

DORSET COUNCIL - RESOURCES SCRUTINY COMMITTEE

MINUTES OF MEETING HELD ON TUESDAY 2 JUNE 2020

Present: Cllrs Piers Brown (Chairman), Mike Parkes (Vice-Chairman), Andy Canning, Beryl Ezzard, Barry Goringe, Brian Heatley, Sherry Jespersen, Howard Legg, David Shortell, Matthew Hall, Jill Haynes, Laura Miller, Jane Somper and Daryl Turner

Guests

Cllrs Spencer Flower, Matt Hall, Jill Haynes, Laura Miller, Jane Somper, Daryl Turner

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

Aidan Dunn (Executive Director - Corporate Development S151), Jane Horne (Consultant in Public Health), Theresa Leavy (Interim Executive Director of People - Children), Jonathan Mair (Corporate Director - Legal & Democratic Service Monitoring Officer), Matt Prosser (Chief Executive) and Helen Whitby (Senior Democratic Services Officer)

34. Welcome

The Chairman opened the meeting by welcoming those who were attending. The purpose of the meeting was to scrutinise the Council's response to the Covid-19 pandemic which had touched every part of the organisation. He particularly welcomed the Chairmen from the Council's other scrutiny committees who would play a full part in the discussion but not be able to vote on any recommendations. He then explained how the meeting would be conducted.

He also took the opportunity to thank the Vice-Chairman, who was a retained firefighter, and his colleagues who had been involved in tackling the recent Wareham Forest fire and paid tribute to those who had volunteered across Dorset to help the vulnerable living within their communities in response to the pandemic.

All Dorset Councillors had been given an opportunity to put forward questions for the meeting. Questions had been received from Councillors Carole Jones, and Gill Taylor and these were read out at the most appropriate point during the meeting. The questions and responses would be attached to the minutes. Questions received from Councillor Jon Orrell were referred to the forthcoming joint meeting of the Dorset Council Health Scrutiny Committee and Bournemouth, Christchurch and Poole Council's Health and Adult Social Care Overview and Scrutiny Committee who were to scrutinise the NHS response to the pandemic.

35. Apologies

No apologies for absence were received at the meeting.

36. Declarations of Interest

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

37. Minutes

The minutes of the meetings held on 26 November 2019 and 13 January 2020 were confirmed. They would be signed by the Chairman at the first available opportunity.

38. Public Participation

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

39. Covid-19 Response

The Committee considered a report by the Chief Executive on Dorset Council's response to the Covid-19 pandemic. The matter had been referred to the Committee for scrutiny by the Cabinet on 5 May 2020. The Committee had also been provided with a summary of delegated decisions made during the pandemic and up to 20 April 2020.

The Leader of the Council introduced the report highlighting the important role scrutiny had in considering the Council's response to the pandemic, its achievements and identification of any lessons learned. The Chief Executive added that although the Council's response to the pandemic had been amazing, it was important to learn from this. He reminded members that the report related to the situation up until 20 April 2020 and that the circulated list of decisions taken should be considered in the context of the information available at the time they were taken.

Members generally agreed that the Council's response to the pandemic had been very outstanding. They were then given an opportunity to ask questions about the report and actions taken by the Council. These covered a number of areas with Cabinet Members and senior officers providing detailed responses.

IT

Councillors were told that as a result of lockdown the Council had to make arrangements overnight for 2,500 members of staff to be able to work from home in order for the Council's business to continue. Following on from this IT had enabled decision making meetings to be held, members kept up to date by regular virtual meetings and for staff briefings.

With regard to media platforms available for virtual meetings, this had been considered the previous week by the Executive Advisory Panel for Digital and ICT. With 2,500 staff working from home currently, there was a need for any

such platform to be secure. The Council was already using Teams, it was known to be secure and officers were familiar with its use so there was no need to change to a different platform where security was a greater risk.

Democracy

Council meetings had taken place virtually from the end of April 2020 as soon as Government legislation allowed this. The first meetings were those of the Cabinet, Audit and Governance and Planning Committees. The next Council meeting was scheduled for 3 September 2020 and it was hoped that meetings would be fully re-introduced after this date, possibly in person, or by use of hybrid meetings. The Leader and Chief Executive were keen for meetings to be reintroduced as soon as possible.

It had been agreed that health scrutiny committee meetings not be held in order to not put additional pressures on staff. However, a joint meeting of Dorset's Health Scrutiny Committee and Bournemouth, Christchurch and Poole's Health and Adult Social Care Committee was to be arranged to scrutinise the NHS response to the pandemic.

Local Resilience Forum (LRF)

The Executive Director - Corporate Development represented the Council on the multi-agency LRF Gold Network. This worked across Dorset during the pandemic, held regular meetings to consider information received and then issued instructions about actions that needed to be taken. The Silver Network met regularly and dealt with operational issues. Any issues arising at the Council's incident management team were referred to the Gold Network.

With regard to groups established by the LRF, it was explained that these groups were identified as part of Dorset's emergency response. As soon as the need for a group became evident, it was set up.

The LRF's Emergency Planning Team was taking stock of what had gone well and not so well so far and what could be done differently and were prepared for a second spike should it happen.

Shielding

The Council had engaged with many organisations and people to deliver shielding.

During the first couple of weeks the Council had tried to respond appropriately and timely by using the data provided by Government and had asked people and groups to register to try to avoid duplication. Information about those who needed to be contacted was sent by primary care to Central Government who then forwarded this to local authorities but this resulted in delays.

Those shielding were not necessarily service users and needed to be identified which required additional resources and some people still needed to be identified. It was anticipated that this support would continue until the end of the year.

By 29 March a wide range of partners were involved in daily meetings and working at pace to set up hubs to ensure good deployment across the County.

Highways staff delivered food parcels and it became evident that in some cases these needed to be tailored to individual needs.

Data Protection meant that personal information could not be shared without permission. This meant that local councillors who were trying to arrange and provide local support from the outset did not have access to information which would have helped them. This issue had been raised with Government on several occasions and would continue to be raised. Lessons had been learned about local member involvement and the need to listen to them to learn what could be done better in future.

The process was smoother now and local councillors could be involved more.

Volunteers

The Council had set up an internal skills agency so that staff whose service had been stopped could be redeployed.

Once the volunteer system was in place those who had volunteered were contacted but the response from communities had been overwhelming which meant that not every volunteer had been needed. Going forward there was a need to manage volunteers' expectations, particularly if they were not called upon to help. The volunteer system would continue to the end of year. There were lessons to be learned from this.

Communication between the Council, community groups and the voluntary sector were key.

Personal and Protective Equipment (PPE)

A Personal and protective equipment hub was set up quickly and Public Health and Clinical Commissioning Group guidance followed as to the various PPE available and what it was used for.

With regard to officers visiting clients, they were asked to call before visiting to ensure individuals did not have symptoms and no visits were made without PPE. If it was not possible to provide PPE then stocks were obtained from hospitals or rehab teams. The locality groups managed stocks of PPE which were picked up or delivered to those who needed it.

Hotels in Weymouth and Sherborne

The hotels in Weymouth and Sherborne had been used to provide live in care for those unable to return home from hospital without support. This meant that hospital beds were freed up to deal with Covid-19 cases. The hotels were under NHS control, had not been used to capacity but had been a means to increase capacity in the care market.

Finance

The Council's response to Covid-19 was approximately £60m and so far the Government had provided £21m. All expenditure was being tracked, as were income sources lost. A significant amount of money was being spent on supporting businesses and residents directly. Lobbying would continue and local MPs would be provided with data so they could also lobby on Dorset's

behalf. Letters had also been sent to the relevant ministers. It was noted that all councils were in a similar position. For Dorset, the Council's reserves might be used to fill any funding gap.

Mental Health and Wellbeing

Older and more vulnerable residents would have been affected not just physically but also mentally by the lockdown and not seeing family and friends. Services were to be reviewed to take account of the significant increase in demand and how they had changed and developed during the pandemic.

Decisions during Lockdown

The Leader explained that decisions taken were operational not about policy. They were only taken after extensive consultation with towns and parish councils, police and other agencies. Often action had to be taken and implemented quickly following Government announcements. But this had still involved wide consultation. The health and wellbeing of Dorset's residents had been paramount in any decisions taken. The Chief Executive referred to the additional report on decisions taken during the pandemic and explained that these were based on the information available at the time. This report would form part of the lessons learned.

Business Grants

So far £93m had been paid out to Dorset businesses which was 97% of applications. The decision not to contact all Dorset businesses had been taken in consultation with the relevant Cabinet members as it was felt that sending letters to businesses during lockdown would not have been effective. But local and social media were used to publicise grants and business communities received a newsletter. Many thousands of applications were received on-line for the first three weeks. When those who had not responded had been identified they were written to. An additional discretionary scheme for a two-week period was launched the day before the meeting for those not able to apply for other grants so far.

Care Home and their Residents

Care home residents were by nature vulnerable and if they needed to be hospitalised they were. Many of these people were elderly, some had dementia and had multi-conditions. Many had advanced care plans which meant their families or staff did not wish them to receive hospital treatment as it was not necessarily in their best interests. Some had end of life care plans and taking them from their normal settings was potentially confusing for them and taking them away from the people they knew. It was also noted that not all deaths in care homes were Covid-19 related, but care home data was being analysed to gain a better understanding of their causes.

Care homes had been prioritised to ensure they had PPE and this was managed by a cell set up for this purpose. There had been some challenges with deliveries and at peak usage supplies were of concern but at the current time supplies were enough to meeting requirements.

Reopening of Household Recycling Centres (HRCs)

The Leader explained that a coordinated approach had been taken to re-opening HRCs, particularly where residents were using centres in other local authority areas. In Dorset queueing had been an issue but access to centres across local authority borders had been more problematic. There were fly tipping hotspots in Dorset. These had not increased although it was recognised that there had been an increase in fly tipping. Green waste collection had been reintroduced as soon as resources were available for this.

Accommodation of Homeless People

It was explained that the Council had reacted to Government instruction to accommodate rough sleepers and the homeless and this had been achieved with two or three days' notice. Three hotels in Weymouth were used to accommodate these and other people made homeless as a result of the pandemic. Of those accommodated, 72 had a connection to Weymouth and Portland, 38 to West Dorset, 12 to North Dorset, 7 to Purbeck and 17 to East Dorset. There was a severe shortage temporary accommodation and officers continued to try to find alternatives away from the Weymouth area. In an ideal situation accommodation would have been found nearer to support networks but this was the best solution at the time, given the constraints and the resources available. The Chief Executive added that the Housing Team had worked hard to accommodate these people and the Interim Executive Director for People - Adults and the Corporate Director for Housing were working on an exit strategy. This were soon to be published and local members kept up to date on progress.

Communications

During the pandemic the Senior Leadership Team (SLT) met daily to bring information together to understand what the Council needed to do to support its residents and help partner organisations and a social listening paper was considered at every meeting. Operational communication was key at this point when so many were people were working remotely and this needed to continue. There were regular press releases although there were no guarantees that the local press would use them. The next edition of the Dorset News would include information about what the Council had done in response to the pandemic.

The Communications Team had worked incredibly hard during the pandemic to keep people informed and its success was a credit to them. It was noted that the Leader had decided, after consultation, that it was better to have more press releases than be criticised for not communicating.

The Council's communications strategy was being evaluated to ensure it was robust going forward in the light of the pandemic and how communication with communities and vulnerable groups had changed. The increase in digital services was being tracked and there would be further discussion of how to reach Dorset residents who were not on-line.

Business Grants

Businesses were either supported by the Dorset Council's Revenues and Benefits Team or by the Stour Valley and Poole Partnership Team (SVPP). These teams had been dealing with processing and paying business grant

applications. The SVVP Team had been responsible for processing and validating applications in the north and east of the county with payments for both areas being made through the Dorset Council payment system. Staff had worked at pace to get the grants validated and paid and this would be reviewed at some point. Staff were now concentrating on the next round of grants and issuing them as soon as possible.

With regard to whether there had been any delays in paying business grants, particularly in East and North Dorset, the Executive Director for Corporate Resources was not aware of any delay and welcomed any information about this so that this could be reviewed at a later date.

The Chairman of the SVPP's scrutiny committee suggested that this matter be referred to her Committee which would be meeting shortly. She would confirm the date as soon as it was known.

In summary the Chairman stated that he had been nothing but impressed with the speed and agility that the Council had reacted to the pandemic and hoped this could be maintained during the reset period. He also wished to thank staff and communities involved in the response to the pandemic. He welcomed the fact that the Council proactively wanted to learn from the pandemic and hoped the relationships built during the time would continue. He also did not want comments relating to communications to be lost with any learning taken forward. The Leader stated that as lead for communications, he would take comments away to ensure any lessons were learned.

Resolved

1. That Dorset Council's staff and members of communities involved be thanked for their above and beyond response to the pandemic.
2. That a working group be established to scrutinise the payment of business grants with particular reference to any delays in payments involving the SVPP. Membership would be agreed outside of the meeting.
3. That questions raised by Councillor Jon Orrell be forwarded to the forthcoming joint meeting of the Dorset Health Scrutiny Committee and Bournemouth, Christchurch and Poole's Health and Adult Social Care Committee.
4. That the minutes be used as a reference for lessons learned.

40. Urgent items

There were no urgent items.

41. Exempt Business

There were no items of exempt business.

APPENDIX - DORSET COUNCILLOR QUESTIONS AND RESPONSES

From Cllr Carole Jones

1. I know many members will have heard, like me, from residents who have received the government food boxes and they had no need of them.

No matter how hard I tried – I could not remove names or change an address or anything. This type of activity really needs to be left to the local community as we know where the need is. I have wasted valuable time in arranging collections of these boxes to deliver them to the food banks. I would very much like this fed back please.

Response

We have continued to feed this back, firstly via Local Resilience Forum and Military Planners, and more recently via direct conversations with MHCLG. The difficulty has been that when people deregister from the national Food Box scheme some have experienced also losing their Priority Supermarket Delivery slots (even though this is not meant to be the case) and so we have been reluctant to advise deregistering if they are reliant on supermarket delivery. We agree that a local response coordinated by Dorset Council in partnership with our CVSE would provide the best response but to date Government have decided to continue with their national scheme.

2. With regards to those that are shielded, whilst Dorset Council will know who they are, as do the doctors locally, I would have found this information useful after setting up our Covid Action Group. This way we could have made the calls instead of Dorset Council having to make them with our local volunteers, we could have quickly identified those needing their prescriptions, we could have prioritised their shopping needs etc. Whilst there will be GDPR – as this was what can only be described as an emergency – I would think that as local members this information for our own areas could be shared, or perhaps so just as long as it was each local member having that information – could this be discussed? After all, I am taking calls for help from the Doctors and the CCG – but we would like to identify those in most need for food parcels – but are having to reach out through the Heads of both schools to identify those who need help but may not like to ask – surely we could find a better way?

Response

We have worked with Volunteer Centre Dorset and Age UK to target support to shielded individuals in cases where a local volunteer service was the best way to respond, and in many cases, this includes access to food and medicine as well as other types of support. We have not shared the full list of Shielded Individuals with a range of community groups, and through our Community Shield group we have checked this several times with MHCLG. Their advice has consistently been that we have acted properly and that it would not have been appropriate to share the list of shielded people more widely with a range of Covid Action Groups. Dorset Council has been able to focus our efforts supporting Shielded People precisely because we could trust our wider Community Organisations supported by Elected Members to manage the wider needs of communities in Dorset.

From Councillor Gill Taylor

1. Our front-line staff have continued to visit vulnerable clients in their homes during COVID. This, I believe, has included social workers who are

doing routine checks on residents. Part of their checks / support includes entering the client's property as it would not be possible in some cases to ensure the ongoing safety of this client group without being able to see them in their home environment. It is my understanding that the staff who are being asked to undertake these checks / supports are still not being provided with the necessary PPE. If this is correct, please could you comment on why these staff members were not included in staff requiring PPE to undertake their day to day work for their own safety and for the safety of the clients they are visiting?

Please see answer below (as stated in question 2)

2. My next question is about the Risk Assessments for staff visiting clients – when they were in place taking COVID into account, how they were amended and how that information was disseminated to staff.

Response

Visiting our vulnerable clients has been by exception rather than the norm. On 18th March the Locality Managers sent out the attached PowerPoint to all of their staff advising them of the following:

Staff must call the vulnerable individual to check if they have any symptoms or if anyone in their household has symptoms. (Similarly, if any of our staff have symptoms, they were asked to self-isolate for 7 days and 14 days if family member has symptoms).

Staff are also asked to call the area Practice Manager to talk through with them alternatives to visiting in person e.g. is another professional visiting who has to go (e.g. District Nurse) who could undertake the visit/assessment or can it be done remotely or via a Carer or relative.

We have always provided PPE for any member of staff who has had to do a physical visit and when the localities have not had PPE themselves, they have obtained stocks via the hospitals or community rehab team.

No member of staff has ever been asked to do a physical visit without appropriate PPE

The localities have a stock of PPE so any member of staff needing to do a visit can arrange to pick up or have it delivered and staff member and anyone needing to do more regular visits are given a stock to keep in their car.

NB: The exceptional cases of where a member of staff has had to visit the person have been where they have fluctuating mental capacity to make decisions or possible complete lack of capacity or where there is a safeguarding issue.

Duration of meeting: 9.30 am - 12.15 pm

Chairman

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