



Health Overview and Scrutiny Committee

Date: Tuesday, 14 January 2020
Time: 2.30 pm
Venue: Committee Room 1, County Hall, Dorchester, DT1 1XJ

Membership: (Quorum 3)

Jill Haynes (Chairman), Andrew Kerby (Vice-Chairman), Rebecca Knox, Robin Legg, Jon Orrell, Emma Parker, Bill Pipe, Byron Quayle, Nick Ireland and Ryan Holloway

Chief Executive: Matt Prosser, South Walks House, South Walks Road, Dorchester, Dorset DT1 1UZ (Sat Nav DT1 1EE)

For more information about this agenda please contact Helen Whitby 01305 224187 - helen.whitby@dorsetcouncil.gov.uk



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A G E N D A

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1 APOLOGIES

To receive any apologies for absence.

2 MINUTES

5 - 10

To confirm the minutes of the meeting held on 26 September 2019.

3 DECLARATIONS OF INTEREST

To receive any declarations of interest.

4 PUBLIC PARTICIPATION

To receive questions or statements on the business of the committee from town and parish councils and members of the public.

5 INTEGRATED URGENT CARE SERVICE

11 - 14

To consider a joint report by the Deputy Director - Lead Member for Urgent and Emergency Care and the Programme Manager - Urgent and Emergency Care, NHS Dorset Clinical Commissioning Group (CCG).

6 SOMERSET INTEGRATED HEALTH AND CARE STRATEGY

15 - 18

To consider a report by the Health Scrutiny Committee Member Working Group.

7 TRANSFORMING CARE - MOVING PEOPLE WITH A LEARNING DISABILITY OUT OF LONG-TERM HOSPITAL CARE

19 - 22

To consider a report by the Executive Director of People - Adults.

8 INFORMATION REPORTS RECEIVED

The following information report has been circulated to the Committee since the last meeting:-

- West Moors Group Practice Branch Closure - Rushmore House, Church Road, Three Legged Cross, Wimborne, Dorset, BH21 6RQ.

9 DORSET HEALTH AND WELLBEING BOARD WORKPLAN

10 REQUESTS FOR JOINT SCRUTINY

To consider a request from Bournemouth, Christchurch & Poole (BCP) Council's Health and Adult Social Care Overview and Scrutiny Committee for joint scrutiny in relation to the following areas:-

- The Ambulance Service Improvement and Financial Investment Plan
- The implementation and performance of NHS Dorset Urgent Integrated Care Services

11 URGENT ITEMS

To consider any items of business which the Chairman has had prior notification and considers to be urgent pursuant to section 100B (4) b) of the Local Government Act 1972. The reason for the urgency shall be recorded in the minutes.

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DORSET COUNCIL - HEALTH SCRUTINY COMMITTEE

MINUTES OF MEETING HELD ON THURSDAY 26 SEPTEMBER 2019

Present: Cllrs Jill Haynes (Chairman), Andrew Kerby (Vice-Chairman), Robin Legg, Jon Orrell, Emma Parker, Bill Pipe and Byron Quayle

Apologies: Cllrs Rebecca Knox, Nick Ireland and Ryan Holloway

Also present: Cllrs Tony Alford, Laura Miller and Jane Somper

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

Dorset Council:- Paul Beecroft (Communications and Engagement Business Partner - Adults); Eryl Doust (Project Manager); Andrea Kiy (Project Support Officer) and Denise Hunt (Senior Democratic Services Officer)

NHS Dorset Clinical Commissioning Group:- Diane Bardwell (Principal Programme Lead - Dementia Services Review); Rob Payne (Head of Primary and Community Care); Tracy Hill (Principal Programme Lead - Physiotherapy Services Review); Sarah Howard (Principal Primary and Community Care Lead)

Dorset County Hospital NHS Foundation Trust :- Inese Robotham, Chief Operating Officer

Dorset HealthCare University Foundation Trust: - Jane Elson, Service Director

9. **Apologies**

Apologies for absence were received from Cllrs Ryan Holloway, Nick Ireland and Rebecca Knox.

10. **Minutes**

The minutes of the meeting held on 26 June 2019 were confirmed and signed.

11. **Declarations of Interest**

Cllr Jon Orrell declared a disclosable pecuniary interest in minute 14 as a GP and confirmed that he would not take part in the debate or vote on this item. As the report was for information only he would remain in the room to listen to the presentation and debate.

Cllr Andrew Kerby declared a disclosable pecuniary interest as his partner was employed by the Dorset Healthcare University NHS Trust as a nurse and advised that a dispensation was in the process of being made.

12. **Public Participation**

There were no public statements or questions made at the meeting.

13. **NHS Dorset CCG - Dementia Services Review update**

The committee considered a report by the Principal Programme Lead for the Dementia Services Review, NHS Dorset Clinical Commissioning Group (CCG) providing a summary update from the review following a period of public consultation.

The committee received a slide presentation setting out the background and scope of the review, the shortlisted and preferred option with costings showing the extra money that was needed to deliver that model.

The public consultation concluded on 11 August 2019 and its findings, which just been released, would be shared with the committee once published. The findings closely reflected the view seeking and demonstrated the value of co-production. Next steps following publication of the consultation and evaluation report included submission of a full business case and decision and investment by the Governing Body in November 2019 in order to mobilise and procure new services from April 2020.

The Chairman asked about support in instances where people experienced sudden onset of symptoms and what was being done to support families and carers in accessing information in situations where a person did not believe there was anything wrong with them.

The Principal Programme Lead explained that this was a complex area and that one of the proposals was to ensure people accessed the right information as well as the two national Dementia UK and Alzheimer's UK helplines offering bespoke advice. The Dorset Dementia Friendly initiatives had been very successful locally.

Members asked about the inpatient beds at Alderney hospital in the context of loss of beds in other areas and were advised that the number of beds had gone down overall which reflected a reduction in the occupancy rate. The intensive support service formally commissioned in East Dorset had resulted in a decline in the need for hospital admissions and steps had been taken to develop this service in the West. The need for 40 beds at Alderney Hospital would therefore continue to be monitored in light of development of services including community and transitional beds across the whole of Dorset and care home development. There had been difficulties in procuring staff prior to closure of the Chalbury Unit as the work was challenging due to the very high level of acuity. The business case had taken account of reimbursement of travel and accommodation costs for carers to recognise the increased distance.

In response to a question in relation to respite services for carers, it was explained that although an obligation under the Care Act, this work had

paused temporarily due to local government reorganisation, but that the Council had recently completed a review of this area of work.

Members asked what was being done to identify groups at risk of dementia which came under Public Health as part of the prevention agenda. There was currently a significant reduction in vascular dementia correlated to people reducing smoking. A lot of research was taking place in relation to prevention and so the focus would be about people living healthily until the findings were available.

Noted

14. Dorset Primary Care Networks

Cllr Jon Orrell did not take part in the debate but remained in the room during consideration of this item.

The Committee considered a joint report introduced by the Head of Primary and Community Care and Principal Primary and Community Care Lead, NHS Dorset CCG. Members received a slide presentation on the Primary Care Networks (PCNs) which came into force on 1 July 2019.

PCNs had autonomy work together to deliver services in a way that met the needs of its populations and were also encouraged to discuss innovation and different ways of working. Examples of this included focus on childhood obesity by the Mid Dorset PCN and early identification and prescribing for diabetes by the West Dorset PCN.

In response to a question it was confirmed that the 18 PCNs superseded the former GP localities and were based on 30-50k population. As these had only recently come into force, further discussion would take place with regard alignment with the Health & Wellbeing Board's locality groups.

The Chairman noted that an advantage of an improved system would be to help reduce pressure on A&E Departments as a result of people unable to book a GP appointment.

The reduction in GP numbers due to retirement or relocation, leading to undue pressure on the remaining GPs was also highlighted and the CCG was keen to develop a workforce plan for Dorset around integrated health and care teams that would remove stress from individual GP practices. There would be continued investment in attracting and retaining the workforce into Dorset. To date, 33 GPs who were thinking of leaving the profession had been retained through the offer of a more flexible contract with development support.

The Committee commented on appropriate Terms of Reference that encouraged the right people to attend the stakeholder meetings, the overlapping of the PCN boundaries and involvement by the PCNs in the recent GP closure in Stalbridge.

It was confirmed that the PCN boundaries reflected the patient intake of GP surgeries and that the closure of practice in Stalbridge had occurred prior to the formation of the PCNs. Although the CCG had engaged with the local community on the proposed closure and took steps to ensure that vulnerable patients were supported, GP surgeries were independent businesses and there had been no appetite for reprovision by another provider.

On conclusion of the discussion, the Chairman stated an update on progress would be considered in a year's time to assess the changes and the additional support that the Council could bring to that system. The Committee would hold an Inquiry Day in the New Year to investigate workforce and the Better Care Fund.

Noted

15. NHS Dorset CCG - Physiotherapy Services Review

The committee considered a report by the Principal Programme Lead, NHS Dorset CCG that provided an overview of the objectives, the review process, a summary of the findings and outline of the proposed recommendations.

The model included self-management, self-referral and face to face physio services and was now in the implementation phase with a business case being developed for the website and self-referral scheme to be submitted in November 2019 for approval.

In response to a question in relation to the criteria for self-referral requests, it was confirmed that a telephone triage system would be used to assess whether a face to face physiotherapy appointment would be necessary or to discharge a patient with advice following the first call.

Cllr Jon Orrell drew attention to problems with the current physiotherapy pathway that led to blocking and unnecessary redirecting of patients and asked whether this model would improve this situation. It was confirmed that the pathway would eliminate the steps that were problematic as the onus would be on the patient who could progress through the system without reference to a GP.

Members focussed on the waiting times in September 2018 outlined in the report, asking whether these had improved and if the changes were introduced, what could be done to improve the routine waiting time for Dorset Healthcare, which was almost double that of Poole General Hospital.

Members were advised that waiting times had not improved for routine patients and that a performance dashboard was used to monitor waiting times across the system in order to create flexibility. However, the organisations were reporting waiting times differently meaning that the data could not be heavily relied upon. An update on waiting times could be provided following the meeting.

The Chairman stated that the Integrated Care System was focussed on prevention at scale and that physiotherapy was a key factor in prevention. It was suggested that introduction of a voucher system for patients to use for treatment in the private sector or providing additional staff was investigated as a matter of urgency in order to increase capacity in the system and reduce waiting times. The Chairman proposed that a letter was sent to the CCG which was supported by the Committee.

Resolved

That a letter is sent to the NHS Dorset CCG to suggest ways in which the waiting times for physiotherapy could be reduced as outlined in the above discussion.

16. Notification of change - Repatriation of day case activity from Bridport Hospital to Dorset County Hospital

The Committee considered a report by the Chief Operating Officer (Dorset County Hospital NHS Foundation Trust) and the Service Director (Dorset HealthCare Trust) that concerned the repatriation to Dorset County Hospital of a small number of services requiring highly specialised staffing and equipment.

Members noted the workforce issues across community services, the continued growth of the private sector and the impact on infrastructure at Dorset County Hospital such as parking provision.

Members were informed that as an Integrated Care System there was sponsorship and development of apprenticeships in nursing which took time to invest and grow. Planning permission to extend Dorset County Hospital included a new car park and provision of a 7 day service would also help to reduce impact on parking.

Members were assured that there were no plans to repatriate other services from Bridport Hospital and there had been a growth in services in that area with the Bridport hub gaining national recognition.

Noted

17. Our Dorset - Looking Forward

The Committee considered a report by the Director of Public Health concerning Our Dorset - Looking Forward, the emerging 5 year local strategy in response to the national NHS Long Term Plan.

Members were informed that an update on the Integrated Care System (ICS) refresh would be considered by the Committee next year and would be a useful area to scrutinise, in particular the way in which the ICS plan evidenced its ambitions and outcomes. This had recently been signed off by the Bournemouth, Christchurch & Poole Council's Health and Wellbeing Board the previous day and would be considered by the Dorset Council Health and Wellbeing Board on 30 October 2019.

Noted

18. Appointments to Committees and Other Bodies

The Committee considered a report by the Project Manager - Adult Services concerning the appointment of members to the roles specified in the report.

Resolved

That the following appointments be approved:-

- Quality Account Panel for Dorset County Hospital: Cllrs Jill Haynes, Bill Pipe and Andrew Kerby
- Quality Account Panel for Dorset HealthCare: Cllrs Jill Haynes, Bill Pipe and Nick Ireland
- Liaison Member for NHS Dorset CCG: Cllr Jill Haynes
- Liaison Member for Dorset County Hospital: Cllr Andrew Kerby
- Liaison Member for Dorset HealthCare: Cllr Nick Ireland
- Liaison Member for South Western Ambulance NHS Foundation Trust: Cllr Rebecca Knox

Reason for Decision:

To assist in helping Dorset's citizens to remain healthy.

19. Urgent items

There were no urgent items to report.

The Chairman advised that the formal response to the Judicial Review appeal hearing had been e-mailed to the committee for information. The referral from the Dorset Health Scrutiny Committee remained with the Independent Review Panel and no further information had been received at this stage. She announced that the workforce plan and Better Care Fund would be considered by the committee at a separate Inquiry Day in the New Year.

Duration of meeting: 10.00 - 11.50 am

Chairman

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Date of Meeting: 28 November 2019

Lead Member: Sue Sutton Deputy Director – Lead Member for Urgent and Emergency Care, Dorset Clinical Commissioning Group

Lead Officer: Emma Wilson Programme Manager, Urgent and Emergency Care, Dorset Clinical Commissioning Group

Executive Summary:

The Health and Scrutiny Committee is asked to **note** the update on the Dorset Integrated Urgent Care Service.

The new Dorset Integrated Urgent Care Service commenced on 1 April 2019. It is delivered by Dorset HealthCare University NHS Foundation Trust as the contract lead, in partnership with the Dorset County Hospital NHS Foundation Trust, The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, Poole Hospital NHS Foundation Trust, General Practitioners and South Western Ambulance Services NHS Foundation Trust.

There have been a few challenges which the partnership has been working together on to mitigate any risks.

Equalities Impact Assessment:

This report does not contain a new strategy/policy/function

Budget:

N/A

Risk Assessment:

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: MEDIUM

Residual Risk LOW

Other Implications:

Recommendation:

The Health and Scrutiny Committee is asked to **note** the report.

Reason for Recommendation:

For the Committee to be updated on the service

Appendices:

N/A

Background Papers:

N/A

Officer Contact

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Introduction

The new Dorset Integrated Urgent Care Service commenced on 1 April 2019. It is delivered by Dorset HealthCare University NHS Foundation Trust as the contract lead, in partnership with Dorset County Hospital NHS Foundation Trust, The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, Poole Hospital NHS Foundation Trust, , General Practitioners and South Western Ambulance Services NHS Foundation Trust.

The Dorset Integrated Urgent Care Service commissioned by Dorset Commissioning Group (CCG) provides:

- a) 24/7 NHS 111, (including 111 online)
- b) Clinical Assessment Service
- c) Primary Care Out-of-Hours
- d) Improved Access to GP Services – Urgent and Routine
- e) Single Point of Access
- f) Night Nursing
- g) Prison health provision

The sub-contracts mirror the main contract defining the activity, resources and Key Performance Indicators each Partner is required to deliver.

Report

The new contract has been challenging relating to shift fill cover for Out-of-Hours Clinicians, 111 Call Handlers, 111 Clinical Supervisors and Clinical Assessment Service Clinicians. This is particularly at weekends.

There have been many actions undertaken to mitigate the challenges they include, but not limited to:

- a) Twice weekly partnership operational calls;
- b) Commencement of a Partnership Workforce Group;
- c) Rolling Recruitment programme for all roles in Dorset Integrated Urgent Care Service, especially General Practitioners, Advanced Nurse Practitioners, Call Handlers and Clinical Assessment Service Clinicians;
- d) Exploring a resilience partner to support 111 over the winter period.

South Western Ambulance Services NHS Foundation Trust has written to Dorset HealthCare University NHS Foundation Trust confirming notice to withdraw from the Dorset Integrated Urgent Care Service. This relates to the NHS 111 call centre telephony, Clinical Assessment Service and Single Point of Access.

Dorset CCG, are aware of the South Western Ambulance Services NHS Foundation Trust position and have pledged support to Dorset HealthCare University NHS Foundation Trust as the lead provider who are currently exploring the market to procure a new provider.

Dorset HealthCare University NHS Foundation Trust have recently communicated to employees their intention to bring in-house the NHS 111 telephony, Clinical Assessment Service and Single Point of Access. Dorset CCG are working with the lead providers to ensure the correct due diligence and assurance is in place.

The Dorset Integrated Urgent Care Service, will implement SystemOne (S1) across the service in order to provide access to patient data throughout the patient journey. The

first step of this roll-out is due to take place at the end of September with the Clinical Assessment Service and the treatment centres used by the service. This will allow for a smoother pathway and vastly improved communication to our Dorset services. This change will also allow for patient records to be available to the clinicians working in the service.

Due to the announcement from South Western Ambulance Services NHS Foundation Trust, NHS England & NHS Improvement are in discussion with the Dorset Integrated Urgent Care Service partnership regarding the timing of moving the call handling platform from Adastral to SystmOne. Work is ongoing to ensure the move does not have further impact on the service and the patients using it



Health Overview and Scrutiny Committee

Somerset STP Plan Report by the working group of Dorset Health Scrutiny Committee
 Cllr Robin Legg, Cllr Nick Ireland, Cllr Jill Haynes

Date of Meeting: 28 November 2019

Portfolio Holder: Cllr L Miller, Adult Social Care and Health

Local Member(s):

Director: Mathew Kendall, Executive Director of People - Adults

Executive Summary:

The working group found there were many similarities between Somerset and Dorset in both the issues facing the health sector and the approach to the two STP's. Both STP's seemed to be at a similar level of maturity.

The working group found no evidence at this stage that there was any concern about the future care of Dorset residents attending Somerset health or care facilities. The drive to provide a holistic approach, supporting prevention and intervention at an early stage, and trying to provide care and support as close as possible to people's homes was to be welcomed.

Equalities Impact Assessment: n/a

Budget: n/a

Risk Assessment: n/a

Climate implications: n/a

Other Implications: n/a

Recommendation:

For the committee to note and comment on the paper.

Reason for Recommendation:

Appendices: None

Background Papers: None

Officer Contact:

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1. Introduction

The working group having read the Somerset STP plan and refresh then had a telephone interview with Mel Lock, who is Assistant Director for Adult Social Care at Somerset County Council, and the councils lead on the STP. (It should be noted that the chair of the STP board is the CE of Somerset County council, Pat Flaherty.)

The purpose of the scrutiny was to see if there were any changes that the STP refresh, (Fit for My Future) would make to the health services that Dorset residents receive cross border.

Members also wanted to understand how the STP's of Dorset and Somerset worked together.

Along with the rest of the country's 44 CCG's the Somerset STP was launched in 2016, below is an extract of the kind of changes that they were looking to make.

"Somerset's ageing population means more people are living longer and managing multiple complex illnesses like diabetes and hypertension. These are costly to support and require more integrated care from a range of different organisations.

At the same time, Somerset has higher than average levels of obesity and lower levels of activity which, together with more people moving to Somerset, will create an increasing demand for health and care services.

Health and social care are struggling to recruit staff across the board. This requires us to think and work differently. All the organisations with the Somerset 'footprint' are finding it difficult to keep spending within existing budgets. However, even if more money was found, there are still not enough qualified staff to continue to work in the same way.

The plan looks to 'flip' the current system from one where time, effort and money are focussed more on treatment, to one where the emphasis is on prevention, avoiding illness and helping people to stay independent and in control of their health and wellbeing.

It will mean the entire system – from GPs and hospitals, to mental health and social care workers – working more closely together to provide easier access to care and support closer to home. It will mark a move away hospital-based care towards care and support provided in people's own homes and communities."

2. STP update

"The Fit for My Future" strategy updates and progresses the original STP, it is work in progress and runs from the end of 2018 to 2023. The plan clearly states "there is no overarching vision for Somerset" rather that it will be a development of ideas and that the plan will change as integration develops. The link to the original STP is at the bottom of this paper.

The members of the working group questioned Mel Lock about the STP refresh. In particular, they were all concerned about the lack of detail in the document. There is plenty about the aspirations but little about how this would be achieved.

The Councillors were informed that it was still very early days in the integration work although this was already proving successful. Somerset, like Dorset, had recently set up their Primary Care Networks and this had helped with their Neighbourhood approach. Each Neighbourhood will have multi-disciplinary teams sitting with the GP surgeries and consist of health professionals, social workers and input from the wider community like schools and the voluntary sector.

Initially they are starting a trial of three Neighbourhoods which will be launched on 25th November this year. One of these trial areas will be Chard Crewkerne and Ilminster which also serves a number of Dorset patients. The three areas will be a trial to test the model.

There currently is an intended merger between the Taunton and Somerset Hospital Trust and Somerset Partnership NHS Foundation Trust. Although not complete they now have one Chief Executive and one Board. This would be like Bournemouth and Poole hospitals merging with our Health Trust. This merger includes some GP functions. Yeovil Hospital remains a stand-alone trust and the small size of the hospital and its distance from Taunton and the main hospital makes this a concerning situation. As in Dorset it would be difficult to put the hospitals into one trust due to the merger and competition legislation. Like Dorset they currently operate 13 community hospitals.

Somerset are performing well in stopping people coming into the system and in their discharges from care. It is felt that this is due to the more integrated team approach and putting resources into prevention. The one front door approach has teams managing about 80% of patients out in the community and only 20%

coming forward for assessment. £1.6M of the Adult Social care budget is being spent on prevention.

In Somerset the HWBB acts as the main board for the STP. The executive team of the board meets monthly and with the whole board 6 times a year. In addition, the executive team reports into Cabinet on a monthly basis and STP progress is a regular item on the Health Scrutiny agenda thus giving a democratic input into the development of the STP.

[Read the full copy of the Somerset Sustainability and Transformation Plan \(STP\)](#)



Dorset Health Overview and Scrutiny Committee

Transforming Care – Moving people with Learning Disability out of long-term hospital care

Date of Meeting: 14 January 2020

Portfolio Holder: Cllr L Miller, Adult Social Care and Health

Local Member(s):

Director: Mathew Kendall, Executive Director of People - Adults

Executive Summary:

This report provides an update for Transforming Care and Moving on from Hospital Living.

Transforming Care refers to people with learning disabilities who are currently in a specialist hospital setting or who are at home and at risk of being admitted to a specialist hospital setting.

Moving on from Hospital Living refers to people with a learning disability whose home was a hospital for a long period of time who have now been resettled in to a community setting.

Equalities Impact Assessment:

N/A

Budget:

N/A

Risk Assessment:

N/A

Climate implications:

N/A

Other Implications:

N/A

Recommendation:

Report for Information Only

Reason for Recommendation:**Appendices:**

None

Background Papers:

None

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1. Transforming Care

Transforming care is about improving health and social care services so that more people can live in the community with the right support and close to home. Local Authorities and the NHS developed local partnerships to review the cohort of people in hospital or at risk of being admitted. In Dorset this is managed through a local operational group and a Pan-Dorset Transforming Care Partnership Board. It should be noted that this will be reformed in 2020 to be the Learning Disability and Autism Programme Board [LDAAP].

The operational group meets monthly and reviews people who have been identified as ready to be discharged and those whose condition is unstable and unpredictable, so they may need specialist treatment in hospital. NHS England are part of this group and support the applications for TCP funded or part funded accommodation.

The Pan Dorset Board meets on a quarterly basis and considers the strategic impact of changes in policy or direction. For example, the recent BBC Panorama programme about Whorlton Hall has led central Government to review how specialist care for people with learning disabilities is purchased, there is likely to be a drive to support more people in the community requiring increasing specialist community resources. The Board would consider the impact of this and advise the operational group accordingly.

There are currently 8 Dorset adult residents living in a hospital setting, 7 living at home with family, 3 in a residential care home out of County and 12 in their own home [independent tenancy] with 24-hour care and support. [These 12 individuals are potentially at risk of readmission and are monitored closely by locality health and social care teams]

Of the 8 people living in hospital we are currently actively planning discharge for 4 people who we hope to resettle into their own community in 2020. The remaining 4 people in hospital are not medically fit for discharge.

In the last 6 months the operational group have developed a dynamic risk register for children. This identifies young people approaching transition age so improved local planning can take place. It also ensures that the NHS and Local Authority can predict the likely demand on services and ensure the right care, support and accommodation is available at the right time.

1.1 Successes

A key part of the Transforming care agenda is preventing further admission to hospital by ensuring there are responsive local services to support people at home. There are currently 12 people who have been successfully discharged into their own accommodation.

CD is a young man in his early twenties with severe learning disabilities and autism. He has intensive supported living over 24 hours, his has been stable for approximately 18 months, this is largely due to consistent care staff, the right level of care package and adapted privately rented accommodation. The current care costs are £4,100 per week. This is reviewed regularly by operational staff and colleagues from health with the aim to reduce costs as CD becomes more independent.

1.2 Current Challenges

Dorset does not have a range of readily available accommodation for people who have very bespoke needs. Building Better Lives will address some of these challenges in the long term. In the immediacy, the Council is working with a range of developers who in some cases will purchase bespoke accommodation, there are also some limited options with existing accommodation, but this is likely to always need adaptations and is increasingly harder to find.

The impact of Whorlton Hall is likely to change the way the current TCP Partnership Board works, the operational group and consequently more broadly the Council. NHS England is expecting a stronger focus on discharging more people back into the community which will impact on local resources, operational teams will be managing people in the community with increasingly complex needs. NHS England has yet to set out any timescales or indeed how the proposals will be costed. The Council will continue to engage with relevant partners to ensure we can respond appropriately.

1.2 Future Work

- The LDAAP will be further developing an integrated workforce plan.
- The Council is developing a Strategic Housing Plan to consider how we can be more responsive and dynamic in securing housing options.

- There are plans to expand the NHS forward plan to include Autism in line with the South West Framework.

2. Moving on from Hospital Living

As part of the wider Learning Disability commissioning strategy, detailed work has been undertaken to understand and update the care costs for individuals in the Moving on From Hospital Living Cohort [MOFHL]. These are service users who lived in campus accommodation but have now moved to independent living in supported living settings. The programme has successfully resettled 46 people.

Historically, there was an aligned budget operating across the three local authorities and the CCG. Bournemouth has taken the lead for commissioning with oversight from the Learning Disability Joint Commissioning Board. The funding for this cohort is part of the Better Care Fund, supported by a S75 Partnership Agreement.

In response to Local Government Reorganisation detailed work has been completed to understand the cohort and costs of care that Dorset Council was responsible for from 1 April 2019.

Although individuals are now successfully living in their own homes there are still several actions that are required moving forward to ensure people are reviewed regularly and that there are joint health and social care governance arrangements in place.

The following have been approved as the basis of a joint work plan for 2020:

- A joint group, including finance, operations and commissioners from DC and the CCG is set up to monitor, with a plan to review activity and costs each quarter
- For MoFHL, a separate budget would be maintained for 2019/20, with shared monitoring of activity and costs through the same group. During this year, the CCG will undertake detailed work to understand their cohort
- Explore with the CCG options to maximise benefits of extending a pooled budget approach beyond MOFHL, for example transitions, complex Learning Disability and people placed out of area. The first step would be for each partner to quantify and share potential numbers and costs
- Participate in joint work through the LD JCB to review operating principles and heads of terms for the MoFHL with the aim of minimising risks to partners
- Through the BCF, extending quarterly reporting on aligned budgets to include VPN and MoFHL and track the use of new framework
- Develop a performance framework and provide a quarterly update for DMT on LD performance, to include MoFHL, transitions, out of area placements and other high cost packages.