

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

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

Present:-

Cllr L Northover – Chairman  
Cllr L-J Evans – Vice-Chairman

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

Also in  
attendance:

53. Apologies

Apologies were received from Cllrs H Allen and N Geary.

54. Substitute Members

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

55. Declarations of Interests

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

56. Confirmation of Minutes

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

57. Action Sheet

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

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

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

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

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

58. Public Issues

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**RESOLVED that:-**

**The Committee agreed to:**

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

60. Healthwatch Dorset

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

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

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

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

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

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

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

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

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

**RESOLVED that:-**

**The Committee agreed to**

**a) Note the content of the report and in particular, note the roles, responsibilities and priorities for 2020/21 of Healthwatch.**

**b) Ensure that as the Committee develops its Forward Plan it takes into consideration the priorities of Healthwatch to ensure effective alignment and avoid duplication.**

**c) Continue to invite a Healthwatch representative to be an observer at the Committee to ensure that Healthwatch can directly input into the work of the Committee insights gained from Healthwatch's engagement with local people and communities.**

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

61. Better Care Fund 2019/2020

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

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

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

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

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

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

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

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



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

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

**Resolved that:-**

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

62. Portfolio Holder Update

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

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

63. Forward Plan

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

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

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

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

64. Exclusion of Press and Public

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

65. Urgent Business - Adult Social Care

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

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

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

The meeting ended at 8.47 pm

CHAIRMAN