circumstances.
<b>Complex Assessment</b>	Specialist support, guidance and assessment for customers with complex service requirements, often needing a multi-agency approach with decisions made based on richer evidence, often from multiple sources.	

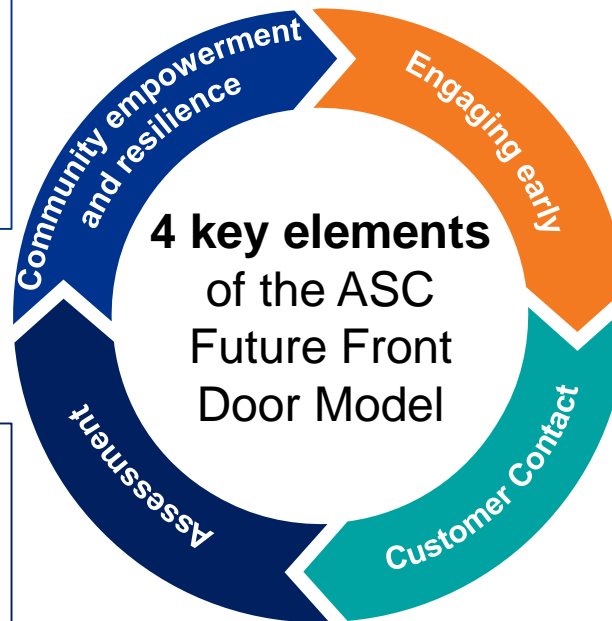
# Future Front Door: The new model

*Supporting and enabling community activities through coordination and signposting to encourage participation, limiting social isolation and encouraging independence.*

- Focus on **creating empowered and resilient communities** and improving access to local, tailored up to date information.
- Community and voluntary services that are **accessible and responsive**.

*Earlier engagement with those at risk of poor outcomes and earlier identification of required investment in place based services.*

- Improve and increase use of community-based support such as **Local Area Coordinators**, and increase **outreach offer of information, advice and guidance** into the community
- **A community based 'hub and spoke' model** utilising Council assets, with specialist teams providing face to face information, advice and guidance where required.



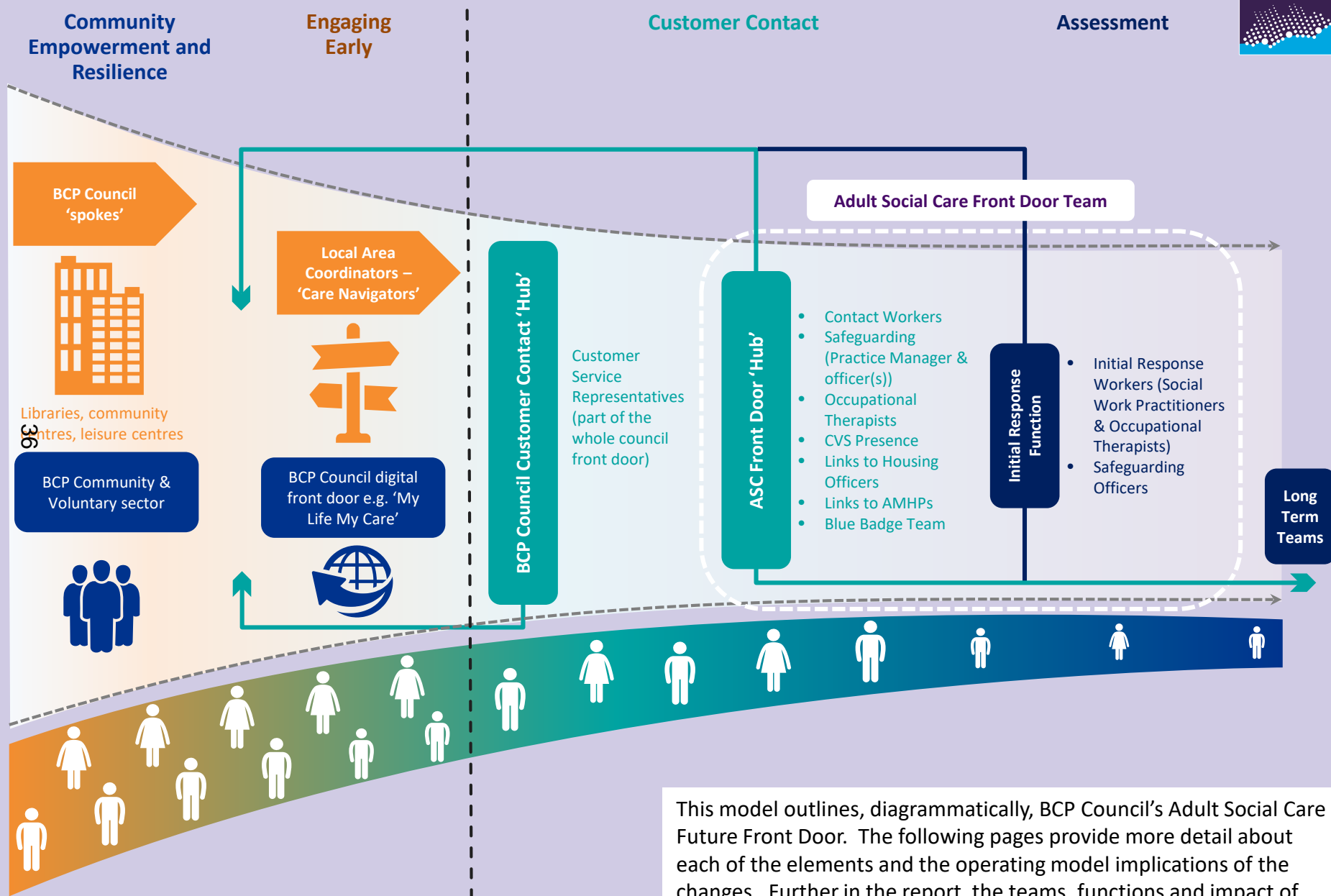
*Support, guidance and assessment for customers which is proportionate to their requirements.*

- **Consistent, standardised guidance and guiding questions** will be used to support staff in having the right conversations with residents; including an upfront finance checkpoint to set expectations early about financial eligibility.
- **Digital and mobile working** tools and capabilities will also be available to support teams to work effectively and efficiently.

*A streamlined, intuitive, predominantly digital front door will allow customers to self-serve wherever possible by accessing guidance and real-time information relating to their services. Face to face and telephone engagement will remain available for those who require it.*

- A **future digital front door** through "My Life My Care" will serve as the first point of contact for people seeking support in ASC.
- This function will be made up of **multi-skilled professionals** including Mental Health, Safeguarding advisors and Occupational Therapists.

# Adult Social Care: A future front door



This model outlines, diagrammatically, BCP Council's Adult Social Care Future Front Door. The following pages provide more detail about each of the elements and the operating model implications of the changes. Further in the report, the teams, functions and impact of the new front door model are considered.

# Future Front Door: Functions

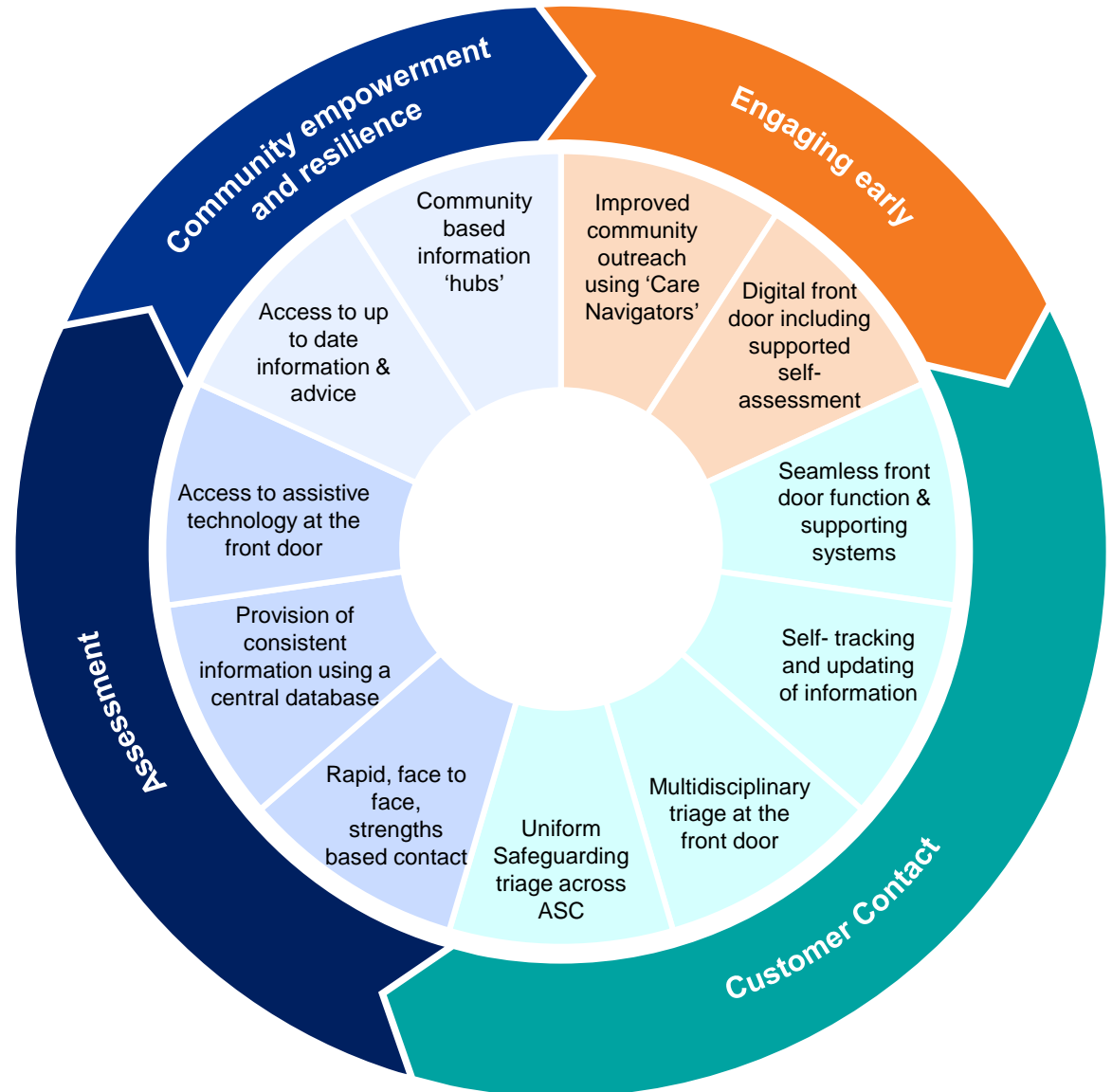
The diagram opposite illustrates the functions of the Council's proposed operating model that will be encompassed within a new adult social care front door.

A large emphasis will be placed on supporting residents to be more resilient and independent in their communities for longer. By engaging differently and changing the conversation with it's residents, BCP Council will seek to support them to access support from sources outside of the Council, wherever possible.

By focusing on streamlining processes at the front door and ensuring people with low-level, non-complex needs are supported quickly, specialist resources will be better managed to support those most in need. Safeguarding enquiries will be dealt with in a uniform approach across adult social care.

Those in crisis will continue to be dealt with quickly through the current Duty Social Work model and an expansion of crisis payments service across Bournemouth, Christchurch and Poole.

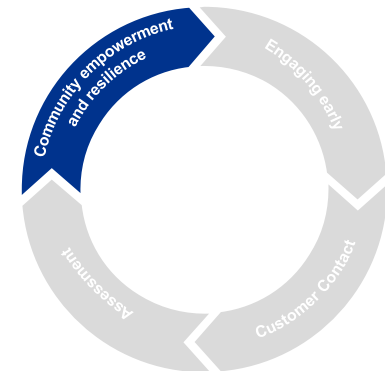
The subsequent pages outline the proposed functions and potential team mix.



# Community Empowerment and Resilience

The future model will focus on developing communities that are empowered and resilient and have improved access to local, up to date information. In doing so, the number of residents making formal contact with BCP Council, when in need of support, should be reduced. People will be empowered to make use of resources, information and guidance from within their communities. This new approach will feature:

<div data-bbox="28 389 1487 939"> <div>83</div> <div>Community Empowerment and Resilience</div> </div>	<div data-bbox="1487 389 1895 939"> <p>Closer working with the community and voluntary sector (CVS), helping to build on services and activities available in the Bournemouth, Christchurch and Poole community. Services should be responsive and accessible in order to maximise benefit. This may require a shift in support to the CVS to support growth and sustainability. Other areas have achieved this in various ways, for example by using small grant funds or officer support to consider the status of an organisation or supporting small purchases such as equipment. Public sector organisations can leverage their assets to be used for CVS organisations that need space, or assets can be used creatively to enable the sector to flourish.</p> <p>Consideration should be given on how to support small grass roots organisations, such as book clubs, knitting groups, men’s sheds, social trips etc. as these can provide very localised informal support that promotes community connectedness.</p> <p>BCP Council have secured grant funding to work differently in one location, this could be used as a test bed for promoting asset based working.</p> </div>
<div data-bbox="28 939 1487 1352"> <div>84</div> <div>Community Empowerment and Resilience</div> </div>	<div data-bbox="1487 939 1895 1352"> <p>A digital front door will operate through a refreshed and refined “My Life, My Care” platform, providing information on the community and voluntary services that are offered across BCP. All of BCP Council’s staff, partners and residents will have access to this central directory, which will be developed as a smart, interactive platform. It should aim to encompass programmed decision aide features that can make certain recommendations based on data entered and questions answered. Residents will also have the ability to undertake a simple, holistic, asset based self-assessment, if desired.</p> <p>Consideration of how this is held and updated could encompass CVS editing rights, to ensure that information is up to date.</p> </div>



# Engaging Early

Early engagement will target those who are identified as benefitting from advice and guidance, and signpost them to community resources that encourage wellbeing. The goal of engaging early is not to bring more residents into ASC services, rather to support them to promote their resilience by identifying those who may be at risk. This new approach will feature:

63

Engaging Early

Use of Local Area Coordinators, who will proactively engage with the community to provide information, advice and guidance to residents on services on offer within the BCP community. Their work will be delivered using pre-existing Council owned estate, such as libraries, halls and leisure centres etc.

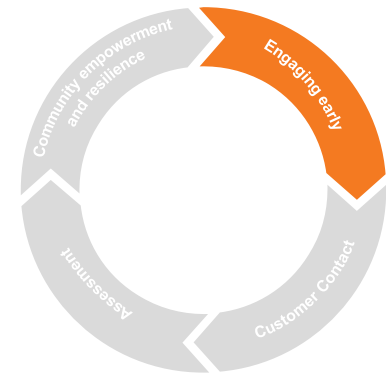
Over time, residents will become skilled and supported to engage with others, increasing community resilience and improving the reach of engaging early.

This theme does not seek to increase the offer of services, but to identify those who are at risk of decline, and intervene in an evidence led way, supporting their resilience.

A Community based 'hub and spoke' model utilising Council assets, with specialist teams providing face to face information, advice and guidance to those seeking support should they require it. These will be based within well known spots across BCP localities, where residents feel comfortable seeking direct support either in person or virtually, with the option for private conversations where required.

By engaging early, some residents will not need to contact the ASC front door, or will delay doing so, as they will be in receipt of effective community support and assets.

Improved data quality would support more effective risk stratification.





# Customer Contact

The future model will focus on ensuring service users are able to access the right service first time, reducing the number of handoffs, and resolving as many queries as possible at first contact. This new approach will feature:

40

Customer Contact

A multidisciplinary team at the ASC front door which sits behind the Council-wide initial front door. The Council-wide initial front door, will provide a preliminary triage to determine whether the contact is appropriate for ASC.

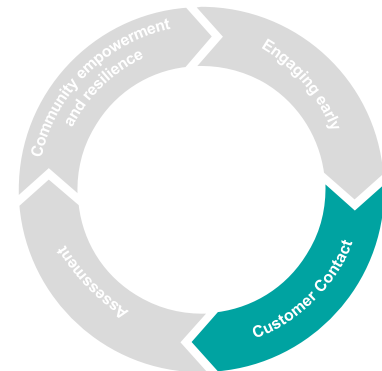
A range of specialist ASC practitioners, including safeguarding officers, occupational therapists and a voluntary sector presence, will be embedded at the front door to enhance the skill mix and enable officers to support decision making within the team.

ASC front door staff will have increased autonomy over low-level decision making and be able to use their professional judgement to provide support in a non-prescriptive way, where appropriate.

One unified operating system across ASC, which will incorporate the functionality to automatically extract a person's previously recorded council data when a referral/contact is made regardless of locality. This will provide greater continuity for residents and prevent the need for them to recount their story multiple times.

An online referral portal for use by professionals, which will streamline the direct phone line option currently in operation in Bournemouth, expanding it to be made available to a greater number of BCP Council partners, across all three localities.

Through a digital front door such as "My Life, My Care", residents will have the ability to track the status of their journey, thereby reducing the number of calls made to the Council in this regard.

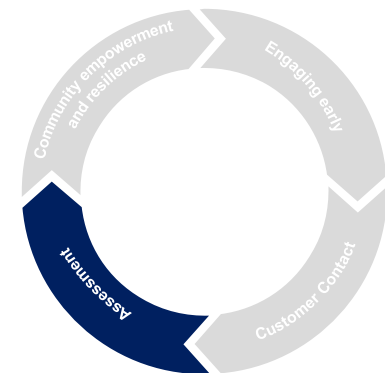




# Assessment

The future model will focus on ensuring residents in crisis or with low level non complex needs are dealt with quickly, thereby enabling resources in the long term teams to focus on those residents with complex needs who require more resource intensive, long term support. This new approach will feature:

41 Assessment	Digital and mobile working will support ASC staff to be more agile, and facilitate flexible, more efficient working.
	Staff trained to have strengths based conversations and support planning.
	Roll out of an initial response team, using a similar approach to the current ASSIST model that operates in the Poole area.
	Greater use of technology as part of the front door model in line with the Council's digital transformation goals. To support the roll out of this technology and ensure maximum benefit, training will be provided to support residents to become more comfortable in using technology, and equip them to make better use of it themselves.
	Initial responders will have greater autonomy to decision make and issue on the spot commissioning up to an agreed cost/value.



# Programme Overview

We have identified four programmes of work with a total of ten projects required to be undertaken by BCP Council to reach the proposed front door design. This represents an outline programme and further implementation planning would be required to achieve the full model, recognising the interdependencies that exist particularly in relation to partnership working;

## Rationalise, Standardise and Improve Contact Channels

- Consolidate contact points
- Expanding and enhancing the 'ASSIST' model
- Review skills mix at the front door

## Digital Transformation

- Improved digital adult social care database e.g. "My Life My Care"
- Fully integrated ASC digital front door
- Leveraging the digital opportunity

## Asset Based Working

- Workforce development programme

## Data

- Systems integration
- Data quality
- Data driven decisions

## BCP Council Operating Model

A number of these programmes of work are interlinked to areas of the Council's proposed operating model. The table below highlights where there is the potential for crossover between the adult social care front door design project and the Council's organisation design programme.

Programme of work	Community Empowerment and Resilience	Engaging Early	Customer Contact	Assessment
Rationalise, Standardise and Improve Contact Channels			✓	✓
Digital Front Door	✓	✓	✓	✓
Asset Based Working	✓	✓	✓	✓
Systems Integration			✓	✓

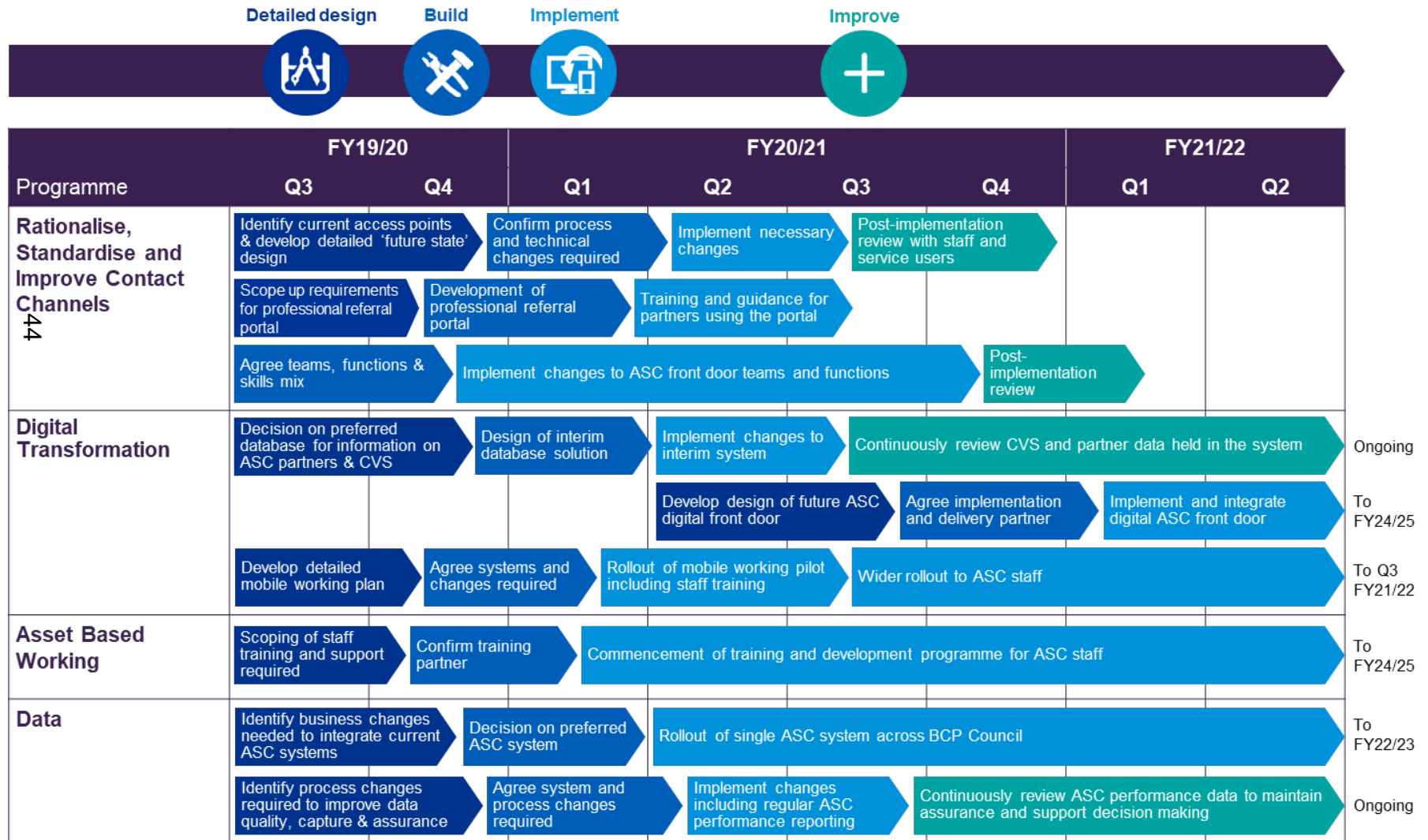
# Programmes of Work

We have identified 4 programmes of work, with a total of 10 projects required to be undertaken by BCP Council to achieve the future state ambition for an improved front door to adult social care. These programmes have been numbered throughout, but do not indicate an order of implementation. We have indicated below whether we believe there is a bankable financial saving, a time-equivalent saving or no financial saving. The following pages detail the savings and potential costs by programme, the methodology for calculating the savings and the evidence and assumptions used. A detailed view of the assumptions and savings by programme can be found within the appendix. In addition, a further two projects are suggested for exploration by BCP (Section 5) that have not been subject to design, as they are out of scope of this report or linked to other work.

Programme		Time saving	Financial saving	No BCP Council saving
<b>1. Rationalise, Standardise and Improve Contact Channels</b>				
1a. Consolidate contact points	Consolidate the multiple access points that currently exist for referrals, beginning the transition towards a digital front door through "My Life My Care".	✓		
1b. Expanding and enhancing the 'ASSIST' model	Initial rapid response model for all new, low level non-complex referrals across Bournemouth, Christchurch and Poole.	✓	✓	
1c. Reviewing skills mix at the front door	Embedding a range of adult social care practitioners at the front door.	✓		
<b>2. Digital Transformation</b>				
2a. Improved online adult social care database e.g. "My Life My Care"	Improvements to the existing ASC online database. Information on community, voluntary and other public services e.g. health should be easily accessible and postcode centric.	✓	✓	
2b. Fully integrated adult social care front door	A responsive digital front door to adult social care. Residents should have the ability to self-update their information, track progress of their queries and have simple questions answered on the spot.	✓	✓	
2c. Leveraging the digital opportunity	Greater use of mobile working, reducing paper based assessments	✓		
<b>3. Asset Based Working</b>				
3a. Workforce development programme	Asset based approaches at the heart of every conversation and interaction with BCP residents.		✓	
<b>4. Data</b>				
4a. Systems integration	Roll out of one integrated system across the council.	✓		
4b. Data quality	Improve reliability of ASC national returns and internal performance data.			✓
4c. Data driven decisions	Use of regular and reliable performance data to aid decision making across ASC.			✓
<b>5. Proposed Projects for Development</b>		TBC	TBC	

# Implementation Plan

The high level plan below outlines the key workstreams and activities required to implement the future front door model:



# HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	<b>Adult Social Care: Point of First Contact Service Design</b>
Meeting date	20 January 2020
Status	Public Report
Executive summary	<p>BCP Council operates two points of first contact for residents who require adult social care services. Inherited from preceding authorities, these are Helpdesk for residents in Poole and Care Direct for residents in Bournemouth and Christchurch.</p> <p>It is recognised that having two points of contact, with different operating models, is unhelpful for local residents and creates inconsistency in the way adult social care operates. To explore the options for introducing a single model and to identify potential efficiency savings, KPMG were commissioned to undertake a review of these services between 02 September and 08 November 2019.</p> <p>The outcome of this review is a proposal to combine Helpdesk and Care Direct into a single point of first contact for adult social care; something that, until a name is developed, will be temporarily known as the “Front Door” for adult social care. The proposed Front Door will enhance the availability of specialist assessments, care provision, information and support at the point of first contact. The service will focus on prevention and early intervention, partnership with the voluntary sector and community services such as GP practices to support independence and prevent or delay referrals for long term social care services.</p> <p>Further to the KPMG review, it is proposed that the new service becomes operational in 2020/21 with further developments of the service emerging in 2021/22 and 2022/23.</p>

<b>Recommendations</b>	<p><b>It is RECOMMENDED that:</b></p> <p><b>Committee note and comment on the content of this report.</b></p> <p><b>Members require officers to present a progress report in respect of the new adult social care intake service during the final quarter of 2020/21 for scrutiny.</b></p>
<b>Reason for recommendations</b>	Without action to harmonise existing provision, maintaining two sperate adult social care intake services, with different operating models, will perpetuate an inconsistency of experience for local residents and duplication of processes.

<b>Portfolio Holder(s):</b>	Cllr Lesley Dedman
<b>Corporate Director</b>	Jan Thurgood, Corporate Director
<b>Report Author</b>	David Vitty, Director - Adult Social Care Services
<b>Wards</b>	All
<b>Classification</b>	For Recommendation

## **BACKGROUND**

1. BCP Council operates two points of first contact for residents who require adult social care services. Inherited from preceding authorities, these are Helpdesk for residents in Poole and Care Direct for residents in Bournemouth and Christchurch.

The purpose of an intake service is to provide a point of first contact for residents, carers and professionals seeking adult social care support. The intake service will provide some level of advice and information, usually by telephone, and where complex problems are presented, take a referral for the case to be allocated to a long-term fieldwork team. Intake services can resolve simple enquiries, such as arranging for the repair or replacement of broken equipment, but the function of the current intake services is relatively limited with most enquiries of any complexity being referred for long term support in specialist teams.

2. It is recognised that having two points of contact, with different operating models are unhelpful for local residents and introduces inconsistency into the way adult social care operates. To explore the options for introducing a single model and to identify potential efficiency savings, KPMG undertook a review of these services between 02 September and 08 November 2019.
3. The outcome of this review is a proposal to create a single point of first contact for adult social care. The proposed Front Door will enhance the availability of specialist assessments, service provision, information and support at the point of first contact. The service will focus on prevention and early intervention, partnership with the voluntary sector and community services such as GP practices, to support independence and prevent or delay referrals for long term social care services.

## **THE CASE FOR CHANGE**

4. Requests for adult social care services for people over 65 years old rose by 22% in Poole between 2016/17 and 2018/19. In the same period, demand remained static in Bournemouth. This difference in demand between Bournemouth and Poole reflects demographic growth, but does indicate that overall for BCP, the adult social care Front Door will need to manage increasing demand. The demand profile for Christchurch is less understood because historical demand data is not available.
5. KPMG have noted a series of factors that drive the need to change the adult social care front door, including:
  - A new larger organisation, with a different footprint;

- Demographic pressures mean that even if BCP Council ‘did nothing’ in relation to managing demand and transforming services, the current services would not be sustainable;
- Bringing together three areas, with associated differing practice, has highlighted the need to standardise practice, but there is also an opportunity to radically transform the relationship with residents in a way that promotes wellbeing and independence;
- The discrepancies in demand and performance between the preceding council Front Door services illustrate the opportunity to adopt best practice, both internally across BCP and from wider health and social care systems.

### **THE CASE FOR CHANGE**

6. There is an opportunity for a redesigned and harmonised Front Door to offer a higher standard of information, including through digital platforms such as websites; greater resolution of enquiries at the point of first contact and a response that is more integrated with voluntary and statutory sector partners.

### **THE PROPOSED ADULT SOCIAL CARE FRONT DOOR DESIGN**

7. The KPMG model suggests that the adult social care Front Door should be a specialist and discrete team within the overall corporate contact centre. The Front Door will adopt the best practices of Helpdesk and Care Direct, such as having safeguarding experts on hand and officers who can visit people in their own home. KPMG have identified four core themes which should inform the redesigned Front Door:

**Community Empowerment** assists individuals to remain independent through the provision of information, advice and signposting through the voluntary sector or community services working closely with Primary Care Networks. This type of activity supports people to engage with their communities and reduces isolation and loneliness.

**Engaging Early** with those at risk of poor outcomes will help people to avoid reliance on statutory adult social care services and maintain independence. The Front Door staff, through visiting officers, will engage with this work directly but there is also an opportunity to consider the use of community-based resources such as libraries, GP surgeries, day centres and voluntary sector schemes to form a network of early support.

**Customer Contact** will be delivered through a streamlined and, where appropriate, digital front door. People will be able to self-serve wherever possible by accessing guidance and real-time information relating to their services. Face to face and telephone engagement will remain available for those



who require it and will be provided by multi-skilled professionals who have expertise in mental health, safeguarding and occupational therapy.

**Complex assessment** will be developed which are proportionate to customer requirements and place a greater focus on their abilities. It will be increasingly important to support people to do what they can for themselves and to seek help from family, friends and community services to do that. Assessments will be re-focussed to have conversations which use this approach and only seek to provide commissioned social care services when other options are not available. This way of working is increasingly being adopted by councils as a way of promoting independence and reducing care costs and is often known as a “strength based” approach.

8. Embedding specialist Adult Social Care practitioners in the front door in order to enhance the skill mix and support decision making will be used to respond more quickly to presenting needs. Currently, needs of a specialist nature, including those related to safeguarding, mental health or occupational therapy, are often passed to long term fieldwork teams for action, which leads to delay and greater expense. Resolving more of these specialist enquiries at the Front Door will provide a better customer service experience, reduce delay and save some long-term care costs.

### **IMPLEMENTING THE ADULT SOCIAL CARE FRONT DOOR**

9. Further to the KPMG review, it is proposed that a new Adult Social Care Front Door becomes operational in 2020/21 with further service developments emerging in 2021/22 and 2022/23 to enhance the model.
10. The KPMG report offers a range of potential options for implementation, however the detailed service model will require further refinement in order to operate consistently with the emerging overall council customer contact approach, ICT system development and accommodation strategy.
11. It is proposed that in the first twelve months of operation, the focus will be on establishing a new identity for the adult social care Front Door, developing a strengths-based approach to customer service and enhancing the specialist staffing capacity needed to resolve more complex enquiries at the point of first contact. The second and third years of implementation are likely to see development of ICT infrastructure and work to commission new models of voluntary sector support.

### **SUMMARY OF FINANCIAL IMPLICATIONS**

12. For the purpose of developing a savings proposal, and based on the findings from the KPMG review, a pragmatic saving of £1,000,000 is assumed for 2020/21 and further (incremental) savings of £750,000 assumed for each of 2021/22 and 2022/23. These savings, which total a reduction in the annual

cost base of the authority of £2.5m comparing 2022/23 with 2019/20, have been reflected in the current MTFP.

13. The project budget has been set at a one-off sum of £200,000 to be drawn on from within existing adult social care budgets.
14. The redesigned Front Door will require additional staffing resources in order to increase capacity, but these will be drawn from long term fieldwork teams who will expect to see a reduction in demand and consequently have the flexibility to surrender staff to work in the Front Door service.

### **SUMMARY OF LEGAL IMPLICATIONS**

15. The proposed Front Door will provide services compliant with the underpinning legislation for adult social care. That is the Care Act 2014, Mental Health Act (1983) and Mental Capacity Act (2005).
16. There is no requirement in law to operate a “Front Door” service for adult social care, but such a service presents a way of delivering early assessment and support in line with statutory duties.

### **SUMMARY OF HUMAN RESOURCES IMPLICATIONS**

17. The development of a single adult social care Front Door will require the transfer of staff from Helpdesk and Care Director into the new service.
18. It is likely that specialist posts, such as safeguarding officers, occupational therapists and social workers will also transfer from long term social care teams to the Front Door in order to provide the necessary capacity for early intervention.
19. Although the number of staff expected to transfer into the new service is not yet modelled, it is likely to require staff consultation and may result in redesigned job roles.

### **SUMMARY OF ENVIRONMENTAL IMPACT**

20. The development of the new Front Door may have environmental impacts dependent upon where the service is located. This could result in staff, clients and carers travelling to various destinations across the conurbation, which could impact on people’s travel behaviours and therefore on carbon emissions. However, the principles of telephone and digital engagement and a stronger approach to community support should lessen the environmental impact. Where individuals are signposted toward opportunities and services closer to their home, and self-service options such as websites are used, there will be less need for face to face visits and the associated journeys. The number of phone calls received (Over 1,200 phone calls in November in to Poole’s Helpdesk alone) represents a high level of demand which, without

current telephone arrangements, would result in a significant number of journeys. Across BCP this is a significant carbon saving which should only be strengthened by the new model. The environmental impact will be evaluated by the implementation project team and measures taken to minimise any adverse environmental impact.

### **SUMMARY OF PUBLIC HEALTH IMPLICATIONS**

21. The ability to prevent or delay need through early engagement is a critical component of realising the wellbeing principle of the Care Act 2014 and positively influencing public health. .

### **SUMMARY OF EQUALITY IMPLICATIONS**

22. A full equality impact assessment will be undertaken as part of designing the structure and operating model for the new Front Door service. There are, however, some broad principles which should help to mitigate any adverse equality impacts, including:

- Maintaining an opportunity for face to face contact where necessary.
- Simplified methods of contacting adult social care so that people with who find communication difficult are not disadvantaged.
- An approach to co-production with service users and carers which will help the implementation project team to better understand the needs of local residents and inform the service design,
- Providing support to residents in order to use the council's digital front door
- Adopting a "Tell us once" approach so that local residents do not have to repeat personal details on numerous occasions.
- Ensuring that regardless of the method of contact, the advice and service given is equitable.

23. It is recognised that having two points of contact, with different operating models introduces inconsistency into the way adult social care operates, and with that the possibility of inequality of service. A single Front Door model would eliminate this inconsistency and the risk of unequal service provision.

24. Similarly, the new Front Door model may present equality implications for BCP staff, particularly if accommodation moves are required. Equality impact assessments will be undertaken when the operating model has been established so that the impact on individual members of staff can be understood and mitigated.

25. It will be important for the new Front Door to recognise the need for service provision to be accessible to all residents, including those with a disability, mental ill health, sensory impairment or where English is not their first language. In doing this it is recognised that information and advice will need to be available in a range of formats, including easy-read and braille and that a

variety of contact routes, which will include telephone, digital and face to face, are available to meet a range of different needs.

### **SUMMARY OF RISK ASSESSMENT**

26. The project management approach to developing a new Front Door will include risk management overseen by a project governance board. There are, however, no substantial risks identified by KPMG at this stage in the process.

### **Background papers**

None

### **Appendices**

Adult Social Care Front Door Design, September 2019, KPMG

# BCP Equality Impact Assessment Template

## Executive Summary and Conclusions

*Once the Equality Impact Assessment Template has been completed, please summarise the key findings here. Please send a copy of your final document to the Policy and Performance Team.*

Implementing a single, BCP wide 'front door' model for Adult Social Care enquiries that will provide greater demand management for social care services and positively impacts older people and people with disabilities. Consideration has been given to capacity and initial implementation will account for this. A thorough staff training plan has been put in place to address any knowledge gaps across BCP.

## Part 1 - The Project

<b>Policy/Service under development/review:</b>	ASC Front Door Redesign – phase 1
<b>Service Unit:</b>	Adult Social Care
<b>Service Lead:</b>	David Vitty – Director of Adult Social Care Services
<b>Equality Impact Assessment Team:</b>	Tim Branson – Service Manager Rachel Haughton – ASC Contact Centre Manager Nicky Mitchell – Quality Assurance Manager Brian Langridge – Commissioning Manager Debi Platt – Policy Officer
<b>Date assessment started:</b>	05/08/20
<b>Date assessment completed:</b>	20/10/20
<b>What are the aims/objectives of the policy/service?</b>	This project aims to implement a single, BCP-wide Front Door for Adult Social Care enquiries that provides a proportionate, person-centred and

## BCP Equality Impact Assessment Template

### Part 1 - The Project

	<p>basic strengths-based response, and improved demand management for longer-term ASC support. Phase 1 (June – October 2020) will ensure the appropriate analysis is completed to include skills gaps, structures, training needs and process mapping, and initial plans for a harmonised model.</p>
<p>What outcomes will be achieved with the new or changed policy/service?</p>	<ul style="list-style-type: none"> <li>• Consistency across the authority for all those initially wishing to access Adult Social Care Services</li> <li>• Consistent approach to decision making and triage of safeguarding concerns</li> <li>• Embedding a strengths-based conversations model into the ASC Front Door, enhancing customer experience and valuing a “tell me once” approach</li> <li>• Strong connections to services in the community and a good knowledge of what is available locally, allowing BCP to confidently help people find solutions.</li> <li>• Developed connections to voluntary sector.</li> <li>• Fairness and equity across different user groups in the way they can access ASC services</li> <li>• Unified and simplified processes for Adult Social Care teams to record, process and deal with short-term case work</li> <li>• Embed early help preventative work and monitoring to improve individual wellbeing and reduce demand on long-term ASC services (inclusive of assistive technology, equipment and adaptations)</li> <li>• Strong links at the front door to reablement and rehabilitation, and assistive technology means that people can recover lost skills and regain levels of independence without the need for detailed assessments</li> <li>• Achieve contribution towards savings target in ASC</li> </ul>

## BCP Equality Impact Assessment Template

### Part 1 - The Project

Are there any associated services, policies or procedures?	Yes – ASSIST procedure documents for Borough of Poole, Care Management Manual for Bournemouth Borough Council, Conversation Record Forms (held on case management systems).
Please list the main people, or groups, that this policy/service is designed to benefit, and any other stakeholders involved:	<ul style="list-style-type: none"> <li>• All in-scope staff within the existing Front Door models across Bournemouth, Christchurch and Poole.</li> <li>• Other teams within Adult Social Care with independencies i.e. locality teams, crisis payments, safeguarding hub, statutory teams, finance, blue badge</li> <li>• Residents, carers and families of BCP – existing service-users &amp; self-funders</li> <li>• Hospital discharge services</li> <li>• Tricuro (care provider)</li> </ul>
With consideration for their clients, please list any other organisations, statutory, voluntary or community that the policy/service/process will affect:	<ul style="list-style-type: none"> <li>• Local community and voluntary organisations, charities etc (Community Action Network, Help and Care)</li> <li>• Professional partners and organisations (Healthwatch)</li> <li>• Elected Members</li> </ul>

### Part 2 – Supporting Evidence<sup>1</sup>

Please list and/or link to below any recent & relevant consultation & engagement that can be used to demonstrate a clear understanding of those with a legitimate interest in the policy/service/process and the relevant findings:

#### Consultation and engagement

- Presentation – IHCP Workshop

<sup>1</sup> This could include: service monitoring reports, research, customer satisfaction surveys & feedback, workforce monitoring, staff surveys, opinions and information from trade unions, previous completed EIAs (including those of other organisations) feedback from focus groups & individuals or organisations representing the interests of key target groups or similar.

# BCP Equality Impact Assessment Template

## Part 2 – Supporting Evidence<sup>1</sup>

- December 2019 – ASC staff newsletter article
- Regular (2 weekly) Front Door Project meeting
- Regular Programme Board meeting
- Engagement and consultation meetings planned with affected staff groups
- Other engagement activities to be considered:
  - Existing groups (ASC focus groups, involvement data base, Healthwatch, PPGs, carers leads etc)
  - Internal staff (staff engagement events, PSW/POT groups/bulletins, Shelley B comms group, ASC newsletter)
  - Stakeholder workshops (vol. sector, health, partners etc)
  - Providers (forums, bulletins)
  - LDPB (forums, bulletins)
  - Virtual huddles/Peer support
  - Public and staff BCP ASC factsheets
  - Corporate comms - social media and BCP website, My Life My Care
- Use existing routes incl public outlets (GPs, pharmacies, libraries, community centers etc.)
- Use of partner organisations (networks, their own websites and social media)

*If there is insufficient consultation or engagement information please explain in the Action plan what further consultation will be undertaken, who with and how.*

Please list or link to any relevant research, census and other evidence or information that is available and relevant to this EIA:

- [Research of other Local Authorities Front Door Models](#)
- Research into strengths-based approaches
- IPC points to a number of LAs who now resolve approx. 75% of presenting problems at first point of contact through a strong focus on finding resolution for peoples' problems
- KPMG report for ASC that reflects different models across BCP that are confusing for and not sustainable longer term
- In its work for BCP ASC, KPMG has researched and cited examples of LAs such as Leeds, Thurrock and Wigan that have successfully tested remodelling their front doors



## BCP Equality Impact Assessment Template

### Part 2 – Supporting Evidence<sup>1</sup>

Please list below any service user/employee monitoring data available and relevant to this policy/service/process and what it shows in relation to any Protected Characteristic:

Older people are more likely to access Adult Social Care and therefore use any front door model - as per our ASC performance dashboard (April-June 2020) 76% of our client group are over the age of 64.

Older people are more likely to have a disability or long-term condition and are therefore more likely to access ASC Services. As per [BCP insight profile](#), 57% of BCP residents aged 65 or over say they have a disability or long-term condition that limits their day to day activities (compared to 11.25% of adults aged 64 or under).

Women are slightly more likely to access ASC Services - as per ASC performance dashboard (April-June 2020) the client group is 43% Male and 57% Female.

Any staff considerations (for example those in-scope of re-organisation as a result of this project) will be/have been assessed in separate EIA documents to protect confidentiality.

*If there is insufficient research and monitoring data, please explain in the Action plan what information will be gathered:*

## BCP Equality Impact Assessment Template

### Part 3 – Assessing the Impact by Equality Characteristic

Use the evidence to determine the impacts, positive or negative for each Equality Characteristic listed below. Listing negative impacts will help protect the organisation from potential litigation in the future, it does not mean the policy cannot continue. [Click here](#) for more guidance on how to understand the impact of the service/policy/procedure against each characteristic. If the impact is not known please explain in the Action plan what steps will be taken to find out.

	Actual or potential positive outcome	Actual or potential negative outcome
1. Age <sup>2</sup>	The proposed model will achieve a more unified approach with clearly defined processes that will enable individual outcomes to be achieved in a fair and equitable way. A more streamlined and less intrusive, arduous process will have a positive impact.	Increased demand may mean longer waiting times if resources are not effectively managed.  A service that is geographically (and hence financially) inaccessible to people in need; there is a need to ensure that help is easily accessible in various areas of BCP.
2. Disability <sup>3</sup>	The proposed model will achieve a more unified approach with clearly defined processes that will enable individual outcomes to be achieved in a fair and equitable way. A more streamlined and less intrusive, arduous process will have a positive impact.	Increased demand may mean longer waiting times if resources are not effectively managed.  A service that is geographically (and hence financially) inaccessible to people in need; there is a need to ensure that help is easily accessible in various areas of BCP.
3. Sex/Gender	No impacts have been identified that would disproportionately affect this group.	No impacts have been identified that would disproportionately affect this group.

<sup>2</sup> Under this characteristic, The Equality Act only applies to those over 18.

<sup>3</sup> Consider any reasonable adjustments that may need to be made to ensure fair access.

## BCP Equality Impact Assessment Template

### Part 3 – Assessing the Impact by Equality Characteristic

Use the evidence to determine the impacts, positive or negative for each Equality Characteristic listed below. Listing negative impacts will help protect the organisation from potential litigation in the future, it does not mean the policy cannot continue. [Click here](#) for more guidance on how to understand the impact of the service/policy/procedure against each characteristic. If the impact is not known please explain in the Action plan what steps will be taken to find out.

	Actual or potential positive outcome	Actual or potential negative outcome
4. Gender reassignment <sup>4</sup>	No impacts have been identified that would disproportionately affect this group.	No impacts have been identified that would disproportionately affect this group.
5. Pregnancy and Maternity	No impacts have been identified that would disproportionately affect this group.	No impacts have been identified that would disproportionately affect this group.
6. Marriage and Civil Partnership	No impacts have been identified that would disproportionately affect this group.	No impacts have been identified that would disproportionately affect this group.
7. Race	No impacts have been identified that would disproportionately affect this group.	No impacts have been identified that would disproportionately affect this group.
8. Religion or Belief	No impacts have been identified that would disproportionately affect this group.	No impacts have been identified that would disproportionately affect this group.
9. Sexual Orientation	No impacts have been identified that would disproportionately affect this group.	No impacts have been identified that would disproportionately affect this group.
10. Any other factors/groups e.g.	No impacts have been identified that would disproportionately affect this group.	No impacts have been identified that would disproportionately affect this group.

<sup>4</sup> Transgender refers to someone who considers that they do not identify strictly to one gender to the other, identifying themselves as neither male nor female.

## BCP Equality Impact Assessment Template

### Part 3 – Assessing the Impact by Equality Characteristic

Use the evidence to determine the impacts, positive or negative for each Equality Characteristic listed below. Listing negative impacts will help protect the organisation from potential litigation in the future, it does not mean the policy cannot continue. [Click here](#) for more guidance on how to understand the impact of the service/policy/procedure against each characteristic. If the impact is not known please explain in the Action plan what steps will be taken to find out.

	Actual or potential positive outcome	Actual or potential negative outcome
socio-economic status/carers etc <sup>5</sup>		
11. Human Rights	N/A	N/A

**Any policy which shows actual or potential unlawful discrimination must be stopped, removed or changed.**

### Part 4 – Equality Impact Action Plan

Please complete this Action Plan for any negative or unknown impacts identified in the assessment table above.

Issue identified	Action required to reduce impact	Timescale	Responsible officer
Staffing & resource to deal with increased or changing demand - longer waiting times would adversely impact older people and people with a disability	Consideration to be given on capacity, specialism and recruitment of staff able to deal with triage, allocation and signposting; ensure that capacity is assessed, and initial implementation is manned at higher rate. Training plan to be put in place	Prior to Service Design	Programme Manager

<sup>5</sup> People on low incomes or no income, unemployed, carers, part-time, seasonal workers and shift workers

## BCP Equality Impact Assessment Template

(those most likely to access ASC through the front door).	to address any knowledge gaps across BCP.		
Availability and accessibility.	Good knowledge and networking with local charities to signpost adults and families and to prevent the need for ASC intervention.	By implementation date	Programme Manager
Disability or condition that may require reasonable adjustment	<p>Involve advocacy services in planning and implementation phases.</p> <p>Review communication methods e.g. easy read; sight or hearing impairment provision; interpreters for other languages including signing.</p> <p>Research requirements for neurological untypical people (e.g. Autism Spectrum Disorder) wanting information and advice, or making contact.</p>	<p>During implementation</p> <p>By implementation date</p> <p>Integrate with Autism Pathway review</p>	

### Key contacts for further advice & guidance:

#### Equality & Diversity:

[Sam Johnson - Policy & Performance Manager](#)

#### Consultation & Research:

[Lisa Stuchberry – Insight Manager](#)

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## HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	<b>Learning Disability Big Plan 2018-21 Update</b>
Meeting date	24 May 2021
Status	Public Report
Executive summary	<p>This report provides an update on the Big Plan 2018-21 – a Health and Social Care Strategy for Adults with Learning Disabilities.</p> <p>It provides an overview of the impact of Covid -19 on people with Learning Disabilities, their families and support services.</p> <p>It advises that whilst there has been some progress with the workplan in the last 12 months, many actions have been delayed due to Covid 19.</p> <p>During the last 12 months, GP practices have continued to offer health checks via face-to-face and virtual means informed by a risk stratification of their Learning Disability register. As at 24 April 2021, 61% of those individuals on local GP registers have received an Annual Health Check.</p> <p>A supported employment review has been completed and partners across Dorset have agreed to align approaches to supporting people into work. Although recently delayed due to Covid-19, this work will now progress at pace and will be incorporated within the forthcoming BCP Day Opportunities Strategy.</p> <p>A Roadmap outlining a local 3-year delivery plan to achieve the ambitions set out within the NHS Long Term Plan has been submitted and approved by NHSE.</p> <p>Given the work still required within the work plan and the new Road map, it is recommended that the Big Plan is extended until 2024 and an updated work plan is produced.</p>
Recommendations	<p><b>It is RECOMMENDED that:</b></p> <p><b>(a) Councillors are invited to scrutinise the content of this report.</b></p> <p><b>(b) Councillors support the proposal to extend the Learning Disability Big Plan till 31 March 2024 and update the Big Plan Work Plan accordingly.</b></p>

Reason for recommendations	<ol style="list-style-type: none"> <li>1. Covid 19 pandemic has delayed work of the Learning Disability Big Plan significantly.</li> <li>2. Extending the Learning Disability Big Plan until 2024 will align with the NHS Learning Disability and Autism 3-year Roadmap target end date.</li> <li>3. Whilst some actions within the plan need revising, the overall 7 Big Aims continue to be relevant for people with Learning Disabilities and their families.</li> <li>4. Revising the actions would ensure the Learning Disability Big Plan aligned with the Corporate Strategy and wider Corporate 'Our Big Plan'.</li> </ol>
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Portfolio Holder(s):	Councillor Karen Rampton – Portfolio Holder Health and Social Care
Corporate Director	<p>Jan Thurgood – Corporate Director for Adult Social Care</p> <p>Sally Sandcraft - Director of Primary and Community Care, NHS Dorset Clinical Commissioning Group</p>
Report Authors	<p>Jonathan O'Connell – Head of Strategic Commissioning – Disabilities,</p> <p>Mark Harris - Head of Service for Mental Health and Learning Disabilities, NHS Dorset Clinical Commissioning Group</p>
Wards	All
Classification	For Update and Recommendation

## Background

1.0 [The Big Plan 2018-21](#) is the three-year Health and Social Care Strategy for Adults with Learning Disabilities. It was developed to deliver national priorities, such as the Transforming Care/Building the Right Support Programme and Learning Disability Mortality Review<sup>1</sup>, (LeDeR) as well as local priorities based on the needs of local people.

1.1 The strategy was coproduced with people who have a learning disability and their families. It is published in an accessible format, known as Easy Read. It is supported by appendices which contain more detailed information.

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<sup>1</sup> Please note the LeDeR programme is to be renamed shortly to 'Learning from Lives and Deaths – People with a Learning Disability and Autistic People' with a wider scope including people with autism.



1.2 The Big Plan consists of 7 Big Aims, which align to the local Bill of Rights Charter for people with learning disabilities which was re-adopted by BCP Council in 2020.

1.3 There are seven Big Aims within the strategy, (please see Fig 1 below).

1.4 A work plan was published alongside the strategy. The workplan was updated in April 2021 and can be found in Appendix 1 of this report.

Fig 1 – 7 Big Aims



### **National Update**

2.0 'Building the Right Support' continues the work of the Transforming Care programme which ended in March 2019, as part of the NHS Long Term plan for children, young people and adults with learning disabilities and/or autism till 2024.

2.1 Dorset Clinical Commissioning Group, BCP Council and Dorset Council continue to work together in partnership to deliver this programme locally and in March this year were asked to submit a Roadmap outlining a local 3 year delivery plan to achieve the ambitions set out within the NHS Long Term Plan.

2.2 The submission was subsequently reviewed and approved by NHS England (Appendix 2). Delivery of the Roadmap will need to be a priority within the Learning Disability Big Plan work plan over the next three years.

### **Impact of Covid-19 on people with Learning Disabilities and their families**

3.0 The Covid-19 has and continues to have a significant impact on the lives of people with a learning disability and their families.

- 3.1 For those living in residential care and supported living settings, they have had restricted access to seeing their families and friends outside where they live. Many people have been unable to attend their normal day opportunities services, or work, with many furloughed for protection and/or whilst businesses were closed.
- 3.2 Access to overnight short breaks, (respite), has only been available for a minority of people with highest risk of carer breakdown, due to many residential care settings being unable to support short stays.
- 3.3 National studies have suggested that people with a learning disability are six times more at risk of Covid-19 than the general population. Lobbying to Central Government has helped to prioritise access to testing, PPE and vaccinations for people with learning disabilities and those that support them.

#### **Deaths due to Covid**

- 3.4 Following the publication of Public Health England (PHE) COVID 19 deaths of people identified as having learning disabilities report, a review of COVID-19 related deaths in Dorset was undertaken and published, (Appendix 3).
- 3.5 At the time of the report there were 3 confirmed deaths due to Covid-19. Since the publication of this report there have been a further 6 confirmed deaths, bringing the overall total to 9.
- 3.6 This represents 0.18% of the known learning disability population across Dorset. This is slightly lower than rates within the general population across Dorset at 0.20%<sup>2</sup>

#### **Cardiopulmonary Resuscitation**

- 3.7 The use of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR ) decisions came into focus at the beginning of the COVID 19 pandemic.
- 3.8 Subsequently the Care Quality Commission (CQC) was commissioned by the DHSC (Department for Health and Social Care) to conduct a special review of DNACPR decisions. [CQC Report.](#)
- 3.9 The report concludes that while many of the concerns raised are not new, it is the pressures of the pandemic that has exposed them and demonstrated the lasting impact of these on people.
- 3.10 The recommendations made by the CQC mirror the areas identified for improvement in Dorset:
  - 3.10.1 Recognition of the importance of Advanced Care Planning (ACP)
  - 3.10.2 Recognition of the need to have an individual at the centre of their care

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<sup>2</sup> Based on total Deaths with COVID-19 on the death certificate as at 3 May for Dorset (600 deaths) and BCP (975 deaths) and estimated total population of 770,000. LD population based on total number registered with a GP, (4,875 as at March 2021).

- 3.10.3 Recognition that all professional involved in the care of individuals must have the knowledge, skills and confidence to speak to people about, and support them in making DNACPR decisions.

**Table 1 Number of cases with DNACPR decisions recorded in Dorset.**

2020/21 - deaths with a DNACPR or decision to AAND <sup>3</sup>	Yes	No	Not known
	65	28	1
2019/20	19	7	2

- 3.11 Of the 94 completed LeDeR reviews, 69% had evidence that a DNACPR decision had been made. Records show a considerable variation in the quality, scope and recording of these decisions. Many were of a high standard, issues with some of the poorer ones were, illegible handwriting, no evidence of involvement of individual, family, or carers and in some cases stating LD as reason for DNACPR decision.
- 3.12 Actions to be taken in response to this will be agreed by the LeDeR Steering Group.

#### **Covid -19 Outbreaks**

- 3.13 As at 29 April 2021 there have 33 out of the 47 LD residential care homes have been affected by Covid 19, (70%). The majority of these were smaller outbreaks with only 1 or two people testing positive. The highest peak came during the second wave.
- 3.14 As at w/c 26 April 2021, 2 homes had a suspension in place. In both cases each home reported a single incident.
- 3.15 The number of supported living settings remained relatively small with only 8 providers reporting cases for staff or service users.

#### **Supporting people and their families**

- 3.16 During the pandemic The Council has received feedback of staff going above and beyond to support people during the pandemic and finding creative ways to keep people active and occupied.
- 3.17 Tricuro and other independent day services have continued to support people to access the community or do activities at home, including online individual and group sessions and activities packs posted through the door.
- 3.18 The BCP Adult Learning Disability Service has kept in contact with all those known to the service and has continued to risk assess and respond to those most at need.

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<sup>3</sup> AAND = 'Allow a natural death'

- 3.19 People First Forum have continued to offer information, advice, and support, with an active Facebook page providing opportunities for people to socialise, including a virtual 'Big Night Out' disco in December.
- 3.20 The Council's wider offer of support in response to Covid19 has also benefited people with a learning disability in our communities.
- 3.21 Fortunately, as restrictions ease, more overnight short breaks are now available and people can be supported to access more activities within the community.
- 3.22 Further information on support for people is covered later as part of the Annual Health Checks update.

### **Big Plan Progress Update**

- 4.0 This has been a unique 14 months since the last report to board in March 2020. Covid-19 has significantly impacted on officers' ability to progress the work of the Big Plan, with resources redirected to fight the pandemic.
- 4.1 Table 2 below provides a summary of the progress one year on in terms of the 38 actions currently within the Big Plan Work Plan.

**Table 2**

<b>Rag Rating</b>	<b>2018 Start</b>	<b>Sept 2019 Update</b>	<b>March 21 Update</b>
Red - Not started/delayed	0	0	3
Amber – Work started but not yet completed	13	13	11
Green - Work completed	0	5	6
NS - Not started and not due to start as yet	9	7	2
Ongoing – Ongoing objectives as opposed to specific actions with clear end date	11	12	16
Not Rag rated	4	0	0
<b>Total</b>	<b>37</b>	<b>37</b>	<b>38<sup>4</sup></b>

- 4.2 The impact of COVID 19 on the last 12 months has caused delays across most areas of the work plan, both in terms with work that was already underway and with some actions that were due to start.

- 4.3 Three actions are now rated as red and relate to:

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<sup>4</sup> Increase as one previous action has been separated into two for greater clarity.

4.3.1 **Supporting people with a learning disability to set up their own businesses** – moving forward this will be incorporated within the wider review of supported employment.

4.3.2 **Checking the quality of day opportunities in Poole and Bournemouth** (2 actions). This work was to be undertaken by self-advocacy organisation People First Forum – This has not progressed due to the COVID 19 pandemic and restrictions. However, all day opportunity services that reopened across BCP after the first lockdown in 2020 had their reopening plans and risk assessments reviewed by BCP Council.

4.4 The overall number of Green and Amber actions remains similar to when last reported.

4.5 The number of actions that have moved into longer term 'Ongoing' work has increased to 16. This is typically where work has been completed as part of the Big Plan, but the action will continue as work seeks to further improve or maintain performance. Annual Health checks, to be discussed in the next section of this report, is a good example of an 'Ongoing' action.

### **Specific Updates requested by Members**

4.6 In March 2020, Members requested specific updates regarding LD Annual Health Checks and supported employment when next reporting.

### **Annual Health Checks**

4.7 Throughout the period of pandemic, the application of various national and local lockdowns has impacted upon delivery of Learning Disability Annual Health Checks across all Primary Care Networks.

4.8 Given heightened awareness of health inequalities, LD Annual Health Checks feature as a key priority within local health plans supporting recovery from the Covid-19 pandemic.

4.9 A dedicated workstream with the remit of improving current uptake rates is in place and is overseeing specific actions to achieve this.

4.10 An objective of this workstream also includes actions to improve the overall quality of health checks so that individuals maximise the benefit of the review and receive a positive experience.

4.11 During the last 12 months, GP practices have continued to offer health checks via face to face and virtual means informed by a risk stratification of their LD register. NHSE have also supported this hybrid approach, recognising that although this is not ideal, it does ensure patients continue to receive a health touchpoint.

4.12 With the introduction of the Covid Vaccine Programme to all those on the GP LD Register from 24 February 2021, work has been progressing to ensure opportunities to combine the health check with the vaccination where feasible are availed of.

- 4.13 This has been supported by the development and dissemination of resources including easy read information and planning materials that highlight the importance of reasonable adjustment to enable an inclusive and accessible offer.
- 4.14 Based on information received as at 21 April 2021, 61% of those individuals on local GP LD registers have received an annual health check.
- 4.15 Key actions that continue to be progressed include joint work with the community and voluntary sector including the People First Forum to develop:
  - 4.15.1 Best practice toolkits for each surgery and Community LD Teams (hardcopy and online / editable)
  - 4.15.2 Bite-size lived experience films created locally to support awareness raising and education of the checks
  - 4.15.3 Setting up an 'LD Champions virtual support network' for practices
  - 4.15.4 Creating parent / carer health resources and tools
  - 4.15.5 A young people's project focusing on the 14-25 years: awareness campaigns, training for practices, young people's health resources and young health ambassadors for Dorset.
  - 4.15.6 Training programme, launching initially for social prescribers and developing into a broader training offer for key stakeholders during 2021
  - 4.15.7 Consultation around health records and health action plans
- 4.16 Other developments include the introduction of a data dashboard using the Dorset Intelligence and Insights Service (DiiS), to offer real time information to understand the distribution / uptake of health checks for those patients on the LD register across Dorset by PCN and GP practice.
- 4.17 Health check leads have now also been identified within over 50% of the 18 Primary Care Networks with plans to identify leads in the remaining areas in place.
- 4.18 Recognising the mixed experience of individuals and their families, a key element of the workstream concerns improving the quality of the offer. To aid this, work is planned to develop a dedicated communication channel for feedback on the experience of care.
- 4.19 The plan also encompasses the development of a pilot using non-clinical staff within GP practices to target those individuals with a learning disability who have not engaged with their respective practice in the preceding 12 months.

### **Supported Employment**

- 4.20 Performance in terms of supporting people into employment is reported nationally under the Adult Social Care Outcomes Framework, (ASCOF). This measures the proportion of adults with a learning disability who receive other forms commissioned support. Consequently, this is not the whole picture in terms of numbers of people with a learning disability in work.
- 4.21 The target set corporately for 2021 was 4.5% and BCP achieved 4.6% up 0.7% on 2019/20 which is positive. However, this is still below benchmark target of 5.9% and

more work is needed both locally and nationally to increase the numbers of people into employment.

- 4.22 A supported employment review has been undertaken, but work to take its findings forward have been delayed as officers had to be diverted to Covid-19 related work.
- 4.23 Agreement has been reached with Dorset Clinical Commissioning Group, Dorset Healthcare University NHS Foundation Trust and Dorset Council to work together to increase performance, with a focus on supporting people into real jobs, (place and train model) in line with national best practice.
- 4.24 This work will now progress at pace and will be incorporated within the forthcoming BCP Day Opportunities Strategy.

### **Summary and proposed next steps**

- 5.0 There is still more work to do under the Learning Disability Big Plan, although the overall Big Aims remain unchanged. There is also an opportunity to update the current work plan through the Learning Disability Partnership Board to ensure the actions:

- 5.1.1 Align with the priorities within the new Corporate Strategy and Corporate 'Our Big Plan' vision

- 5.1.2 Encompass all areas BCP post Local Government Reorganisation

- 5.1.3 Align with the new NHSE Roadmap requirements which ends on 31 March 2024

- 5.2 For these reasons, this report seeks support from the Committee for an extension to the Big Plan Strategy to enable work to continue against the 7 big Aims and Roadmap until 31 March 2024.

### **Options Appraisal**

- 6.0 The alternative would be to end the current strategy and commence work on a completely new strategy. Typically developing a new strategy with full consultation takes 18 months to complete. Diverting resources to undertake this work would severely hinder progress on the outstanding actions in the current work plan which remain relevant. Consequently, this option is not recommended

### **Summary of financial implications**

- 7.0 The forecast expenditure for the provision of care and support for adults with a Learning Disability for 2021/22 is c£54.4m for BCP Council. This is in the region of £7m higher than the estimated outturn for 20/21.
- 7.1 This is in part due to growth as planned in the medium term financial plan to reflect demand for care for young people transitioning from children services with Learning Disabilities and Asperger's needs, additional demand from the community and increase of care cost to reflect NLW increases.
- 7.2 It is also in part due to lower spend in 20/21 particularly from direct payments, day services and transport where service users have not been able to receive services

due to the pandemic. These budgets have been retained in 21/22 with a view that services will resume to previous levels after the pandemic measures have lifted.

- 7.3 The Gross income for 2021/22 is anticipated to be c£7.5m, leaving a net budget requirement of c£46.9m.
- 7.4 Target savings of £680k have been identified within the MTFP for people with Learning Disabilities and Mental Health needs for 2021/22. A savings programme has been agreed to achieve this, including the expansion of Shared Lives service and a programme to reduce reliance on high cost residential care.

### **Summary of legal implications**

- 8.0 The care and support commissioned for people is mainly commissioned through the Council's duties in regards to the Care Act 2014 and for Dorset Clinical Group responsibilities under NHS Section 117, (Mental Health Act 1983) and the National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care, 2018.
- 8.1 Proposed changes set out in the Government's 2021 White Paper, ['Reforming the Mental Health Act'](#) will impact on how people with a learning disability with a mental health need are supported through the introduction of four principles at the heart of the proposed reforms:
  - 8.1.1 choice and autonomy – ensuring service users' views and choices are respected
  - 8.1.2 least restriction – ensuring the act's powers are used in the least restrictive way
  - 8.1.3 therapeutic benefit – ensuring patients are supported to get better, so they can be discharged from the act
  - 8.1.4 the person as an individual – ensuring patients are viewed and treated as individuals
- 8.2 The White Paper also recommends the removal of Learning Disability or Autism as a defined mental disorder within the act.
- 8.3 This means that a person presenting solely on the basis of their learning disability and/or autism could only be detained under Section 2 of the Act if they were displaying abnormally aggressive or seriously irresponsible behaviours. They could not be detained beyond this under a Section 3 unless there was clear therapeutic benefit.
- 8.4 The reforms introduce the responsibility for CCG's and Social Care commissioners to provide suitable community-based resources to meet the needs of local people.
- 8.5 Work in support of this locally is already underway as part of the previous Transforming Care agenda and is a key component of our local NHS LD and Autism Roadmap (Appendix 2).
- 8.6 The other legislation change linked to the Mental Health Act reforms will be the introduction of Liberty Protection Safeguards from April 2022.



## **Summary of human resources implications**

- 9.0 Prior to Covid 19, People First Forum were engaged across the system to deliver Learning Disability Awareness Training. This has had to be suspended to protect both staff and the self-advocates that deliver the training.
- 9.1 People First Forum have recently started working with the Clinical Commissioning Group to adapt their training for Social Prescribers. This training will take place online for the time being, delivered by our learning-disabled trainers. This adaptation and learning has meant that they feel confident to start delivering training to the Council and other services online (or face to face when the time comes) and have approached BCP to make them aware that they are keen to resume as soon as possible.
- 9.2 In the meantime, Tier 1 Learning Disability and Autism awareness training courses have resumed virtually for ASC staff and wider care sector.

## **Summary of sustainability impact**

- 10.0 There are no specific issues regarding climate change in this update report. Any projects within the strategy would assess the sustainability impact as part of their project approach in line with the Council's policy.

## **Summary of public health implications**

- 11.0 The work of the Learning Disability Big Plan seeks to specifically address the public health needs of this population, who typically are at risk of having poorer health outcomes than the general population.

## **Summary of equality implications**

- 12.0 An Equality Impact Assessment was completed when the Learning Disability Big Plan was first developed prior to publication. Any new projects within the Big Plan Work Plan would develop their own impact assessment where required.

## **Summary of risk assessment**

- 13.0 There are no specific risks to highlight as part of this update.

## **Background papers**

None

## **Appendices**

- Appendix 1 – Learning Disability Big Plan Work Plan April 2021 Update  
Appendix 2 – Dorset Learning Disability and Autism NHS 3-year Delivery Plan  
Appendix 3 – Covid deaths of people with learning disabilities in Dorset

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# Big Plan 2018 - 2021

## Work Plan

April 2021

**DRAFT**



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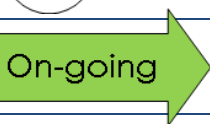


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# The meaning of symbols we have used in this document

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




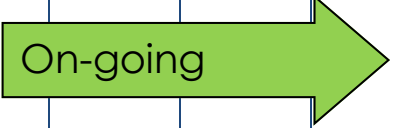
# Where I Live



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2021
	2018	2019	2020	2021		
67 Work on housing and care for people with complex needs, whose behaviour challenges services. This means behaviour that might cause harm or damage, or might stop people from doing things.					<p>This is part of Dorset's Transforming Care Partnership Plan.</p> <p>The Where I Live action group will check progress on this action.</p>	<p>In 2020 we bought 2 properties for specific people.</p> <p>In 2021 we bought 1 property as a step down / step up property to support people from specialist hospitals.</p> <p>We will be buying 2 more properties for individuals and 1 more step up step down.</p> <p>There are 2 more bids to buy properties in 2022.</p>

# Where I Live








 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2021
	2018	2019	2020	2021		
Work with other organisations to give more choice for supported living.					The Where I Live action group will check progress on this action.	The Learning Disability, Autism and Mental Health residential review programme has started.  BCP is working with providers that are deregistering from residential care homes to supported living.  We are writing a plan to say what supported housing we will need in the future.  A new scheme in Southbourne was completed in 2020. The scheme is for 16 to 25 year olds. This is part of support by the Preparing for Adulthood team.






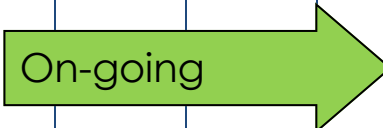
# Where I Live



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2021
	2018	2019	2020	2021		
Look at having 1 housing panel for Bournemouth and Poole. This group matches people to housing.					The Where I Live action group will check progress on this action.	The BCP Learning Disability and Autism Housing Allocations Panel started in 2020. Providers from the BCP area are on the Panel. The Panel meets every 6 weeks.
Review the Shared Lives service in Bournemouth and Poole. This service matches people to carers who they then live with.					The Where I Live action group will check progress on this action.	The previous Bournemouth, Poole and Dorset Shared Lives schemes have been joined up into a single BCP Shared Lives Scheme. Work has taken place to make sure processes and fees are the same across BCP area and that the client's experience remains the highest priority. Extra funding has been given to Shared Lives to increase the service so more people can be supported.




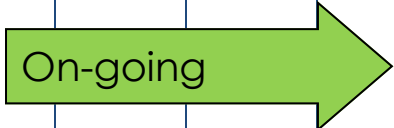
# Staying Healthy



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2021
	2018	2019	2020	2021		
Making sure more people have a Health Check every year.					The Health action group will check progress on this action.  The group checks at every meeting.	Project Plan in place for 2021 and will be shared with the group as soon as it is signed off.  There are lots of key parts of the Project Plan which the Health action group can be involved in.  Key activities will be discussed with the group at each meeting and updates sent in monthly e-bulletins.




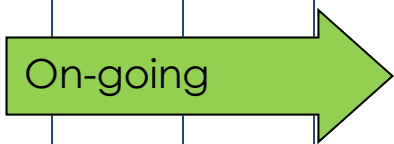
# Staying Healthy



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2021
	2018	2019	2020	2021		
Making sure more people have Health Action Plans.  - Yellow Health Books					The Health action group will check progress on this action.	This links to the Annual Health Check plan for 2021.  The Health action group has a project about Yellow Health books.  There will be a survey launched in February 2021 .  Results of the survey about Yellow Health Books will mean new pages and books will be printed in 2021.




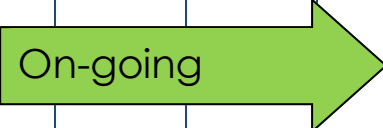
# Staying Healthy



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2021
	2018	2019	2020	2021		
84 Using Experts by Experience to check health services. These are people with learning disabilities or carers who have their own experience of health services.					Dorset NHS Clinical Commissioning Group will check this action and update the Health action group.	Annual Health Check Project 2021 identifies having Learning Disability Champions from GP practices and others such as health, providers, parents / carers to promote and support quality health checks.  Health Action group and the new Health Check Steering Group will make sure health checks are a priority.  Work with People First Forum on a virtual Quality Checking Process during 2021.




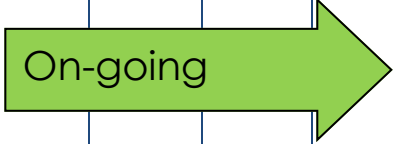
# Staying Healthy



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2021
	2018	2019	2020	2021		
Help make health services for people with learning disabilities better so that fewer people die early.					The Health action group will check progress on this action.	Regular LeDer updates at the Health Action Group and the Learning Disability Partnership Board.  New LeDer Steering Group started in 2020, to support system change from the reviews .





# Having a good life



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2021
	2018	2019	2020	2021		
Putting in better toilets and more Changing Places. Changing Places are large, accessible toilets that have extra equipment.				NS	The Bournemouth Christchurch and Poole Learning Disability Partnership Board will check progress.	Because of Covid-19 a Task and Finish group was not set up in late 2020 to oversee this work. It is hoped to start the work in 2021.
Supporting people into work.					The Bournemouth Christchurch and Poole Learning Disability Partnership Board will check progress.	BCP Council, Dorset Council, Dorset Healthcare and Dorset Clinical Commissioning Group are looking at opportunities to work together. They are looking at having a single pathway for people needing support to get into work and keep work.






# Having a good life



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2021
	2018	2019	2020	2021		
Supporting people with a learning disability to set up their own business.					The Bournemouth Christchurch and Poole Learning Disability Partnership Board will check progress.	BCP Council, Dorset Council, Dorset Healthcare and Dorset Clinical Commissioning Group are looking at opportunities to work together.  They are looking at having a single pathway for people needing support to get into work and keep work.

# Having a good life








 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2021
	2018	2019	2020	2021		
88 Checking the quality of day opportunities in Poole.					Through monitoring of contracts and updates to the Bournemouth, Christchurch and Poole Learning Disability Partnership Board .	This work did not progress in 2020 because of Covid-19.  We still want to work with People First Forum to check quality of independent providers by using experts by experience.
Check day opportunities in Bournemouth.					Through monitoring of contracts and updates to the Bournemouth, Christchurch and Poole Learning Disability Partnership Board .	This work will be for all of the BCP area.  Risk assessments were checked for day services that wanted to re open during 2020. this was because of Covid-19.




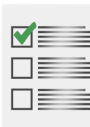



# Having a good life



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2021
	2018	2019	2020	2021		
Make sure day opportunities do more to help people learn new skills.					Updates to the Bournemouth, Christchurch and Poole Learning Disability Partnership Board from the task and finish group.	In 2019 the Partnership Board had a workshop and shared lots of ideas. There was no task and finish group because of Covid-19.  BCP Council will work with Tricuro and other day opportunity providers to see how opportunities could be developed and provided in the future. This will help us have a strategy for day opportunities.
Make sure day opportunities help people to be a part of their local community.					Updates to the Bournemouth, Christchurch and Poole Learning Disability Partnership Board from the task and finish group.	There will be coproduction with different people and organisations to develop ideas.  The pandemic has shown there are different ways to take part in day opportunities.





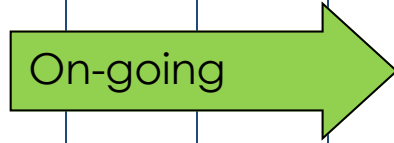
# The right care and support when I need it



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2021
	2018	2019	2020	2021		
Giving people personal budgets and personal health budgets - this is money to spend on social care or health needs.					Update from the community learning disability teams to the Bournemouth, Christchurch and Poole Learning Disability Partnership Board.	People who manage their Personal Health Budgets will know the cost of their care and support. This is usually taken as a Direct Payment so they can manage their own budget.  People who have their care commissioned for them may not know the budget for the cost of their care and support.
Reviewing the work we pay Bournemouth People First and Poole Forum to do.					The Bournemouth and Poole Learning Disability Partnership Board will check progress on this action.	This work has been completed.  They are now People First Forum.

# The right care and support when I need it



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2021
	2018	2019	2020	2021		
Making person centred planning the same across Bournemouth, Christchurch and Poole.					Contract monitoring of the Framework. Feedback from the Adult Learning Disability Service to the Partnership Board and the Learning Disability Forum	Person Centred Principles are part of the contract with providers on the Care and Support Framework. The Principles are now part of the Adult Learning Disability Service Charter.
Supporting the use of Intensive Interaction. This is a way to help people with complex needs learn to communicate with the people around them.					The Bournemouth and Poole Learning Disability Partnership Board will check progress on this action every year.	There was no update to the Partnership Board in 2020 from Dorset Clinical Commissioning Group. An update in 2021 has been planned.






# The right care and support when I need it



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2021
	2018	2019	2020	2021		
Planning and checking that mental health services work for people with learning disabilities.					To be confirmed	<p>A review of mental health services is taking place in 2021.</p> <p>The review is by the Dorset Clinical Commissioning Group and Dorset HealthCare.</p> <p>This will give opportunities to look at improving mental health services for adults with a learning disability.</p>

# The right care and support when I need it



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2021
	2018	2019	2020	2021		
Work more between Bournemouth and Poole on planning and buying care and support, and housing services.					A task and finish group and the Where I Live group will work on this action.	The new Care and Support Framework started 1 April 2019.
Help people to use Individual Service Funds. This means that people can have more choice and control over their care and support, but their care provider looks after the money to pay for this.					A task and finish group will work on this action.	This work has not started. There needs to be agreement about what personalisation means to BCP Adult Social Care, children's social care and health.





# The right care and support when I need it



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




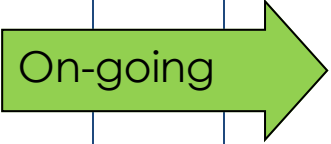
# The right care and support when I need it



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2021
	2018	2019	2020	2021		
Check residential care against the new Service Model from the Transforming Care Programme. This is about making care and support better for people with learning disabilities and/ or autism.					Principal Officer Joint Commissioning to report to the Bournemouth, Christchurch and Poole Learning Disability Partnership Board	This work will be replaced with South West region Learning Disability Residential Care Framework Project. This work was delayed because of Covid-19. The work will start again in April 2021.

# Keeping Safe







 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2021
	2018	2019	2020	2021		
Talking to people about different types of crime to help keep them safe.					This will be monitored by the Keeping Safe action group.	The Keeping Safe event 2020 did not happen because of Covid-19. Domestic abuse and scams are the most common crimes this year.  We will look at having a virtual event or workshops.  We need to keep sharing information and ways to prevent crime.  We will link with the new BCP Preventing Domestic Abuse Strategy to make sure adults with a learning disability are supported.




# Keeping Safe



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2021
	2018	2019	2020	2021		
Supporting Safe Places.					This will be monitored by the Keeping Safe action group.	People First Forum has joined the national Safe Places scheme. There are 127 Safe Places across BCP Council.  Some places might be closed during lockdowns or may be closed completely after Covid-19. People First Forum will need to check if places are staying open and are still Safe Places.




# Keeping Safe



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2021
	2018	2019	2020	2021		
Helping people to stay safe online.					This will be monitored by the Keeping Safe action group.	<p>The Keeping Safe event for 2020 did not happen because of Covid-19.</p> <p>There have been some new scams to do with Covid-19.</p> <p>Information has been in newsletters and by People First Forum to keep vulnerable adults, families and providers updated.</p> <p>We will look at having a virtual event or workshops about different ways to stay safe online.</p>

# Keeping Safe







 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2021
	2018	2019	2020	2021		
Support people with a learning disability who are victims or witnesses of crime.					This will be monitored by the Keeping Safe action group.	As of November 2020: There have been 44 referrals since April 2020: 25 from Bournemouth, 1 from Christchurch, 8 from Poole and 10 from Dorset Of which: 15 have been to court resulting in: 13 guilty verdicts/pleas 1 not guilty The courts were closed during lockdown in March and April. They opened in May and are being Covid –19 safe.

On-going






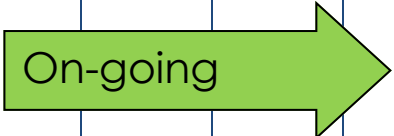
# Keeping Safe



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2021
	2018	2019	2020	2021		
100 Help care providers support people with complex needs, whose behaviour can challenge services. This means behaviour that might cause harm or damage, or might stop people from doing things					This work is part of the Transforming Care Programme. The Bournemouth, Christchurch and Poole Learning Disability Partnership Board will be given updates on progress on this action.	Dorset HealthCare started to set up a positive behaviour support network for care providers and professionals at the beginning of 2020. A virtual meeting was offered but because of Covid1-19 people were not able to attend. It is hoped this work will restart in 2021.

# Becoming an adult








 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2021
	2018	2019	2020	2021		
Making sure young people and their families can get the right information.					The Bournemouth, Christchurch and Poole Learning Disability Partnership Board will check progress on this action every year.	There have been many one to one information meetings with parents and young people, and good feedback received. Preparing for Adult has written a picture map to show what parents need to think about and when. The Local Offer website is updated regularly. A booklet is being written to show the main information about processes and services. This was asked for by parents and carers.

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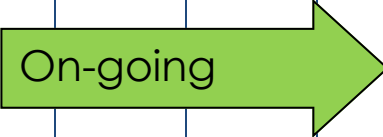
# Becoming an adult



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2021
	2018	2019	2020	2021		
Do more work on how Children's and Adults' social care services are organised for people aged 0-25.					Jenni Collis-Heavens will update the Bournemouth, Christchurch and Poole Learning Disability Partnership Board	This work is still ongoing because there is some restructuring of BCP staff. This is part of a project called Smarter Structures.
Making it easier for young people to move from Children's to Adults' services.					Jenni Collis-Heavens will update the Bournemouth, Christchurch and Poole Learning Disability Partnership Board	The Preparing for Adulthood team is working well and providing an improved journey for young people.




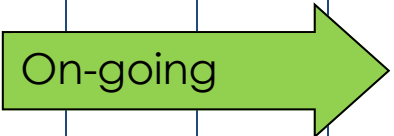
# Becoming an adult



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2021
	2018	2019	2020	2021		
Work on making it easier for young people to move from Children's to Adults' mental health services.					Through local Special Educational Needs and Disabilities (SEND) Strategy groups and an update to the Bournemouth, Christchurch and Poole Learning Disability Partnership Board every year.	The Children and Young People Mental Health Strategy and Implementation Thrive Plan is in place.  The Plan includes developing 'iThrive to 25' so services will be up to the age of 25 years old.  The plan includes having more therapists and working with young people to design the services.

# Support for my family







 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2021
	2018	2019	2020	2021		
Making more information available for carers.					The Carers action group will check progress on this action.	Information has been added to the Local Offer website, including Preparing for Adulthood information.  Housing Options information was updated.  Covid-19 information has been made available.  Carers want more information to help plan ahead.






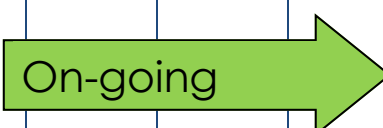
# Support for my family



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2021
	2018	2019	2020	2021		
Getting more carers from Bournemouth to take part in the Learning Disability Partnership Board.					The Carers action group will check progress on this action.	There is representation of carers from Parent Carers Together and carers take part in the Board and action groups. It is difficult to get more carers to take part. We continue to work with the carer support worker and organisations like Tricuro to engage with more carers. More carers may be interested and could join the Board as their child





# Support for my family



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2021
	2018	2019	2020	2021		
Making plans for older family carers.					The Carers action group will check progress on this action.	<p>Adult Learning Disability Service encourages older carers, and during reviews, to plan ahead for when they are not able to care for their loved one.</p> <p>Some carers do not want to plan ahead, some do not know what is available. Some choices are not always available.</p> <p>This has been a bigger problem during Covid-19.</p> <p>Family Friendly Information has been started to help carers plan ahead.</p>




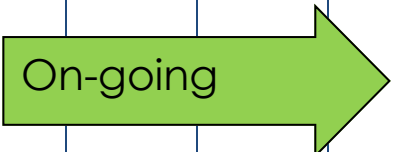
# Support for my family



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2021
	2018	2019	2020	2021		
Work with carers and follow the ideas of 'Valuing Carers in Dorset 2016 - 2020'.					The Carers action group will check progress on this action.	<p>The "Valuing Carers" strategy 2016-2020 helped us decide which services are provided to carers.</p> <p>A new strategy is needed because the type of support carers want may have changed since 2016.</p> <p>Covid-19 delayed this work, but it will now start in Autumn 2021. This will involve carers looking at what new services are needed for the future.</p>

# Support for my family



 What we need to do?	When will we do this by?				 How will we check this has been done?	 Update 2021
	2018	2019	2020	2021		
Support carers with advice and training.					The Carers action group will check progress on this action.	<p>There is a lot of information and support from the Family Carer Support Worker.</p> <p>There was not any training in 2020.</p> <p>Some carers would like computer training, and some do not.</p> <p>Carers want first aid training and sometimes practical help being a carer.</p>

### 3-year Delivery Plan (21/22-23/24): LTP Commitments – Learning Disability & Autism Programme

<b>ICS</b>	<b>Dorset</b>
<b>Lead contact</b>	<b>Mark Harris</b>
<b>Date</b>	<b>March 2021</b>

#### Describe the ICS area

‘Our Dorset’ is a partnership of health and social care organisations working together to deliver Integrated Care Systems. The ambition of Our Dorset is for everyone to have the best possible health and care outcomes. Living healthier, longer and fulfilling lives. Our vision is for everyone to have access to high quality, joined up health and care services, available when and where they are needed. We are working together for people to have healthier, fulfilling lives supported by sustainable health and care services.

The ‘Our Dorset’ integrated care system (ICS) comprises of all the NHS organisations and local authorities in Dorset:

- Bournemouth, Christchurch and Poole Council;
- Dorset Council;
- Dorset County Hospital NHS Foundation Trust;
- Dorset HealthCare University NHS Foundation Trust;
- NHS Dorset Clinical Commissioning Group;
- University Hospitals Dorset NHS Foundation Trust;
- South Western Ambulance Service NHS Foundation Trust.

The current population of Dorset is 750,000 and is likely to be just under 800,000 by 2024, with much of the growth happening among older people.

We know that over the next 15 years, the number of people with a severe learning disability will go up and there will be more older people with learning disabilities (The Big Plan, BCP 2018-2021).

Dorset has 80 GP practices, across 18 Primary Care Networks. The total number of people on the GP LD Register is 4851 (as at 09/03/21).

As at March 2021 there are 1,616 people on the caseloads of the CTLD’s, ID-CAMHS and IST (Health Only).

### **Approach to co-production and engagement with delivery to date, and plans for the future:**

Co-production is at the heart of all transformation work in Dorset with parent carers, people with lived experience and relevant stakeholders involved in and members of key groups undertaking local work to deliver the LD and Autism aspects of the NHS Long Term Plan.

Key forums include the BCP and Dorset Council Learning Disability Partnership Boards and the health subgroup - The Health Action group where people with lived experience jointly chair meetings.

Membership of the local Pan Dorset LD and Autism Joint Commissioning Board also includes parent carer representation.

Workstreams and projects being taken forward adopt a co-production approach from the outset, identifying key areas of work where lived experience and parent / carer engagement and involvement is essential. Examples of these include:

- the All-Age Autism Review design group;
- the CYP Keyworker project;
- CETR / CTR training;
- support with the language used to describe the Dynamic Support System and other key health processes;
- and partnerships to support with training, information and awareness of the Annual Health Checks.

The CCG also have joint contracts in place with both local authorities and the People First Forums to provide self-advocacy for meetings, projects and health services.

### **Identified risks to delivery over the next 3 years:**

- The supply of trained and skilled workforce to support people with a learning disability and / or autism, especially those with more complex needs and behaviour to meet the demand for services.
- Having enough care and support providers available to meet the needs of the people requiring services
- Conflicting priorities for this work plan aspirations alongside post covid recovery work and other key plans and agendas which are required to be delivered within the system.
- Non-recurrent transformation investment creates risk associated with long term sustainability
- Impact of cost improvement programmes across health and social care
- Having an adequate supply of suitable accommodation to meet the bespoke needs of the LD and / or autism population
- Changes to the Mental Health Act may impact on how we are able to best support people within the community in a safe and effective way at the point of crisis.
- Ageing LD population, people are living longer and their primary needs are changing. The demand for services and particularly accommodation will change.

Progress achieved to date													
<ul style="list-style-type: none"><li>• Good, regular oversight for the Transforming Care Cohort through monthly multi-agency forums</li><li>• Making use of NHSE Capital Grants to develop bespoke accommodation and facilitate hospital discharge</li><li>• Developing improved capacity for crisis support</li><li>• Implementation of the Commissioner Oversight Visit process and robust system for people with a learning disability and / or autism who are placed out of area to have regular contact to oversee clinical pathways and quality of care.</li><li>• Development of improved joint working with local mental health services to support people within mainstream services</li><li>• Lead within Quality to implement a process and the guidance around the Host Commissioner role</li><li>• LeDer – on track to complete all reviews &amp; established system wide steering group to support joined-up actions to improve services</li><li>• All age autism pathway review underway – moving into the Design and Modelling phase with key stakeholders</li><li>• Development of a business intelligence dashboard to provide real time intelligence at PCN level regarding LD Annual Health Checks.</li><li>• Reviewing existing care and support frameworks to allow greater flexibility.</li><li>• Reducing out of county placements in the future by developing further accommodation opportunities with the right care and support. Where appropriate offering people the opportunity to live back in Dorset.</li></ul>													
LTP commitment	Objective(s)	How and what will be delivered	Timelines & lead										
Moving people into the community and reducing reliance on inpatient care													
Year: 2021 - 2022													
		<table><tr><th colspan="2">Inpatient Trajectories 21/22</th></tr><tr><td>CCG Commissioned Adults</td><td>10</td></tr><tr><td>Specialist Commissioned Adults</td><td>10</td></tr><tr><td>Inpatient care for Children and Young People</td><td>2</td></tr><tr><td></td><td></td></tr></table>	Inpatient Trajectories 21/22		CCG Commissioned Adults	10	Specialist Commissioned Adults	10	Inpatient care for Children and Young People	2			
Inpatient Trajectories 21/22													
CCG Commissioned Adults	10												
Specialist Commissioned Adults	10												
Inpatient care for Children and Young People	2												
Reduced reliance on inpatient care  To reduce avoidable admissions, enable shorter lengths of stay and prevent out of area placements wherever possible	<b>Inpatients:</b> <ul style="list-style-type: none"><li>• To reduce inpatient numbers for adults and children</li><li>• Further understanding of admission patterns, health disparities and health inequalities.</li><li>• Ensure a consistent use of the 12-point discharge plan to support the</li></ul>	<ul style="list-style-type: none"><li>• Monthly cohort meetings to closely monitor in-patient numbers, length of stay and review discharge planning progress for individuals placed in in-patient hospital settings.</li><li>• Awareness, implementation and use of the 12-point discharge plan to ensure discharges are timely and effective.</li><li>• Ongoing review and development of the monthly calls to ensure the right people attend and that</li></ul>	Ongoing										

Children, young people and adults with a learning disability, autism or both, with the most complex needs, have the same rights to live fulfilling lives	<p>reduction in the length of stay for anyone in a specialist hospital.</p> <ul style="list-style-type: none"> <li>• Support discharge of inpatients through the Community Discharge Grant</li> <li>• Develop community-based support options to prevent avoidable hospital admission</li> </ul>	<p>focus is given to discharge planning and considers any blocks and challenges.</p> <ul style="list-style-type: none"> <li>• Creating specifications for bespoke accommodation grants.</li> <li>• System partners working on care market developments.</li> <li>• Using the Community Discharge grant to support transition costs for those discharged in 2021.</li> <li>• Work with NHSE colleagues to look at patients who have been in hospital for more than 2 years.</li> <li>• Development of closer working relationships with Provider Collaboratives to support community developments that reduce the risk of hospital admission via use of devolved NHSE funding to provider collaboratives.</li> </ul>	
People with the most complex needs will be offered improved access to care in the community, allowing more people to live in or near their own homes and families.	<p><b>Community Based Support:</b></p> <ul style="list-style-type: none"> <li>• Increase the availability of specialist supported accommodation</li> <li>• Improve community-based support to enable more care in the community</li> <li>• Care market development informed by intelligence from partners, dynamic support systems and the CETR / CTR processes.</li> <li>• Further development of an intensive offer to people with the most complex needs.</li> </ul>	<p><b>BCP Council:</b></p> <p><b>2021/22</b></p> <ul style="list-style-type: none"> <li>• Commenced the LD&amp;A Accommodation Review Programme (ARP) (4-year programme)</li> <li>• To complete accommodation needs assessment to inform housing market and Council's own Housing Strategy</li> <li>• Commence deregistration workstream within ARP with targeted providers</li> <li>• Continue TCP Capital Funding projects agreed and submit new Expressions Of Interest's for 2021-23</li> <li>• Re-engage with SW region LD Residential programme</li> <li>• Commence review of current LD &amp; A Framework.</li> </ul>	<p><b>Jo O'Connell – Head of Strategic Commissioning – Disabilities, Adult Social Care</b></p>



		<ul style="list-style-type: none"> <li>• Complete Gap analysis of current LD &amp; A Care and Support Framework.</li> <li>• Complete skills analysis with current providers in relation to autism and complex care. Develop training support package in response.</li> <li>• Consider Small Supports programme to meet gaps</li> <li>• Reinvigorate the PBS Peer network which has been hampered by COVID.</li> </ul> <p><b>2022/23</b></p> <ul style="list-style-type: none"> <li>• Develop additional supported accommodation in line with needs assessment</li> <li>• Continue deregistration work</li> <li>• Continue work on learning from LD &amp; A framework Review</li> <li>• More to be planned based on progress able to make in 2021/22 and when needs assessment completed.</li> </ul> <p><b>Dorset Council:</b></p> <p>Dorset Council will create additional accommodation capacity through development of an Enhanced Supported Living Model. We will explore how we can utilise council assets differently and develop a rolling programme of new accommodation so people can live and thrive in their local communities</p>	<p><b>Karen Stephens</b> Strategic Commissioning Lead Dorset Council</p>
	<p><b>People at Risk of Admission:</b></p> <ul style="list-style-type: none"> <li>• Develop and maintain a system wide register to identify people with a learning disability, autism or both who display, or are at risk of developing, behaviour that challenges or mental</li> </ul>	<ul style="list-style-type: none"> <li>• A Dynamic Support System is currently being piloted across children and adults' services using a Guidance Document and Risk Scoring Tool.</li> <li>• Work with partners to achieve better links within CYP services to enable a joined-up intensive</li> </ul>	<p><b>Laura White LD and Autism Programme Lead</b></p> <p>March-April 2021</p>

	<p>health conditions who are most likely to be at risk of admission.</p> <ul style="list-style-type: none"> <li>• Set up a process to regularly review the people on the register to consider an intensive multi-agency response to enable them to be well supported within the community.</li> <li>• Enhance the multi-agency risk management approach through improved joined up working and understanding across health and social care including SEND, Children Social Care, Transitions and CAMHS.</li> </ul>	<p>support approach to support those CYP at risk in a timely manner.</p> <ul style="list-style-type: none"> <li>• Launch of this process more formally, with the introduction of the monthly multi-agency calls to build on existing TC Call frameworks.</li> <li>• Ongoing review and development of these processes.</li> <li>• Developing a good framework to use during LAEP Meetings to ensure effective problem solving and action planning with everyone involved.</li> </ul>	<p>May 2021</p> <p>Ongoing</p> <p><b>Catherine Breakwell – CTR Coordinator</b></p>
	<p><b>CETRs / CTRs:</b></p> <ul style="list-style-type: none"> <li>• Strengthen the existing Community and Inpatient Care (Education) and Treatment Review (C(E)TRS) processes and policies to ensure it meets the mandatory requirements for delivery.</li> <li>• Ensure insight and learning from CTR/CETR's is used to inform future service development</li> <li>• Ensure that all those involved in a person's care, education and treatment are acting to support admission avoidance and to ensure that person can be discharged from hospital as soon as they are ready to leave. Support early transfers of care from inpatient settings.</li> </ul>	<ul style="list-style-type: none"> <li>• In line with national CTR / CETR policy and guidance, continue to offer these meetings via virtual means at present moving to a hybrid model (aligned to national guidance) that includes face to face reviews where it is deemed safe and risk assessments are in place to safeguard all members.</li> <li>• Plan and implement system wide training for key professionals and services involved in the CTR / CETR process.</li> <li>• Monthly intelligence sharing meetings to consider learning and themes emerging from CETRs / CTRs to inform strategic planning.</li> <li>• Work on the NHSE framework around quality assurance processes for CETRs / CTRs as they are introduced.</li> </ul>	<p><b>Catherine Breakwell – Dorset CCG CTR Coordinator</b></p> <p>Ongoing</p> <p>May 2021</p> <p>Ongoing</p> <p>2021</p>

Increased investment in intensive, crisis and forensic community support to enable more people to receive personalised care in the community, closer to home, and reduce preventable admissions to inpatient services.	<ul style="list-style-type: none"><li>Continue to work on developing local crisis response and interventions including development of crisis accommodation options.</li><li>Collaborate with the Intensive Support Team to restrict the use of seclusion, long term segregation and restraint.</li><li>Ensure the system complies with the 6–8-week quality visits for individuals placed out of county.</li><li>Collaborative planning of bespoke services for people with the highest needs.</li></ul>	<ul style="list-style-type: none"><li>Crisis pathway - the community safe havens and crisis accommodation can sometimes lead to individuals staying longer than planned; there is a need to establish a rolling programme to provide these.</li><li>Improve the collaboration between adult LD services, adult mental health services and the Dorset Forensic Team.</li><li>Work with the LD /Autism provider Collaborative to build on existing provision and enhance the offer of the local forensic team in LD / Autism cases without the presence of SMI</li><li>Review local processes to ensure the system has good visibility of any use of restricted practices including seclusion, restraint and long-term segregation</li><li>Develop joint funding protocols to support interventions for those at risk of hospital admission or failure of exiting care packages</li></ul>	Dorset Health Care and CCG								
Where possible, people with a learning disability, autism or both will be enabled to have a Personal Health Budget (PHB)	<ul style="list-style-type: none"><li>Expansion of PHB for those who are CHC or PHC eligible who have LD and / or Autism.</li><li>Reviewing current PHB model, to include the individual service funds to revise the current offer.</li></ul>	<ul style="list-style-type: none"><li>This is not applicable as we have an offer in Dorset whereby if someone is CHC eligible and they have mental capacity they are offered a PHB. This isn't just for people with LD and / or autism it is for anyone who is CHC eligible.</li><li>This is not something the CCG in Dorset is currently looking to offer.</li></ul>	N/A but local link for Dorset will be our PHC Team								
Year: 2022 - 2023											
		<table><tr><td>Inpatient Trajectories 22/23</td><td></td></tr><tr><td>CCG Commissioned Adults</td><td>9</td></tr><tr><td>Specialist Commissioned Adults</td><td>9</td></tr><tr><td>Inpatient care for Children and Young People</td><td>1</td></tr></table>	Inpatient Trajectories 22/23		CCG Commissioned Adults	9	Specialist Commissioned Adults	9	Inpatient care for Children and Young People	1	
Inpatient Trajectories 22/23											
CCG Commissioned Adults	9										
Specialist Commissioned Adults	9										
Inpatient care for Children and Young People	1										

<b>Year: 2023 – 2024</b>					
By March 2023/24, inpatient provision will have reduced to less than half of 2015 levels (on a like for like basis and taking into account population growth) and, for every one million adults, there will be no more than 30 people with a learning disability and/or autism cared for in an inpatient unit. For children and young people, no more than 12 to 15 children with a learning disability, autism or both per million, will be cared for in an inpatient services.		<b>Inpatient Trajectories 23/24</b>			
		CCG Commissioned Adults		8	
		Specialist Commissioned Adults		8	
		Inpatient care for Children and Young People		1	

LTP commitment	Objective(s)	How and what will be delivered	Timelines & lead
<b>Better start in life for Children and Young People</b>			
<b>Year: 2021 - 2022</b>			
<p>Embed a framework and practice guidance across the system for Care &amp; Education Treatment Reviews (CETRs) for children &amp; young people, develop system wide training to develop the workforce knowledge and understanding of CETRs.</p> <p>Embed a dynamic support process to identify children, young people and adults with a learning disability, autism or both who display, or are at risk of developing, behaviour that challenges or mental health conditions who were most likely to be at risk of admission.</p> <p>Develop and maintain registers (DSRs) and agree a system approach for managing risk.</p>	<ul style="list-style-type: none"> <li>Increased knowledge about CETR framework for practitioners</li> <li>Improved Practitioner competency</li> <li>Good support and buy in from all agencies</li> <li>Better understanding of those most at risk of admissions</li> <li>Seeing a reduction in LAEP meetings</li> <li>The Dynamic support system prevents admissions.</li> <li>Improved effectiveness of CETRS and increase in hospital avoidance</li> <li>Well embedded DSR system wide process</li> </ul>	<ul style="list-style-type: none"> <li>On track for Spring launch for the CETR training.</li> <li>Dynamic support system project being piloted with CYP colleagues. Supporting conversations and raising awareness of the new process across Education / SEND and Children's Social Care to consider how we collectively identify risks.</li> <li>Strengthen multi-agency risk planning and support for children with complex health/social care needs as part of the developing dynamic support registers.</li> <li>Work with Dorset and BCP Council's to support avoiding mental health inpatient admissions for children and young people with a learning disability and / or autism through respite care, short breaks and personalised approaches to support.</li> <li>Enhance existing community-based provision, or where additional capacity / staff are required to support crisis situations safely in the community. This could be in residential respite care settings, day support provision, in home respite and short break, or activity respite and short break care.</li> </ul>	<p><b>Catherine Breakwell and Laura White</b></p> <p>April – June 2021</p> <p>2021</p>
Designated Keyworker – initially provided to children and young people with a learning disability and / or autism who are inpatients or	<ul style="list-style-type: none"> <li>Develop CYP designated keyworker roles for those identified on the local Dynamic Support Register (DSR) including those who have complex</li> </ul>	<ul style="list-style-type: none"> <li>Convene a dedicated project to group with clear terms of reference and governance and a remit to co-produce a local model for the CYP key worker function.</li> </ul>	<p><b>Project to commence April 2021</b></p>

at risk of being admitted to hospital.	needs, at risk of harm and those with adverse childhood experiences.	<ul style="list-style-type: none"> <li>• Membership of this group to include health (children's and mental health/LD), social care and parent forum representatives.</li> <li>• Attend Community of Practice Event April 2021.</li> <li>• Use the insight gained from developing and refining local DSR processes to identify specific case examples of where the keyworker function can add value.</li> <li>• Identify current gaps within local systems and where the pilot could support this</li> <li>• Use case studies to trial the preferred approach</li> <li>• Build a robust communications plan to support the introduction of the pilot during 22/23.</li> </ul>	
Work with key partners to bring hearing, sight and dental checks to children and young people with a learning disability and / or autism or both in special residential schools	<ul style="list-style-type: none"> <li>• To support more responsive commissioning of services for hearing, sight and dental checks</li> </ul>	<ul style="list-style-type: none"> <li>• Convene a task and finish group via the multi-agency SEND Health Forum Group to understand current compliance levels.</li> <li>• Look at existing health review opportunities to incorporate routine questions around health screening, to also include the annual reviews undertaken by the Looked After Children Team.</li> <li>• Consider the wider opportunities to support this work with other vulnerable groups not just those within special residential schools.</li> <li>• Reach out to large residential school providers to see how they consider access for their pupils to these checks.</li> </ul>	
Strengthening the focus on children and young people	<ul style="list-style-type: none"> <li>• Improved effectiveness of joint commissioning</li> <li>• System working for CYP with complex health, social care and educational needs.</li> <li>• Improved satisfaction for CYP and their families/carers</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthen and formalise strategic Joint Commissioning governance and arrangements</li> <li>• Map decision making and where the 'voice' of CYP and parent carers are part of commissioning</li> <li>• Continue to seek/evidence feedback and improve communication between health and social care teams</li> </ul>	<b>Charlotte Pascoe – Deputy Director of PHC Dorset CCG</b>

		<ul style="list-style-type: none"> <li>• Develop joint funding protocols to support interventions for those at risk of hospital admission or failure of existing care packages</li> <li>• Strengthen multi-agency risk planning and support for children with complex health/social care needs.</li> </ul>	
<b>Year: 2022 – 2023</b>			
Designated Keyworker		<ul style="list-style-type: none"> <li>• Launch pilot project</li> <li>• Set key points to review progress and impact.</li> <li>• Consider next steps and future roll out to a wider cohort of children and young people.</li> </ul>	
<b>Year: 2023 – 2024</b>			
Designated Keyworker – extended out to the most vulnerable children with a learning disability and/or autism, including those who face multiple vulnerabilities such as looked after and adopted children, and children and young people in transition between services.		<ul style="list-style-type: none"> <li>• Continue to improve and refine the function locally.</li> <li>• Attend future community of practice sharing events to learn from others</li> <li>• Move to business as usual</li> </ul>	

LTP commitment	Objective(s)	How and what will be delivered	Timelines & lead
<b>Autism Diagnosis for Children and Young People and Adults</b>			
<b>Year: 2021 - 2022</b>			
<p>Develop a clearer and more widespread focus on the needs of autistic people and their families</p> <p>Development of Autism care pathways for children, young people and adults.</p> <p>People have access to pre diagnostic support, opening up access to a wide range of services for people with Autism at the point of need</p> <p>People have an Autism Diagnosis that meets NICE guidelines and timeframes</p> <p>People have access to a full range of Post Diagnostic support based on need</p> <p>Autism community care pathway is strengthened.</p> <p>People are supported to access mainstream health services to reduce health inequality via reasonable adjustments</p>	<ul style="list-style-type: none"> <li>Reducing the waiting times for the autism diagnostic assessment</li> <li>Achieving more timely diagnostic assessments in line with best practice guidelines</li> <li>To have enough skilled workforce to deliver the diagnostic pathway</li> <li>To better understand what people need following a diagnosis and how this may be accessed via community settings with suitable support, reasonable adjustments and signposting</li> <li>Ensure there is access to timely post assessment support including crisis and home treatment interventions</li> <li>Ensure that CYP nearing adulthood are able to access ongoing support based on their level of need</li> <li>To increase the number of people who maintain their own local accommodation because their housing and support services meet their needs</li> <li>Develop packages jointly to support children with autism or other neurodevelopmental disorders</li> </ul>	<ul style="list-style-type: none"> <li>Review of current provision to fully understand current position, gaps and trends. Service mapping and existing insights report.</li> <li>Co-producing, designing and modelling a diagnostic pathway for children and adults with autism or other neurodevelopmental disorders</li> <li>Create business plans and a case for change and look to test and implement the most effective ways to achieve this.</li> <li>Make use of LDA LTP Transformation funding to support delivery of key areas of the project:</li> <li>Engagement and view seeking expertise and delivery</li> <li>External support around best practice, national models, innovation and change management support to the project team and/or local system</li> <li>Support in multi-disciplinary education and training in the local system around new models of care and again, reinforcing change management</li> <li>Access further transformational funding linked to autism during 21/22 to support testing of designs and ideas emerging from the summer 2021 Design and Modelling phase.</li> <li>Forward planning for the release of the national autism strategy and aligning with the local project.</li> </ul>	<p><b>March 2021</b></p> <p><b>April-Aug 2021</b></p> <p><b>Autumn 2021</b></p> <p><b>March 21-Aug 21 delivery</b></p> <p><b>Project Team:</b> <b>Claire Lawrenson &amp; Laura White Dorset CCG</b></p>



<p>Mechanisms to ensure that people with a learning disability and/or autism get better support.</p> <p>Mandatory training in learning disabilities and autism awareness for all health and social care staff</p>	<ul style="list-style-type: none"> <li>• To co-produce a consistent Pan Dorset learning and development pathway that aligns with the Core Capabilities Framework for Supporting Autistic People.</li> <li>• Strengthen awareness, skills, capabilities and confidence within the workforce.</li> <li>• Developing a local workforce that is equipped to deliver the new pathway of care for autism.</li> <li>• To increase the support and training for local providers to be able to support people with complex needs.</li> </ul>	<p><b>Workforce Development Project</b> – Transformation funding received. Pan Dorset Project, led by Dorset Council.</p> <ul style="list-style-type: none"> <li>• Mapping existing training and insights into staff and workforce confidence in working with autistic people.</li> <li>• The pan-Dorset Partners will commission a specialist provider to design and co-produce an all-age learning and development pathway that aligns with the Core Capabilities Framework for Supporting Autistic People</li> <li>• The provider will also develop the workforce development strategy for the all age autism care pathway review alongside this.</li> </ul>	<p><b>Jan 2021 – Sept 2021</b></p> <p><b>Led by Dorset Council for the Dorset System (Karen Stephens)</b></p>
<p>Develop a clearer and more widespread focus on the needs of autistic people and their families</p>	<ul style="list-style-type: none"> <li>• Use of Assistive Technology tools for people with autism to use with frontline support staff, as well as health and social care professionals responsible for assessment, diagnosis and therapy.</li> <li>• Create a training programme to include an assessment of which patients/clients could benefit from assistive technology, both during the diagnosis process and post diagnosis.</li> <li>• Giving people control of their own care and providing a practical digital solution for the delivery of personalised care.</li> </ul>	<p><b>Brain in Hand Pilot Project:</b></p> <ul style="list-style-type: none"> <li>• The project will pilot the Brain in Hand app with different cohort of individuals from across the system. Phase 1 will be working with the Adults Asperger's Team and the Preparing for Adulthood team.</li> <li>• The project seeks to empower young people and adults to easily access coping strategies that work for them from their phone or tablet, whenever it's needed, wherever they are.</li> <li>• People can be supported remotely, stay connected to their supporters, and live independently. With greater independence comes the ability to access fewer support services over time, saving money while improving outcomes.</li> </ul>	<p><b>Sept 2020 – Jan 2022</b></p> <p><b>Led by BCP Council for the Dorset system (Brian Langridge)</b></p>

		<ul style="list-style-type: none"> <li>• This Pan Dorset Project is being led by BCP Council using Transformation funding.</li> <li>• By trialling the app, services and service users can consider new and alternative personalised care and support approaches.</li> </ul>	
<b>Year: 2022 - 2023</b>			
		<b>All Age Autism Review Project:</b> <ul style="list-style-type: none"> <li>• Pending approval of business case, move into Business-as-Usual phase.</li> <li>• Consider the function of an all-age Autism forum or group to enable key stakeholders to come together and follow the journey and implementation of the outputs from the Review Project.</li> </ul>	
<b>Year: 2023 - 2024</b>			

[illegible]

		<b>Dorset Health Care:</b> <ul style="list-style-type: none"> <li>• Developed an LD Registered Nurse Degree Apprenticeship offer with Winchester University and the Open University.</li> <li>• Embedded the Trainee Nurse Associates as part of the Trust roll out.</li> <li>• Skill mix review of CTLDs, building on development posts and in-house pathway from support worker to registered nurse using the above programmes.</li> <li>• Use of HEE LD LNA Tool to develop priorities and inform allocation of CPD monies to develop skill mix.</li> </ul>	
Integrated approach to supported employment	<ul style="list-style-type: none"> <li>• Personalisation should form the basis of any work to develop supported employment with Dorset as a whole.</li> <li>• Supporting key drivers within the national strategies of Valuing People and the NHS Long Term Plan. As well as local strategies such as the pan Dorset Learning Disability Strategy – The Big Plan, BCP Corporate Strategy under Fulfilled Lives.</li> <li>• Identify all opportunities to integrate commissioning and create a meaningful pathway to all relevant support at both a local and national level as part of the wider offer.</li> <li>• Ensuring that all users of health and social care services that have a disability as defined under the Equalities Act 2010 can access support into employment.</li> </ul>	<ul style="list-style-type: none"> <li>• Review and redesign existing employment support which is framed around a mixture of sheltered work opportunities and supported employment services.</li> <li>• A phased approach will be taken with a long-term view of pulling together one pan Dorset Offer within the next three years.</li> <li>• Phase one will look to create services based on the shared principles above and the model of Place and Train. It will consider opportunities to influence or align services at the earliest stage and joint commission where possible and appropriate. Contracts end dates will be aligned to allow the achievement of the vision to have one offer through integrated contracts within the designated timeframe.</li> <li>• Phase Two: To work together to streamline and perfect the offer through co-production with an end target of having a Pan Dorset shared offer.</li> </ul>	<b>System piece of work</b>

		<b>Dorset Council:</b> Developing its supported employment offer in two work phases: - <ul style="list-style-type: none"> <li>• Phase One: Tender to open market to appoint a specialist provider who can support development of a local infrastructure to create employment opportunities and get employers disability confident</li> <li>• Phase Two: Work within the Council and health to ensure we as system leads can also offer work or apprenticeship opportunities.</li> </ul>	<b>Karen Stephens</b> <b>Strategic</b> <b>Commissioning</b> <b>Lead Dorset</b> <b>Council</b>
<b>Year: 2022 - 2023</b>			
<b>Year: 2023 - 2024</b>			

LTP commitment	Objective(s)	How and what will be delivered	Timelines & lead
<b>Improving Health Inequalities</b>			
<b>Year: 2021 - 2022</b>			
<p>Improving the uptake of Annual Health Checks for people aged 14+ years on GP LD Registers so that at least 75% of those eligible have a health check each year</p> <p>Improved health outcomes for people with a learning disability</p> <p>Reduced mortality</p> <p>Improved experience of care</p>	<ul style="list-style-type: none"> <li>To improve 'real time' data about health check take up in Primary Care Network's (PCN's) and Practices</li> <li>To increase the number of LD health checks being delivered in Dorset</li> <li>To improve best practice resources to support consistency and quality of the health check process</li> <li>relationships and trust to engage in the health check process.</li> <li>To use innovative practice to change the way the LD AHC's are offered.</li> <li>To increase the quality of LD AHC's.</li> <li>To develop health action plans and the 'what happens next' offer.</li> </ul>	<p>Non-recurrent funding to support 'call to action' work will be used to enable the Community and Voluntary sector to deliver: -</p> <ul style="list-style-type: none"> <li>Best practice toolkits for each surgery, PCN and CLDT</li> <li>Films to support awareness and education</li> <li>Setting up the LD Champions network</li> <li>Parents / carers health resources and tools</li> <li>A young people's project focusing on awareness campaigns, training and young people resources</li> <li>Training programme, launching initially for social prescribers</li> <li>Consultation around health records and health action plans.</li> </ul> <p>Sustaining momentum of the health check delivery:</p> <ul style="list-style-type: none"> <li>Data dashboard to offer real time information to understand the distribution/uptake of health checks for those patients on the LD registrar across Dorset by PCN and GP practice.</li> <li>To define and launch a programme of communication that increases the awareness of the LD Health Checks in Dorset</li> </ul> <p>Other planned work:</p> <ul style="list-style-type: none"> <li>To trial non-clinical staff within practices offering support as part of the LD AHC process to target hard to reach LD patients and build</li> <li>Create a channel of feedback to monitor improved quality of the health check experience</li> <li>Further develop the data dashboard to include a more intelligent data set, suitable for wider stakeholder</li> </ul>	<p><b>Laura White Dorset CCG</b></p> <p><b>Jan-May 2021</b></p> <p><b>Ongoing</b></p> <p><b>Ongoing</b></p> <p><b>April 2021</b></p> <p><b>April 2021</b></p> <p><b>Ongoing</b></p>

		<p>groups. The dashboard will also include take up data of flu and covid vaccinations.</p> <p><b><u>Trajectory 21/22 – numbers are based on Register size at end of Q4 20/21 which is 4860</u></b></p> <p>Projected Number of Checks each Quarter:</p> <p>Q1 – 400</p> <p>Q2 – 800</p> <p>Q3 – 1000</p> <p>Q4 – 1200</p> <p>Total end of year = 3400 (as a % of reg size = 70%)</p>	
<p>Taking action to prevent avoidable deaths through learning from death reviews (LeDer) to make improvements to the lives of people with a learning disability</p>	<ul style="list-style-type: none"> <li>• People with a learning disability are four times more likely to die of something which could have been prevented than the general population.</li> <li>• To run an effective LeDer programme in order to identify and address areas requiring service improvement across health and social care.</li> <li>• Increase number of LeDer notification made across Dorset</li> </ul>	<ul style="list-style-type: none"> <li>• To continue building relationships across the system, including with the Medical Examiner's Office, to improve knowledge about LeDer and increase notification of LD deaths</li> <li>• Understand and implement the new LeDer policy within the local context. Take into account key changes around: inclusion of autistic people and the move to a more ICS model of oversight.</li> <li>• Development of a system wide Dorset LeDer Steering Group including representation from all local health and social care providers.</li> <li>• Issues identified in reviews to be discussed and addressed at Dorset LeDer Steering Group to support joined-up actions to improve services, reduce health inequalities and reduce premature mortality</li> <li>• Assurance from service providers that identified areas of improvement are addressed will be monitored at the Dorset LeDer Steering Group.</li> </ul>	<p><b>Katy Hall Dorset CCG Quality Team</b></p> <p>21/22</p>

		<ul style="list-style-type: none"> <li>• Produce an annual LeDeR report demonstrating action taken in response to the issues identified in LeDeR reviews and national findings.</li> <li>• To produce quarterly LeDeR reports that are public facing and actively shared with Health Action Group.</li> </ul>	
A Digital Flag in the patient record to ensure staff know a patient has a learning disability and / or autism.	<ul style="list-style-type: none"> <li>• To support reasonable adjustments for people with a learning disability and / or autism</li> <li>• To tackle health inequalities</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor developments taking place at a national level.</li> <li>• Begin conversations with IT colleagues locally to share information about this and the rationale behind it.</li> <li>• Consider how this links to the Summary Care Record</li> <li>• Map existing Accessible Communication and Reasonable Adjustment modules within RIO and SystemOne developed by Dorset HealthCare. There is an opportunity to link these developments together.</li> </ul>	Ongoing  2021
<b>Year: 2022 - 2023</b>			
LD Annual Health Checks		<ul style="list-style-type: none"> <li>• Use the Health Checks Project / Steering group to be the check point to sustain momentum with the checks and ensure they stay on all the relevant health inequality agendas.</li> <li>• Continue to develop the data dashboard to ensure it remains functional and useful to all users.</li> <li>• Review project plan and introduce new pieces of development work to enhance the quality and uptake of the checks, through the following: <ul style="list-style-type: none"> <li>- Annual training offer to all stakeholder groups</li> <li>- Annual refresh of the Health Checks Toolkit contents to ensure best practice is shared</li> <li>- Robust and ongoing communications plan with all key stakeholder groups</li> <li>- Specific training for care and support providers</li> <li>- Awareness raising campaigns</li> </ul> </li> </ul>	



		<ul style="list-style-type: none"> <li>- Focus and targeted work at key points throughout the year to look for opportunities, such as the flu campaign, covid boosters, etc.</li> <li>• Target 22/23 is to sustain the 70% take up from 21/22 trajectories.</li> </ul>	
A Digital Flag in the patient record to ensure staff know a patient has a learning disability and / or autism.	<ul style="list-style-type: none"> <li>• To support reasonable adjustments for people with a learning disability and / or autism</li> <li>• To tackle health inequalities</li> </ul>	<ul style="list-style-type: none"> <li>• Set up IT working group to support the changes locally and outline timescales for implementation.</li> </ul>	2022
<b>Year: 2023 - 2024</b>			
A Digital Flag in the patient record to ensure staff know a patient has a learning disability and / or autism.	<ul style="list-style-type: none"> <li>• To support reasonable adjustments for people with a learning disability and / or autism</li> <li>• To tackle health inequalities</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation, training and awareness project.</li> </ul>	2023

LTP commitment	Objective(s)	How and what will be delivered	Timelines & lead
<b>Improving Quality of Services</b>			
<b>Year: 2021 - 2022</b>			
<p>Ensure that all NHS Commissioned services are providing good quality health, care and treatment</p> <p>Implementation of the National Learning Disability Improvement Standards for all services funded by the NHS</p>	<ul style="list-style-type: none"> <li>Quality Checkers Programme: to review how healthcare services meet the needs of people with LD.</li> <li>Promoting greater consistency of health, care and treatment</li> <li>Addressing themes such as rights, the workforce, specialise care and working more effectively with the patient and their family.</li> <li>Audits enable action plans to create improvement measures for Trusts.</li> </ul>	<ul style="list-style-type: none"> <li>A Quality Checkers programme is already in existence for adults and will restart once covid restrictions are lifted. This is delivered through our joint Self Advocacy contracts with the Local Authorities.</li> <li>We will consider expanding this to include children's services and also within other LD and Autism Services locally.</li> <li>Hospital LD Liaison Nurses identified locally and opportunities to share information, processes and good practice are underway.</li> <li>Oversight of the National LD Improvement Standards by acute hospitals, community health trusts and mental health trusts.</li> <li>All trusts have access to the online benchmarking portal and the first set of benchmarking reports were completed and submitted.</li> <li>Executive sponsored action plan developed for the first wave.</li> <li>The second phase of this work has been delayed due to covid.</li> <li>Actions required from the Trusts: use of the benchmarking tool, peer review and annual data collection. National feedback from benchmarking to support local improvements.</li> <li>Work required locally with Quality colleagues to establish what we gather through CCG contracts and how do we pull in the data on this.</li> </ul>	<p><b>This is part of the Pan Dorset Health Action Group work plan which reports into the LDPB's for Dorset and BCP</b></p> <p><b>Part of the Pan Dorset Joint Commissioning Steering Group work plan</b></p>

Reducing over medication through: Stopping The Over-Medication Programme (STOMP) and Supporting Treatment and Appropriate Medication in Paediatrics (STAMP)	<ul style="list-style-type: none"> <li>• Raise awareness of the programme with all relevant teams and services locally</li> <li>• Look for opportunities to pilot approaches to supporting this campaign</li> <li>• Highlights models of good practice and learning from other areas who have piloted this.</li> </ul>	<ul style="list-style-type: none"> <li>• The Dorset system has a medicines optimisation group which oversees polypharmacy and prescribing activity, including all patient groups.</li> <li>• The STOMP/STAMP campaign has been shared and publicised and there are a number of activities underway across the system to ensure that this patient group gets medication reviews.</li> <li>• Promote awareness within the structured medication review work, a 5-year plan</li> <li>• Attendance at the Polypharmacy working group to start forming links to consider opportunities for pilot projects and targeted work.</li> <li>• Consider ways to measure the impact of the campaign, learn from other pilot sites and use knowledge and experience from health professionals locally.</li> <li>• Continue to promote the of the STOMP self-audit</li> <li>• Continue to promote STOMP and STAMP principles which are embedded into existing LD / Autism service delivery.</li> <li>• Improve the connection between primary, secondary and specialist care overseeing this STAMP programme.</li> <li>• Consider opportunities to raise awareness and pilot approaches.</li> <li>• Attend national webinars and share learning with local colleagues.</li> </ul>	<p><b>Fiona Arnold, Primary and Community Care, Dorset CCG</b></p> <p>Ongoing work</p> <p>Planning 2021</p>
NHS staff will be supported to make changes needed through <b>reasonable adjustments</b> to ensure	<ul style="list-style-type: none"> <li>• Adhering to the Equality Act 2010 for public sector organisations to make changes to their approach or provision to ensure that services are accessible</li> </ul>	<ul style="list-style-type: none"> <li>• We will work with system partners to ensure reasonable adjustments are made as necessary for people with a learning disability and/or autism.</li> </ul>	<b>Part of the Pan Dorset Joint Commissioning</b>

people with a learning disability and / or autistic people get equal access to, experience of and outcomes from care and treatment	<p>to disabled people as well as everyone else.</p> <ul style="list-style-type: none"> <li>• All organisations that provide NHS or adult social care must follow the accessible information standard by law.</li> <li>• The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with health and social care services.</li> </ul>	<ul style="list-style-type: none"> <li>• This will build on existing developments such as the use of neurodevelopment workers in local CAMHS teams to ensure individuals' needs are addressed. It is recognised more needs to be done in other health settings (primary and secondary care).</li> <li>• Support a model whereby local specialist services collaborate with other services to offer advice and guidance on reasonable adjustments on a case-by-case basis.</li> <li>• Provide a programme of LD awareness training in wider health services as requested.</li> <li>• A key element of the LD Annual Health Check work programme.</li> </ul>	<b>Officers Group work plan</b>
<p>Making sure that people with a learning disability and/or people who are autistic are safe and are getting high quality inpatient care.</p> <p>Restricting the use of seclusion, long-term segregation and restraint for all patients in inpatient settings, particularly for children and young people.</p>	<ul style="list-style-type: none"> <li>• Commissioners to maintain good oversight of the care of patients in mental health inpatient settings,</li> <li>• Assuring commissioners that the patients they are responsible for are safe and their wellbeing is safeguarded remains the same</li> <li>• Have robust and effective systems in place to identify and promptly address any concerns relating to quality of care and individual safety at the earliest possible opportunity.</li> </ul>	<ul style="list-style-type: none"> <li>• Commissioner oversight visits continue using the covid guidance documents and the risk-based approach.</li> <li>• Strengthen the model and process for the 6-8 weekly monitoring visits for out of area placements.</li> <li>• Refresh and review of key documents to now include: Feedback Questionnaire for Families / Carers; My Commissioner Visit easy read; template letter to family members; refreshed audit tool; refreshed workflow.</li> <li>• Visits are prioritised and enhanced for those identified in services where quality concerns have been raised, or where the service has a Care Quality Commission rating of inadequate or requiring improvement.</li> <li>• Implementation of NHS Digital requirements for additional information collection for the Assuring Transformation Database for each inpatient.</li> </ul>	<p><b>Catherine Breakwell and Katy Hall Dorset CCG</b></p> <p>April 2021</p> <p>Ongoing</p> <p>April – June 2021 then ongoing</p>

		<ul style="list-style-type: none"> <li>Monthly intelligence sharing meeting to share information emerging from visits to support with strategic planning.</li> </ul>	
Host Commissioner	<ul style="list-style-type: none"> <li>Identify Host Commissioner</li> <li>Understand the role and responsibilities of the Host Commissioner</li> <li>Establish key commissioning and provider relationships</li> <li>Establishing local and relevant stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>Identified Host Commissioner role for Dorset in place</li> <li>Hold a list of other Host Commissioners from across the UK to support the process.</li> <li>Raise awareness of role and establishing a process and system locally to manage information coming into Dorset and lines of communication to ensure all colleagues are aware of quality issues which may arise.</li> <li>Oversight of Dorset patients, where they are placed and contact details of relevant CCG Host Commissioner.</li> <li>Establish links with the specific regions responsible for the national multi-site independent sector providers.</li> <li>Local CQC service contact is in place already.</li> <li>Understanding placing commissioner responsibilities.</li> </ul>	<b>Katy Hall Dorset CCG Quality Team</b>
<b>Year: 2022 - 2023</b>			
<b>Year: 2023 - 2024</b>			
By 2023/24, all care commissioned by the NHS will need to meet the Learning Disability Improvement Standards			

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**Covid-19 deaths of people with learning disabilities in Dorset  
30.03.2020 to 07.11.2020**

**1. Introduction.**

This report compares the findings from the Public Health England (PHE) **COVID 19 deaths of People identified as having learning disabilities** report with data from Covid-19 related deaths in Dorset between 30<sup>th</sup> March 2020 and 7<sup>th</sup> November 2020. The Dorset data is taken from LeDeR notifications over this period. It is acknowledged that it is difficult to arrive at conclusions with such a small amount of data and that there may be under reporting of deaths to the LeDeR programme.

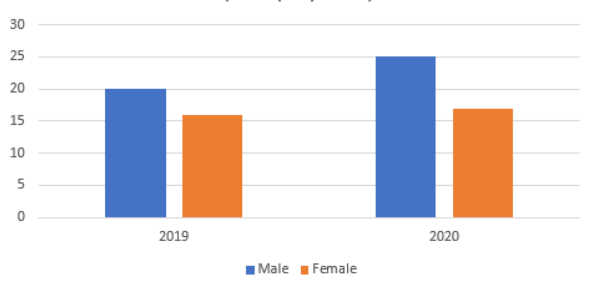
**2. Key points:**

- There have been 6 reported deaths of people with learning disabilities in Dorset related to Covid-19; 3 confirmed cases and 3 suspected cases.
- Of these 6 deaths, 5 died in hospital and 1 in their supported living accommodation.
- Of all Covid-19 deaths reported in Dorset, approx. 1.5% are people with learning disabilities.

**3. Dorset data**

PHE report finding	Dorset																														
<b>Age.</b> In the general population death rates have been higher for older people. The report finds that COVID-19 deaths among people with learning disabilities were spread more widely across the adult age groups than in the general population. The age bands with the largest number of deaths was 55 to 64 years for people with learning disabilities.	<p>Age range 38 – 85. Table covers all LeDeR deaths and demonstrates a shift in the age range in 2020.</p> <table><caption>Age at death 2019/2020 (to 31/10/2020) comparisons</caption><thead><tr><th>Age Group</th><th>2019</th><th>2020</th></tr></thead><tbody><tr><td>0-18</td><td>2</td><td>1</td></tr><tr><td>19-24</td><td>1</td><td>1</td></tr><tr><td>25-29</td><td>0</td><td>0</td></tr><tr><td>30-39</td><td>1</td><td>3</td></tr><tr><td>40-49</td><td>6</td><td>7</td></tr><tr><td>50-59</td><td>5</td><td>11</td></tr><tr><td>60-69</td><td>10</td><td>12</td></tr><tr><td>70-79</td><td>10</td><td>4</td></tr><tr><td>80-89</td><td>1</td><td>3</td></tr></tbody></table>	Age Group	2019	2020	0-18	2	1	19-24	1	1	25-29	0	0	30-39	1	3	40-49	6	7	50-59	5	11	60-69	10	12	70-79	10	4	80-89	1	3
Age Group	2019	2020																													
0-18	2	1																													
19-24	1	1																													
25-29	0	0																													
30-39	1	3																													
40-49	6	7																													
50-59	5	11																													
60-69	10	12																													
70-79	10	4																													
80-89	1	3																													
<b>Sex.</b> The age-standardised COVID-19 death rate in the PHE report was higher for men than for women with learning disabilities. This was	<p>Dorset deaths have followed this trend. 5 of the 6 deaths were male. Table depicts a slight change in the male v. female ratio in all LeDeR deaths in 2020.</p>																														

## NHS DORSET CLINICAL COMMISSIONING GROUP

<p>slightly less than the difference for the general population and for hospital patients without learning disabilities.</p>	<p>Male and Female comparisons for 2019 and 2020 (to 31/10/2020)</p>  <table><caption>Male and Female comparisons for 2019 and 2020 (to 31/10/2020)</caption><tr><th>Year</th><th>Male</th><th>Female</th></tr><tr><td>2019</td><td>20</td><td>16</td></tr><tr><td>2020</td><td>25</td><td>17</td></tr></table>	Year	Male	Female	2019	20	16	2020	25	17
Year	Male	Female								
2019	20	16								
2020	25	17								
<p><b>Ethnicity.</b> The proportions of COVID-19 deaths among people with learning disabilities from an Asian or Asian British group, or a Black or Black British group were around 3 times the proportions of deaths from all causes in these groups in the corresponding period of the previous 2 years. They were also greater than the proportions of deaths from other causes in these groups in 2020</p>	<p>There have been no BAME deaths reported in Dorset in those with learning disabilities.</p>									
<p><b>Deaths in care settings of people with learning disabilities.</b> Residential social care settings have a potential risk of transmitting respiratory viruses because of the frequent contact between staff and the people they are caring for.</p>	<p>5 out of the 6 reported deaths received care either in a care home, supported living or from domiciliary care providers.</p>									

### 4. LeDeR review grading.

All LeDeR reviews are graded based on the care received by the person on a scale of 1-6 as follows:

1. This was excellent care (it exceeded expected good practice).
2. This was good care (it met expected good practice).
3. This was satisfactory care (it fell short of expected good practice in some areas, but this did not significantly impact on the person's wellbeing).
4. Care fell short of expected good practice and this did impact on the person's wellbeing but did not contribute to the cause of death.



## NHS DORSET CLINICAL COMMISSIONING GROUP

5. Care fell short of expected good practice and this significantly impacted on the person's wellbeing and/or had the potential to contribute to the cause of death.
6. Care fell far short of expected good practice and this contributed to the cause of death.

Of the 6 deaths, 4 have had a LeDeR review completed. Three were graded a **2** and one **3**.

### **5. Recommendations.**

- Two of the reviews highlighted testing as an issue for both residents and staff in care homes. Both these deaths occurred in the early weeks of the pandemic and testing guidelines have since changed.
- Use of Restore2 to support recognition of deterioration and when to escalate concerns. DCCG are supporting the roll out of the Restore2 deterioration tool across Dorset care providers.
- Hospital staff to recognise the positive impact carers can have on those with LD when they are in hospital.
- Hospital discharge teams to determine safe environment for discharge if a period of quarantine is anticipated.
- Staff to follow government advice on PPE. Care providers have access to infection prevention & control training developed by DCCG.
- Where a person lacks capacity, prompt BI decisions need to be made.

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### JOINT HEALTH SCRUTINY PROTOCOL BETWEEN BOURNEMOUTH, CHRISTCHURCH AND POOLE COUNCIL AND DORSET COUNCIL 2021

Purpose: To enable the Councils to establish joint health scrutiny committees on a task and finish basis to scrutinise proposals for changes to the provision of NHS services to residents in both Councils' areas without delay and in a way that provides one consistent response.

1. The Council identified as the lead for the issue to be scrutinised will administer the Joint Health Scrutiny meeting(s) and any associated issues. The Lead Council will be identified by the relevant Directors from each Council in consultation with the relevant Chairs of each Council's Committee with the Health Scrutiny function after determining if a matter needs to be referred to a Joint Health Scrutiny Committee.
2. The Chair for any Joint Health Scrutiny Committee meeting will be provided by the Council administering meeting arrangements. The Vice-Chair will be provided by the other Council.
3. Each Joint Health Scrutiny Committee will comprise between 3 and 5 members (which would include the Chair and Vice-Chair of the Joint Committee) from each Council by agreement with the Chairs. Each Council to bear in mind its own political proportionality. If the Chair is in agreement members can be identified from outside of the Committees with the Statutory Health Scrutiny function. However, Health Scrutiny Committee members would have priority.
4. The quorum for each meeting will be 2 from each council.
5. The procedural rules for each meeting will be those adopted by the Council administering the meeting.
6. Members will adhere to their own Council's code of conduct and make appropriate declarations at meetings.
7. The Chairs of the two Committees with the Statutory Health Scrutiny function in consultation with the Directors will agree those issues that will be considered by the Joint Scrutiny Committee and the scope of the joint scrutiny will be considered at the first meeting.
8. Joint Health Scrutiny Protocol for the Committee will be considered at the first meeting of any joint committees.
9. The Chairs will work with other relevant local authorities with the Statutory Health Scrutiny function on the extent to which they should be involved with the work of the Joint Committee.
10. A Joint Health Scrutiny Committee would have the power to decide whether to refer a substantial variation in NHS services to the Secretary of State or decide not to do so. Only in exceptional circumstances would the Committee with the

Statutory Health Scrutiny function of either Council substitute its view in place of the Joint Committee on the question of referral to the Secretary of State.

11. A written report of findings and recommendations from a Joint Health Scrutiny Committee to be sent to the relevant NHS organisation(s) identifying a timeframe in which to respond.
12. It is acknowledged that there are NHS organisations outside of the county which may affect the residents of BCP and Dorset Councils and therefore would be taken into consideration when identifying any potential items for joint scrutiny.
13. That consideration be given to the involvement of representatives of Healthwatch and their role in any joint scrutiny work.
14. That a report back is provided to each Council's Committee on the outcome of any joint scrutiny undertaken.

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

Updated 12/04/21

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

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
24 May 2021					
1.	<b>Adult Social Care: Point of First Contact Service</b> To receive a progress report in respect of the new adult social care intake service. (Delayed start – October 2020)	To ensure that the Committee has information on the progress of the new adult social care intake service.	Committee Report.	David Vitty, Director of Adult Social Care Services  Tim Branson, Service Manager, Adult Social Care	Report requested for the final quarter of 2020/2021, by the Committee, at their meeting in January 2020.
2.	<b>The Big Plan - Update</b> To receive an update on the progress in delivery of The Big Plan, including health checks and the employment offer as well as the impact of COVID19.	The ensure that the Committee monitors the progress of the highlighted areas of BCP Council's 'Big Plan'.	Committee Report	Jo O'Connell, Principal Officer, Joint Commissioning Learning Disability  Jen Collis-Heavens, Head of Learning Disability &	Report requested by the Committee at their March 2020 meeting.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
				Mental Health Services  Mark Harris, Head of Mental Health Dorset CCG.	
3.	<b>Covid19 Update</b> To receive an update from Public Health Dorset and Adult Social Care Services on COVID19.	To enable the Committee to maintain oversight of this issue and target scrutiny as required.	Presentation.	Sam Crowe, Director of Public Health Dorset  Jan Thurgood, Corporate Director of Adult Social Care.	Requested by the Chair and Vice-Chair in consultation with the Corporate Director of Adult Social Care; standing item since July 2020.
4.	<b>Portfolio Holders' Update</b> To receive any updates from the relevant Portfolio Holders on key issues or actions that have been taken since the last meeting, as appropriate.	To enable the Committee to monitor the key actions undertaken by the relevant Portfolio Holders and raise questions where necessary.	Verbal Update.	Cllr N Greene, Portfolio Holder for Covid Resilience, Public Health and Education  Cllr K Rampton, Portfolio Holder for Adults	Requested by the Committee; standing item since July 2020.
5.	<b>Joint Scrutiny Protocol</b>	TBC	TBC	Jan Thurgood, Corporate Director of Adult Social Care.	

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
				Karen Tompkins, Deputy Head of Democratic Services.	
<b>28 June 2021</b>					
<b>6.</b>	<b>Social Care Developing Market Statement</b> To receive a report on the developing social care market including information on the service area's expenditure and high-level strategies.	To inform the Committee of developments in the social care market as well as enabling oversight of the service area's expenditure and strategies.	Committee Report.	Phil Hornsby, Director of Adult Social Care Commissioning.	Suggest by the Director of Adult Social Care Commissioning in consultation with the Chair, Vice-Chair and the Corporate Director of Adult Social Care.
<b>7.</b>	<b>Older People's Care Home Strategy</b>	TBC	TBC	Phil Hornsby, Director of Adult Social Care Commissioning.	
<b>8.</b>	<b>Extra Care Housing Strategy</b>	TBC	TBC	Phil Hornsby, Director of Adult Social Care Commissioning.	
<b>9.</b>	<b>Covid19 Update</b>	To enable the Committee to maintain oversight of this issue and target scrutiny as required.	Committee Report	Sam Crowe, Director of Public Health Dorset	Requested by the Chair and Vice-Chair in consultation with the Corporate Director of Adult

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
				Jan Thurgood, Corporate Director of Adult Social Care.	Social Care; standing item since July 2020.
10.	<b>Portfolio Holders' Update</b>  To receive any updates from the relevant Portfolio Holders on key issues or actions that have been taken since the last meeting, as appropriate.	To enable the Committee to monitor the key actions undertaken by the relevant Portfolio Holders and raise questions where necessary.	Verbal Update.	Cllr N Greene, Portfolio Holder for Covid Resilience, Public Health and Education  Cllr K Rampton, Portfolio Holder for Adults	Requested by the Committee; standing item since July 2020.
<b>27 September 2021</b>					
11.	<b>Safeguarding Adults Board Annual Report (2020/21) and Business Plan (2021/22)</b>  To receive an update on the progress of objectives in 2020-21 and the Board's Business Plan (2021-2022).	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 2021/2022. 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	Report.	Siân Walker  Independent Chair, Bournemouth, Christchurch and Poole Safeguarding Adults Board.	Annual standing item; added to Forward Plan in consultation with Corporate Director for Adult Social Care and Chair of the Committee - May 2021.



	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
		training needs in this respect.			
12.	<b>Adult Social Care Charging Strategy – Update.</b>  An update on the implementation of the Adult Social Care Charging Strategy, its progress, and any cases of mitigation action.	To allow the Committee to monitor the progress of delivering the strategy and identify any areas requiring additional scrutiny.	Committee report.	David Vitty - Director of Adult Social Care Services.  Peter Courage - Head of Service Development, Adult Social Care.	Requested by a Committee member from September 2020.
13.	<b>Healthwatch Dorset Update</b>  To receive an update from the Manager of Healthwatch Dorset on the progress of the Workplan for 2021/2022, including results from the Young Listener's Engagement project.	The Committee will be updated on the work of Healthwatch and the progress of their ongoing projects, allowing members to question or target scrutiny on any areas highlighted.	Report.	Louise Bate, Healthwatch Dorset Manager	Requested by the Chair and Vice-Chair in consultation with the Corporate Director of Adult Social Care and the Healthwatch Dorset Manager, May 2021.
14.	<b>Covid19 Update</b>  To receive an update from Public Health Dorset and	To enable the Committee to maintain oversight of this	Presentation.	Sam Crowe, Director of Public Health Dorset	Requested by the Chair and Vice-Chair in consultation with the Corporate

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
	Adult Social Care Services on COVID19.	issue and target scrutiny as required.		Jan Thurgood, Corporate Director of Adult Social Care.	Director of Adult Social Care; standing item since July 2020.
15.	<b>Portfolio Holders' Update</b>  To receive any updates from the relevant Portfolio Holders on key issues or actions that have been taken since the last meeting, as appropriate.	To enable the Committee to monitor the key actions undertaken by the relevant Portfolio Holders and raise questions where necessary.	Verbal Update.	Cllr N Greene, Portfolio Holder for Covid Resilience, Public Health and Education  Cllr K Rampton, Portfolio Holder for Adults	Requested by the Committee; standing item since July 2020.
<b>29 November 2021</b>					
16.	<b>Dementia Services Review</b>  To receive an update on progress since the Dementia Services Review	To inform the Committee of progress in Dementia Services (target date November 2021/January 2022).	Committee Report	Mark Harris, Head of Mental Health Dorset CCG.	November 2021/ January 2022.
17.	<b>Home First Implementation Review</b>	For the Committee to receive an update on the outcomes of and learning from the implementation of	Committee Report	Elaine Stratman, Principal Officer for Planning and	Autumn 2021.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
		the full Home First approach across the Dorset Integrated Care System		Quality Assurance.	
	<b>BCP Carers Strategy</b> To receive an update following the carer consultation on the progress of the strategy.	For the Committee to receive an update and offer input and scrutiny following the carer's consultation.	Committee report.	Emma Senior, Commissioning Manager: Prevention and Wellbeing. Tim Branson, Head of Access and Carers Services	Requested by Chair and Vice-Chair in consultation with the Corporate Director of Adults Social Care. Autumn 2021.
<b>18.</b>	<b>Covid19 Update</b> To receive an update from Public Health Dorset and Adult Social Care Services on COVID19.	To enable the Committee to maintain oversight of this issue and target scrutiny as required.	Presentation.	Sam Crowe, Director of Public Health Dorset Jan Thurgood, Corporate Director of Adult Social Care.	Requested by the Chair and Vice-Chair in consultation with the Corporate Director of Adult Social Care; standing item since July 2020.
<b>19.</b>	<b>Portfolio Holders' Update</b> To receive any updates from the relevant Portfolio Holders on key issues or	To enable the Committee to monitor the key actions undertaken by the relevant Portfolio Holders and raise questions where necessary.	Verbal Update.	Cllr N Greene, Portfolio Holder for Covid Resilience, Public Health and Education	Requested by the Committee; standing item since July 2020.

	<b>Subject and background</b>	<b>Anticipated benefits and value to be added by O&amp;S engagement</b>	<b>How will the scrutiny be done?</b>	<b>Lead Officer</b>	<b>Report Information</b>
	actions that have been taken since the last meeting, as appropriate.			Cllr K Rampton, Portfolio Holder for Adults	
<b>DATE to be allocated</b>					
<b>20.</b>	<b>Dorset Clinical Commissioning Group (CCG) – Mental Health Rehabilitation Service</b>  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, Head of Mental Health Dorset CCG  Elaine Hurl, Principal Programme Lead for Mental Health at Dorset CCG	
<b>21.</b>	<b>Structural Review of Safeguarding Community Safety Partnership.</b>	To ensure the Committee are informed of any changes to the arrangements.	Committee Report	Barrie Crook, Independent Chair of Bournemouth, Christchurch and Poole Safeguarding Adults Board.	

	<b>Subject and background</b>	<b>Anticipated benefits and value to be added by O&amp;S engagement</b>	<b>How will the scrutiny be done?</b>	<b>Lead Officer</b>	<b>Report Information</b>
<b>22.</b>	<b>Liberty Protection Safeguards.</b>	For the Committee to be informed on the guidance provided and implementation of Liberty Protection Safeguards.  (Delayed implementation date of April 2022).	Committee Report.	David Vitty, Director of Adult Social Care	April 2022.
<b>23.</b>	<b>Suicide Prevention Plan Progress Report – 2022</b>	For the Committee to receive a progress report on the Suicide Prevention Plan at an appropriate time during 2022.	Committee Report	Elaine Hurl, Principal Programme Lead for Mental Health at Dorset CCG	
<b>24.</b>	<b>Dentistry Provision</b>	For members to receive an informative update on NHS dentistry provision.	TBC	TBC	Requested by Committee members at 8 March meeting.
<b>25.</b>	<b>Health services for people who are Homeless and Rough Sleeping</b>	For the Committee to scrutinise the health services available to people who are homeless and for a general update in the first Quarter of 2022.	Report.	Ben Tomlin, Housing Services Manager.	BCP's Draft Homelessness Strategy was considered by the Committee prior to its consideration at Cabinet in April 2021.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
26.	111 and 111 First	For the Committee to receive information on the 111 and 111 First service. Highlighted as an area for potential joint scrutiny.	TBC	TBC	Requested by the Chair and Vice-Chair in consultation with the Corporate Director for Adult Social Care – May 2021.
<b>Information Briefings</b>					
27.	<b>Scoping Session - Carer's Strategy Working Group.</b>  For the Committee to hold a scoping session on the Carer's Strategy. To focus on the measures of effectiveness and how the working group should add value. Target date – July or September 2021.				
<b>Commissioned Work</b>  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.					
28.	<b>The South West Ambulance Service Trust Improvement and Financial Investment Plan</b>	To enable Committee Members to scrutinise the impact of the improvement and financial investment plan on the response times	Possible joint scrutiny with Dorset Council.	Jan Thurgood, Corporate Director for Adult Social Care.	

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
		and outcomes of the Ambulance Service.			
29.	<b>The implementation and performance of NHS Dorset Urgent Integrated Care Services</b>  Committee to agree enquiry session.	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.	
30.	<b>External Scrutiny – Quality Accounts.</b>	To ensure Committee members have the opportunity to scrutinise the quality accounts of the NHS Trusts. Scrutiny leads for NHS Dorset Quality Accounts will need to be revised due to Committee membership changes since first arrangements.	Rapporteur model.	Elaine Stratman, Principal Officer Planning and Quality Assurance.	(Item has been postponed due to COVID19).
<b>Update Items</b> <p>The following items of information have been requested as updates to the Committee.</p> <p>The Committee may wish to receive these in an alternative to format to Committee updates (e.g. by emailed briefing note outside of the Committee) to reserve capacity in Committee meetings for items of value-added scrutiny.</p>					

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