

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

Minutes of the Meeting held on 29 November 2021 at 6.00 pm

Present:-

Cllr J Edwards – Chairman

Cllr L-J Evans – Vice-Chair

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

164. Apologies

Apologies were received from Cllr K Wilson.

165. Substitute Members

Cllr C Rigby substituted for Cllr K Wilson.

NOTE: Cllrs A Jones, S Phillips and R Rocca joined the meeting remotely via Microsoft Teams. They were all informed of the relevant legislation that meant they would be prevented from voting on any motions that may occur during the course of the meeting.

166. 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 and that, in relation to item 7 the BCP Carers Strategy, that his wife worked for the Alzheimer's Society.

167. Confirmation of Minutes

The minutes of the meeting held on 27 September 2021 were approved as a correct and accurate record.

168. Public Issues

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

169. Action Sheet

The Committee noted the Action Sheet.

170. BCP Carers Strategy

The Director of Adult Social Services (DASS) and the Commissioning Manager: Prevention and Wellbeing introduced and presented the report. The main points were as follows:

- The Adult Social Care (ACS) service were in the process of reviewing the Pan-Dorset strategic vision across the county, with the relevant partners.
- This process and vision was to reflect the challenges that carer's face in BCP, for example 11% of all carers are unpaid.
- The process had included workshops, surveys, meetings with the BCP Carer Reference Group and the Pan-Dorset steering group. Along with the Carer's Rights Day, held in Kinson, that was attended by three BCP Councillors.
- The new Carers Strategy survey had been written up and completed and was now ready to be sent out.
- The Committee were recommended to request an update on the progress of this at a future meeting.

The Committee asked several questions following the report. Answers were provided by the Director of Adult Social Services and the Commissioning Manager: Prevention and Wellbeing:

- The Committee heard that it was difficult to identify every unpaid carer in the BCP area, because many do not consider themselves to be an unpaid carer. This was something that the ASC service were working on with their Pan-Dorset and strategic partners to address in order to better reach and inform the unpaid carers in BCP.
- Members were informed that the ASC service would be asking carers for their feedback on terminology relating to care, including the use of the term 'unpaid carer' itself.
- The Committee heard, following a question on self-directed funding for carers in BCP, that the ASC service provide a lot of different ways of supporting carers, but this must be a key focus area of the strategy. It was heard that the ASC service commission a lot of services on behalf of carers, for example the 'sitting service', whereas some authorities pass a direct payment to the individual to purchase this themselves. BCP carers had told the ASC service that they like the Council to commission this service for them. This would lower the amount of people that receive self-directed support.
- Members were told that BCP as a conurbation contains a large cohort of what is considered 'elderly' carers. In comparison to Dorset, BCP has a different client base, in some ways due to the contrast of the urban / rural areas. The Committee heard that BCP do commission some joint areas alongside Dorset, however this strategy would allow for a focus on BCP residents.

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- A member asked about the 22% dissatisfaction rate in regard to support that carers had received from local GPs. The Committee heard that the specific reasons for this were unknown, but it was a signal that the ASC should work more closely with GPs. This was particularly important because a lot of people and carers use their GP as a first port of call. Members were told that if an individual registers as a carer that it will make services available for them via their GPs.
- On the issue of input from younger carers, the Committee were told that the ASC had met with the MyTime young carer's charity. A workshop was held and good feedback was provided on their carer website. The feedback specifically from young carers was that they wanted short, informative videos to be made available on platforms that young people use, such as TikTok. This media must target what they as young carers are looking for and signpost where they should look for it. Members were informed that the ASC service social media presence had changed and was now more suitable for all age. Furthermore, ASC were specifically looking at their communications and how to get messages out there for the adult carers of the future. The ASC service were also working with their Children's services counterparts in order to make a smooth transition between services for young carers and those who may receive care.
- On the matter of the Carers Action Day, members heard that there was great feedback received on the day itself, insofar as it was a good opportunity to meet up with others in the same community. Future service planning would focus on how the ASC service can replicate events next year and maybe hold them more often.
- The Committee were told about the single point of information, otherwise known as the 'CRISP newsletter' that carers can sign up to. This information also gets posted in GP practices, libraries, chemists and other places as a means to signpost individuals to additional, informative publications. The Committee acknowledged that the CRISP newsletter sounded a helpful resource but that perhaps more needed to be done to promote this as widely as possible.
- The Committee heard that the ASC service were trying to get informative resources in additional forums, such as the Health Village in Bournemouth town centre, to tap into areas that could benefit from this.
- On the issue of the 'what we plan to do' objectives, members heard that this was a strategic vision that was being worked on jointly with Dorset. The exercise was currently at the midway stage to review each of the 9 objectives. 2 workshops had taken place, but broader views were desired. The outcomes of this work would feature in the next stage of the vision and would be completed by mid-next year. This would be included in the next update to Committee if the pan Dorset vision was ready at same time as BCP Council's.

RESOLVED that the Committee noted the report.

Voting: Unanimous

171. Dementia Services Review

The Head of Service (Mental Health & Learning Disabilities) Dorset CCG introduced and presented the report. The main points were as follows:

- The Dementia Services Review was implemented from 1 April 2021, however faced great challenge throughout the pandemic.
- There was a changing diagnostic model with increased capacity that was central to the memory assessment service. This required the introduction of a multi skilled approach that would involve advance care and nurse practitioners. Less complex cases would also go through this process with medical psychiatrist input as well.
- In the post-diagnostic area, a diagnostic coordinator role had been commissioned. This role was embedded into the primary care service and would specifically follow people from diagnoses to their end of life, monitoring their changing levels of need.
- Throughout the process there had been 'memory road shows' provided.
- Referrals to the service had plateaued in recent months. This would be monitored going forward.
- A main aim for the BCP area was to hit the national diagnostic rate of 67% of primary care registers.
- As part of the covid recovery, the service had been given temporary funding and through this the service was trying to recruit additional employees to catch up on the backlog of referrals. There were challenges in recruiting, but the service now had a full-time medical officer that could provide up to 50 slots a week. It was hoped that this would reduce waiting times.
- Overall evaluation of the entire model would take place after it had been implemented and working for some time. The key metrics of waiting times, diagnostic rates and the experiences of carers and service users would all be factored into the evaluation. This information should be available at the beginning of the next financial year.

The Committee asked several questions following the report. Answers were provided by the Head of Service (Mental Health & Learning Disabilities) Dorset CCG:

- The committee heard that the service would not see student nurses providing diagnoses as this was a skilled activity, however students could observe assessments as these were undertaken by advance care nurses/practitioners and psychiatrists.
- Members were informed that the average waiting time for a diagnosis was 16 weeks. This was identified as a prime challenge and the aim was to get this down to 6 weeks with the new full-time medic in place. Interim measures for those waiting for a diagnosis are memory roadshows and carers workshops with dementia

coordinators working in primary care. This amount of advice and guidance was to keep communication channels up for people whilst they are waiting for a diagnosis.

- On the issue of referrals from GPs, members heard that there was now better connectivity between the memory assessment service and the primary care network and GPs.
- Members heard that within the community dementia service, emphasis was on early intervention in order to prevent people ending up in crisis and potentially hospital admission. The Dementia Coordinator, with support of the intensive support team, works with families to manage positive behaviour and any changes to medication. The intensive support team will only be present during a crisis, the 'step down' is when the crisis is over.
- On the matter of memory roadshows, members heard that the roadshows act as a part of the Dementia Coordinators' offer and would help raise awareness of what memory problems are, provide information on memory exercises to aid prevention and publicise all the support options available.

RESOLVED that the Committee noted the report.

Voting: Unanimous

172. Home First Implementation Review

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

- This was the second update on the new Home First model, following its implementation in January 2021.
- The Home First model stemmed from the government guidance published in March 2020 on hospital discharge service requirements.
- The programme would assist in the discharge of hospital patients at the earliest opportunity. This would enable freeing up of hospital capacity and streamline the discharge process, utilising the right staff at the right time and place when necessary.
- During 2021, the funding continued to be made available to those with enhanced need or new need of care. This funding stream was anticipated to remain up until March 2022. BCP Council continued to provide a dedicated workforce to implement the programme. The multidisciplinary team worked on a 7-day service that enabled people to take best pathway, bespoke to their needs.
- The service is aware that their systems were struggling, as was common to the national picture, to get people safely discharged from hospital while maintaining the flow in hospitals. The system struggles periodically at times for those people who do not need further hospital bed respite.

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- The challenges and key actions facing the service were: capacity, beds, nursing home beds, more domiciliary rapid response care, communications strategy.
- The financial impacts were primarily contained within the enhanced need of care for those discharged. The people leaving hospital on average receive 28 hours a week care, this would then be reassessed and on average reduces to 19.5 hours a week. Community cases are usually 14 hours on average. There was generally a greater need and level for care on those being discharged from hospital at present.

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

- Members acknowledged the brilliant equipment provision service, in particular the speed and level of equipment that was provided to people.
- The Committee were informed that the service hoped for other family members to be involved in the discharge process discussions, if appropriate. This would enable the service to gather information from the assistance support network that was already there and then factor that into any care provision. Service provision at the point of discharge should be temporary until a long-term plan can be assessed. Members heard that a rapid response from our service if the individual's plan was not up to scratch would be in place.
- On the issue of 'Pathways', it was clarified that Pathway 2 was for those who would be discharged into a recovery bed, this could be due to a fracture for example, where the individual would receive rehabilitation. Pathway 3 was for very high, complex needs likely for those individuals who would remain in residential care and have longer-term needs. Members were told that these were nationally set definitions.
- On the issue of performance figures, namely the 250/300 individuals waiting for discharge from hospital, the Committee heard that the average stay for someone in hospital changes all the time, with most of these in UHD hospitals and only some in community hospitals. Additional capacity was being sought along with domiciliary care support to improve this situation. Members were told that this Winter season would be unlike previous Winters and will likely provide great struggles. There was an ongoing dialogue between services and teams to continue to move things forward and free up as much capacity as possible for those people who need to come in. The number of time spent on average in hospital differs for each person and therefore the length of stay is part of the quality improvement and monitoring. Prior to Covid, the average stay would be around 7-9 days.
- In a workforce context, members heard that the NHS was struggling to recruit staff, particularly therapists. This was impacting on the recovery plans within the community. The Care sector sees staff

leaving constantly and therefore pressures were building primarily during the weekend hours and overtime. The pressure wasn't just on how quickly the service could get people discharged but also on ensuring people's wellbeing in the plans they require. The workforce in place was working harder than ever to support the higher level of need.

- The Committee were informed that the BCP situation was reflective of the national picture and that the country was facing higher waiting lists and higher levels of need than before.
- Members heard that both hospitals in BCP were acute hospitals that specialised in different areas.
- On the issue of care staff, members heard that BCP are one of the highest fee payers in the country and specifically in the South West. Because the ASC service recognise that carers should get a good hourly rate. Therefore, it is not expected that pay is the issue in staff recruitment.
- The Committee heard that a recommendation from the ASC service would be put forward for us to receive additional government funding to offset the £1.9million funding awarded during the Covid pandemic.
- The Committee heard that the readmission figures, within 24 hours of discharge, were being sought by the service in order to circulate for members' consideration. **ACTION still working on this.**

173. Portfolio Holders' Update

The Portfolio Holder for Tourism and Active Health and the Director for Public Health Dorset presented the item. The main points were as follows:

- Covid infection rates remained high in BCP but the curve had plateaued over the start of the Winter period.
- Current rates saw 592 cases per 100,000 of the BCP population in the week leading up to 21 November 2021. This compared to the South West rate of 523 per 100,000 and the English national rate of 428.5 per 100,000.
- Infection rates remained highest in the younger age groups. Primarily in school-aged children and the parental age group.
- Hospitalisation rates were rising but remained significantly lower than where they would be without vaccinations. There were currently 97 hospitalisations in BCP relating to Covid.
- Case rates in BCP were akin to that of the figures in July 2021.
- Demand for the booster programme was very high and the offer had recently been expanded to over 40s.
- 170,000 booster doses had been delivered across BCP, with around 25,000 taking place per week. This rate saw 45% of eligible population vaccinated.
- Walk-in clinic slots were being offered to meet the high demand.
- People could try booking their booster via the national booking service or by waiting to be called by the GP.

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- Trusted Voices and Vaccine ambassadors were continuing to work with communities to deliver impartial information about the vaccination campaign in an attempt to increase the take up rate.
- Local Outbreak Management Plans were in place and the importance of testing, tracing and isolation were of the utmost importance.
- EpiCell were producing the near-term forecasts for hospital admission rates over the Winter period. 24 hours, 7 day a week consultant advice was also being made available during the Winter.
- The outbreaks within care homes were slowly increasing, with 36 open situations in BCP.
- The #LetsTalkWinter campaign had been created in order to promote wellness and protection against illness/Covid. The key aims included boosting immunity by way of vaccinations, hygiene such as frequent hand washing, obtaining prescriptions in good time, helping and supporting friends and relatives in the community.
- Supporting schools to stay open, providing targeted assisted lateral flow testing in public locations, extending the local contact tracing partnership until March 2022 and using the Trusted Voices approach and the Let's Talk Winter campaign to improve communications were all highlighted as key issues and actions for the Winter period.

The Committee asked several questions following the report. Answers were provided by the Director of Public Health Dorset and the Portfolio Holder for Tourism and Active Health:

- The Committee were informed that there was now a 'pharmacy collect scheme' in place for people to pick up lateral flow test kits from their local pharmacy or chemist. The scheme required people to obtain a QR code from the national website before collecting a test kit, this was to allow information gathering on the number of kits being requested.
- Members were told that the Community Testing Program provides assisted testing to those groups that cannot access QR codes or online facilities. These testing zones are usually in high footfall areas within BCP Council and will be supporting the Winter Wonderland and Christmas shopping areas.
- On the issue of booster jabs, the Committee heard that the JCVI advise that the third dose (or booster jab) can be a different vaccine to your previous vaccines. In some instances this might offer additional protection as the vaccines are different and there is no need to worry if third dose is different.
- On the issue of the Omicron variant, the Director for Public Health Dorset informed the Committee that it was too early to know much and that data was currently being collected from the international community. There was no certainty yet to compare to the previously dominant Delta variant.
- Members heard that the previous thought that Covid would now be considered a seasonal virus had changed given the issues connected with ongoing transmission allowing the virus to mutate.

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New variants may pose a greater threat in the future and it's not solely about the vaccination programme as we need to remember other public health measures that can be useful in preventing transmissions going forward.

- The Committee were reassured that the vital work within the community via the Community Action Network and the Together We Can campaign help people within society would continue.
- On the issue of vaccinators, members heard that the local system had a limited number of trained vaccinators which could pose a challenge given the rollout to all ages of the booster. Additional capacity would need to be created for this in the coming weeks.

RESOLVED that the Committee noted the update.

Voting: Unanimous.

174. Forward Plan

Members considered the Committee's Forward Plan. The main comments and suggestions were as followed:

- The Chair referred members to the recent Budget Café presentation and encouraged them to seek information on this if they had not attended the session. The session provided detailed information on the ASC budget and a breakdown of what the service spends this on.
- The Chair requested that the All-Age Autism project be added to the Forward Plan for a future date.
- The Chair referred to the Hospital Infrastructure Plan Update item and requested that an update on this come to Committee shortly.
- The Committee agreed for responses to the Front Door Service satisfaction survey to be circulated for members' information.

RESOLVED that the Committee agreed the Forward Plan.

Voting: Unanimous.

The meeting ended at Time Not Specified

CHAIRMAN