

DORSET COUNCIL - HEALTH AND WELLBEING BOARD

MINUTES OF MEETING HELD ON WEDNESDAY 11 NOVEMBER 2020

Present: Cllrs Rebecca Knox (Chairman), Vivienne Broadhurst, Tim Goodson, Margaret Guy, Marc House, Theresa Leavy, Laura Miller, Patricia Miller, Rachel Partridge, Karyn Punchard and Simon Wraw

Also present: Cllr Jane Somper, Lead Member for Safeguarding, Dorset Council

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

Mark Blackman (Corporate Director - Education and Learning), Barrie Crook (Independent Chairman of Dorset Safeguarding Adults Board), Sue Evans (Head of Specialist Services), Paul Iggulden (Public Health Consultant), Martin Kimberly (Chief Executive, Active Dorset), Karen Maher (Business Manager - Dorset Safeguarding Adults Board), Emma Williams (Dorset Healthcare University NHS Foundation Trust) and Helen Whitby (Senior Democratic Services Officer)

14. Apologies

Apologies for absence were received from Sam Crowe (represented by Rachel Partridge), Spencer Flower, James Vaughan and his deputy Mark Callaghan, John Sellgren (represented by Karyn Punchard), Tanya Stead, Seth Why (represented by Marc House), Forbes Watson, Eugene Yafele and Simone Yule

15. Declarations of Interest

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

16. Minutes

The minutes of the meeting held on 23 September 2020 were confirmed. They would be signed by the Chairman at the earliest opportunity.

Matter Arising

Minute11 - Appointments to the Dorset Local Nature Partnership

It was confirmed that the Chairman would represent the Board on the Dorset Local Nature Partnership until such time as longer-term appointments were made.

17. Public Participation

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

18. **Outbreak Management**

The Board received an update on outbreak management from the Assistant Director of Public Health.

Infection rates had increased since the Board's last meeting. There were 93 cases per 100,000 residents in Dorset now compared to 164 for the South West Region. Last week there had been 350 new cases predominantly within working age people and these had primarily been transmitted by visiting friends and family. Outbreaks had been seen in a range of settings but there were good systems in place to deal with these. It was too early to say what impact the second lockdown will have had on local infection rates but the increase in hospital admissions had stabilised.

Dorset Health Protection Board continued to meet weekly to review data, to develop a containment strategy and build the approach for coming out of lockdown.

The Board noted that Dorset County Hospital had not been as badly affected as Bournemouth and Poole Hospital during the second wave. There had been a couple of patients in intensive care over the last couple of weeks but these had not been ventilated. Unfortunately, there had been one death. The Hospital had approximately 90-95% bed occupancy due to the volume of emergency admissions and there were a high number of patients medically fit for discharge who were waiting for care packages to be arranged. The whole system needed to take action to address these issues as any increase in the number of Covid cases might mean the Hospital would not be able to cope.

Local test and trace levels were good and the local follow up rate had improved. The Dorset area had been consistently at a lower infection level than the Bournemouth, Christchurch and Poole area. There had been 15 outbreaks in care homes in Dorset and Public Health were working closely with them.

There had been positive news about a vaccine but this would not be available for some time. So the message of self-isolation and testing, if symptomatic, needed to be maintained.

The Chairman thanked the Assistant Director of Public Health for her update.

Noted

19. **Update on a Physical Activity Strategy for Dorset**

The Board considered a report by the Director of Public Health which provided an update on the Physical Activity Strategy for Dorset.

The Board received a short presentation from the Chief Executive, Active Dorset, on the Physical Activity Strategy which had been prioritised by both the Dorset and Bournemouth, Christchurch and Poole's Health and Wellbeing Boards.

During the pandemic a 7% drop in physical activity levels across the nation had been experienced. Of most concern was the fact that children and young people's activity levels had dropped significantly with some children not doing any activity at all and some schools not providing physical education or after school activities. Since lockdown was eased 60% of people returned to their traditional activities but 40% had not returned due to concerns about their safety. This had impacted on the delivery and financial position of the sector.

The Physical Activity Strategy would be developed in line with the emerging national strategy under five areas - foundations for an active society, connecting physical activity and sport to health, active environments, leading a movement for movement and building back better. Within each of the five areas there would be a focus on inequalities and ensuring physical activity in all policies.

It was hoped that the Strategy would be launched in Spring 2021 and a timeline of activities was set out in the report. Board members were asked to keep physical activity to the fore, include it in any policies, and promote activity whenever and wherever possible.

With regard to the impact of lockdown on Dorset pools and gyms, it was confirmed that some private gyms and one private school which served a community in North Dorset had closed. However, the situation had been masked by the Furlough Scheme.

It was noted that Dorset Council's leisure centres had closed during the first lockdown and were now closed again, and this had affected participation rates. Although some within the sector were eligible for grants, some were less fortunate, so the Council was helping these to access available funding. It was difficult to predict how the sector would recover and how long it would take to get back to 100% participation. The situation was being monitored.

The loss of facilities provided by schools for their communities or for after school clubs was highlighted. It was explained that since March there had been limited access to school facilities and even when schools returned their after-school clubs remained closed.

Some Board members reported that their children continued to take part in physical activity throughout lockdown, so it seemed that activity levels varied across schools. They asked why if some schools could do this, why not all. The Corporate Director for Education and Learning added that the perception was that the school system had closed when this was not true. Although there were no inter-school competitions currently children continued to do after school activities and headteachers were working to enable children to play together and provide space for exercise. The Corporate Director asked to see any relevant data from Active Dorset.

The Chairman asked officers within the Children's and Place Directorates to enable schools to provide physical activity and keep parks, local facilities within villages, towns and hamlets and play areas open. She also suggested

that communications needed to convey the message that Dorset was not shut.

The Chairman thanked the Chief Executive for his presentation and asked him to contact the Board if he needed any further support.

Decisions

1. That the delays to this strategy development arising from the coronavirus pandemic be noted.
2. That the proposed approach to developing the physical activity strategy as set out in Appendix 1 of the report be agreed.
3. That Active Dorset provide relevant data for the Corporate Director for Education and Learning as set out above.

20. Draft Health and Wellbeing Strategy

The Board considered a report by the Director of Public Health on the draft Health and Wellbeing Strategy for 2020-2023.

The Consultant in Public Health gave a short presentation which set out the Strategy's six sections - the role of the board, the current context, empowering communities, promoting health lives, support and challenge and measuring impacts. The Strategy would support the development and implementation of the Physical Activity Strategy.

The Portfolio Holder for Adult Social Care and Health, Dorset Council, agreed with the priorities contained in the draft Strategy and with regard to empowering communities highlighted that consideration was being given to whether a Deal for Dorset could be started.

The Chairman referred to the likely focus on Weymouth and Portland as priority communities and asked that the document not just be limited to these areas.

Members spoke in support of the need to empower communities, the reduction of health inequalities and the united approach and shared priorities across plans. There was also discussion about improving outcomes for children, young people and young adults with special educational needs and disabilities and how differences could be made to the lives of 16-25 year olds by partnership working. It was suggested that the Consultant in Public Health, the Interim Executive Director of People - Adults and the Independent Chairman of the Dorset Safeguarding Adults Board discuss this at the next Dorset Safeguarding Adults Board meeting.

The Consultant in Public Health explained that as the Strategy was refined, there might be a need for sub-groups to look at particular areas and this would be reported to the Board at the appropriate time. The Chairman asked that rather than creating new groups, those already in place be used where possible and the Board used to fill any gaps.

Any other feedback should be submitted to the Consultant in Public Health by the end of the week.

Decision

That the draft Strategy be approved.

21. Local Government Social Care Ombudsman SEND Progress Report

The Board considered a report by the Executive Director of People - Children, Dorset Council, which provided an update on the actions taken following the Local Government Social Care Ombudsman investigation into specific circumstances surrounding the educational provision arranged by Dorset County Council for one young person.

The Corporate Director for Education and Learning presented the report highlighting the Ombudsman's criticism of Special Educational Needs and Disability (SEND) provision and timeliness of Education Health Care Plans (EHCPs). All requirements in the Ombudsman's judgement had been met with regard to timescales and a re-vamp of Children's Services had been undertaken which centred on a locality-based model which sought to work more closely with families and young people. The Directorate were also working more closely with schools and were undertaking more partnership working including with the voluntary and community sector. The report had been considered by the People and Health Scrutiny Committee who were content that oversight should remain with the Board.

The Lead Member for Safeguarding added that a huge amount of work had been undertaken and this had provided a strong foundation for the future. The Executive Director of People - Children added that SEND remained a challenging area for Dorset given the ever increasing need.

Noted

22. Dorset Safeguarding Adults Board Annual Report

The Board considered the Dorset Safeguarding Adults Board's Annual Report 2019-20 and Joint Business Plan 2020 onwards.

Annual Report 2019-20

Members noted that there had been an 11% increase in referrals in 2019-20. Only 58% of these were confirmed as safeguarding and only 15% proceeded to a Section 42 enquiry. The age groups involved were similar to previous years and there had been a slight reduction in risk overall compared to the previous year.

The Dorset and Bournemouth, Christchurch and Poole Safeguarding Adults Boards had commissioned a review of the current governance arrangements and how the Adults and Children's Safeguarding Boards and communities could work better together. The review had identified areas of positive practice, that learning from reviews should be put into practice, that better use could be made of meeting structures and pan-Dorset agencies, that there was

some overlap and duplication and that the Board was under-resourced. The review did not identify a future working model but this taken forward in the Business Plan.

Following the review into a death of a man in the Bournemouth, Christchurch and Poole Council area, the Board was trying to raise awareness about domestic abuse issues.

Attention was also drawn to the annual event run by the Board for service providers which highlighted important issues.

Business Plan

The Plan had been interrupted by the Covid-19 pandemic but a rolling programme had been agreed going forward. The Business Plan had four key themes - the impact of Covid-19 on the adult social care sector, domestic abuse, neglect and self-neglect. It also picked up on the recommendations from the governance review.

The Portfolio Holder for Adult Social Care and Health, Dorset Council, thanked the Independent Chairman and his team for the work they undertook and supported the priorities for the coming year. She welcomed the focus on neglect and domestic abuse.

The Interim Director of People - Adults, Dorset Council, added that it was important for the Board to have sight of the issues and for public awareness to be raised about depression, loneliness, domestic abuse and neglect. The Chairman suggested that the Interim Director, and the Portfolio Holders for Adult Social Care and Health and Customer and Community Services create a communications strategy for this. The Safeguarding Adults Board's Business Manager added that links had been made with Dorset Community Action to raise awareness of safeguarding matters and where any concerns could be reported.

Decisions

1. That the Board fully supported the work of the Dorset Safeguarding Adults Board.
2. That the Interim Director, and the Portfolio Holders for Adult Social Care and Health and Customer and Community Services create a communications strategy to raise public awareness about depression, loneliness, domestic abuse and neglect.

23. Standing Reference to Well-being and Health Implications on Committee Reports

The Chairman reminded the Board of efforts made over a number of years to get health and wellbeing included in every policy at the previous Dorset County Council and the new Dorset Council.

She was pleased to report that, following a recent change, this was now included in all documents and reports going to all of the Council's committees. She thanked the Interim Director of People - Adults, Dorset Council, for

providing a guidance note o that officers considered health and wellbeing outcomes, even in planning.

The new report template would be forwarded to members along with the guidance note as other organisations might want to make a similar change.

Decision

That the report template and guidance note be sent to members following the meeting..

24. Delayed Transfers of Care Performance during Covid-19 (Home First)

The Board considered a report by the Programme Director Urgent and Emergency Care, Dorset Clinical Commissioning Group which provided information regarding delayed transfers of care during the first wave of the Corona virus and information about the new Home First Programme.

The Board received a brief presentation which explained how the Home First Programme had developed from the Government's requirement in March 2020 for people's ongoing health and social care requirements to be assessed outside of hospitals through a model of discharge to assess and the move in September 2020 to a new hospital discharge operating model.. The Home First Programme was developed by the acute hospitals, local authorities and providers working together and would enable people to remain at home or return home quickly after hospital admission, support them through recovery and promote independence.

From 8 October 2020 there had been a single point of access to arrange support to enable people to return home from hospital. Health and social care teams were now working together in five clusters across Dorset to plan a person's needs for recovery and their ongoing support. Resources across health and social care had been pooled for greater visibility and to reduce boundaries and, in future there would be a commissioning strategy for the Home First Programme.

Members were shown breakdowns of referral and discharges numbers for September and October 2020 across community and acute hospitals for the three different pathways (returning home to a residence, moving to an interim care home placement before returning home, and a longer term placement where there had been a significant life changing event).

The next stage would be look at helping people to remain at home and avoiding hospital admission in the first place.

The Interim Director of People - Adults, Dorset Council, highlighted the challenge across the whole system, the increasing numbers of people involved, and the hard work undertaken by teams to get people back out of the system. The new approach was a positive move towards people only entering acute care when it was necessary and were then able to return home

more quickly with community support. She highlighted the amount of pressure in the system in trying to meet people's needs.

Attention was also drawn not just to the numbers but to the increased dependency of those going into hospital and that earlier discharge meant that levels of rehabilitation and support needed in the community were higher. It was hoped that the development of the Home First Programme would ease some of the pressures and challenges currently faced by staff.

The Healthwatch representative drew attention to a recent Healthwatch Dorset publication on people's experience on discharge from hospital. The Chairman asked the Senior Democratic Services Officer to send this to members following the meeting.

The Board noted many lessons had been learned from the first wave of the Covid-19 pandemic, including the importance of communicating with the person in hospital and their family and friends. and supporting them to make choices about their future. The creation of integrated teams and the single point of access meant there was less likelihood of follow ups being missed.

The Voluntary and Community Sector representative had been struck by how many references there had been to the not for profit and voluntary sector during his first meeting and was pleased with the recognition the sector had received. The Chairman added that this sector had an increasingly important role in partnership working and that this should be recognised.

In summary, the Chairman thanked officers for their presentations, welcomed the development of the Home First Programme and recognised the pressure staff were working under. She would talk to the Portfolio Holder for Adult Social Care and Health and the Interim Director of People - Adults to develop a narrative for sharing with Dorset Councillors to help them respond to questions from their constituents.

Decisions

1. That the Senior Democratic Services Officer send the recent Healthwatch Dorset publication to members following the meeting.
2. That the Chairman, the Portfolio Holder for Adult Social Care and Health and the Interim Director of People - Adults develop a narrative for sharing with Dorset Councillors to help them respond to questions from their constituents.

25. Urgent items

There were no urgent items.

26. Exempt Business

There was no exempt business.

Duration of meeting: 2.00 - 4.10 pm

Chairman

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