

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

Minutes of the Meeting held on 20 May 2024 at 6.00 pm

Present:-

Cllr P Canavan – Chair

Cllr L Dedman – Vice-Chair

Present: Cllr D Farr, Cllr M Gillett, Cllr C Matthews, Cllr J Richardson,
Cllr J Salmon, Cllr P Slade, Cllr A-M Moriarty and Cllr C Adams

1. Apologies

Apologies for absence were received from Cllr H Allen. Cllr J Edwards attended virtually.

2. Substitute Members

Cllr C Adams substituted for Cllr H Allen on this occasion.

3. Election of Chair

The Chairman of the Council presided over this item.

It was Proposed, Seconded and RESOLVED that Cllr P Canavan be elected Chair of the Health and Adult Social Care Overview and Scrutiny Committee for the 24/25 Municipal Year.

4. Election of Vice Chair

The new elected Chair presided over the remainder of the meeting.

It was Proposed, Seconded and RESOLVED that Cllr L Dedman be elected Vice Chair of the Health and Adult Social Care Overview and Scrutiny Committee for the 24/25 Municipal Year.

5. Declarations of Interests

Cllr J Salmon declared a personal interest as an employee of Dorset Healthcare.

6. Minutes

The minutes of the meeting held on 4 March 2024 were confirmed as a correct record and signed by the Chair.

7. Action sheet

The action sheet was noted.

8. Public Issues

There were no public issues received on this occasion.

9. Future of Public Health in BCP Council

The Corporate Director for Wellbeing presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'A' to these Minutes in the Minute Book.

The Committee had been offered a briefing on the Council's public health responsibilities to inform their findings. It was hoped that the Committee's discussion would inform design work.

The Committee considered the questions posed to them as set out at Paragraph 8 of the report and made comments, including:

- In response to a query, the Director of Public Health (DPH), Public Health Dorset advised that his current role as a shared DPH has been as a strategic lead for the system.
- The Committee considered the models of practice set out in Annexe A to the report and a member highlighted the need to engage effectively with hard to reach communities and the positive impact that could have on the whole system.
- The Committee when considering the community advocate role detailed was advised of the importance to ensure there was a clear distinction between the role of DPH as an Officer and elected members of the Council.
- The Vice Chair highlighted the role of the provider detailed and felt that would be the best fit for an internal DPH.
- There was further discussion over the role of the DPH and it was felt that the role should be focussed and provide an intelligence led DPH service which could offer advice and support to services such as libraries and communities.
- The Committees considered the functions of the DPH and how it was important to ensure that objectives were evidence led, scalable and had political support and acceptance.
- In response to a query regarding the positive actions which could be gained from having a DPH serving BCP solely, the DPH advised he would focus on increasing physical activity across the conurbation by promoting it in daily activities.
- In response to a query, it was confirmed that the DPH was a statutory role to deliver the mandatory services required by the Department for Health and Social Care.

The Chair proposed the following to the Committee for consideration:

This committee agrees to indicate to the Director of Wellbeing that the role of Director of Public Health Should be primarily one as a provider to enable budgetary management, whilst at the same time being able to offer independent expert advice to Officers and the Council.

This committee is open to the role, incorporating other services or functions, providing those are not too broad and to ensure that this is led by public health intelligence. The committee agrees that there are a number of areas where influence could be of benefit and that these should continue to be explored.

The Committee discussed the recommendation and the following comments were made:

- A Committee Member expressed a wish for the areas of influence to be detailed in the recommendation and include knife crime, active travel and drug addiction.
- There was some discussion about whether it was appropriate to include the prevention of knife crime within the remit of the DPH and it was advised that this could be done by using the PH intelligence functions carefully and collaboratively working with other interventions and organisations.
- The Vice Chair highlighted how it would be beneficial if Committee reports had a section which detailed the impact on health included.
- A Committee Member expressed the wish for early intervention to be included in the areas of influence as it was felt that this could encompass some of the issues discussed.

It was Proposed, Seconded and RESOLVED that:

- 1. This committee agrees to indicate to the Corporate Director of Wellbeing that:**
 - a) the role of Director of Public Health Should be primarily one as a provider to enable budgetary management, whilst at the same time being able to offer independent expert advice to Officers and the Council.**
 - b) This committee is open to the role, incorporating other services or functions, providing those are not too broad and to ensure that this is led by public health intelligence. The committee agrees that there are a number of areas where influence could be of benefit and that these should continue to be explored. The Committee discussed areas where influence could be used and gave the following examples: active travel, knife crime, drug addiction, early intervention.**

2. Committee members agree that a further report will be provided to the meeting in July.

10. Update on Home First (Intermediate Care) Development across Dorset

The Director of Adult Social Care and the Deputy Director – UEC and Flow, Operations Directorate – NHS Dorset presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'B' to these Minutes in the Minute Book.

The purpose of the Report was to provide an update on Home First (Intermediate Care) development across Dorset to the Health and Adult Social Care Overview & Scrutiny Committee.

The Committee discussed the report and comments were made, including:

- In response to a query regarding Pathway 3, the Committee was advised of the whole system process of identifying and supporting that small number of complex patients who were not able to return home due to identified risks. The support would be provided through an appropriate care and support package and providing a structured recovery programme to enable individuals who were able to return home. Further information regarding the different Pathways and what they entailed was provided to the Committee.
- In response to a concern regarding the reduced level of funding, the Committee was advised that there had been a system wide reduction in funding, however work had been undertaken to ensure the funding was targeted at the schemes which were felt essential such as rapid response to help people leave hospital and return home.
- The Committee was advised that some of the reduction in funding was due to the lack of the one off funding pots which had previously been received to bolster funding, however it was important to note that the whole system was working collectively across health and social care to ensure the resources available were more efficiently utilised.
- In response to a concern about the data detailed in the report of 20-25% of acute beds being blocked by patients not meeting the criteria to reside in hospital, the Committee was advised that numbers were coming down and the system had a target to halve that figure over the next year and the work that was being done to reduce that figure was detailed.
- The Committee was advised about one of the five key areas of focus was setting an expected date of discharge from hospital with the multi disciplinary team working towards and monitoring that target.
- The Chair requested that a copy of the Better Care Fund report going to BCP Health and Wellbeing Board be circulated to the Committee for their information. **ACTION.**

RESOLVED that the Committee note the update, with a further update to Committee in May 2025.

11. Data Working Group final report

The Scrutiny Specialist and the Chair of the Data Working Group presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'C' to these Minutes in the Minute Book.

The Health and Adult Social Care Overview and Scrutiny Committee commissioned a Data Working Group to consider how it could effectively use data to strengthen scrutiny.

The purpose of this report was to inform the committee of the findings and output of the working group and to present recommendations.

The Committee were grateful for the work undertaken and looked forward to the toolkit being used.

RESOLVED that the Committee:

- 1. notes the findings of the Data Working Group as set out at Appendix A to this report.**
- 2. adopts the Data Use Toolkit at Appendix B to this report and implements it with immediate effect to support O&S work.**
- 3. supports the standard data request to accompany all O&S reports as set out at section 6 of the toolkit.**
- 4. shares the toolkit with the Council's Corporate Management Board to share the expectations of the committee in relation to data reporting, and to highlight the committee's commitment to evidence-based scrutiny.**
- 5. agrees to undertake 'horizon scanning' research proactively and independently, raising any issues of interest or concern into committee.**
- 6. explores the value of using the rapporteur model further in its next round of annual work programming.**
- 7. agrees to review the identified primary sources annually, as part of work programming activity, to assist in setting a value-added programme of work for the forthcoming year.**
- 8. annually reviews its training needs associated with accessing and interpreting data sources, this to form part of the committee's annual work programming activity.**
- 9. agrees to follow the methodology, as set out in the toolkit at section 6, for the scoping of scrutiny items and identification of Key Lines of Enquiry and supporting data requests.**

10. keeps the toolkit under review and strengthens it with additional suitable data and policy, as arising.

RESOLVED that the Committee recommend to the O&S Board:

11. that a similar toolkit be developed for all O&S committees to reflect the relevant data and policy landscape within the remit of these committees. This to be added to the O&S Action Plan.

12. that the Data Use Toolkit be highlighted within the O&S annual report to Council.

12. Healthwatch update on NHS Dentistry

The Manager from Healthwatch Dorset provided the Committee with a presentation regarding their recent work on NHS Dentistry which had previously been circulated to the Committee as part of the agenda report pack.

The Deputy Chief Officer, Commissioning, NHS Dorset advised that they had been working with Healthwatch and thanked the Manager for all their work. It was highlighted that the NHS contract was very challenging for dentists and there had been an increase in the number of them being handed back. The work to try and address the issues was detailed including a training hub in Dorset to try and increase workforce into the County. It was detailed that in addition to that work, NHS Dorset was trying to put in additional capacity and it was noted that NHS dentistry was a priority for the Integrated Care Board this year.

The Committee discussed the presentations and comments were made, including:

- In response to a query about increasing capacity, the Committee was advised that it would be achieved by uplifting the current NHS contract on a national level and training more dentists locally.
- The Chair invited a Councillor to address the Committee who highlighted her experience of trying to find an NHS dentist.
- In response to a query regarding the budget for dentistry, the Committee was advised it was normally underspent and the ways in which that was being utilised was detailed including targeting inequalities.
- In response to a query regarding the dentistry college, the Committee was advised it was currently in the scoping stage and learning from others who had implemented a training offer. It was highlighted that this would take a few years to implement.

The Chair concluded the item by thanking Healthwatch for its work in this area and the need to keep this important issue under review.

RESOLVED that the update be noted.

13. Integrated Neighbourhood Teams Programme

The Corporate Director for Wellbeing and the Deputy Chief Officer, Commissioning, NHS Dorset presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'D' to these Minutes in the Minute Book.

The report provided an update on the development of integrated neighbourhood teams within the Dorset Integrated Care System.

In response to a query from the Chair regarding proposed timescales, the Committee was advised that there was detailed work ongoing to progress some early adopters with the plan to roll out further areas soon after.

RESOLVED that the update be noted.

14. Forward Plan

The Chair advised that the Portfolio Holder was unable to attend the meeting and therefore his update would be circulated to the Committee by email. **ACTION.**

The Health and Adult Social Care Overview and Scrutiny (O&S) Committee was asked to consider and identify work priorities for publication in a Forward Plan.

The Chair advised the Committee of the proposed items detailed within the report for the next meeting scheduled in July and highlighted the addition of the Future of Public Health in BCP which had been considered earlier. **ACTION – ADD TO FORWARD PLAN.**

A Member requested Gender Identity Services in Dorset be added to the Forward Plan. **ACTION.**

The meeting ended at 8.10 pm

CHAIR

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