

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

Minutes of the Meeting held on 27 September 2021 at 6.00 pm

Present:-

Cllr J Edwards – Chairman

Cllr L-J Evans – Vice-Chair

Present: Cllr D Butler, Cllr B Dunlop, Cllr D Farr, Cllr C Johnson, Cllr D Kelsey, Cllr C Matthews, Cllr M Robson, Cllr S Phillips, Cllr K Wilson and Louise Bate

Also in attendance:

152. Apologies

Apologies were received from Cllr A Jones and Cllr R Rocca.

153. Substitute Members

Cllr B Dunlop substituted for Cllr A Jones and Cllr D Kelsey substituted for Cllr R Rocca.

154. Declarations of Interests

The Vice-Chair declared, for transparency, that she was an employee of the University Hospitals Dorset Foundation Trust.

Cllr C Johnson declared, for transparency, that she was an employee of the University Hospitals Dorset Foundation Trust.

Cllr C Matthews declared, for transparency, that he was a governor of the University Dorset Hospitals Trust.

155. Confirmation of Minutes

The minutes of the meeting held on 26 July 2021 were approved as a correct and accurate record.

156. Public Issues

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

157. Action Sheet

The Chair referred to item number 110 of the Action Sheet, the Home First Programme (including update on the Better Care Fund). Given that this

item was proposed almost a year ago, the Chair requested an update on this at the next meeting.

Following this, the Committee noted the Action Sheet.

158. Adult Social Care Charging Policy. Implementation Summary

The Director of Commissioning for People and the Director of Operations for Adult Social Care introduced the report. The main points were as follows:

- After consultation, and a working group, that took place in 2019 and early 2020, a revised policy was implemented in April 2021.
- Clear principles of the policy were that it would be fair, consistent, and equitable. All contributions are based on an individual's ability to pay.
- Members requested that mitigation measures be put in place should there be any issues for individuals using the service. One mitigation was the notice period, along with the follow up communications at the beginning of March. Furthermore, support was offered to individuals who did not understand or had questions regarding the new policy.
- Any individuals that faced exceptional circumstances would have their charges considered for waiver by the corporate director.
- The policy has been in place for 6 months and there have been no complaints or requests to wave charges.
- There was also not a noticeable increase in calls to the service area, which suggested that people did not have a high number of queries or questions with the regime.
- The Adult Social Care charging income for 2021-22 is still expected to be over £22 million.

The Committee asked several questions following the report. Answers were provided by the Director of Commissioning for People and the Director of Operations for Adult Social Care:

- A member asked a question on service users' ability to pay. The Committee heard that ability to pay is assessed on the individual's income, not their capital elements.
- A member asked a question on the feedback received during Covid and queried whether the lockdowns had meant that fewer people were using/signing up to the service. The Committee heard that there are standard periods of review, normally within 6 weeks, as well as statutory reviews every year. Issues of hardship or circumstance changes are picked up when necessary to prevent people from struggling with their care provision. Furthermore, there had not been a reduction in the care received, despite a small downturn during the first lockdown, however as society had opened

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY
COMMITTEE
27 September 2021

again the level of care has increased. This was not surprising or unpredicted.

- Members heard that day centres had re-opened with social distancing in place. Some people are staying at home and being supported in the community rather than coming into the day centres. Respite for carers however was of high importance due to this. A review was about to start about day opportunities in order to plan for the future and how people can best be supported.
- A question was asked on the amount spent on care to which the Committee heard that the gross spend on care was around £120million a year. The income gained through the Charging Policy was £22 million a year.

RESOLVED that the Committee noted the report.

Voting: Unanimous

159. Adult Social Care – Compliments, Complaints and User Feedback – Annual Report 2020/21

The Quality Assurance Team Manager introduced the Adult Social Care – Compliments, Complaints and User Feedback – Annual Report 2020/21. The main points raised were as follows:

- 149 complaints had been received across BCP 2020/2021. This was a decrease from 2019/2020 (178 complaints). This was reflective of the national picture, mainly due to Covid.
- In terms of Ombudsman complaints there were 10 referrals compared to 13 year before. 1 was partially upheld, 4 were upheld and there were 5 awaiting decision from the Ombudsman.
- Common themes included: communication and perceived standard of service, professional practice and finance and charging.
- 149 compliments were received as well as 219 messages of thanks and appreciation. These are all shared throughout the staff newsletter and within individual teams.
- The three main areas highlighted in the summary of learning were: 1) improving the complaint service, this involved delivering workshops to Service Managers and front line officers, offering advice and support around the complaints process such as the understanding of timeframes, writing response letters, ombudsman guidance and how to manage Unreasonably Persistent Complainants. Additionally, an Online Complaints Tool Kit had been developed, which featured template letters, guidance and use of language suggestions. Following on from this work had been done on support to commissioned providers when handling complaints. Future plans on this matter included provider forum sessions and the delivering of information on good complaint handling practices. 2) Improving access to services for the deaf community. This involved the completion of a complaint investigation report that gave recommendations on improving services for those within the sight and hearing team. Furthermore, the SignLive telephone

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY
COMMITTEE
27 September 2021

interpretation system can now be used to contact the ASC Contact Centre including a text facility for the complaints team. 3) Extra Care Housing (ECH) Improvements. During the Covid pandemic restrictions were put in place, such as the closure of communal areas, and these were the focus of many complaints. The Council facilitated virtual meetings between providers and residents to understand and build relationships. Finally, charges for Extra Care facilities had been reviewed as a way to learn from complaints. This resulted in consistency across BCP for all ECH residents.

- A regular focus group had been set up to ensure service user and carer engagement around service improvements were met. This group met bi-monthly online during Covid. The group's projects included: the co-designing of a hospital discharge survey, views on the financial charging policy and the designing of a number of forms and guidance when writing the ASCCC vision statement.
- An infographic newsletter called 'You said we did' was created to raise awareness of the action taken in response to feedback received. It was hoped that this would encourage more people to feed back in future.
- The Dorset Integrated Care System (ICS) was being progressed and the co-designing of engagement principles for partner organisations to had taken place. These principles would ensure that those working in public engagement within the ICS had common standards and purpose that joined together in order to use feedback to inform future shaping of local services.
- The Learning Disability Partnership Board, representing the BCP Council region, continued to drive service improvements through action groups as part of the Big Plan 2018-2021. The Board, alongside the action groups, was working with adults with a learning disability and family carers to enable them to voice their concerns and opinions.
- The NHS Digital survey 2020/2021 was voluntary due to Covid. The focus groups agreed that the survey should not be conducted however a smaller, localised survey was designed in order to gauge users and carer's views. Other local surveys included a routine questionnaire for those using the ASC Contact Centre and this survey had been re-written to ask questions from a strengths-based perspective.
- The 'How did we do tool' will be a new gathering feedback tool that will allow for reflection on the care and support assessment process. This was piloted with front line teams and is in the process of being rolled out across the whole of the long-term services.
- The findings in the report, as well as the quality assurance processes, feed into the Adult Social Care Quality Assurance and Standards Framework. This is all based on the ADASS South West Regional Standards for Quality Assurance and will allow the ASC service to have a clear line of sight into the quality of service provided which places the user at the centre of all work.

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY
COMMITTEE
27 September 2021

The Committee asked several questions following the report. Answers were provided by the Quality Assurance Team Manager. The questions and responses were:

- Cllr C Matthews – A member asked a question on communication and whether there was any comparable data nationally to compare performance against other authorities. The Committee heard that Communication was often an issue and it was not surprising that this was a main area of complaints. It was explained that this was a national issue as could be seen from Ombudsman's reports. To remedy this, the principle social worker is currently writing practice standards notes, including one on communications. Online training courses are also available for managers to constantly remind and refresh their communications skills. The Service area publish their compliments through their newsletter and send them down through our teams, so that good practices can be shared, which is the same process with complaints.
- A member asked whether the service had managed to increase their capacity on the complaints process training course, The Committee heard that the complaints team had gone out to service managers to deliver training on complaints. Empathy was highlighted as an important part of this training. The training was delivered online and so did not stop during Covid. This training was also offered to service providers.
- The Committee heard that Information Governance (IG) training had been provided online and that there was a designated Teams channel on this subject. It was explained that there were 2 levels of training and that there was also a mandatory online version for all staff on all aspects of IG more specifically relating to personal information.

RESOLVED that the Committee noted the report.

Voting: Unanimous.

160. Safeguarding Adults Board Annual Report (2020/21) and Business Plan (2021/22)

The Business Manager of Safeguarding Adults Board (SAB) and the Independent Chair of the Safeguarding Adults Board introduced the Market Position Statement for Adults report. The main points raised were as follows:

- The full annual report was to be approved next week at the SAB meeting.
- Sian Walker took over as the new SAB Independent Chair following Barrie Crook's departure.
- Statutory partners of the SAB are BCP Council, Dorset Clinical Commissioning Group, Dorset Police and more.

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY
COMMITTEE
27 September 2021

- The SAB's three statutory duties are: 1) Commissioning a Safeguarding Adult Review (SAR) when someone with care and support needs experiences abuse, neglect or harm and as a result has died; or where the Board may agree a SAR. 2) Agreeing a Strategic Plan each year and demonstrating how this is delivered to all of the partners. 3) Publishing an Annual Report and delivering said report to the Health and Wellbeing Board.
- The SAB work jointly with Dorset's SAB. The cooperative work includes the Joint Strategic Plan 2018-2021 and the Joint Business Plan 2020-2022.
- The Joint Strategic Plan 2018-2021 includes: working with the care provider market around safeguarding concerns, ensuring closer working around Domestic Abuse and Safeguarding, committing to a process known as 'Whole Family' working, ensuring lessons from the SARs impact on changing practice.
- The Joint Business Plan 2020-2022 involves the following priority themes: safeguarding in the care sector, domestic abuse, neglect and self-neglect, SAB Governance Review; and the following associated themes: implementing learning from SARs, DHRs and LeDeR reviews, exploitation, homelessness and substance abuse.
- So far, progress has been made on the 2020-2021 Plans.
- Partner agencies supported the provider market throughout the pandemic with practical help. An example of this was the supply of PPE. Strategic help was also provided through the Local Resilience Forum.
- The SAB continued to work with the Community Safety Partnership on Domestic Abuse and contributed to the new Domestic Abuse Strategy.
- Whole Family working had been further embedded into the training and working practices across all partner organisations.
- Work on actions arising from SARs was ongoing, as well as the unpublished SARs from the previous year.
- Working with the local authority had taken place and steps had been taken to better understand the safeguarding categories of Neglect & Acts of Omission. This meant that preventative work would be improved.
- The SAB had focused on Homelessness and would continue to do so throughout 2021 and into 2022.
- The SAB had participated in a nationwide project run by Alcohol Change UK which continued to focus on improving preventative work.
- 2020-2021 had been the busiest year to date in terms of Safeguarding Concerns received by BCP Council. This included 7560 concerns received throughout the period, with 941 of those being converted to Section 42 enquiries. This was an increase of 84% from 2019-2020 with a 15% increase in volume of S42 Enquiries.
- The SAB's plans for 2021-2022 included working with the new independent chair to finalise the governance review, as well as other

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY
COMMITTEE
27 September 2021

partners, to ensure that the Board is effective and maximises opportunity for joint working. To continue to seek assurance from the Board Member organisations in safeguarding work. To encourage flexible working to allow for organisational priorities throughout the pandemic. To publish revised procedures with Dorset SAB and to review the other key policy documents including the SAR policy. To ensure that the SAB are engaging with providers and the voluntary/community sector, specifically engaging those who have lived experience of a safeguarding intervention.

- The SAB's Strategic Plan going forward would refresh how work is conducted as two SABs across the BCP and Dorset areas respectively. It would also review the structure and process to deliver a focused plan that is easy to understand for professionals and citizens alike. Transitional Safeguarding and Homelessness would remain key priority areas for work. More citizens would be involved in the work of the Board and the plan would account for the challenges which citizens and partners had been facing in the pandemic.

The Committee were given the opportunity to ask questions following the report. Answers to the question raised were provided by Business Manager of Safeguarding Adults Board and the Independent Chair of the Safeguarding Adults Board:

- A member asked a question on self-neglect. The Committee were informed that an individual can report a safeguarding concern when it is on another's behalf. It was emphasised that it is always important to talk to the person who is of safeguarding concern and to speak to them in a positive way to frame the intervention as something that will help and improve their lives. The Mental Capacity Act is a law to allow services to take actions on the individual's best interests. It is always important to communicate and inform what self-neglect is and members heard that the SAB would be working on their communication strategy in the coming year. It was explained to the Committee that the law clearly states that self-neglect is when an adult with care and support needs is unable to protect themselves from their own mental health or physical needs. Not all referrals will result in a full safeguarding intervention taking place.

RESOLVED that the Committee noted the report.

Voting: Unanimous

161. Healthwatch Dorset Update

The Manager of Healthwatch Dorset introduced the item and gave an overview of the projects undertaken over the last year.

- Local interviews were undertaken with people using accident and emergency (A&E) services at Poole hospital. The report had been completed and was to be published in one week's time.
- 147 service users had been surveyed by the Healthwatch Dorset volunteers. Of these people, the overwhelming majority gave positive feedback of the A&E service based on their experience.
- Recommendations were made following compilation of the survey data. These recommendations included: improved signage at A&E and improved information, support given to people waiting in A&E and support and aftercare following discharge from A&E. Healthwatch would continue to work with Poole hospital to implement the recommendations from their report.
- Healthwatch had also surveyed dental practices across both BCP and Dorset, primarily to see if any practices were taking on new NHS patients. Out of the 97 dental practices that responded only 2 said they were accepting new patients (one in BCP and one in Swanage). There were another 25 dental practices yet to be surveyed.
- Healthwatch would be able to share this data to Committee once it goes to the regional meetings in the near future.
- Healthwatch Dorset would soon publish their report on homelessness; scheduled for publication in the coming weeks. This report included work conducted alongside the Care Quality Commission on the ways they contact people from different communities. This report included findings from the Dentaaid charity for homeless people.
- Work on the Think Big Project had – hospital pop up clinic based at the Dolphin Centre in Poole that was planned to open in the following links.
- Healthwatch had conducted their Vaccine survey, receiving 900 responses. The data was currently being analysed and would be fed back to the Committee at a later date.

Members of Healthwatch Dorset's Young Listeners' Group gave a presentation on their Young Listener's Project. The main points were as follows:

- The Young Listeners' Group was made up of a variety of 16-23 year olds across BCP and Dorset.
- A lot of info had been gathered throughout the project, but the initial finding from the current data and surveys was that young people generally do not feel listened to. This was evident in the Your Mind Your Say project findings.
- Of those that individuals that the Young Listener's Project engaged with, 39 identified as female, 29 identified as male and 2 identified as

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY
COMMITTEE
27 September 2021

non-binary. 19 respondents were residents of Bournemouth, 3 were residents of Christchurch, 9 were residents of Poole and 39 were residents of Dorset.

- 86% of respondents were White British.
- 40% of respondents considered themselves to have learning disabilities/difficulty.
- 38% of respondents considered themselves to have a mental health condition.
- 95% of young people felt that health services needed overall improvement.
- Communication was seen as one of the areas identified for real improvement; with one main issue being that services were not joined up enough.
- 51% of young people saw their requisite health services communicate with school but 70% found this communication to be unhelpful.
- Trust was highlighted as another factor that impacted on young people's access and experiences with health services.
- Many young people found that they had to repeat their stories to multiple service providers.
- Members acknowledged how young people felt frustrated and annoyed by the experiences. Frustration was the key word young people gave on their service experience and 92% had to repeat themselves to multiple services.
- The transition between child and adult services was rated as very low, poorly planned and disjointed by the one person who gave feedback on this specific service.
- Young people felt that there were numerous assessments that had to take place just to keep some consistency in their services they received.
- Young people felt that there was not a person-centred approach and that services were impersonal and inflexible. Furthermore, services were not personalized/designed well enough for their own, specific needs.

The Young Listener's, having assessed the feedback gathered from the project, gave the following recommendations:

- 1) Improve communication between services to avoid needless repetition and poor comms experienced by so many young people.
- 2) Listen! Don't make empty promises, summarise points from every meeting and communicate with the school to keep them up to date.
- 3) Personalise services (and speak to the young person rather than their parent).
- 4) Listen! Don't ignore me or dismiss what I say.
- 5) Language – use simple, clear and concise language that everyone can understand, when talking to us and the information you share to be readable and understandable.
- 6) Information – make info available and accessible for all.

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY
COMMITTEE
27 September 2021

- 7) Listen! Re-emphasised.
- 8) Training – hire service providers who can relate to what young people are going through.
- 9) Funding/waiting times – more funding needs to be available so services can expand and reduce waiting times. Give longer appointments.

Overall, 70 young people were spoken to by the young listeners. The aim was to publish the report in October and to also share the findings with Dorset children's services.

The Committee asked several questions following the presentation. Answers were provided by the Director of Commissioning for People. The questions and responses were:

- The Director of Primary and Community Care at NHS Dorset Clinical Commissioning Group explained to the Committee that there were common themes from what the Young Listener's had found and from how health professionals feel. Healthcare professionals find it hard to navigate the health offer and understand the young person's needs. Members heard that there are a range of services other than CAHMS, and it was necessary to ensure that young people were directed to and seen at the right place on the first time of asking. There is a need to recognise across the entire NHS that too much is focused around diagnoses rather than what the individual's immediate needs are.
- A member asked the Young Listener's Group for examples of communication that young people would prefer. The Engagement Officer explained that in the full report there is more detail on this subject, however the feedback showed that young people wanted more readily accessible information on seeable advertisements or posters rather than a number to call. Communication could also be done and/or improved within schools.

It was agreed that once the full Young Listener's Project report had been published, along with the dentistry findings, that this would be circulated to members. Furthermore, the Chair and the Committee requested that an update be given on the implementation of the Young Listener's Project recommendations in a year's time.

RESOLVED that the Committee noted the report.

Voting: Unanimous.

162. Portfolio Holders' Update

The Portfolio Holder for Adults 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 were as follows:

- The Portfolio Holder explained that she had attended several meetings regarding the Think Big Plan. The Committee heard that it was hoped that the 112,000-patient backlog would be reduced and that outpatient consultations would soon take place at the new Health Hub in the Poole Dolphin Centre. Many volunteer navigators would be on and around the site to aid users coming to use the Health Hub. The Portfolio Holder recommended that the Committee request an update presentation from the CCG.

Questions following the Portfolio Holders' Update were as follows:

- A member asked a question on doctors' hubs. The Director of Primary and Community Care from Dorset CCG explained the distinction between the Community Services Review and the Think Big work programme. The Think Big work programme was born out of the recognition that the facilities within the acute hospitals trust and how they are run did not enable the maximise the number of patients seen to at pace fast enough to address the backlog. Covid had exacerbated the demand for a range of and Think Big has come from this. Closer working with community hospital colleagues on outpatient hospital deliveries was also taking place. Finally, it was heard that there was to be an increase in the use of diagnostics in order to improve the services within the community setting.
- A member asked a question on the speed of follow-up appointments. The Director of Primary and Community Care from Dorset CCG explained that the Think Big project concerned both first appointments and follow up appointments. Think Big would be the first port of call as well as a timely follow up.
- The Committee heard that BCP were a major innovator of managing large scale demand and clinician's time and that this had garnered positive national and local media attention.

The Chair provided an update sent through from the Portfolio Holder for Covid Resilience, Public Health and Education. The main points were as follows:

- The Health and Wellbeing Board were continuing to work on the development of the integrated care system that will eventually replace the CCG in the Spring of 2022. The focus was on local priorities being developed, in the interest of BCP residents.

163. Forward Plan

The Committee considered the Forward Plan.

A member asked if an item on sitting services for carers could be added to the Forward Plan to which the Committee heard that this issue featured as part of the ongoing Carer's Strategy Review and would be addressed at the upcoming informal meetings on the Carer's Strategy Review. Therefore, members would get an opportunity to be updated and also input on this matter.

RESOLVED that the Committee agreed the Forward Plan.

Voting: Unanimous.

The meeting ended at 7.00 pm

CHAIRMAN