Public Document Pack



DORSET COUNCIL - PEOPLE AND HEALTH SCRUTINY COMMITTEE MINUTES OF MEETING HELD ON THURSDAY 28 JANUARY 2021

Present: Cllrs Gill Taylor (Chairman), Molly Rennie (Vice-Chairman), Rod Adkins, Jean Dunseith, Nick Ireland, Robin Legg, Jon Orrell, Mary Penfold and Bill Pipe

Apologies: Cllr Barry Goringe

Also present: Cllr Pete Barrow, Cllr Ray Bryan, Cllr Graham Carr-Jones, Cllr Matthew Hall, Cllr Laura Miller, Cllr Jane Somper, Cllr Daryl Turner, Cllr Peter Wharf and Cllr Kate Wheller

Officers present (for all or part of the meeting):

Paul Beecroft (Communications Team), Andrew Billany (Corporate Director of Housing, Dorset Council), Vivienne Broadhurst (Interim Executive Director - People Adults), David Bonner (Service Manager for Business Intelligence and Performance), Eryl Doust (Project Manager), Bridget Downton (Head of Business Insight and Corporate Communications), Andy Frost (Community Safety and Drug Action Manager), Theresa Leavy (Executive Director of People - Children), Tony Meadows (Head of Commissioning), Vanessa Read (CCG Link Director to Scrutiny), Claire Shiels (Corporate Director - Commissioning, Quality & Partnerships), Sarah Jane Smedmor (Corporate Director - Care & Protection), Sue Sutton (Deputy Director, Lead Member for Urgent and Emergency Care, Dorset Clinical Commissioning Group), Gill Vickers (Interim Corporate Director - Adult Care Operations), Kay Wilson-White (Community Safety Business Manager) and Fiona King (Senior Democratic Services Officer)

32. Apologies

An apology for absence was received from Cllr Barry Goringe.

33. Minutes

The minutes of the meetings held on 2 November and 11 December 2020 were agreed as a correct record and would be signed by the Chairman at a later date.

Minute 18 – Quality Account, Dorset HealthCare University NHS Foundation Trust

With reference to the working group that had been set up to look at the Quality Account, Cllr Orrell advised that the group had met and reviewed the performance matrix and highlighted the areas to be addressed. He felt this had been a useful meeting and it was noted that the Trust was performing quite well against national benchmarking.

34. **Declarations of Interest**

No declarations of disclosable pecuniary interests were made at the meeting.

However, Cllr Jon Orrell advised that he was an active GP, with a dispensation, and was also a Trustee of the Lantern Trust.

Cllr Nick Ireland advised he was a Partner Governor to Dorset Healthcare and his wife was also a Trustee of the Lantern Trust.

35. **Public Participation**

There were no submissions from town or parish councils or from members of the public.

However, the Chairman explained that she had received two questions from Cllr Jon Andrews. Although these had been received for the previous meeting the Chairman felt it would be helpful for the responses to be shared with the committee and members of the public. The questions were read out and responses provided and are attached as an annexure to these minutes.

Cllr Robin Legg recalled his experience of attending a Minor Injuries Unit (MIU) and felt it worked effectively but felt communication had not been very good. The Chairman expressed concern about the wider aspects as there were now 3 MIUs that were closed and had been for the best part of the year.

The Chairman highlighted an additional question that had been submitted from Cllr Howard Legg. This was also read out and is included in the annexure.

Decision

That the clerk request that a short report on the closure of these units be provided from the Service Director Integrated Community Services, Dorset Healthcare University NHS Trust for the next meeting of the committee.

36. Integrated System Response to Winter and Crisis Pressure

Members considered a report from the Urgent and Emergency Care (UEC) Programme Director at Dorset Clinical Commissioning Group (CCG).

Following a question regarding capacity levels, members were advised that triggers were in place and had been refined in terms of winter planning. These would continue to be refined and action agreed and acted upon within the remit and decision making of the group.

With reference to the transferring of patients, members were advised that mutual aid arrangements were in place for critical work. The practical pressures around the workforce were highlighted and it was noted that patients had been transferred to the Nightingale hospital in Exeter.

Decision

- 1. That the report be noted.
- 2. The Chairman to write a letter of thanks to the CCG on behalf of the Committee.

37. Service Performance

Members considered a report by the Business Partner, Policy, Research and Performance which highlighted those council performance measures that were relevant to this committee that were classified as red or amber in October 2020, or at the last time they were reported on in the 2020/21 reporting year.

Members were advised that officers were developing a prototype tool to give up to date performance information to them. This would be a useful tool to help Chairs in the forward planning of the work of their committees and for members of the public and communities.

The Portfolio Holder for Corporate Development and Change advised that the system was still being built but wanted members to use the system as it currently was to build their confidence in it.

Ensuring up to date actions were associated with the performance indicators was an important part of the system and a network of service managers would be addressing this.

The Chairman asked members to give some thought about how the Committee planned to work with this system in readiness for the Quarter 3 report in April.

Decisions

- 1. That the council's emerging performance framework be noted.
- 2. That the performance measures that were rated as red or amber either at the end of October 2020, or at the last time they were reported in 2020/21 be noted.

38. Response to Homelessness during Winter

Members considered a report by the Corporate Director for Housing and Community Safety which responded to the request for an update on winter pressures which impact on homelessness and the way that Dorset Council was responding.

Questions from Cllr Peter Barrow and Cllr Howard Legg had been received and those along with their answers are attached as an annexure to these minutes.

Following a discussion on homelessness and rough sleepers it was agreed that a focus group be set up.

In respect of discretionary housing payments members were advised that these were used to prevent evictions and the Corporate Director for housing and Community Safety undertook to provide supplementary information on this outside of the meeting.

Decision

- 1. That the report be noted.
- 2. That a focus group be set up (Cllr Taylor, Cllr Rennie, Cllr Orrell, Cllr Dunseith, Cllr Barrow) to look at the holistic approach to homelessness and to look at the predicted spike in terms of evictions as a result of Covid.

39. Community Response

Members considered a report from the Corporate Director, Commissioning, Quality and Partnerships which focused on the partnership response of the council and the community response to the pandemic.

Members' attention was drawn to the critical and valuable contributions that had been made from all the various voluntary and community partnerships during the pandemic.

The Portfolio Holder for Adult Social Care and Health noted that the response from communities had been incredible throughout the pandemic and felt some long lasting good had come from it.

Following a discussion about the delivery of prescriptions, the Corporate Director advised that initially volunteers were matched with residents to collect prescriptions where possible. Also, pharmacy contracts had changed to be able to fund them providing prescriptions to shielded residents.

Other areas highlighted in discussions were food insecurities and grants.

Decisions

That the committee:

- (a) Receive and comment on the contents of the report.
- (b) Endorse the strategic approach described in section 10 and the coordination
- of partnership community responses through 'Dorset Together'
- (c) Consider in particular the lessons learned and next steps in section 16.
- 2. That every opportunity should be taken to recognise and thank Dorset's communities and the voluntary sector for their critical part in the ongoing response to the pandemic.
- 3. That an item on Grants be added to the Forward Plan.

40. Community Safety Annual Scrutiny Report

Members considered a report by the Service Manager for Community Safety which provided information on partners' work in three main areas:

Progress against the Community Safety Plan 2020-23

- Work undertaken to tackle domestic abuse, including partners' response during the Covid 19 pandemic
- The response to issues emerging from Domestic Homicide Reviews (DHRs) that are relevant to Dorset Council

Areas highlighted and discussed included:-

- Domestic Abuse work
- 'Drive' project
- HRDA (High Risk Domestic Abuse)
- Competing pressures
- Criteria for DHRs

The Portfolio Holder for Housing and Community Safety reminded members to be mindful that this was a partnership and thanked officers for their sterling work on this.

Decision

That members considered and commented on the Community Safety Annual Scrutiny report.

41. Committee and Cabinet Forward Plans

The Committee considered its Forward Plan and that of the Cabinet.

Actions for the Committee's Forward Plan:-

- Remove housing from April
- Add a report on SEND and include a look at how Covid has affected young people and those not in mainstream school for April
- Add an item on Grants
- Look at how to prioritise Housing Association working group
- Reference made to co-opt other members with particular interests in areas to take forward

Decisions

- 1. That the Cabinet and Committee's Forward Plan be noted.
- 2. That the Committee's Forward Plan be updated.

42. Urgent Items

There were no urgent items of business.

43. Exempt Business

There was no exempt business.

Duration of meeting: 10.00 am - 12.40 pm

Chairman		

People and Health Scrutiny Committee - 28 January 2021

Questions from Dorset Councillor's

Question from Cllr Jon Andrews

I am concerned that the continued closure of the Sherborne Yeatman Hospital Minor Injuries Unit in Sherborne will become permanent. The service is vital to residents of Sherborne and the rural Sherborne residents. It is also putting undue pressure on the already stretched surgeries in Sherborne, Yetminster, Milborne Port and Cerne Abbas. People are now using surgery nurses as a substitute as the alternative signposted is either Shatestbury hospital or Dorchester hospital. I am sure this has also resulted in ambulance calls. Chris Loder keeps asking questions about an opening date but keep getting fobbed off by the Dorset Health trust CE.

My question is when will the Yeatman and other MIU's in Portland and Blandford that are currently closed be re-opening?

<u>Answer from Jane Elson, Service Director Integrated Community Services, Dorset</u> Healthcare University NHS Trust

We are still responding to the pandemic and have a duty to minimise the spread of infection, to ensure that services remain resilient and to optimise the Dorset system preparedness to respond to any rise in rates of COVID-19 infection locally. The latter of which, we are now experiencing.

National guidance remains that walk-in patients should be avoided to prevent the spread of COVID-19. Given the current situation, it is not possible to give a date for when the MIUs will reopen. We continue to offer telephone triage by a MIU/UTC clinician who either gives advice and signposts to other resources, or if appropriate offers an appointment to attend another MIU/UTC for a face to face consultation.

This new clinical pathway has significantly reduced the risk of exposure and spread of Covid infection by preventing large numbers of patients presenting in the confined space of waiting rooms during peak times. We can now manage patient flow more effectively and consistently, supporting many patients though advice and signposting without the need for them to leave home. Safety must always be our number one concern.

We continue to keep this under review alongside national guidelines.

Question from Cllr Jon Andrews

During the early stages of the Pandemic the Matron of the Yeatman Hospital left her post to take up another position. We in Sherborne now share a Matron with Blandford Hospital. Is it the intention to fill the vacant post of Matron at the Yeatman, If so when as these posts where deemed full time prior and during the pandemic and now we are in the second spike are probably more key now that strong leadership not part time leadership is required, after all we don't have a part time CE or is that the next step?

<u>Answer from Jane Elson, Service Director Integrated Community Services, Dorset Healthcare University NHS Trust</u>

The position of the Matron covering both Blandford and Sherborne during the pandemic has been reviewed. We now have an Acting Matron covering Sherborne. This will be reviewed again once the pandemic is over.

Question from Cllr Peter Barrow

As we are all aware housing homeless residents in Weymouth Sea Front hotels during the first lock down led to a number of issues. The most serious being a significant rise in the frequency and nature of anti-social behaviour, which had a very detrimental effect on local residents. DC's reliance on using B+B/Hotel accommodation meant there was no alternative to using the small number of BB/Hotels who actually offered accommodation and as these were on Weymouth Sea front this led to a concentration of issues in a very small area. There is now a welcome move to providing in house accommodation to reduce the reliance on B+B/Hotels and to provide accommodation nearer to residents home locations. In order to understand how effective this might be it would help to know the following.

How many bed spaces does DC plan to have available?

When will the bed spaces be available for use?

Where are the bed spaces to be provided?

What type of accommodation will the bed spaces be provided in (Hostel/shared house/self-contained flat/etc...)?

Answer from Andrew Billany, Corporate Director for Housing and Community Safety.

As acknowledged in the question, there are considerable efforts under way to provide a better balance and spread of accommodation, to house homeless people. Short-term, emergency use of bed and breakfast accommodation is still suitable in several situations, but it is recognised that placing a high number of people on or close to the sea front in Weymouth can put undue pressure on the area. This is a lesson we have learned from the Summer of 2020, where there was an increase in anti-social behaviour, linked to the higher use of B&B accommodation. As outlined in in the report, there is a disproportionate level of demand from single homeless people for this type of emergency accommodation, with particularly acute pressures linked to those who have been sleeping rough. Balancing the location and type of provision is recognised as important.

A successful bid was made to the Government's 'Next Steps Accommodation Programme' in 2020, which has provided £1.6 million for this financial year to acquire properties and provide linked support. In combination with additional Council Capital funding, this is on track to provide temporary housing for an additional 39 single homeless people. These are being provided across the Dorset Council area. It includes one scheme, Boldwood in Bridport, which will provide accommodation for 7 people this financial year, and the plan to provide a further 7 next year. It includes a scheme run in partnership with the Bus Shelter Project to provide 10 temporary 'pods' to accommodate people who have been rough sleeping. The property acquisition programme is acquiring properties across the Dorset geographical area, including areas such as Wimborne, Blandford and Bridport, as well as Weymouth. Of the 39 bedspaces, 24 are in self-contained flats, 5 are in shared flats and 10 are in self-contained pods.

We intend to bid for further Government funding as part of the planned 2021/22 NSAP programme.

Question from Cllr Howard Legg

I wish to respond the invitation to members at the end of agenda item 7 to respond to the report on Homelessness during the winter and also to the email received on 21st January from the Corporate Director of Housing via the Communications Team on the same subject. Since I will not be attending the meeting, could my comments which follow be made available to the attendees please.

There are comprehensive details given about government support and expectations with regard to numbers of people sleeping rough and what offers of shelter that must be made to them. There is also a list of charity groups that the Dorset Council works with in implementing the requirements triggered by cold weather and the Covid situation but both the report and the email fail to advise councillors what accompanies the provision of shelter.

Many of these people bring problems with them that need assessing and acting upon. Assessment and solutions will consider a variety of situations including occupying the rough sleepers/homeless during their waking hours, making sure they stay safe and preventing anti social behaviour. Their overall wellbeing needs to be considered and not believing the council's job is done in providing them with a just roof over their heads. Providing a security guard when local residents complain is of no benefit to the people who are being helped. Both reports neglect to say what the council will be doing and neither goes into much detail of what our partners will do either.

I would like to be informed how the council is adopting a holistic approach to this situation and to be informed of it.

Answer from Andrew Billany, Corporate Director for Housing and Community Safety
The need to provide a holistic approach to deal with such complex challenges is understood and accepted. The current response to the rise in pressure, relating to rough sleeping and single homelessness, involves close liaison with a broad partnership across the Council, Charity, Housing, Health and Police sectors.

This also extends to the funding that has been brought in to providing housing and associated support for the people affected. For example, the Next Steps Accommodation Programme funding from Government (MHCLG) provides £283,414 to fund a range of support to the people currently accommodated in Swanage and Portland Youth Hostels. Housing Management services at Swanage are provided by Stonewater and support on both sites is provided by The Lantern. The Bus Shelter Project is funded directly to provide support for the new proposal to house ten rough sleepers in newly provided 'pods' in Weymouth. Julian House has been funded to provide a service and a worker to develop health pathways for women who are vulnerable and sleeping rough.

This provides some headline examples of what is being done to support people in this position, focusing on the voluntary sector role. There is also close liaison across the public and statutory sectors, with weekly Police, Council and Voluntary Sector liaison on community safety questions. There is also close collaboration across the Health and Social Care agencies, including a newly won bid to provide support for people with drug and alcohol related support needs – with details being prepared. It is recognised that this is a very vulnerable client group, so further schemes and bids for funding will be a feature of the years ahead, to plug gaps in support and enable more settled lives.

Regular Member and Community updates will address this question in future issues, recognising that there is a lot of detail which cannot be covered succinctly in answering this question.

Question from Cllr Howard Legg to the Chief Executive

I would have sent this request to the appropriate lead officers for the two Scrutiny committees but as there are none nominated I am putting this request to yourself.

Dealing with issues arising from the Covid pandemic has probably been the largest function the council has had to undertake in terms of application of resources and the need for speedy application of most of these resources.

I would like to see at least one of the scrutiny committees have this on their agenda please and, because this is a continuing and significant undertaking of the council, this should be given top priority.

For my part, I see consideration needs to be given to what tasks were given by the government for the council to undertake, how many of these were completed and to what level of compliance? What funding was received so far from the government and how quickly has this been used or reallocated? What tasks were not funded and how has the council managed these tasks? What community groups have been helped and what proportion of their overall needs has this accomplished?

Response from the Head of Business Insight and Corporate Communications

The Chief Executive has asked me to respond to your email (below) about scrutiny of the council's performance in relation to the current covid pandemic. I have a meeting later this week with the chairs of the overview and scrutiny committees so I will discuss this with them then. I thought it worth making a couple of points ahead of that discussion.

As you know, Cllr Wharf chaired a task and finish EAP looking at covid recovery and members of my team will be working with overview chairs to come up with a way of working up a covid-recovery plan building on the work of the EAP, as well as the best mechanism for monitoring progress against that plan. In terms of scrutinising how the council has responded to the pandemic, addressing the points set out in your final paragraph below, I will discuss this with the scrutiny chairs later this week. This is an important piece of work and we will need to get the timing right.

Clearly officers are in the thick of responding to the pandemic itself at the moment and we will need to get beyond the current critical response phase so that we can give appropriate consideration to the matters set out in your email. Clearly at the moment there is a significant degree of uncertainty around when we will be in a "new normal" so I guess at this stage the timing of the review will need to be indicative. I will make sure that we contact you again once I have discussed this with the scrutiny chairs.

