

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

Minutes of the Meeting held on 24 May 2021 at 6.00 pm

Present:-

Cllr J Edwards – Chair

Cllr L-J Evans – Vice-Chair

Present: Cllr D Butler, Cllr M Robson, Cllr R Rocca, Cllr S Phillips,  
Cllr K Wilson, Cllr S C Anderson, Cllr B Dion and Cllr M Earl

Also in  
attendance: Cllr N Greene – Porfolio Holder for Covid Resilience, Public Health  
and Education

Cllr K Rampton – Porfolio Holder for Adults

Officers:

Jan Thurgood – Corporate Director of Adult Social Care

David Vitty - Director - Adult Social Services

Phil Hornsby - Director - Adult Social Commissioning

Sam Crowe – Director of Public Health Dorset

Tim Branson - Head of Access & Carers Services

Jonathan O'Connell - Principal Officer - Head of Strategic  
Commissioning – Disabilities

Rachel Houghton - Social Worker/Approved Mental health  
Professional

Mark Harris - Head of Service (Mental Health & Learning Disabilities)  
Dorset CCG

Karen Tompkins – Deputy Head of Democratic Services

Joe Tyler – Democratic and Overview and Scrutiny Officer

125. Apologies

Apologies were received from Cllrs C Johnson, D Farr and C Matthews.

126. Substitute Members

Cllr B Dion substituted for Cllr C Johnson, Cllr S Anderson substituted for Cllr D Farr and Cllr M Earl substituted for Cllr C Matthews.

127. Election of Chair of the Health and Adult Social Care Overview and Scrutiny Committee

**RESOLVED that Cllr J Edwards be elected Chair of the Health and Adult Social Care Overview and Scrutiny Committee for the 2021/2022 Municipal Year.**

**Voting: Unanimous.**

128. Election of Vice-Chair of the Health and Adult Social Care Overview and Scrutiny Committee

**RESOLVED that Cllr L-J Evans be elected Vice-Chair of the Health and Adult Social Care Overview and Scrutiny Committee for the 2021/2022 Municipal Year.**

**Voting: Unanimous.**

129. Declarations of Interests

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

130. Confirmation of Minutes

The minutes of the meeting held on 8 March 2021 were approved as a correct and accurate record.

131. Public Issues

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

132. Action Sheet

The Committee noted the Action Sheet.

133. COVID-19 Update

The Director of Public Health for Public Health Dorset 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 remain low in the BCP Council area which was not dissimilar to other Councils in the South West of England and was lower than the national average for England.

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- Up to 15 May, there were no people admitted or in hospital with Covid and the regional infection rate was 9.4 per 100k of the population.
- There was no observed increase in local infections since the opening up of Step 2 of the Government's roadmap.
- Observations would be ongoing as to whether the further unlock under Step 3 from the 17 May would lead to local increases in cases.
- The B.1.617.2 variant was designated as a variant causing concern nationally and there were rising cases across many Councils, primarily due to community transmission. This variant was currently not a local issue with the South West seeing only low case numbers. Almost all of the cases were connected to recent travel.
- The vaccination rollout was progressing extremely well across BCP and Dorset and 82% of 40-49 years having received their first dose, 43% of 30-39 year olds having received their first dose and 277,000 people in total having received both doses.
- The vaccine progress and the low case rates were not cause for complacency and the Committee heard that there was still a very fine balance between the opening up of the economy, tourism and travel industries and the concern around the spread of new variants.
- There had been a revised local outbreak management plan published in March and the priorities that were set for continuing to live with Covid-19 were clear.
- These priorities included a rapid response to outbreaks, the mobilisation of rapid community testing with a focus on the more vulnerable, close working with the Test and Trace system to identify contacts, enhanced surveillance to inform rapid suppression of cases, vaccine coverage assurance and an inequalities plan with funding to work to close the gap in uptake and finally a planning surge for testing of variants of concern.
- Maintaining the confidence in public adherence toward social distancing and hygiene measures was still a key issue and the cuddle with caution was highlighted as a possible area for concern depending on how it was interpreted by the public.
- Another key issue was the vigilance for any spread of the B.1.617.2 variant in the BCP population.
- The continuation of the vaccination offer and its prospective uptake was also a key issue.
- Further key issues highlighted were the increase in national mobility, the risk of importing infections from higher rate areas, the monitoring of infection rates in the younger population and the deployment of behavioural insights and communications strategy to respond to any signs of increase in cases.

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

- The high demand for hospital discharge continued however fewer of these were related to Covid-19 patients.
- There was a reduction in the demand for respite care and would be expected to continue decreasing due to the easing of restrictions on 17 May.
- Safeguarding concerns which had been very high throughout the pandemic were beginning to reduce.
- Mental Health Act assessments remained steadily higher than pre-pandemic levels.
- Day Centres were the only service area that remained closed following the ending of the legal ‘easements’ of statutory services.
- Face-to-face carer support groups were beginning to start back up under Covid-safe conditions.
- There was now a much reduced risk to staff absence due to Covid-19 and overall sickness levels remained very low.
- Carers, people with a mental illness and social care staff continued to experience pressures.
- National funding for the mandated Home First approach to rapid discharge would continue until September 2021 and the Dorset ICS was developing its strategic and operational plans for Home First, which included a financial strategy. This involved reviewing the current intermediate care model and designing a newer, more integrated approach across both the health and social care areas. This saw collaborative work between partners, including the care and voluntary sectors to refine and adapt the existing Home First model to life with Covid and the move back toward business as usual.
- The current care market received a funding grant to support infection control measures and rapid testing, this had been extended to the end of June 2021.
- Additionally, free PPE for the care sector had been extended until March 2022.
- Guidance and advice briefings continued to take place weekly from the Director of Adult Social Services and the Director of Public Health.
- A renewed emphasis had been placed on vaccine uptake by all eligible cohorts and the NHS had been working with Local Authorities to promote and encourage vaccine uptake.
- There was only a low number of care homes across the conurbation with positive Covid tests among staff or residents, however the need to remain vigilant was still there.
- National guidance on care home visits changed on 17 May and the increased levels of visits to care homes were matched by supported trips out into the community for residents.

A Member asked a question on Home First and Director for Adult Social Care Commissioning informed members that those individuals who had been admitted to hospital but were residents of neighbouring counties would be given support through the Home First programme.

A question on compulsory vaccinations for Care Home staff was raised and the Committee heard, from the Director for Adult Social Care Commissioning, that there was not currently an obligation among care home staff to be vaccinated, however the consultation on this matter had ended and it was now with the Government for them to give feedback and to outline the next steps on this matter.

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

134. Adult Social Care: Point of First Contact Service

The Head of Access & Carers Services introduced and presented the item on the Point of First Contact Service area.

The Committee heard that the main aims of the redesign of the ‘Front Door’ service were as follows:

- To harmonise the legacy service models that were in place prior to Local Government Reorganisation.
- To provide more experienced practitioner support at the start of the process.
- To promote an early intervention and prevention approach that will reduce the number of referrals passing to community teams for long-term support.
- For there to be a strengths-based approach that is compatible with the Council’s overarching organisational design.

The Committee were informed that the newly harmonised front door model had now been renamed as the ‘Adult Social Care Contact Centre’. This had been the result of listening to consultees’ concerns and assessing how best to utilise the services’ assets in order to best meet the users’ needs. Close work with colleagues in Community Development had helped develop the Together We Can initiative. This was a good example of the ever-increasing joint working between and across departments.

Members heard that Covid had unsurprisingly impacted the transformation programme. Since June 2020 all of the Contact Centre staff had been working remotely which had created certain challenges such as difficulties supporting call handlers dealing with distressed calls. Furthermore, home-working meant that legacy workers were unable to meet and develop as a single harmonised team, sharing their different and varied knowledge and expertise. The staff training programme had also been set back and Outreach Officers had been negatively impacted due to the restrictions over lockdown. The emerging outcomes data from January 2021 showed that 65% of all contacts had been resolved without the need for further assessments or a referral.

The next steps for the programme would include:

- Embarking on further recruitment of outreach officers for home visits.

- A new software system to be installed to enhance telephony services.
- The service offer to be enhanced by the provision of occupational therapy input
- A more interactive and intuitive online system to facilitate customer self-service where appropriate.
- Improvements in linkage with carer support centre and overall connectivity in services.
- To bring staff back together after Covid restrictions are eased and to facilitate cohort working in a single place.
- Close working with strategic improvement partners to help develop the new Front Door service in line with the Council's Customer Transformation project.

The Committee asked several questions following the report and answers were provided by the Head of Access & Carers Services.

- A member asked for the contact number for the service and the Committee were informed that it was 01202 123654.
- A member asked if the service were setting up any Community Hubs and whether there were any assets like libraries that could be used. The Head of Access & Carer Services explained that discussions on this matter were ongoing and that the aim was to reduce the need for long-distance travel and therefore a library hub was being explored in both Poole and Christchurch. Most contact still takes place over the phone however it is recognised that desk space and face-to-face meetings are needed within the service area.

**RESOLVED that the Committee agreed to note the report and requested a progress report during the final quarter of 2021/2022.**

135. Learning Disability Big Plan 2018-21 Update

The item was introduced and presented by the Head of the Strategic Commissioning for Disabilities and the Committee heard that:

- The update on the Big Plan 2018-2021 recognises that it has been a challenging 12 months for people with a learning disability as well as their families and the staff who work with them.
- Progress on the Big Plan has been affected by Covid and many of the service's staff had been re-focused because of the pandemic.
- Positive work had taken place around the promotion of health checks and improving their uptake.
- This Big-Plan was supposed to be completed this year (2021) however the impact of Covid and the release of the Government's new, long-term plan road map (next 3 years) means that it is appropriate for the current Big-Plan to continue, with focus on the key actions within the plan, whilst aligning with the Government's road map
- The key actions of the current plan will take several years to complete and should incorporate everything that has taken place so

far alongside the impact of Covid and the Government's new road map. These key actions include but are not limited to moving away from residential care toward more independent living and to improve employment opportunities for people with a learning disability.

- This revised timeline will enable 2023 to be a year of co-production on a new Big Plan post 2024.

The Committee asked several questions following the report. Answers were provided by the Head of the Strategic Commissioning for Disabilities. The questions and responses were:

- A member asked a question on finding work for people with learning disabilities and referred to the Crumbs Project as an example of providing training and employment. The Committee heard that a number of schemes were being explored and that there needs to be a focus on getting people through supported employment officer as this will increase their chances of paid work. Some of these services are described as sheltered work opportunities. Members were informed that people with a learning disability were more likely to find employment when they are trained whilst working the role, as opposed to more isolated training first. The Chestnut and Cherry Tree nurseries were referenced as good examples of this.
- A member asked a question on Community Employment Schemes and voluntary work. The Committee heard that the Community Employment scheme at Dorset County Council was a good example of this and that there is opportunity out there. Voluntary work was highlighted as a good outlet to learn skills. This matter of training and employment was a national issue and opportunities need to be increased on this.
- A question was raised on healthchecks and the Committee heard from the Head of the Strategic Commissioning for Disabilities that healthchecks had not reached 100% uptake which is reflective of the national picture, however there is a renewed now that the Covid restrictions are easing. The Primary Care network has faced lots of pressures but there is a dedicated work stream in place, working alongside the People First Forum to produce good quality resources to support people coming through the healthcheck system.

**RESOLVED that the Committee noted the content of the report and supported the proposal to extend the Learning Disability Big Plan until 31 March 2024 and Update the Big Plan Work Plan accordingly.**

**Voting: Unanimous.**

136. 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 Adults were as follows:

- Highlighted that it was Carer's week from the 7-13 June and that the theme for the week was making caring visible and valued.
- An all member seminar would be held on the 20 July 2021 concerning the Adult Social Care Contact Centre in which members were invited.
- The Portfolio Holder for had been volunteering in a care home and had received first-hand experience of the training, PPE requirements, skills needed for communicating and the variety of activities on offer. The Portfolio Holder encouraged anyone who was interested to volunteer.
- Several strategies were being developed, including the Technology and Able Care options appraisal, the Market Position Statement, Care Home Strategy and Extra Care Strategy.

The Committee were given the opportunity to ask questions following the Portfolio Holders' Updates. Answers were provided by the Portfolio Holder for Adults and the Director of Adult Social Care.

- A member asked about the waiting times for Home First and the 111 service. The Committee were informed that the Home First programme was supported by social workers, occupational therapists and reablement teams among others and therefore a network of care surrounds the service. Users of the service are also provided with relevant contact numbers for both social care and health matters.

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

- The Special Educational Needs (SEN) Strategy is also in development. Members heard that there was an overlap between Children's and Health and Adult Social Care services due that the support given to young people in becoming adults and how any social care or health needs that the young people require will be continued as they move to adulthood. The Portfolio Holder suggested that this be an area of scrutiny that the Committee request a progress report on in the near future.

No more questions were asked and the Committee noted the Portfolio Holders' Update.



137. Joint Health Scrutiny Protocol

Members received an update on the development of the BCP and Dorset Joint Health Scrutiny Protocol and comments and questions were invited on the current draft document.

The Corporate Director for Adult Social Care and the Deputy-Head of Democratic Services introduced the item and provided an overview of the Protocol.

Members heard that the main reason for joint health scrutiny between BCP Council and Dorset Council would be on issues affecting all residents across both conurbations, to provide efficiency on considering those issues and preventing officers or partners from duplicating work. Furthermore, where the NHS may propose significant variation in local health services it is good practice for the geographical area as a whole to scrutinise the issue. Additional overlap, also exists in the Clinical Commissioning Group, the Hospital Trusts, Dorset Healthcare Community Trusts and Healthwatch Dorset, among others.

In terms of the joint scrutiny practicalities, Members heard that when an item has been selected for joint scrutiny, it would be agreed that one of the Council's would lead on the item. The procedure rules of the lead Council would be used and a member from the lead Council would Chair the meeting. Membership would involve 3-5 members of each respective Council depending on levels of interest and scale/significance of issue. Items to be considered under joint scrutiny would be agreed by the Chairs of both Council's respective scrutiny Committees, in consultation with Committee members and officers. The role of Healthwatch in Joint Scrutiny is acknowledged and would be encouraged in joint scrutiny work. Each constituent Committee should receive a report detailing the outcome of the Joint Scrutiny Committee's work.

Specific attention was given to point 10 of the Protocol and the delegation of referral powers to the Joint Health Scrutiny Committee (JHSC). The Committee heard that where members hold a valid concern that a proposed variation to local health services is not in best interest of local residents, they have the ability to make a referral to the Secretary of State. This is a very specific power that can be exercised by the Committee. This power can also be delegated to the JHSC. The Joint Health Scrutiny Protocol states that it would only be in exceptional circumstances that a referral from the JHSC to the Secretary of State could be overturned by one of the constituent Councils. It would then require Full Council support to withdraw the delegated power from the JHSC and reconsider the decision made. Advice from NHS partners states, and in the spirit of good scrutiny practice, if Joint Health Scrutiny is held and a decision made, it is important that the outcome is validated.

Members asked several questions, which were answered by the Corporate Director for Adult Social Care and the Deputy-Head of Democratic Services. The questions and answers were as follows:

- A member asked a question on the quorum of the JHSC. The Committee were informed that the JHSC must have a minimum of 3 appointed members from both Councils. However, there was the acknowledgement that in some cases there may be late changes to membership and therefore the quorum of the Committee would stand at 2 members from each Council.
- A member commented on the number of delegate members from each constituent scrutiny committee and the frequency of meetings of the JHSC. The Committee heard that in the last year there had only been one item of joint scrutiny commissioned, relating to COVID19 and that the expectation was that the number of items requiring joint scrutiny would be low. Members also heard that the number of members from each constituent committee would enable there to be efficient and effective joint scrutiny that would, in each respective case, utilise the skills and interests of the selected members.
- A question was raised on who would have the casting vote if there was a parity of votes on an item of joint scrutiny. The Committee were informed that the Chair of the JHSC would hold a casting vote, as per the Council's procedure rules.
- It was clarified that the decision to commission an item for joint scrutiny would rest with the constituent committee and there would not always be the need for an item to be jointly scrutinised, each item would be assessed by the Chairs of the respective Council Committees in consultation with members before a JHSC process would be agreed.
- The Committee recommended that the JHSC Protocol would be reviewed not less than two years after its adoption.

The Committee acknowledged that there were some pre-existing areas for potential joint scrutiny, including the SWAST and NHS implementation and performance of Dorset Urgent Integrated Care Service.

**RESOLVED that: following the summary, the update contained within Item 10 and questions and comments made by the Committee, that the Joint Health Scrutiny Protocol be agreed for use and a review of the Protocol be received within two years.**

**Voting: Unanimous.**

138. Forward Plan

The Committee considered the Forward Plan.

Following a question from a member for NHS Dentistry Provision to be put on to the Forward Plan, the Chair updated the Committee that a letter had been received, from the NHS, providing an update on current provision and impact from Covid. The issue of NHS Dentistry Provision would remain on

the Forward Plan and arrangements for a formal item to come to Committee would be discussed.

A member requested that an item on the Dorset Integrated Care System be scheduled for scrutiny and that this could be an area for possible joint scrutiny.

Finally, a member suggested that in future months, the Covid update item could be reduced as restrictions and cases lower, in favour of other items being given priority.

**RESOLVED that the Committee agreed the Forward Plan.**

Voting: Unanmious.

The meeting ended at 8.00 pm

CHAIRMAN