

## **DORSET COUNCIL - PEOPLE AND HEALTH SCRUTINY COMMITTEE**

### **MINUTES OF MEETING HELD ON THURSDAY 17 SEPTEMBER 2020**

**Present:** Cllrs Gill Taylor (Chairman), Molly Rennie (Vice-Chairman), Rod Adkins, Jean Dunseith, Beryl Ezzard, Barry Goringe, Nick Ireland, Jon Orrell, Mary Penfold and Bill Pipe

**Apologies:** Cllrs Ray Bryan (Portfolio Holder for Highways, Travel and Environment), Laura Miller (Portfolio Holder for Adult Social Care and Health), Andrew Parry (Portfolio Holder for Children, Education, Skills and Early Help ) and Simon Gibson (Lead Member for Care).

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

Vivienne Broadhurst (Interim Executive Director - People Adults), Tim Goodson (Chief Officer, Dorset Clinical Commissioning Group), Theresa Leavy (Executive Director of People - Children), Richard Renault (Executive Director, Bournemouth and Poole Hospitals), Inese Robotham (Chief Operating Officer, Dorset County Hospital), Sally Sandcraft (Director of Primary and Community Care, Dorset Clinical Commissioning Group), Gill.Vickers (Interim Corporate Director - Adult Care Operations) and Helen Whitby (Senior Democratic Services Officer)

1. **Apologies**

There were no apologies.

2. **Welcome**

The Chairman welcomed everyone to the new People and Health Scrutiny Committee. She and the Chairman of the new People and Health Overview Committee would be working closely together to support the Cabinet and residents of Dorset. The Scrutiny Committee would hold the Council to account in a constructive way.

Members, Dorset Council and NHS Officers were introduced.

The Chairman referred to the legacy work programmes from the Council's Place and Health Scrutiny Committees which the Committee would consider later on the agenda. The meeting would provide an introduction to the Committee's areas of responsibility and give members an opportunity to identify areas for future scrutiny. The Chairman then explained how the meeting would be run.

3. **Terms of Reference**

**Noted**

#### **4. Declarations of Interest**

Cllr Jon Orrell declared an interest as a GP working at the Royal Crescent Surgery in Weymouth. He had a dispensation which allowed him to take part in the work of the Committee but would withdraw from meetings where topics relating to general practice were to be considered. He would withdraw from the meeting when the report on GP Access was considered.

Cllr Nick Ireland declared an interest as his wife was a Matron employed by Yeovil District Hospital.

#### **5. Dorset NHS Recovery**

The Committee received a presentation from the Chief Officer, Dorset Clinical Commissioning Group (DCCG) on the Dorset Integrated Care System and Phase 3 recovery plan.

The presentation set out: how non-Covid health services were returning to near normal levels; how beneficial changes arising from the pandemic were being "locked" in; performance/activity requirements; activity plans; the Dorset Plan; key challenges; the mental health investment standard; winter planning and probable second spike; and high level timeframes.

In response to a question about access to Covid-19 testing in Dorset, it was explained that testing for NHS front line staff continued. But there was pressure on how many tests could be done as equipment and resources to undertake these were deployed around the country based on need. The number of people wanting to be tested had increased with tests at the Creekmoor Centre being arranged through the national system. There was no local control over testing and the DCCG was aware of the issues and the impacts this could have on people returning to work and for care homes and others.

A number of other questions were raised by members. These included whether unions supported longer working and flexible hours for staff; whether extra funding was available for additional staff for the NHS 111 number in order to cope with additional calls; the suicide prevention steering group; improved access to mental health services; drive throughs for flu jabs; access to ADHC services for children; the West Dorset pathway for gastroscopies; whether there was sufficient capacity in the system to cope with a second wave; and the closure of St Leonards Hospital.

In response members noted that:

- unions had been involved in the changes to working for NHS staff during the pandemic although staff were moving back to their normal areas of work. Unions would be consulted about any permanent changes to staff terms and conditions;
- information about the suicide prevention group would be provided outside of the meeting;

- the service was struggling with the volume of NHS 111 calls. However, it took time to recruit and train people to the point they could answer calls and the impact of the last few months needed to be considered along with future demands on the service;
- mental health services had not the level of funding needed but additional national funding was now being provided. An explanation of plans to reintroduce mental health pathway services and increase access for children and young people was given;
- it was for individual GP practices and networks to decide how best to deliver flu jabs. Practices were working with communities to identify sites for this and any views from members would be welcomed;
- Covid-19 vaccinations would need to be run on a much bigger scale so it was more likely that this would be done on a similar basis to Covid-19 testing in order to get through the number of people needed to be vaccinated;
- a briefing paper would be provided for the ADHD and CAMHS pathways for children;
- Dorset County Hospital was receiving additional funding which would increase imaging and endoscopy capacity. MRI and CT scans were booked within target currently and it was anticipated this would increase to 100% within the next couple of months;
- the speculation that the NHS put Covid-19 patients into care homes was being looked at. With regard to people living in the East of the County being transferred to community hospitals in the West, it was proposed to increase beds and facilities to prevent this in future. There would be investment in the community offer and a focus on Home First with support being provided to people in their own homes;
- wards at St Leonards Hospital were transferred to the Bournemouth site to enable more services to be provided and for more patients to be seen whilst using the same resources;
- when beds are not available locally, the nearest available bed was identified and when the system was under pressure a bed might be at some distance from the patient's home. It was hoped that with the Home First model and more community support being available this could be avoided;

Members commented on the NHS staff's response during the Covid-19 pandemic and the many positives and lessons learned.

The Chairman thanked NHS officers for attending and responding to questions. She looked forward to working with them in the future and asked them to consider whether the Committee could help them by scrutinising any areas of concern. The presentation would be circulated to members following the meeting.

## 6. **Urgent Items - GP Access**

(Cllr Jon Orrell had declared an interest in the item as a practicing GP at the Royal Crescent Surgery in Weymouth. He left the meeting whilst this item was discussed.)

The Committee considered a report by the Dorset Clinical Commissioning Group (DCCG) which addressed concerns raised by Dorset Councillors about current access to General Practice and the level of service provision.

Members noted that the DCCG had responsibility for commissioning GP services and develop resilience whilst recognising the increasing demand for these services, workforce challenges and needing to keep residents and the workforce safe. A brief explanation was given on work on a digital platform developed to triage patients, work with Healthwatch to understand the patient experience and on telephone, video and face-to-face appointments. The fact that the number of Covid-19 cases was increasing may need to services having to adapt further.

A member reported an instance whereby a lady living near to the Creekmoor testing site had been referred to Bristol for a test. As tests were arranged through the national booking system, this was possible. This was a concern locally but the only means of addressing this was by lobbying. Communications were being used to get key messages to the public.

The Portfolio Holder for Adult Social Care and Health offered to pick up such cases. She was aware that this was a national issue and confirmed that lobbying was taking place. A briefing would be provided for members later that day.

### **Noted**

#### **7. People (Children)**

The Committee received a presentation from the Executive Director of People - Children which updated them on Children's Services.

The presentation explained the regulatory context and inspections undertaken, the Children's Services vision, the strategic context, shared values and principles with partners, the strategic planning context, the strengthening services plan, the Children and Young People and Families Plan 2020-2023, examples of projects already implemented - Dorset Children Thrive, Children's advice and duty, national and local drivers to change and the impact of this work and proposed future themes for scrutiny - children missing, school exclusions, special educational needs and disabilities, early help, annual report of the Children, Young People and Families Plan, Strengthening Services Plan progress and Educational Outcomes.

The Chairman thanked the Executive Director for her presentation and the areas for possible future scrutiny. These would be considered when members looked at their Forward Plan.

#### **8. People (Adults)**

The Committee received a presentation from the Interim Executive Director of People - Adults, the Acting Corporate Director of Commissioning, Market

Relationships, Major Contracts Over 65s and the Interim Corporate Director, Adult Care Operations which provided an update on Adult Services.

The presentation explained the statutory context, adult social care, key national drivers, the regulatory context, a diagram of relationships with other organisations and boards, current service locations, demographics, the care sector and resilience, pressures pre-Covid-19, Covid-19 and its impact, the current situation, a Better Life Transformation Programme, what good looked like and possible areas for future scrutiny - hospital discharge policy and impact, Continuing Health Care and Joint Health Funded, Home First, a review of health and social care packages outcomes from hospital and how Dorset compares to best practice, to review the home first model to ensure it is delivering the right outcomes for people, market resilience, to review improved outcomes for residents in relation to safeguarding, rapid review and preparing for adulthood outcomes, review care provision, and to keep under review local testing arrangements and capacity to meet the needs of the Integrated Care System.

The Chairman thanked officers for their presentation and added that the items for possible future scrutiny would be considered when the Committee considered its Forward Plan.

As the meeting was reaching three hours in length, it was agreed:-

**Decision**

that the meeting continue until no later than 1.30pm.

9. **Minutes of Previous Scrutiny Committees**

**Noted**

10. **Forward Plans**

The Committee considered its Forward Plan which was an amalgamation of the Forward Plans for the Council's People and Health Scrutiny Committees.

As members now had a better understanding of the breadth of work to be undertaken, it was suggested that they needed time to consider this. It was therefore suggested that the Chairman and Vice-Chairman would review the Forward Plan prior to it being considered at an informal meeting of the Committee.

**Decision**

That the Chairman and Vice-Chairman review the Forward Plan prior to it being considered at an informal meeting of the Committee to be held on a date to be arranged.

**11. Liaison Members**

The previous Health Scrutiny Committee identified Liaison Members for Dorset NHS Trusts. Members were asked to consider whether they wished to continue with this role.

In response to what was involved in becoming a Liaison Member, members of the previous Health Scrutiny Committee explained how they had undertaken this role and of its value.

The Democratic Services Officer was asked to provide some information about the role to help members with deciding on the benefit of having Liaison Members. Cllr B Pipe, Cllr N Ireland and the Chairman were happy to continue with this role as an interim measure until members were able to discuss the role in more detail. It was suggested that the Committee consider these appointments at the same time as they considered their Forward Plan.

The Chief Officer from the DCCG suggested that the Committee might like to consider appointing a Liaison Member for the new Poole and Bournemouth Hospitals Trust.

**Decision**

That the appointment of Liaison Members for Dorset NHS Trusts be considered at an informal meeting of the Committee on a date to be arranged.

**12. Public Participation**

There were no statements or questions from Town and Parish Councils or members of the public.

**13. Exempt Business**

There was no exempt business.

**Duration of meeting:** 10.00 am - 1.10 pm

**Chairman**

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