



People and Health Scrutiny Committee

Date: Thursday, 28 January 2021
Time: 10.00 am
Venue: Please note that, due to the current coronavirus pandemic the Council has reviewed its approach to holding committee meetings. This meeting will be held remotely and can be accessed by using the link below.
Membership: (Quorum 3)
Gill Taylor (Chairman), Molly Rennie (Vice-Chairman), Rod Adkins, Jean Dunseith, Barry Goringe, Nick Ireland, Robin Legg, Jon Orrell, Mary Penfold and Bill Pipe

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 telephone Fiona King 01305 221486 - fiona.king@dorsetcouncil.gov.uk



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[People and Health Scrutiny Committee](#)

Members of the public wishing to view the meeting from an iphone, ipad or android phone will need to download the free Microsoft Team App to sign in as a Guest, it is advised to do this at least 30 minutes prior to the start of the meeting.

Please note that public speaking has been suspended. However Public Participation will continue by written submission only. Please see detail set out below.

Dorset Council is committed to being open and transparent in the way it carries out its business whenever possible. A recording of the meeting will be available on the council's website after the event.

AGENDA

Page No.

1 APOLOGIES

To receive any apologies for absence.

2 MINUTES

5 - 34

To confirm the minutes of the meetings held on 2 November and 11 December 2020.

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.

The deadline for submission of the full text of a question or statement is 8.30am on Tuesday 26 January 2021.

Details of the Council's procedure rules can be found at: [Public Participation at Dorset Council meetings](#).

5 INTEGRATED SYSTEM RESPONSE TO WINTER AND CRISIS PRESSURE

35 - 40

To consider a report by the Urgent and Emergency Care Programme Director – Dorset CCG.

6 SERVICE PERFORMANCE

41 - 50

To consider a report by the Chief Executive.

7 RESPONSE TO HOMELESSNESS DURING WINTER

51 - 56

To consider a report by the Corporate Director for Housing and Community Safety.

8 COMMUNITY RESPONSE 57 - 66

To consider a report by the Corporate Director for Commissioning, Quality and Partnerships.

9 COMMUNITY SAFETY ANNUAL SCRUTINY REPORT 67 - 78

To consider the Annual Report.

10 COMMITTEE AND CABINET FORWARD PLANS 79 - 88

To consider the Committee's Forward Plan and the Cabinet's Forward Plan.

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.

12 EXEMPT BUSINESS

To move the exclusion of the press and public for the following item in view of the likely disclosure of exempt information within the meaning of paragraph 3 of schedule 12A to the Local Government Act 1972 (as amended).

The public and press will be asked to leave the meeting whilst the item of business is considered.



DORSET COUNCIL - PEOPLE AND HEALTH SCRUTINY COMMITTEE

MINUTES OF MEETING HELD ON MONDAY 2 NOVEMBER 2020

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

Apologies: Cllrs Laura Miller (Portfolio Holder for Adult Social Care and Health) and Andrew Parry (Portfolio Holder for Children, Education, Skills and Early Help).

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

Mark Blackman (Corporate Director - Education and Learning), Vivienne Broadhurst (Interim Executive Director - People Adults), Tony Bygrave (Senior Assurance Officer - Complaints), Barrie Crook (Independent Chairman of Dorset Safeguarding Adults Board), Sue Evans (Head of Specialist Services), Theresa Leavy (Executive Director of People - Children), Karen Maher (Business Manager - Dorset Safeguarding Adults Board), Hazel McAtackney (Head of Quality Assurance and Compliance, Dorset Healthcare University NHS Foundation Trust), Tony Meadows (Head of Commissioning), Helen Persey (Head of Integrated Community Services (West), Dorset Healthcare University NHS Foundation Trust), Gill Vickers (Interim Corporate Director - Adult Care Operations) and Helen Whitby (Senior Democratic Services Officer)

14. Apologies

An apology was received from Cllr Bill Pipe who would join the meeting later.

The Chairman welcomed Cllr Robin Legg to his first meeting.

15. Declarations of Interest

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

16. Minutes

The minutes of the meeting held on 17 September 2020 were confirmed. The Chairman would sign then at the earliest opportunity.

17. Public Participation

The Chairman explained that a number of questions had been received from members of the public, Swanage Town Council and Dorset Council Councillors. The questions were read out and responses provided. The full questions and responses are included at the end of these minutes.

18. **Quality Account - Dorset Healthcare University NHS Foundation Trust**

The Committee considered the Quality Account (QA) from Dorset Healthcare University NHS Foundation Trust 2019-20.

QAs were produced annually and Councillors had the opportunity to comment on the QA prior to its publication on 15 December 2020. The Chairman had asked Councillors to submit questions for a response at the meeting. Two questions had been received and these related to the duty of candour and members were shown updated information about pressure ulcers in relation to the second. Links to benchmarking websites would be provided for members outside of the meeting.

One member described his good experience of end of life facilities at Yeatman Hospital and the award that the Hospital had received for them. He asked whether there were enough end of life facilities as there was likely to be a growing need for them and also asked about the number of Matrons available across hospitals. In response it was explained that discussions with the Dorset Clinical Commissioning Group were continuing with regard to services to be provided by community hospitals and that the reference to the Matrons (East) and (West) referred to Mental Health Services which were structured differently to physical health services. Community Hospitals were more complex, had more departments and therefore more Matrons.

With regard to the Trust's aim to reduce suicides by 10%, another member asked how this would be achieved, what current figures were and whether there were any plans to introduce mental health drop-in centres in Weymouth or the west of the County. In response it was explained that there was a retreat in Dorchester and people could also access the on-line Steps to Wellbeing service. With regard to suicide figures, these were not available but would be shared after the meeting.

The Chairman informed members that it was possible that they would receive more QAs and suggested that a working group be established by the Committee to respond to these and then report back. This approach was agreed and Cllrs Rod Adkins, Nick Ireland, Jon Orrell, Bill Pipe and Gill Taylor volunteered to sit on this.

The Chairman would forward any QAs submitted to all members prior to the working group meeting so that they could comment if they wished.

Decisions

1. That Dorset Healthcare University NHS Foundation Trusts Quality Account for 2019-20 be noted.
2. That a working group comprising Cllrs Rod Adkins, Nick Ireland, Jon Orrell, Bill Pipe and Gill Taylor be established to respond to any future Quality Accounts and report back to the Committee.

19. **Delayed Transfers of Care Performance during Covid-19**

The Committee considered a report by the Programme Director Urgent and Emergency Care, Dorset Clinical Commissioning Group which set out performance information regarding length of hospital stays during the first wave of Covid-19 and the new Home First Programme.

Members noted that performance information for delayed discharges of care had not been collected during the first wave of Covid-19 and that information regarding length of stays had been captured instead. In June/July 2020 there had been a review across health and social care and a move was made to a Homes First model. Its purpose was to enable people to achieve independent living within their community, to speed up discharges from hospital and to prevent unnecessary hospital admissions. A further set of guidance was issued for implementation of a hospital discharge service beginning from 1 September 2020 and this was model was complemented the home first programme.

A multi-agency approach was now taken so that people were assessed by health and social care teams at home for the ongoing support they needed. There were now five cluster teams for Bournemouth and Christchurch, Poole, East Dorset and Purbeck, North and Mid-Dorset and West Dorset and Weymouth. They comprised acute hospital staff and community social care staff working together to undertake assessments in people's homes in order to support their needs and prevent unnecessary hospital admissions.

One member welcomed the new programme but asked whether the same number of people were being discharged from hospital or more and referred to the previous frustration of trying to arrange care packages and asked whether patients were being discharged without care packages in place. It was explained that the single point of access meant that the patient returned home safely with the support they needed. There were then ongoing social care reviews within the community to ensure that the right support was provided as their needs changed. Over time the new programme would provide a more consistent, less fragmented approach, would provide a better experience for residents and enable the community and voluntary sector to support the programme.

With reference to Tables 1 and 2 on page 13 of the report, a member asked whether this was a snapshot on a particular day or whether figures were for the whole month, and whether some patients might be double counted if they had been in hospital for a long time. As the report author had not been able to join the meeting, a broad overview was given. Members asked that this information be circulated following the meeting so that they could better understand the information presented.

Members welcomed the new Programme but highlighted the need for funding and staffing if the system was to work well. Officers explained that they could only work with the resources available. It was hoped that by being more efficient, reducing duplication and working together resources could be maximised. If any gaps were identified, commissioners would be approached

to address these. The aim was for residents to gain greater independence and reduce pressure on local health and social care resources. As the programme was still new, there was little data available to show lengths of hospital stay and gaps etc. This information would become more visible over the next 3-6 months. The Acting Corporate Director of Commissioning added that the Committee had the opportunity to scrutinise previous performance of delayed discharges and compare it with the new Home First Programme.

The Chairman asked for an update to be provided in six months' time and for this to include information about staff capacity, support from and for communities and families and performance metrics.

Decisions

1. That the Committee welcomed the Home First project and appreciated the current difficulties.
2. That an update to be added to the Forward Plan and which would include staff capacity, support from and for communities and families and performance metrics.
3. That further information on tables 1 and 2, page 13 of the report be provided as set out above.

20. LGSCO SEND Progress Update

The Committee considered a report by the Executive Director of People - Children which provided an update on actions following the Local Government Social Care Ombudsman(LGSCO) investigation into the Special Educational Needs and Disability (SEND) provision provided by Dorset County Council for one young person.

The Executive Director of People - Children introduced the report. This was a significant area of work for the Directorate and she reported receipt of a letter from the Care Quality Commission the previous Friday on their recent visit.

The Committee noted that the underlying issues had related to special case delays in providing education and the writing of Education Health and Care Plans (EHCP). Currently in excess of 80% of EHCPs were completed on time and by working closely with schools this had been maintained throughout the pandemic. There was a focus on improved outcomes for children and a better experience for families and schools working with the Council. The pandemic meant that progress was slower but attendance in schools remained high.

There was some discussion about the benefits of children being in school and, with the forthcoming lockdown and increased cases of Covi-19, that parents might be worried about children remaining at school. In view of progress made, it was suggested that this be publicised.

The Chairman referred to the fact that the report would be considered by the Health and Wellbeing Board the following week and asked where this item should be scrutinised in future. The Executive Director of People - Children suggested the Health and Wellbeing Board retain oversight of progress.

Decisions

1. That the progress made be noted,
2. That the Committee is content for the continuing monitoring of this item to be carried out by the Health and Wellbeing Board,
3. That the progress made be publicised.

21. Dorset Safeguarding Adults Board Annual Report 2019-20 and joint Business Plan 2020 onwards

The Committee considered the Adult Safeguarding Board's Annual Report for 2019-20 and its Joint Business Plan for 2020 onwards.

Annual Report for 2019-20

The Independent Chairman presented the Annual Report highlighting points of particular interest; the independent report into how well the Dorset and Bournemouth and Poole Boards were working together; the need for adult social care staff to know safeguarding adult procedures; shared objectives with other partnerships particularly around domestic abuse and the need for a more integrated approach; the need for more integrated work between adult safeguarding and domestic abuse structures; better integration so that people did not fall between the gaps; the successful event for providers; the need to make sure that any lessons learned from reviews were implemented in practice; and work with service users on domestic abuse to make them aware of self-protection;

An explanation of a Section 42 inquiry was given. The Annual Report would be sent to members by email following the meeting as some text was missing from the agenda papers.

One member highlighted the fact that domestic abuse affected everyone and she praised the Board for its work in trying to reduce the number of people who did not understand domestic abuse. The Portfolio Holder for Adult Social Care and Health added her thanks for the report and the important work the Board undertook.

In response to why there had been an increase in referrals in the over 75s, it was explained that a high proportion related to women who lived longer than men. This was being kept under review.

Joint Business Plan for 2020 onwards

Attention was drawn to the four main priorities within the business plan: safeguarding in the care sector; domestic abuse; neglect and self-neglect; and Safeguarding Adults Board Governance Review. A two-year rolling plan had been adopted because it was not known how far current resources would stretch and some flexibility in targets set may be needed. Assurance was sought from partners and the work they were undertaking to mitigate risks in adult safeguarding.

Members asked questions about abuse of parents by children, whether records of safeguarding issues were kept which would show those who

needed help and those who were unable to access this, and whether there was support available to intervene to help those with no family support and who might suffer neglect as a consequence.

It was explained that abuse of parents was primarily an issue for the community safety partnership to address; that Covid-19 related data was kept, that there had been no significant increase for Quarter 1 and the current increase was being tracked; and multi-agency risk meetings were held to look at self-neglect cases in order to provide support and retain their dignity.

The Chairman welcomed the report and thanked officers for attending the meeting.

Decisions

1. That the Dorset Safeguarding Adults Board Annual report be noted.
2. That the Board be thanked for the work it has done.
3. That the Business Plan for 2020 onwards be noted and the priorities within it supported.

22. Annual Complaints Report

The Committee considered a report by the Corporate Director - Legal and Democratic, which provided an update on the numbers, types and outcomes of complaints made against services at Dorset Council and appendices which met statutory reporting requirements for Children's Services.

The key message from the report was that the Council was dealing with, listening to, acting upon and learning from complaints. The report covered the pre-Covid period. Of the 722 complaints received across Directorates only 4 had been upheld by the Local Government Ombudsman and only one of these had a financial penalty for the Council, which was an improvement on the previous year.

It was noted that complaints were increasing in number but so too were compliments. The recent restructuring of the Complains Team had provided an opportunity to change the way complaints were dealt with. Officers met with complainants, took a positive approach and tried to learn from them.

Members received clarification of the different stages in the complaints process.

In response to why 90% of complaints in Quarter 3 were justified, it was explained that the number of cases were low and so the percentage figure seemed high but in fact the performance was an improvement.

Decisions

1. That the complaints performance for the financial year 2019/20 be noted;
2. That the focus on working with services to ensure greater organisational learning from complaints be supported.
3. That the savings associated with informal resolution, mediation and relationship building be recognised.

23. **Appointment to Liaison Member Roles**

Decision

That the following Liaison Members be appointed:-

Dorset Clinical Commissioning Group - Cllr Gill Taylor
Dorset County Hospital NHS Foundation Trust - Cllr Molly Rennie
Dorset Healthcare University NHS Foundation Trust - Cllr Nick Ireland,
South Western Ambulance Services NHS Foundation Trust - Cllr Rod Adkins
The new Poole and Bournemouth Hospitals NHS Foundation Trust - Cllr Rod Adkins

24. **Committee's forward Plan and Cabinet Forward Plan;**

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

The Chairman stated that as the Committee was new the Forward Plan needed more work and that it was important for the Committee to concentrate on the Covid-19 pandemic and finance.

One member referred to the previous Health Scrutiny Committee and items it had identified for scrutiny and that the new Committee should honour any commitments given.

The Chairman had contacted the Dorset Clinical Commissioning Group and asked that the Committee be involved in any planning regarding the Swanage Ambulance Car so that this could be added to the Forward Plan.

In the meantime, the Chairman suggested that she and the Vice-chairman review the current Forward Plan and then email the outcome to members for comment.

With reference to the item on the Housing Associations Liaison Day to be held in Summer 2021, the Chairman asked for volunteers to scope out the inquiry day. Cllrs Molly Rennie, Jean Dunseith and Jane Somper volunteered to be on the working group. Anyone else wishing to help should contact the Chairman.

Decisions

1. That the Chairman and Vice-Chairman review the current Forward Plan and the outcome be emailed to members for comment.
2. That a working group comprising the Chairman, Vice-chairman and Cllrs Jean Dunseith and Jane Somper be established to scope out the Housing Associations Liaison Day.

25. **Urgent Items**

There were no urgent items.

26. Exempt Business

There was no exempt business.

Duration of meeting: 10.00 am - 12.18 pm

Chairman

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People and Health Scrutiny Committee - 2 November 2020

Public Questions

Question from Tina Foster of Swanage

The withdrawal of the Swanage Paramedic Car

The Town Council was very shocked to hear this year that the Ambulance Trust are considering withdrawing the Swanage Paramedic Car, meaning that, contrary to the commitments made by Dorset CCG to Dorset Health Scrutiny Committee, Swanage would lose half of its allocated ambulance vehicles, and a third of ambulance staff.

Due to my recent experience of having to use the service, I am deeply concerned that this must not happen. I had to call 999 when I discovered my husband collapsed and apparently not breathing. The paramedic car was with me within minutes giving me reassurance, with the ambulance following soon afterwards. The crew checked my husband before taking him to Poole hospital. The paramedic was able to ring the local Doctors surgery to obtain useful information on my husband.

This meant that with the ambulance away for at least an hour and a half, the paramedic car was still available for other emergencies. Under the Clinical Services Review, the ambulance would be out for longer still, due to the distance to Dorset County or Bournemouth.

Swanage is at the end of a ten-mile corridor. An ambulance coming from the next Town, Wareham, cannot possibly get here within the 7 minute response time recommended for category 1, imminent danger of death, emergencies.

A Freedom of Information Act request raised by Langton Matravers Parish Council to the Ambulance Trust showed that, over a 13 month period, the average time between receipt of a category 1 call from Swanage and villages, to arrival of the patient at Poole, the nearest Hospital, was 1 hour 43 minutes.

A further request showed that the average blue light journey time from all BH19 postcodes, to Poole Hospital, is 41 minutes. Dorset Clinical Commissioning Group's Consultants cited expert opinion that 30-45 minutes is the maximum 'safe' journey time in an emergency. Under the Clinical Services Review, Swanage and villages will no longer be able to access care within these 'safe' times. The Ambulance Trust state it will take 8 minutes longer to get to Dorchester, and 19 minutes longer to get to Bournemouth, giving total journey times of around 50 and 60 minutes respectively once the ambulance has come.

At the Dorset Health Scrutiny Committee on 17 October 2018, Cllr Ray Bryan reported that the Clinical Commissioning Group had promised that the Swanage ambulance station would remain open 24/7, fully manned with ambulances. Major road improvements around RBH were offered to reduce journey times but have failed to be implemented.

Would the Committee please ask Dorset CCG to come to their next meeting to assure the Committee that the promise to at least maintain existing Ambulance resources allocated to Swanage will be honoured?

Question from Carol Finch of Swanage

The withdrawal of the Swanage Paramedic Car

In 2018 the Dorset Health Scrutiny Committee considered whether to refer the Clinical Services Review plans to the Secretary of State. Cllr Bryan reported that he had been assured by Dorset CCG that ambulance resources would be increased to more remote areas.

Under the CSR plans, Swanage and villages face the longest journeys in an emergency, due to the loss of A&E, Maternity, & emergency Paediatric care from Poole. Currently, Swanage has an Ambulance, and a Paramedic Car. The Car was allocated to Swanage in 2008 when the Cottage Hospital Minor Injuries Unit closed overnight, to increase emergency cover, given the distance to Poole. Thus, it is a matter of life and death that Swanage at least retains our existing ambulance resources.

The Paramedic Car is a fast vehicle, which stays in Purbeck, as it does not take patients to hospital. It fulfils a number of functions including:

- Preserving life until the Ambulance arrives
- Treating the 50% of patients who do not need to go to hospital
- Covering overnight while the Swanage MIU is closed
- Supporting Purbeck GP visits during the day

After hearing that the car was going to be withdrawn, the Chair of Swanage Area Forum started a petition. It has, to date, 3,807 signatures.

Thanks in part to support from this Committee, the Car has not yet been withdrawn. However the threat of withdrawal hangs over us from month to month, and Swanage Town Council has had no assurance of its retention.

The 5th March Health Scrutiny Meeting notes state that:

"The Chairman confirmed that assurance had been given previously that the Swanage Ambulance Car would not be removed, that 6 new ambulances would be activated in Dorset and that there was no intention to remove cover from the Swanage area. Members were concerned about the withdrawal of the promised level of cover in Swanage as timely treatment could be crucial.

The Chairman would formally write to the Chief Executive of SWAST to ask him to account for this change and copy this to the CCG Chief Executive. She would circulate any response received. If the response was not adequate, she would invite the Chief Officers to come to a future meeting."

On 9th March Swanage Councillors met Senior Officers of the Ambulance Trust, who said that the Paramedic Car would only be maintained if Dorset CCG allocated additional funding for it.

As Dorset CCG promised Dorset Health Scrutiny Committee that ambulance resources to remote areas would be increased, could the Committee please ask Dorset CCG to account for the threatened loss of half the ambulance vehicles allocated to Swanage, and a third of the staff?

Question from Avril Harris of Swanage

Matters raised by Parish and Town Councillors to Health Scrutiny

The withdrawal of the Swanage Paramedic Car

The future of the Paramedic Car based in Swanage remains uncertain from month to month. Swanage Town Council has been unable to secure any assurance from Dorset CCG that the Paramedic Car will be maintained or that there will be public consultation prior to a decision being taken about it.

At the meeting of Dorset Health Scrutiny Committee on 5th March it was confirmed that the Committee had been told by Dorset Clinical Commissioning Group that Ambulance Resources allocated to Swanage would be fully maintained and this is recorded in the minutes of the Committee of 17.10.2018, at point 38.

The then Chair committed to contact the CCG and SWAST, and to call the Chief Officers to the Committee, if a satisfactory response was not received. SWAST has confirmed that it is willing to maintain the Paramedic Car if a funding solution is found.

Would this Committee, as a matter of urgency, please honour the promise of holding Dorset CCG to account, because the Swanage Paramedic Car could be removed before this Committee meets again, and discuss this matter at your next meeting?

A&E Local

Swanage is a popular but remote holiday resort at the end of the Purbeck peninsula, 20 miles from Poole Hospital, 26 miles from Dorset County, and 28 miles from Royal Bournemouth. The average blue light time to Poole is 41 minutes, and the average time from an imminent danger-of-death call to the Ambulance Trust to arrival at Poole Hospital is 1 hour and 43 minutes.

Under Dorset CCG's Clinical Service Review plans, Swanage's local accident and emergency department will be relocated from Poole to the Royal Bournemouth. Longer journey times will increase risk for seriously ill patients. There are 1,400 emergency admissions annually to Poole from Swanage and villages.

To mitigate this increased risk, and to reduce increased pressure on Dorset County A&E, four Town Councils (Swanage, Weymouth, Portland, and Bridport) and four Parish Councils (Langton, Worth, Corfe and Arne), wrote to Dorset Health Scrutiny early this year to request support for an "A&E Local" at Poole Hospital.

From the Independent Reconfiguration Panel's report, this is a "model between the standard urgent treatment centre and a conventional district general hospital A&E", most likely operational for 16 hours a day. This would address the issue of chronic daytime traffic congestion in the conurbation which inhibits access to RBH from most of rural Dorset.

The former Chair committed to discuss this matter in November, but it is not on the Agenda. Could the Committee please give a date when this matter will be discussed?

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TOWN HALL
SWANAGE
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23rd October 2020

Dear Councillor Taylor

Access to emergency health services for Swanage residents

The Town Council has instructed me to write to you, as Chair of the new People and Health Scrutiny Committee, to raise its concerns about local residents' access to emergency health care. This has been copied to the other committee members for their information.

The Town Council thought it would be helpful to give some context regarding our situation and events to date, before making a number of requests.

Background

The Town Council has set up a Working Party to address the issue of access to emergency health services under the Clinical Commissioning Group's hospital reconfiguration plans, whereby maternity and paediatric services, oncology beds, and the local accident and emergency department, will be relocated from Poole Hospital to Royal Bournemouth Hospital. The remit of the Working Party is to consider mitigations for the longer travel times that residents of Swanage will face in emergency cases.

Swanage is a popular holiday resort at the end of the Purbeck peninsula, accessed via the A351, which becomes a 10-mile corridor between Wareham and Swanage. Swanage is 20 miles from Poole Hospital, 26 miles from Dorset County, and 28 miles from Royal Bournemouth Hospital. The A351 is a single lane road, and can be slow, particularly in Summer, as it winds through villages such as Corfe Castle on the way to Wareham. Our isolation is recognised in the adopted Swanage Local Plan. Paragraph 125 states: "Due to its isolated location the Swanage community is concerned about the potential loss of key services," while Paragraph 130 states that "Maintaining facilities and services in a relatively isolated location is one of the key challenges facing Swanage, and this is particularly true for a number of publicly-owned services which are currently located in the town."

South West Ambulance Trust data records the average blue light journey time from Swanage and neighbouring parishes to Poole Hospital at 41 minutes, and the average time between a category 1 imminent danger of death call to the Ambulance Trust, and arrival of the patient at Poole Hospital, at 1 hour 43 minutes – including ambulance response time, and handover time at the hospital. The Council believes that any rise in these times will increase clinical risk for patients facing medical, trauma or maternity emergency.

In autumn 2018 the Town Council wrote to Dorset Health Scrutiny Committee to draw attention to these concerns. The Council welcomed the Committee's decision to recommend to the Secretary of State that the proposals should be referred to an independent panel.

“A&E Local” at Poole, and Maternity at Dorset County

Whilst the Town Council recognises that the CCG’s proposals have now been approved by the Secretary of State, the Council’s attention was drawn to the possibility of implementing an ‘A&E local’ at Poole Hospital as a means of mitigating some of the increased risk for local residents. From the Independent Reconfiguration Panel’s report, it is understood that this is a ‘model between the standard urgent treatment centre and a conventional district general hospital A&E’, most likely operational for 16-hours a day. This would address the issue of chronic daytime congestion in the conurbation inhibiting access to RBH in an emergency from most of Dorset. On 14th February this year the Town Council wrote to Councillor Haynes, the then Dorset Health Scrutiny Committee Chair, in support of the “A&E Local” model for Poole Hospital, and we understand that this is due to be discussed.

Access to maternity care within reasonable times has been an issue of great concern to the Town Council. Dorset County used to offer newborn intensive (level 3) and high dependency (level 2) care, however in 2016 the unit was downgraded to offer special baby care services only (level 1). The reason given was there were not enough cases to maintain skills. However, with the loss of the maternity department at Poole, it is expected that more Purbeck mothers will choose Dorset County Hospital to have their baby. Under the current plans, the only high-level newborn services for the County will be located at Bournemouth Hospital, beyond reach of most Dorset mothers within the maximum ‘safe’ journey times cited by the Clinical Commissioning Group’s consultants of 30-45 minutes in maternity emergency.

The possible withdrawal of the Swanage Paramedic Car

Services currently remain open at Poole, however the issue of Swanage’s access to care in emergency became urgent earlier this year, when the Town Council heard that the ambulance resources based at Swanage might be decreased, as the Swanage Paramedic Car might be withdrawn. The ambulance resources based here are one 24/7 ambulance with two staff, and the Swanage 24/7 Paramedic Car, staffed by one paramedic. The Paramedic Car is the faster vehicle, and, unlike the ambulance, which can be outside Swanage taking patients to hospital, the car remains in Purbeck.

In an emergency, the car paramedic is most likely to get to Swanage within the Ambulance Trust’s target response time of 7 minutes, giving him or her the best chance to save life. In addition to maintaining life until the ambulance arrives, the paramedic can treat at the scene the 50% of patients who do not need to go to hospital, and s/he also supports Purbeck GPs with their home visits. The paramedic also continues to provide overnight cover for Swanage and neighbouring parishes. The paramedic car was allocated to Swanage in 2008 when the Cottage Hospital Minor Injuries Unit first closed overnight, in recognition of the distance from Swanage to Poole Hospital.

The Town Council was very surprised and concerned to hear about the possible withdrawal of the car, as Dorset Health Scrutiny Committee had previously received an assurance from the Clinical Commissioning Group that all ambulance services allocated here would be retained, and that travel times would improve, due to a new road network easing access to Bournemouth Hospital, and additional Dorset ambulance resources. Dorset Health Scrutiny Committee noted in the minutes of their 17th October 2018 meeting:

“In future it was anticipated by the CCG that ambulance times to the Royal Bournemouth Hospital (RBH) would be much quicker due to the major road improvements in that area and that this would assist in reducing ambulance journey times. The Group had also been promised that the Swanage ambulance station would remain open 24/7, fully manned with ambulances. There were also additional new ambulance vehicles in the pipeline for Dorset.”

Unfortunately, the spur road promised to ease access to Bournemouth Hospital from the west has since been cancelled, reinforcing the need for improved ambulance provision in remote areas such as Swanage.

The South West Ambulance Services Trust has advised that the funding for the Swanage Paramedic Car was due to end on 31st March 2020, and that the Ambulance Trust are prepared to maintain the Swanage Paramedic Car providing a funding solution could be found.

Following representations to Dorset Health Scrutiny Committee on 5th March, the Council welcomed the then Committee Chair, Councillor Haynes, offering to take this matter up with the Ambulance Trust, and with the Dorset Clinical Commissioning Group. The Town Council believes that it is at least in part due to this intervention that the car has not yet been withdrawn.

Whilst the Clinical Commissioning Group have promised to ‘engage’ with the Town Council, the Town Council has been unable, to date, to get an assurance that either the car will continue to be funded, or that there will be public consultation before any decision is made. A Swanage resident, Mr Melvyn Norris, Chair of the Swanage Area Forum, has started a petition to keep the Paramedic Car based here, which currently stands at 3,785 signatures.

Increased Dorset Ambulance resources

It is perhaps worth noting here that the Dorset Health Scrutiny Committee minutes of 5th March also note that Dorset ambulances are to increase from 36 to 45, with 2 of these new ambulances based in Dorset Council area. The Town Council has been advised that a second ambulance has been allocated to Wareham for 10 hours per day. However, the blue light journey time from Wareham to Swanage is, at an absolute minimum, 15 minutes, so that it will not be possible for the Wareham ambulance to respond to a Swanage emergency within the 7-minute target response time. Therefore, it is not clear, assuming Swanage is able to retain our current ambulance resources, how an additional part-time Wareham ambulance can mitigate the impact of loss of services at Poole for residents of Swanage and neighbouring parishes.

Requests of the People and Health Scrutiny Committee

Councillors were disappointed to hear that the Paramedic Car will not be on the 2nd November People and Health Scrutiny Committee agenda. Could you please confirm that it will be on the agenda for the following meeting of the Committee?

The Town Council is writing to request that the People and Health Scrutiny Committee continues, meanwhile, to make representations to the Ambulance Trust, and to Dorset Clinical Commissioning Group, in order to at least secure the retention of the town’s current ambulance resources.

The Town Council would also like to request that the Committee takes up the issue of further ambulance support for remote communities related to the planned loss of emergency and maternity care from Poole, and the issue of the promised road improvements, with a view to identifying any solutions that might help to reduce emergency journey times to Bournemouth Hospital.

Finally, at the time of writing, the Town Council does not know when the Committee intends to discuss “A&E Local”, or, indeed, maternity services; are you able to advise? Some advance notice would be of assistance to enable the council and neighbouring parishes to make representations.

Many thanks for your assistance in these matters, which are of deep concern to our local community.

Yours sincerely

A handwritten signature in blue ink that reads "M.K. Agars". The signature is stylized with a long horizontal line extending to the right and a loop at the end.

Town Clerk

Councillor G. Taylor
Chair of the People and Health Scrutiny Committee, Dorset Council

By e-mail and cc. to all committee members

The withdrawal of the Swanage Paramedic Car

Response

It is the Committees understanding that the CCG has already written to Swanage Town Council confirming its intention to engage with them prior to any decisions being taken on the Purbeck car service. Unfortunately, the Covid 19 pandemic continues to be the main focus of attention for our national and local NHS, which has delayed further work on the Purbeck car service. It is the Committees understanding that in the meantime the service remains in place.

The Committee's Agenda and Forward Plan

Response

The People and Health Scrutiny Committee is a new committee which was formed at the Dorset Council AGM on 3rd September 2020. This new committee performs the Council's statutory functions in relation to education matters and in relation to health scrutiny as well as having a remit as a critical friend in matters relating to the People Directorate of Dorset Council. There remains a substantial amount of work to be done to get this Committee to where I would like it to be. However this Committee is under no obligation to honour any commitments from any of its predecessor committees. Going forward in the current situation the key issues for our health partners and Dorset Council are the Covid pandemic, the winter flu season and the budget issues of Dorset Council and this is where this Committee's focus will be. This Committee has limited capacity and while I am happy to retain the requested items on the forward plan as 'items to be scheduled' I am not in a position to be able to give any assurances as to the date they will come before this committee.

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People and Health Scrutiny Committee - 2 November 2020

Questions from Councillors

Questions from Cllr William Trite

Since (a) according to the minutes of the meeting of the Dorset Health Scrutiny Committee (DHSC) on 5th March 2020, the DHSC Chairman was able to confirm that an assurance had previously been given that the Swanage Paramedic (Ambulance) Car would not be withdrawn; and (b) there was an outstanding DHSC commitment to 'Call in' the Dorset Clinical Commissioning Group (DCCG) in the wake of a promise to increase ambulance resources for Swanage (particularly important for the purpose of retaining the Paramedic Car); and (c) there is growing anxiety in Swanage about whether or not the Paramedic Car will be retained in order to continue its vital, 24/7, sometimes life-saving role prior to an ambulance reaching an emergency case; then

1. Can the Committee provide an assurance that the Swanage Paramedic Car will not be withdrawn at any point between now and the next scheduled meeting of the People & Health Scrutiny Committee?

Response from the Chairman

It is the Committees understanding that the CCG has already written to Swanage Town Council confirming its intention to engage with them prior to any decisions being taken on the Purbeck car service. Unfortunately, the Covid 19 pandemic continues to be the main focus of attention for our national and local NHS, which has delayed further work on the Purbeck car service. It is the Committees understanding that in the meantime the service remains in place.

2. Does the Committee recognise that any move to refer the Paramedic Car issue to a Joint Health Services Committee or Joint Health Scrutiny Committee is an inappropriate one, since (i) such a Committee would meet infrequently, (ii) at least half the Committee wouldn't be interested in what would be seen as a comparatively parochial matter, and (iii) a Joint Committee could hardly 'call in' a promise which the DCCG had made to a different Committee?

Response from the Chairman

The People and Health Scrutiny Committee is a new committee which was formed at the Dorset Council AGM on 3rd September 2020. This new committee performs the Council's statutory functions in relation to education matters and in relation to health scrutiny as well as having a remit as a critical friend in matters relating to the People Directorate of Dorset Council. There remains a substantial amount of work to be done to get this Committee to where I would like it to be. However this Committee is under no obligation to honour any commitments from any of its predecessor committees. Going forward in the current situation the key issues for our health partners and Dorset Council are the Covid pandemic, the winter flu season and the budget issues of Dorset Council and this is where this Committee's focus will be. This Committee has limited capacity and while I am happy to retain the requested items on the forward plan as 'items to be scheduled' I am not in a position to be able to give any assurances as to the date they will come before this committee.

Questions from Cllr Jon Andrews

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

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

Response from Dorset Healthcare University NHS Foundation Trust

The Chief Executive has just responded to Sherborne's MP that we are still in pandemic and not able to make any decisions or changes re the units at the moment. Also bookable appts is following national advice re protecting people from covid. We will follow this up with the same message

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

Response from the Chairman

As yet no response to this question has been received. It will be published as soon as it is available.



DORSET COUNCIL - PEOPLE AND HEALTH SCRUTINY COMMITTEE

MINUTES OF MEETING HELD ON FRIDAY 11 DECEMBER 2020

Present: Cllrs Gill Taylor (Chairman), Molly Rennie (Vice-Chairman), Rod Adkins, Jean Dunseith, Barry Goringe, Robin Legg and Jon Orrell

Also present: Cllrs Shane Bartlett, Beryl Ezzard, Laura Miller (Portfolio Holder for Adult Social Care and Health), Maria Roe, David Tooke and Kate Wheller

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

Vivienne Broadhurst (Interim Executive Director - People Adults), Aidan Dunn (Executive Director - Corporate Development S151), Theresa Leavy (Executive Director of People - Children), Jim McManus (Corporate Director - Finance and Commercial), Tony Meadows (Head of Commissioning), Claire Shiels (Corporate Director - Commissioning, Quality & Partnerships), Gill Vickers (Interim Corporate Director - Adult Care Operations) and Helen Whitby (Senior Democratic Services Officer)

27. Apology

An apology for absence was received from Cllr Mary Penfold.

28. Declarations of Interest

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

29. Public Participation

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

30. Budget Scrutiny

The Committee considered a report by the Executive Director, Corporate Development which provided a summary of progress to date on the budget strategy and process in order to enable the Committee to review the budget assumptions and actions being proposed to deliver a balanced and sustainable budget for 2021/22.

The Chairman stated that the focus for the meeting would be on budget proposals for the Adult and Housing and Children's Services Directorates. Budget proposals concerning the Place and Corporate Resources Directorate would be considered at the Place and Resources Scrutiny Committee meeting which would following this meeting.

The Interim Executive Director of People - Adults and Housing gave a short presentation on cost pressures for her directorate, the increase in demand for services as a result of the Covid-19 pandemic, information about transformational work being undertaken to provide the right services in the right place at the right time in order to support people to live at home and work with health partners on funding streams and work to grow community support across Dorset. The Portfolio Holder for Adult Social Care and Health added that the budget enabled people to transform their lives by maintaining their independence for longer and she gave examples of the costs of different types of care provided by the Directorate. The proposed budget was realistic but if additional funds were forthcoming these could be used to support future cost pressures.

The following comments and responses were made:

Question/Issue raised	Response
Adult Social Care and Housing Directorate	
Whether the funding was split right?	
The budget involved a lot of risk and concern about the support needed by the over 85s	<p>There was a lot of risk in the budget but officers were confident that the approach was right. The Council needed to be better able to support people earlier and help them understand how they could support themselves and signpost them to support. The over 80s population was significantly higher than the national average. The Council needed to do more to ensure people's health and wellbeing through the earlier stages of their lives so that they could get the right interventions at the right time within their communities. This would mean the Council would be better able to support them when they needed more complex care later in their lives.</p> <p>The Council were working with providers and health to provide the right support in the right place at the right time.</p>
The closure of care homes	Nationally there were not a significant number of care home closures. Some did need to be closed as they were not necessarily in the right place to provide the

	<p>support needed by their communities.</p> <p>There were too many beds currently. Some care homes were closing by choice rather than for financial reasons, some due to Covid-19 and some were not providing the right level of care for residents. People were now choosing not to enter care homes until later in their lives when their needs were more complex. This provided an opportunity to look at the situation strategically in order to get the right care homes, in the right places to provide the right care for their communities.</p>
<p>The basis for assumptions behind the significant saving of £3.7m in Appendix 1 and whether there was a trade off of less residential and nursing care needed and increased numbers of care packages</p>	<p>With regard to the savings, there was a need to provide care differently and to provide it in the right place at the right time. Further information about the bottom line could be provided to provide assurance.</p> <p>There was a place for residential and nursing care when it was needed, but there was a history of placing people in care homes before this was needed and thus reducing their independence. The Home First Programme would ensure people received interim care, reablement or rehabilitation and were able to return home and maximise their independence. By remaining at home with support they would have better outcomes.</p> <p>There was an element of trade off. Increasing numbers of people would need care in their own homes so the need for home care would increase. The Council wanted to work with providers so that the right care was provided in order to reable or rehabilitate people and increase their independence so that they could remain living at home.</p> <p>Investment was important so that</p>

	<p>intervention could be earlier and action taken before a crisis occurred and more expensive intervention was needed. Officers needed to work proactively in order to focus resources where they were needed earlier.</p> <p>Residents were being encouraged to take up direct payments to employ local support.</p>
<p>Financial support received from elsewhere: could the money released by people leaving hospital sooner be added to adult social care budget?</p>	<p>The Council was not solely responsible it was about the broader system helping people to return home earlier. The Home First Programme was being developed with partners to get the right system and right funding in place to maximise support for residents and to share any risk and address financial inequalities.</p> <p>Conversations with health partners had been ongoing before and during the pandemic about the fair price for care, to ensure organisations were acting legally in providing an adult social care response, and that the authority were not paying for clinical interventions. A fair balance of health and social care funding was needed and discussions with the Dorset Clinical Commissioning Group were underway regarding joint health budgets, continuing healthcare and a fair share approach for those coming out of mental health, long stay hospitals and for those with significant complex needs. This was important because the authority charged for adult social care whereas care providing by the NHS was free at the point of access so it was right to ensure people were getting the right care from the right providers. The current arrangements needed to be reviewed.</p>
<p>A lot of care was provided by volunteers, community groups,</p>	<p>During the Covid pandemic communities had become involved</p>

<p>friends and relatives. What support was available to them?</p>	<p>and supported people within their communities. There had also been an increase in the number of informal carers approaching the Council following lockdown at a point of crisis and needing intensive support. So working with communities to enable them to provide support at an early stage and increase resilience was important to ensure they were enabled to provide support at an early stage as was working with people to established what they needed. The Council also needed to be able to respond when individuals needed help by having the budget to provide this in the right way so that carer could continue caring and by putting them in touch with other carers. Currently the majority of spend was in providing packages of care when there needed to be a shift towards earlier intervention and prevention to free up the budget to move support to those who needed it and to do this in the best way possible.</p> <p>As data improved it would enable the Council to support groups and communities in a different way than in the past. Developing partnerships was not always about funding but delivery in a different way.</p>
<p>It was important for people coming out of hospital to have wrap around care available and that this should be consistent across Dorset.</p>	<p>The Home First approach was about getting the right wrap around support for people who have had an acute episode so that they can manage at home with support. Work with the integrated care system and primary care was under way to ensure the right health and care support was available in the community to support people to live at home. This was a new approach in Dorset but the pandemic had accelerated this work. The challenge was how money could be moved from the acute to primary care and</p>

	community health to support this. This was being explored.
Digital help should be used more. It would be an investment to save in the longer term.	All the transformation programmes were focused on putting small interventions in homes, care homes or supported living to enable people to manage without intervention of a carer or support. There were many different digital devices available which could ensure health and care needs could be managed. The need for these had been accelerated during the pandemic. They also enabled people's independence. People needed to be able to access information in order for them to be able to arrange and manage their own care.
The Council had to do the best it could within the resources available.	
The recent changes to integrated care by health and social services was revolutionary.	
There was a recognition that previously people had moved into care homes at an earlier stage whereas now they only moved into them at the last minute when their care needs were greater.	
Cuts might mean residents were not as well looked after.	
The Council should be lobbying for a better national settlement and a better settlement for adult social care.	The settlement for adult social care was a significant issue. There was in excess of 400 vacant residential and nursing care beds currently, there had been fewer people wanting access to care homes, there was the added cost pressure of self-funders who were unknown to the Council until their funds were below the threshold for support, the Council had a duty to ensure residential or nursing placements were available if one was needed and that in some cases home care might be equivalent to the cost of a residential placement.

	Transformation was needed regardless of budget pressures because it was the right thing to do. The budget was volatile and there were risks attached but outcomes for residents needed to improve.
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The Chairman referred to the Committee's Forward Plan which already included items on the Home First Programme and the Integrated Care System at meetings in January and April 2021 which were items with associated risks.

The Executive Director of People - Children then gave a short presentation which set out cost pressures, concerns and implications of the Covid-19 pandemic, the Directorate's three priority areas - quality of practice, strengthening of staffing and management oversight and sufficiency of placements. Good outcomes for children and young people could be delivered by the balanced budget. Further information about the impact of the pandemic was needed but action was being taken to reduce placement costs, to invest in early help to reduce costs in the longer term, the numbers of children coming into care were stabilising, the significant savings programme would reduce the overspend, the children centre model was to be updated to fit along side the family hub model and some buildings currently being used might be surplus to requirement.

The following comments and responses were made.

Question/Issue raised	Response
Children's Services Directorate	
It was difficult to predict the numbers of children coming into care and the costs of placements. Would more funding be requested at a later date?	<p>Children should not come into care unknown to the Council although there were some occasions when this did happen. There had been some recent success in finding placements for 3 or 4 siblings together and there were families wanting to adopt four or more children from the same family. More of this was needed.</p> <p>Currently there were a lot of older children who had been with the Council for a long time. Their plans were being reviewed sensitively and where they were living a long way from home, the Council was looking to bring them home within the next 2-3 years.</p>

<p>The importance of early years and early intervention which would save money in the longer term. Was the review supporting qualifications and training for early years? Whilst it was acknowledged that savings needed to be made, was there an innovative way of making sure this qualification support continued?</p>	<p>This was one of the savings targets under review. A small amount of top up was paid but this needed to be fair and transparent. The review had just been signed off. Early years work was essential, for SEND children too, many of the families were under financial pressure and any support should be provided fairly and transparently. This point will be taken into consideration.</p>
<p>Information, advice and guidance. Teenagers would need support now more than ever because of higher unemployment, increased mental health issues and low self-esteem. How would the review impact on those young people not in education, employment and training (NEETs)?</p>	<p>Efforts were currently focused on what the Council were required to do and there was a need to use investment in a different way. Changes to information for carers had been delivered. But the focus would be on prevention of those who might become NEETs and more at risk. Current numbers of NEETs could be provided outside of the meeting. There had been a slight increase as a result of the pandemic. There would be a focus on post 16 apprenticeships and routes for them.</p>
<p>Hidden NEETs should not be forgotten</p>	

The Chairman thanked officers for all their work in preparing the proposed budget for 2021/22.

In summing up she said she had noted issues raised and questions asked, had been heartened to hear about the prevention agenda for both adults and children's services and for homelessness, the importance of early learning, and work to prevent people going into hospital. There was still a significant amount of risk in the budget, given the continuing pandemic and with Brexit looming.

The Chairman would list the issues and questions raised, send them to members of the Committee and other members present to ensure all points were captured before these being included in the budget strategy report to be considered by the Cabinet on 19 January 2021.

Decisions

- (i) That the updated assumptions and cost pressures set out in this paper and the validation work that has been carried out on them to calculate the total budget gap be noted;

- (ii) That the latest financial estimates of transformation, tactical savings and other measures taken to close the budget gap be noted; and
- (iii) That the headlines from the recent spending review and the impact this will/could have on Dorset Council be noted.
- (iv) That the Chairman draw together the key considerations for Cabinet and email these to members prior to them being submitted for inclusion in the Cabinet budget report for the meeting on 19 January 2021.

Recommendation

That the issues and questions raised at the Committee meeting be included in the budget strategy report to be considered by the Cabinet on 19 January 2021.

Reason for Recommendation

Councils are required to set a balanced budget. Essentially this means that expenditure is balanced by income without unsustainable use of one-off, or short-term sources of finance.

This paper is coming to the People & Health Scrutiny Committee and to the Place and Resources Scrutiny Committee to ensure there is effective consideration of the budget proposals before proceeding to produce the final budget paper for recommendation to Cabinet on 19 January.

31. Exempt Business

There was no exempt business.

Duration of meeting: 10.00 - 11.35 am

Chairman

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Dorset Health Scrutiny Committee

28 January 2021

Integrated Care System Response to Winter and Crisis Pressure

Choose an item.

Portfolio Holder: Choose an item.

Local Councillor(s):

Executive Director: Choose an item.

Lead Officer: Sue Sutton: UEC Programme Director – Dorset CCG

Report Status: Public

Recommendation:

That Dorset Council People and Health Scrutiny Committee consider and comment on the report.

Reason for Recommendation:

There are no decisions to be made or approved.

1. Executive Summary

A Dorset ICS Bronze Health & Care Tactical Group was initiated three times per week (with the option to increase to daily / twice daily at the most pressured times) to respond to winter pressures. This Group has developed a Dorset ICS Surge & Escalation Plan with identified triggers and escalation process using the OPEL Framework. This enables localised triggers to be implemented and system actions to be undertaken.

2. Financial Implications

Not Applicable.

3. Well-being and Health Implications

Not Applicable.

4. Climate implications

None.

5. Other Implications

None.

6. Risk Assessment

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

Current Risk: LOW

Residual Risk: LOW

7. Equalities Impact Assessment

Not applicable.

8. Appendices

A - Dorset ICS System Surge & Escalation Plan

9. Background Papers

None.

Officer Contact

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Tel: 07779 454669

Email: Richard.wealsby@dorsetccg.nhs.uk

Dorset Integrated Care System (ICS) response to Winter Pressures, CoVid and EU exit

1.1 In response to the Covid-19 pandemic a command and control structure was established to provide robust system decision-making. This structure was adapted in October 2020 to include the Bronze Health & Care Tactical Group, which feeds into Health & Care Silver Strategic Group, and in turn feeds into the Regional Health Gold Group. Please see fig.1 below displaying this System Governance Command and Control structure.

System Governance & Covid-19 Command & Control



Fig.1 System Governance & Command and Control Structure

1.2 An Incident Coordination Centre (ICC) was established within NHS Dorset CCG in February 2020 in order to manage the incident of the Covid-19 pandemic as a central point for the system. The single point of contact, nCoV (mailbox), was set up to receive communications from NHS England & Improvement (NHSE&I), which would then be cascaded to the Dorset ICS as required. Each provider set up their own ICC as single points of contact to receive the cascaded information in order that they could then distribute the information within their own organisations as appropriate. This route was also agreed as the mechanism for submissions/reports to go back to NHSE&I and therefore nCoV would collate the system's reports to send back a system response.

1.3 From November 2020, the NHS Dorset CCG ICC transformed into the Winter Room as the remit expanded from the Covid-19 pandemic response to include EU Transition/Exit, System Resilience and Winter Planning, and Emergency Preparedness, Resilience, and Response (EPRR), as well as dealing with any other concurrent incidents that arose. The Winter Room therefore took on the role as the ICC for all of these areas and a temporary team was established to manage this response.

2. Bronze Health & Care Tactical Group

2.1 The Bronze Health & Care Tactical Group commenced on 23 October 2020 as an operational group with the remit of overseeing systems resilience three times per week and is chaired by the Winter Director. All provider organisations are represented at the meetings, together with Public Health Dorset, in order to determine the system position and OPEL level. The oversight of this can only be effective with the feeding in of accurate and contemporaneous data / information. A process has been set up to receive this information on a daily basis to inform Bronze of each provider's current status and soft intelligence as to what the

current day's risks and mitigating actions are. A Winter Dashboard accessible by all is in development to present this data clearly and concisely.

2.2 The Bronze Group are tasked with exploring actions that can be taken in response to increased demand / pressure in a part(s) of the system and taking action to mitigate or resolve the issue. This can be action taken by one organisation, or it can be a system action in order to, for instance, create flow through different organisations to release the pressure in a certain organisation upstream.

2.3 Where a response is required from the Bronze Group, but there is an obstacle that cannot be unblocked by the operational attendees, it will be escalated to Health & Care Silver Strategic Group in order to gain their advice or action to unblock such an obstacle. If this cannot be resolved by Silver, then it will be escalated to Regional Health Gold.

2.4 One of the first objectives of the Bronze Group in conjunction with the Winter Room, was to develop a System Surge & Escalation Plan, in order to effectively manage the projected Winter surge inclusive of Covid-19 occupying hospital beds based on the Epi-cell data/modelling published by Public Health Dorset.

3. Dorset ICS Surge & Escalation Plan

3.1 Each provider within the Dorset ICS has their own Winter and Surge Plans and manage these internally based on demand and capacity within their own organisation, such as the opening of additional capacity when necessary.

3.2 The System Surge and Escalation Plan has been developed based on the OPEL Framework that all organisations are familiar with, however localised triggers have been set at each OPEL level (see fig.2) to assist in determining the OPEL level of each organisation, and in turn a System OPEL level. The triggers have been set through discussions with each provider organisation and the operationalising and testing of these triggers is currently taking place. There are additional triggers being tested that cover the wider Urgent & Emergency Care Pathway rather than just for the acute hospitals (see fig.3).

Provider-Level Healthcare Escalation Triggers (not finalised)

Escalation Triggers		A&E Performance	Ambulance Handover Delays Over 30 Minutes Trigger Report >10	Ambulance Handover Delays Over 60 Minutes Trigger Report >2	G&A Bed Occupancy	Criteria To Reside Not Met	Beds Closed Due to IPC	Staffing
OPEL 1	DCH	>95%	>10	>2	<82%	<4%	<5%	<4%
	UHD P	200mins	>10	>2	<82%	<4%	<5%	<4%
	UHD B	200mins	>10	>2	<82%	<4%	<5%	<4%
	DHC	>95%			<82%	<4%	<5%	<4%
	SWAST							<4%
OPEL 2	DCH	85% - 94.9%	If SWAST SOP GOES ON THIS TRIGGER GOES TO OPEL 3		83% - 88%	5% - 7%	5% - 7%	5% - 7%
	UHD P	210mins	If SWAST SOP GOES ON THIS TRIGGER GOES TO OPEL 3		83% - 88%	5% - 7%	5% - 7%	5% - 7%
	UHD B	210mins	If SWAST SOP GOES ON THIS TRIGGER GOES TO OPEL 3		83% - 88%	5% - 7%	5% - 7%	5% - 7%
	DHC	85% - 94.9%	If SWAST SOP GOES ON THIS TRIGGER GOES TO OPEL 3		83% - 88%	5% - 7%	5% - 7%	5% - 7%
	SWAST		If SWAST SOP GOES ON THIS TRIGGER GOES TO OPEL 3					5% - 7%
OPEL 3	DCH	75% - 84.9%	If SWAST SOP GOES ON THIS TRIGGER GOES TO OPEL 3		89%-95%	8% - 9%	8% - 9%	8% - 9%
	UHD P	220mins	If SWAST SOP GOES ON THIS TRIGGER GOES TO OPEL 3		89%-95%	8% - 9%	8% - 9%	8% - 9%
	UHD B	220mins	If SWAST SOP GOES ON THIS TRIGGER GOES TO OPEL 3		89%-95%	8% - 9%	8% - 9%	8% - 9%
	DHC	75% - 84.9%	If SWAST SOP GOES ON THIS TRIGGER GOES TO OPEL 3		89%-95%	8% - 9%	8% - 9%	8% - 9%
	SWAST		If SWAST SOP GOES ON THIS TRIGGER GOES TO OPEL 3					8% - 9%
OPEL 4	DCH	<74.9%	If SWAST SOP GOES ON THIS TRIGGER GOES TO OPEL 3		>96%	>10%	>10%	>10%
	UHD P	230mins	If SWAST SOP GOES ON THIS TRIGGER GOES TO OPEL 3		>96%	>10%	>10%	>10%
	UHD B	230mins	If SWAST SOP GOES ON THIS TRIGGER GOES TO OPEL 3		>96%	>10%	>10%	>10%
	DHC	<74.9%	If SWAST SOP GOES ON THIS TRIGGER GOES TO OPEL 3		>96%	>10%	>10%	>10%
	SWAST		If SWAST SOP GOES ON THIS TRIGGER GOES TO OPEL 3					>10%

Assumptions made:

- Normal acute flow achieved at 85% capacity
 - To achieve flow with Covid-19, flow must be in the region of 75%
 - G&A Bed numbers are deemed as **operational viable capacity**
- Acute Hospitals Daily**
If on these triggers, it is forecasted that demand is over forecasted capacity, and the provider is considering the reviewing and evaluation of elective activity, then the provider declares **OPEL 3**.

Fig. 2 Localised Triggers

New Triggers Supporting System Escalation Framework
Whole UEC Pathway measures to support system flow – Under development as part of Planning for December and Q4

Escalation Triggers	IUCS			SWAST		BCP			DC			NEPTS	Primary Care
	111 CALLS ABANDONED	111 CALLS ANSWERED IN 60 SECONDS	STAFFING	999 CALL STACK	STAFFING	CARE HOME CLOSURES	CARE PACKAGES	STAFFING	CARE HOME CLOSURES	CARE PACKAGES	STAFFING		
OPEL 1	Less than 10%	90% and above	<4%		<4%	Less than 4% of capacity closed	Care Capacity Available	<4%	Less than 4% of capacity closed	Care Capacity Available	<4%	No impact On Services	Managing within existing Capacity
OPEL 2	10% - 15%	80% - 89%	5% - 7%		5% - 7%	4%-8% of capacity closed	Less than 100 care packages on waiting list	5% - 7%	4%-8% of capacity closed	Less than 100 care packages on waiting list	5% - 7%	5% of services impacted	Managing within existing capacity or within PCN
OPEL 3	15% - 20%	70% - 79%	8% - 9%		8% - 9%	8% - 10% capacity closed	Less than 100 care packages on waiting list	8% - 9%	8% - 10% capacity closed	Less than 100 care packages on waiting list	8% - 9%	6% - 10% services impacted	All Services disrupted & Support Required
OPEL 4	More than 20%	Below 70%	>10%		>10%	More than 10% capacity closed	No current Care Capacity Available	>10%	More than 10% capacity closed	No current Care Capacity Available	>10%	>10% of services impacted	All Services disrupted & Support Required

Fig.3 Whole UEC Pathway Triggers

3.3 Primary Care is for the first time aligning their status to the OPEL Framework and piloting the use of this across Dorset Primary Care Networks (PCNs) having set their own triggers feeding into the system overview. This means there is wider system consistency in using this OPEL level approach to more easily determine a System OPEL level.

3.4 The mechanism of movement between OPEL levels has been determined through the escalation process, which is initiated by a provider wishing to increase their OPEL Level based on meeting a number of triggers. There is a specific process for declaring OPEL 4 at provider-level and in turn at System-level. Should an escalation call be required out-of-hours, this can be initiated via the CCG Director On Call.

3.5 A Workforce Cell has been set up as a sub-group of the Bronze meeting in order to discuss mutual assistance relating to Workforce issues that arise across the system. This can include Critical Care staffing. A set of triggers have been developed to initiate mutual assistance processes being explored.

3.6 As a response to a surge or continued winter pressure situation, system actions will be taken in response to these in order to mitigate against the situation/risk. An example of this being a system response to high bed occupancy in an acute hospital, it will be linking with Dorset Healthcare and the Local Authorities to focus on discharges through the Home First Single Point of Access (SPA) up to proposing the commissioning of interim beds as a system.

3.7 Further to system actions, there are internal actions and responsibilities that are required for each OPEL Level, for the different types of organisations to undertake. These will be required to have been completed in order to escalate through the process.

3.7 The NHS Dorset CCG Communications Team are also represented at the Bronze meetings in order to react to the current situation as described at the meeting, and publish campaigns to influence the behaviour of the general public, which in turn could alleviate pressure, such as at an Emergency Department.

3.8 The Dorset ICS Surge & Escalation Plan can be found at Appendix A for further information. There are also accompanying Action Cards related to the Surge & Escalation Plan in order that all partners are aware of processes to follow.

4. Further Development

4.1 The Dorset ICS Surge & Escalation Plan is a live document that will continue to be reviewed and triggers are currently being tested and therefore they will be revised as necessary.

4.2 The Q4 Plan is currently being developed and will be going to the Bronze meeting on 6 January 2021 for their comments, before being revised and going to Health & Care Silver on 13 January 2021. This plan incorporates scenario planning from exercises based on Epicell modelling from Public Health Dorset, the Nightingale Hospital Exeter Referral Pathway and potential risks and mitigating actions.

[Please do not delete the footnote.](#)

Footnote:

Issues relating to financial, legal, environmental, economic and equalities implications have been considered and any information relevant to the decision is included within the report.

People and Health Scrutiny Committee 28 January 2021 Service Performance

Choose an item.

Portfolio Holder: Cllr P Wharf, Corporate Development and Change

Local Councillor(s): All

Executive Director: M Prosser, Chief Executive

Report Author: Becky Forrester

Title: Business Partner – Policy, Research and Performance

Tel: 01305 224821

Email: rebecca.forrester@dorsetcouncil.gov.uk

Report Status: Public

Recommendation: That the Committee:

1. Note the council's emerging performance framework and discuss proposed improvements to support the scrutiny function in future;
2. Note performance measures that were rated as red or amber either at the end of October 2020, or at the last time they were reported in 2020/21.

Reason for Recommendation:

To ensure there is effective and timely scrutiny of the council's performance in relation to people and health.

1. Executive Summary

This report highlights those council performance measures that are relevant to this committee that were classified as red or amber in October 2020, or at the last time they were reported on in the 2020/21 reporting year. They are drawn from the overall performance framework used by the Senior Leadership Team (SLT). They are also shared with the cabinet and cabinet lead members who meet informally with SLT to discuss performance.

The information is based on the principle of exception reporting, and as such only shows the 28 measures that were identified as red or amber. 44 other measures were identified as green or 'on track'. The proposed development of the performance framework tool will allow committee members to undertake more timely reviews all of the performance measures in a future.

2. Financial Implications

None in relation to this report.

3. Well-being and Health Implications

None in relation to this report. The council's performance framework contains several measures that relate to well-being and health, and new measures are being developed in partnership with Public Health Dorset.

4. Climate implications

None in relation to this report. Performance measures are currently being identified to identify progress against the Council's Climate and Ecological Emergency Strategy and Action Plan.

5. Other Implications

None in relation to this report.

6. Risk Assessment

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

Current Risk: Low

Residual Risk: Low

7. Equalities Impact Assessment

Not required as this does not relate to a new policy or project. New performance measures are being developed as part of the council's equality, diversity and inclusion strategy and action plan.

8. Appendices

Appendix 1: People and Health scrutiny measures.

9. Background

- 9.1 This is the first performance report to be presented to the People and Health Scrutiny Committee since the new scrutiny and overview arrangements were established. It has been developed in discussion with the Chairs of the two scrutiny committees, the Chair of the Audit and governance Committee and the Portfolio Holder for Corporate Development and Change.
- 9.2 The report shows those performance measures relevant to this committee that are contained within the SLT performance framework and were identified as red or amber in October 2020, or at the last time they were reported on in the 2020/21 reporting year. They exclude measures that are reported elsewhere (such as risk and complaints). A similar report, showing measures relevant to the Place and Resources Scrutiny Committee was discussed at its last meeting on 25 January 2021.
- 9.3 Officers recognise that this reporting arrangement is not ideal. A combination of the normally monthly time-lag in performance reporting, the four-week lead in time required for committee reports, and the variability of committee meeting dates, all mean that information can be several months out of date by the time it reaches scrutiny.
- 9.4 Please note the performance data provided below is dated from October 2020 and therefore reflects a point in time. It lists actions to be taken to address performance issues at that date, which in some instances has resulted in the measure turning back to green in future months.
- 9.5 To address this, officers are in the process of building new performance dashboards for both scrutiny committees which will allow for the most recent performance information to be scrutinised at future meetings.
- 9.6 The chair of the committee has provided feedback on the set of performance measures seen by Scrutiny. They requested some additional performance measures which related to educational attainment, the total number of people on the housing register and measures relating to public health and health outcomes. The Business Intelligence and Performance team will work with the relevant services to consider what may be feasible and meaningful to report into Scrutiny and will share their findings in due course.

Do not delete footnote

Footnote:

Issues relating to financial, legal, environmental, economic and equalities implications have been considered and any information relevant to the decision is included within the report.

Appendix 1

Indicator	Service	Period	Unit	Monthly / Quarterly / Annual	Data	RAG	D.O.T.	Target	Last year	Commentary	Action
Rates of children in care per 10,000	Care & Protection	Oct-20	No.	Monthly	70.00	Red	Improving	60.00	67.10	We are starting to see a reduction in the number of Children coming into and remaining in our care. This can be linked to embedding new processes around entry into care and how we review and progress permanence planning of our children in care. There is a series of training being developed around permanence which will further support children achieving permanence outside of the care of the local authority where appropriate such as through special guardianship.	<ol style="list-style-type: none"> 1. Implement and embed robust permanence tracking arrangements including those living with Connected Persons and Section 20 so that drift and delay is avoided (B2.2 Strengthening Service Plan). 2. Ensure every child in care has a clear permanence plan within four months of coming into care, plans are understood, robustly pursued and care planning focuses on permanency options (B2.3P Strengthening Service Plan). 3. Strengthen the role of QAROs (IRO) in having a robust line of sight to cases and relentlessly and consistently driving care and permanency plans for children, preventing drift and delay and delivering good outcomes for children (B2.10 Strengthening Service Plan).
Percentage of looked after children placed outside the council area	Commissioning, Quality & Partnerships	Oct-20	%	Monthly	41.40	Red	Improving	30.00	38.80	Our Children placed out of area are reducing in number as new processes around permanence and entrance into care embed. As these new processes become embed, we will see more of a reduction in our children placed out of area.	<ol style="list-style-type: none"> 1. Strengthen fostering arrangements in Dorset so that more children and young people are cared for close to their communities, friends and networks (B7 Strengthening Service Plan). 2. Ensure sufficiency and quality of local residential placements for children in care (B8P Strengthening Service Plan).
Total number of service users	Adult Care	Oct-20	No.	Monthly	4,469	Red	Worsening		4,110	<p>This is an increased number compared with previous years. The number only shows the number for whom we commission packages. It does not include all of the other people we are helping who are not receiving a care package, such as people currently being assessed, the amount of people signposted by AAT on any one day etc.</p> <p>The number is higher than expected due to the unprecedented demand caused by the current Covid situation. 237 of these people are Covid NHS/CHC/Self Funded, so wouldn't be part of a 'usual' client count. Excluding those, 4,232 people receiving a service is around 130 higher than our average.</p>	There are a number of projects within the ABL transformation programme that will reduce the numbers of new people coming into statutory local authority services.

Indicator	Service	Period	Unit	Monthly / Quarterly / Annual	Data	RAG	D.O.T.	Target	Last year	Commentary	Action
Percentage of overall packages which are joint funded	Adult Care	Oct-20	%	Monthly	4.54	Red	Same			These are Section 117, CCG or Continuing Health Care (CHC) joint funded packages. 2% have Mental Health as primary support reason. We need to do further work to get a more equitable split of funding between health and social care. This is a new indicator, meaning that we do not have a retrospective trend.	Work is underway, together with BCP, to look at complex cases and funding splits and compare with Local Authorities/CCGs in areas where they have higher percentages of funding splits. Also, the assessments being undertaken on deferred CHC assessments by an outside provider will inform this work.
Total number of hospital discharges	Adult Care	Oct-20	No.	Monthly	186	Red	Same		452	October's data needs to be taken with caution as it is not comparable to previous months. Prior to October 2020, individual discharges would have been recorded on MOSAIC. Following the implementation of national mandated hospital discharge policy, people are referred into Dorset ICS single point of access and not all the information relating to hospital discharges will be captured on MOSAIC in the same way they were pre October 2020. This is now being addressed to ensure we capture all discharges on Mosaic. There is considerable pressure on the discharge pathway due to increasing complexity. We have four hours to get people out of hospital once they are declared as 'ready' and we have to track people who are discharged into short term reablement at 48 hours, one, two, three, four and five weeks in order assess them and get them out within six weeks. Added to that there are significant waiting lists for care in domiciliary and care homes	We are working with system partners to deliver phases I and II of Home First. Phase 1 went live on 8th October 2020.
Number of affordable homes delivered	Housing	Sep-20	No.	Quarterly	47	Red	Worsening	75		September's commentary as per the Q2 Council Plan report: Q2 figure is made up of 34 affordable rented properties, 4 relocatable units for temporary accommodation, 4 low cost home ownership properties, 4 shared ownership properties and 1 bungalow for temporary accommodation. Development continues with a good supply of sites at various stages. Some shortages of supplies and the effect of an initial backlog has slowed completion. The effect of the latest restrictions is yet to be realised but confidence remains that overall targets will be met for 2020/21, as the services continues to work with partners to realise supply of affordable homes.	
Number of active foster carers (including connected persons)	Care & Protection	Oct-20	No.	Monthly	206	Amber	Same	215	201	WREC now have two of our social workers seconded for 6 months to their services and have had an increase in their working hours. They will be specifically be assessing prospective foster carers and taking applicants through to initial fostering panel. This is creating additional capacity in the preapproval part of the services. There is also a current recruitment drive under way to encourage new prospective foster careers to join our services.	<ol style="list-style-type: none"> 1. Strengthen foster carer recruitment and marketing strategy including optimising partner relationships (B7.6 Strengthening Service Plan). 2. Improve fostering assessment and approval processes making Dorset Council fostering the agency of choice for prospective foster carers (B7.2 Strengthening Service Plan).

Indicator	Service	Period	Unit	Monthly / Quarterly / Annual	Data	RAG	D.O.T.	Target	Last year	Commentary	Action
Rates of children in need per 10,000 (including CP & CIC)	Care & Protection	Oct-20	No.	Monthly	355.20	Amber	Same	280.00	380.40	The number of children in need under 18 (including those on child protection plans and in care) is 1,976, including over 18 is 2,411. A very small increase can be seen in the number of children in need (including those on child protection plans and in care) which is likely to be a reflection upon an increase in referral rates. The practice in relation to children in need has and continues to improve, in part due to robust decision making in Children's Advice and Duty Team and the benefits of the Early Help Hub. There is also more rigorous supervision and scrutiny overall. However, there is a risk of volatility associated to Covid-19 and the impact on children and families of lockdown measures. If caseload sizes increase we know that pace reduces and so close attention to the cohort is required with regular review to minimise drift. Measure adjusted in Dec 20 and backdated, to include all children and young people in need, including those over 18. The young people over 18 are predominantly made up of Dorset's care leavers and those young people with a disability potentially transitioning to the care of adults services. Further focused work around case file maintenance will see a further reduction and refinement in the cohort of Children in Need.	As per Strengthening Services Plan - specifically workforce development in relation to SMART plans for children. Also, rigour in relation to caseload management and flow is required by Team Managers and Service Managers
Rate of children with a child protection plan per 10,000	Care & Protection	Oct-20	No.	Monthly	49.50	Amber	Worsening	40.00	42.20	The number of children on a child protection plan is 336. The increase in the number of children coming onto a CP plan is likely as a result of the increase in strategy discussions in late September/October where we had an increase in significant incidents being referred through the front door, some of which were children not previously known to us. All children that have come off a CP Plan from March to Sept are currently being reviewed. Following this the 2 New Quality Assurance Managers will consider all new CP Plans. There continues to be a focus on duration of plans to avoid drift and delay and additional measures will be in place to consider pre proceedings for all repeat CP Plans and at the 9 month review.	1. Improve the quality and impact of Child Protection Plans including the partnership approach to planning (A4.9P Strengthening Service Plan).2. Review Child Protection Conferences take place as a minimum in line with statutory guidance, are contributed to by partners, children and parents and are effective in evaluating impact and continuing risk and need (A4.10P Strengthening Service Plan).
Reablement effectiveness in delaying and reducing the need for care and support (%)	Adult Care	Oct-20	%	Monthly	72.00	Amber	Worsening	80.00	56.00	Shows the % of 91 day reviews completed in the month where the reabled person is still at home.	

New cases received this month where the Council has been contacted by either a family or individual who has described themselves as homeless or threatened with homelessness. This figure does not include verbal approaches but accounts for completed applications received	Housing	Oct-20	No.	Monthly	268	Amber	Same			The reduction is likely to be the result of the change in notice periods. Notices served on or before 28 August must be at least 3 months. From 29 August landlords must give 6 months notice. Unfortunately, households at risk of losing their home may delay contacting until nearer the end of the notice period.	
Indicator	Service	Period	Unit	Monthly / Quarterly / Annual	Data	RAG	D.O.T.	Target	Last year	Commentary	Action
Total number of households accommodated in B & B on the last day of the month	Housing	Oct-20	No.	Monthly	105	Amber	Improving			Figure in B&B have stayed same for the past two months (but have reduced to 98 as of week ending 20/11/2020). We are moving low numbers of households into B&B but at the same time moving other households out of B&B and into longer term temporary or permanent accommodation.	The housing team has recently been successful in bidding for capital through Homes England and revenue through MHCLG. This will supply supported accommodation for single people, reducing the need to rely on B&B type accommodation for this cohort.
Total number of anti-social behaviour recordings including environmental, nuisance and personal	Housing	Oct-20	No.	Monthly	706	Amber	Improving		571	We have spoken to Dorset Police about this significant decrease in ASB – they have said it is due to a different way of recording.	
Reported domestic abuse with evidence to suggest physical and coercive violence	Housing	Oct-20	No.	Monthly	207	Amber	Improving		230	The longer term trend is an increase in the number of domestic abuse crimes. This is partly due to increased awareness raising and confidence to report. Tackling domestic abuse is a priority for the Dorset Community Safety Partnership and the Partnership has a delivery plan for the issue.	
Reported domestic abuse incidents	Housing	Oct-20	No.	Monthly	230	Amber	Worsening		143	The longer term trend is an increase in the number of domestic abuse incidents. This is partly due to increased awareness and confidence to report issues. Tackling domestic abuse is a priority for the Dorset Community Safety Partnership.	
Percentage of services that are residential or nursing	Adult Care	Oct-20	%	Monthly	27.14	Amber	Same		27.10	This is made up of 1150 residential and 334 nursing. Of which, 222 are flagged as 'Covid Dorset Council'. 83 are flagged as 'Covid NHS'. It is difficult to reduce residential beds due to the impact of Home First covid discharge pathway. Also due to the significant waiting lists for domiciliary care.	
Percentage of services that are not residential or nursing	Adult Care	Oct-20	%	Monthly	72.86	Amber	Same	72.60		This is mostly people living at home, and includes Home Care, Direct Payments, Day Care, Supported Living, Extra Care, Shared Lives, ISFs. 475 Covid DC. 154 Covid NHS.	

Percentage of Adults with learning disability in paid employment	Adult Care	Oct-20	%	Monthly	3.90	Amber	Improving	6.00	3.50	Suggested target based on SW regional average from 2018/19. DC has just decommissioned employment service with the ambition that we redesign to be more ambitious and to link to children and mental health initiatives. Thorough data quality checks in October 2019 led to the data dropping from around 6% previously to 3.5% at the time. This is a more accurate reflection of true performance than before October 2019. Performance has been severely impacted by Covid lockdown meaning that many individuals will have been shielding	
Review Performance - percentage of long-term clients reviewed in the last 12 months (year to date, as at end of the month)	Adult Care	Oct-20	%	Monthly	54.00	Amber	Worsening	75.00	68.00	Investigation into activity not currently being recorded correctly in Mosaic to be undertaken, as we suspect this figure is under-reporting true levels. This work has been impacted by Covid.	
Indicator	Service	Period	Unit	Monthly / Quarterly / Annual	Data	RAG	D.O.T.	Target	Last year	Commentary	Action
Page 49 Safeguarding Activity - number of safeguarding concerns received during the period	Adult Care	Oct-20	No.	Monthly	364.00	Amber	Same		369.00	Safeguarding concerns received into the Specialist safeguarding team are triaged and progressed to confirmed Safeguarding concerns where appropriate. in quarter 2, we saw a 15% increase in number of safeguarding concerns received by the Safeguarding team when compared to the average number received during 2018/19. And a 9% increase in the same when compared to Q4 2019/20. Some weeks we have seen more than 100 new concerns come in. In the year 2020/21 so far, the top 4 referees of Safeguarding concerns are: Residential Care Staff, Domiciliary Staff, Social Care Worker & Primary Health Care. Together they make up 73% of the Safeguarding Concerns received. Interestingly, although there has been an increase in the number of Safeguarding concerns received, this has not translated into the same relative increase in the % of concerns progressed to decision stage. A target is not appropriate for this indicator due to sensitivity of this area of work.	
Percentage of child protection cases dealt with in court within 26 weeks	Legal Services	Oct-20	%	Monthly	40.00	Amber		100.00		The 26 week duration for court proceedings is a guide. Cases only go beyond the deadline with the judges approval and where there are justifiable reasons. So each of the cases here which continued beyond 26 weeks did so with reasons and the courts agreement. 9 cases concluded in October of which 5 were care cases which were subject to the 26 week duration. Of the 5, 2 were completed within shorter timescales of 7 and 17 weeks. 3 went beyond the 26 week guide as they were complex, and/or due to Covid related delay all outside of the Council's control.	In person hearings are now possible, and all involved are more familiar with the virtual hearing process.
Percentage of 16 and 17 year olds not in education, employment or training	Commissioning, Quality & Partnerships	Sep-20	%	Quarterly	3.64	Amber	Worsening	3.50	2.90	3.64% is based on data from the end of August instead of September for Yr12 and 13 as there is a scheduled pause in data collection due to the required annual cycle of data collection. The number of NEET 16 and 17 year olds has risen by 1.2% since August 2019. Dorset performed worse than England at 3.4%, but better than statistical neighbours (i.e. similar local authorities to Dorset Council) who reported 3.7%. The pandemic impacted on referrals from partners to re-engagement courses and young people's willingness to take part.	

											Virtual offers were made available but there was a high drop-out due to online delivery.	
Reduction in rate of children re-referrals (%)	Care & Protection	Sep-20	%	Quarterly	21.70	Amber	Improving	20.00	21.60		In comparison to the same quarter last year the re referral rate is the same, however this is an improving picture from last quarter. There are increasing numbers of children being referred who have not been previously known to children's services. The instability around Covid 19 has impacted on the source of referrals and the types of referrals we have received. The MASH and Early Help Hub also went live from 1st July which should begin to have a more positive impact on our re referral rate.	
Safeguarding Feedback - individuals that felt safer as a result of the safeguarding intervention (%)	Adult Care	Sep-20	%	Quarterly	50.00	Amber	Improving	75.00	41.00		Available quarterly, based on concluded Section 42 Enquiries. Result is year to date.	
Indicator	Service	Period	Unit	Monthly / Quarterly / Annual	Data	RAG	D.O.T.	Target	Last year		Commentary	Action
Safeguarding Feedback - Individuals that felt listened to during the safeguarding intervention (%)	Adult Care	Sep-20	%	Quarterly	76.00	Amber	Improving	85.00	54.00		Available quarterly, based on concluded Section 42 Enquiries. Result is year to date.	
Staff turnover as a percentage of total Dorset Council headcount (DC Overall)	HR & OD	Oct-20	%	Monthly	0.82	Amber	Improving					
Average number of working days lost to sickness per FTE (DC Overall)	HR & OD	Oct-20	No. (Days)	Monthly	8.54	Amber	Same	8.00	9.50		Slight increase in sickness absence since last month but overall a downward trend with a decrease of 1 working day lost to sickness absence per employee compared to same period last year.	
Average number of working days lost to long term sickness per FTE (DC Overall)	HR & OD	Oct-20	No. (Days)	Monthly	5.10	Amber	Worsening	4.00	4.87		Increase in LTA from last month and the same period last year. Children's has the highest sickness rate of all directorates, up at 7.09, Corporate Development directorate has the lowest at 3.25. Further analysis within directorates required to establish causes and possible interventions.	

People and Health Scrutiny Committee 28 January 2021 Responses to homelessness during winter

For Decision

Portfolio Holder: Cllr G Carr-Jones, Housing and Community Safety

Local Councillor(s):

Executive Director: V Broadhurst, Interim Executive Director of People - Adults

Report Author: Andrew Billany

Title: Corporate Director - Housing and Community Safety

Tel: 01305 224247

Email: andrew.billany@dorsetcc.gov.uk

Report Status: Public

Recommendation: For the Scrutiny Committee to comment and respond to the requested update.

Reason for Recommendation: The report and recommendation focus on the current approach of the housing service in dealing with homelessness during the additional pressures brought on by the winter. The update is offered as part of an ongoing wish to scrutinise housing and homelessness, as part of this Committee's programme of activity. Further discussion and scrutiny of housing and homelessness is proposed as part of the ongoing programme for this Committee – including the role of Registered Housing Providers and Housing Associations.

1. Executive Summary

This paper is to respond to the request for an update on winter pressures which impact on homelessness and the way that Dorset Council is responding. The context of this request is being set, in this paper, as part of the changes to the service brought about by wider pressures relating to the Covid-19 pandemic. As is currently clear, the ongoing lockdown conditions are continuing those particular pressures. For example, on 8 January 2021, new requirements were placed upon Local Authorities by the Secretary of State to prevent people sleeping rough and to make sure that associated health, Covid vaccination and infection control needs are met.

2. Financial Implications

There are budget pressures relating to any additional demand on our homelessness services. The current budget position is being reported to Cabinet as part of the usual reporting cycle. We have been successful in gaining funding through bids to MHCLG, the relevant Government Department. This supports capital projects to provide suitable and more cost-effective temporary accommodation and is supplemented by additional internal capital funding agreed at Cabinet in September 2020. The MHCLG Next Steps Accommodation Programme also provides £600,000 in revenue to fund support for the temporary housing projects where this is necessary.

3. Well-being and Health Implications

There are strong themes in this report relating to the well-being and health of homeless people, with the specific focus on people sleeping rough and some acute needs. This cohort of people often, though not exclusively, have high support needs relating to mental and physical health ill-health, drug and alcohol dependency. Strong work across Health, Housing, Social Care and the voluntary sector is under way to make sure there are effective plans to coordinate necessary support or action to bring about better health outcomes.

4. Climate implications

There are no specific implications, other than the wider climate relevance of providing homelessness support during the winter, with the threats posed by cold weather.

5. Other Implications

This is part of ongoing work to provide a service to prevent and mitigate homelessness, as part of our statutory duties. Further scrutiny of our developing homelessness strategy and future responses to demand is invited at a future meeting.

6. Risk Assessment

This is an update paper, not a matter for decision.

7. Equalities Impact Assessment

This is an update paper, not a matter for decision.

8. Appendices

There are none.

9. Homelessness since March 2020 – since the impact of Covid-19

- 9.1 Since the beginning of the pandemic, in March 2020, there has needed to be a major shift in how we have responded to homelessness demand. This is to maintain our statutory duties, but also to adapt our service delivery to deal with new pressures, new ways of working and implementing changes in Government policy. The work to advise and support people and families to prevent homelessness has continued, with good adaptation of our service to make sure this is done effectively under lockdown and remote working conditions.
- 9.2 In April 2020 the Government announced their 'Everyone In' directive, instructing local authorities to take in all people either at risk of rough sleeping, or actually sleeping on the streets. 63 people were brought in, due to the pandemic. 9 of these were people discharged from hospital discharges, 32 with an imminent risk of sleeping rough, 12 actually sleeping rough and 10 moving from shared housing.
- 9.3 Most of the demand was in and around Weymouth and Portland. There has been a rise in wider homelessness demand – with an increased reliance on B&Bs. This has included a wider cross-section of homeless families and not only for those sleeping rough. We had 139 households in B&B (for longer than six weeks) in August and have been reducing this over the autumn and early Winter. The number was down to 90 at the end of November, and 82 at the end of December. This is predominantly made up of single people, with the number of families in B&B accommodation for longer than six weeks reduced to 3 at the end of December.
- 9.4 We provide the service in alliance with strong work across the voluntary sector. Notably, The Lantern Trust, Julian House, Bus Shelter Project and Shelter. There is a tight partnership in place across sectors. There has been a rise in the need for advice and guidance across housing and community safety. Domestic tensions and abuse, tenancy security, rent arrears are continuing concerns and are closely monitored. There are cost pressures which come with the additional demands, with B&B charges exceeding what is claimable through Housing Benefit.
- 9.5 We have made a strong start in planning to move people on from B&Bs into settled housing. There was a successful bid to MHCLG to gain capital

and revenue support, totalling £1.6 million. We are funded to buy 25 homes for temporary accommodation by 31 March 2021. This included a £600k grant to provide 'tenancy sustainment' support for people previously sleeping rough. This has developed the key role for voluntary sector in delivering the commissioned support. Additional capital funding was secured at Cabinet in September 2020 to secure further temporary accommodation, to supplement the MHCLG grant funded housing.

- 9.6 We also work closely with partner Registered Providers of Social Housing (Housing Associations) to make best use of their stock. They have been proactive in offering properties for the immediate needs for temporary housing, as well as the permanent lettings which are made available to us. The opening up of the house building sector following the first lockdown has brought an increase in lettings being available to us, which has reduced some of the pressure on our temporary accommodation and housing register needs – although the need is still high.
- 9.7 We look for solutions across Dorset Council area, recognising the greatest pressures focusing on the Weymouth and Portland area. We are moving rapidly to acquire suitable properties and are on track to meet grant conditions. We are speaking with MHCLG and Homes England to plan further bids to acquire or develop homes. We are reducing reliance on B&B by moving people into other temporary accommodation and permanent lettings. We are working to spread locations, to mitigate pressure on areas and help effective management. It is recognised that the concentration of available B&Bs in central and seaside locations in Weymouth means that we need to carefully assess and manage who we place there, to achieve a balance and minimise any negative impact on neighbours.
- 9.8 We maintain a focus on strong 'prevention' advice to help people avoid housing crisis, explore options to remain in current homes, or find suitable alternatives. We are developing options to provide consistently effective 'wrap-around' support for emergency housing, in the right locations. (Supported by the MHCLG funding, with the prospect of further funding in 2021/22). Reliance on B&Bs is reducing. We want to maintain that at a manageable level, if demand rises. We are preparing options relating to managed hostel type accommodation, as well as tightly managed B&B.

10. December/January update:

- 10.1 Safe Sleep 2021 is being run by the Lantern Trust, as a 'Covid-safe' shelter to keep rough sleepers safe from the threat of cold weather. This started on 4 January 2021 and will run until March. It has been funded via £50,000 MHCLG (NSAP – Next Steps Accommodation Programme) funds allocated to Dorset Council alongside £41,000 funding awarded to the Lantern Trust from the Homelessness Winter Transformation Fund. Overnight accommodation will be provided for up to 10 verified rough sleepers, in hotel accommodation – enabling people to stay within the Covid-19 lockdown rules, as opposed to the traditional model of church halls. Support workers are on site and all clients will be required to sign a contract with the Lantern Trust and comply with terms relating to conduct and behaviour.
- 10.2 On 8 January 2021, we received a letter from the Secretary of State, outlining the intentions to reintroduce a version of the 'Everyone In' initiative, meaning that we need to accommodate all rough sleepers across the Dorset Council area. This is focused on people actually sleeping out (or 'rough'), so is a narrower and smaller cohort than the requirement in April 2020. We are in a good position with this already as the housing teams have been carefully managing the cold weather spell and its impact on people with nowhere to live.
- 10.3 As part of the Severe Weather Emergency Protocol that was triggered on 29 December, we had already found safe, temporary accommodation for 24 people who were sleeping rough. As of 11 January, we had eight people sleeping rough across the county, some of whom do not want accommodation found for them. Work is under way to engage with them and to ensure safety and welfare. The Secretary of State has also urged Local Authorities to support our rough sleepers to register with a GP, so that they are able to receive the COVID-19 vaccine at the earliest opportunity. At the point of writing this report, work is under way to plan the vaccination exercise.

11. Conclusion

Members are invited to comment on and scrutinise progress, so far, and highlight points of further interest for future scrutiny.

Footnote:

Issues relating to financial, legal, environmental, economic and equalities implications have been considered and any information relevant to the decision is included within the report.

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People and Health Scrutiny 28 Jan 2021 Community Response

For Decision

Portfolio Holder: Cllr A Parry, Children, Education, Skills and Early Help
Cllr L Miller, Adult Social Care and Health
Cllr J Haynes, Customer and Community Services

Local Councillor(s): Cllr

Executive Director: [T Leavy, Executive Director of People - Children](#)

Report Author: Claire Shiels

Title: Corporate Director – Commissioning, Quality and Partnerships

Tel: 01305 22 4682

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Report Status: [Public](#)

Recommendation:

1. That the committee:
 - (a) Receive and comment on the contents of the report.
 - (b) Endorse the strategic approach described in section 10 and the co-ordination of partnership community responses through ‘Dorset Together’
 - (c) Consider in particular the lessons learned and next steps in section 16.
2. That every opportunity should be taken to recognise and thank Dorset’s communities and the voluntary sector for their critical part in the ongoing response to the pandemic.

Reason for Recommendation:

This report provides an overview of the partnership work to respond to the pandemic and an opportunity to learn lessons from the response so far. It also

serves as an opportunity to highlight and recognise the critical part played by Dorset's communities and the voluntary sector.

1. Executive Summary

The COVID-19 pandemic has affected the whole of the country and Dorset as a county – the impact on our residents, communities and businesses has been immense. However, at a time of great challenge the council and the communities and economy it serves have together risen to the challenge, seeking to support the best outcomes for all through the delivery of national initiatives at a local level.

This report focuses on the partnership response of the council and the community response to the pandemic.

2. Financial Implications

The full financial impact of the pandemic on Dorset Council continues to change as the emergency response continues. There has been an impact on income generating activity, additional expenditure incurred, and new duties have been passed to the council. There have been a number of one-off grants to help support these activities, however these do not always cover the full costs of the activity and are often ringfenced for specific activities.

3. Well-being and Health Implications

The community response to the pandemic has focused on directly meeting essential food, wellbeing and financial needs of vulnerable people as well as seeking to minimise the impact of the pandemic on wellbeing through connecting people with sustainable support from their community.

4. Climate implications

The community response has continued to move towards localisation of responses, reducing the need for travel and associated carbon footprint of the provision of help.

5. Other Implications

The community response to the pandemic has been driven by a desire to 'not get in the way' of existing community groups and activities, but instead to enhance and facilitate growth where required.

The community response has been essential to the public health effort to reduce transmission of COVID-19 and seasonal flu through providing essential support to enable clinically extremely vulnerable people to shield; in enabling those without access to support to self-isolate and through the provision of volunteers to support flu clinics.

6. Risk Assessment

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

Current Risk: Medium

Residual Risk: Medium

7. Equalities Impact Assessment

During the COVID-19 response, impact screening tools and assessments have been undertaken where a permanent change in service delivery has been made. An EqlA for the COVID-19 pandemic was produced which covers all the protected characteristics and the additional characteristics that Dorset Council consider important. This was presented to Cabinet on 30th June 2020.

8. Appendices

N/A

9. Background Papers

[Update on Dorset Council's Response to Covid-19 – Updated Report.](#)

Cabinet 30 June 2020

[Covid-19: How well has Dorset Council responded to meeting the needs of vulnerable groups during 'lockdown'?](#) Cabinet 30 June 2020

[Covid- 19 Response](#) Cabinet 5th May

[Financial Provision to the voluntary and community sector](#) 6th October 2020

10. Introduction

10.1. The strategic approach to the COVID-19 crisis was developed and shared informally with the Cabinet and communicated to all elected members via the first all member webinar. The approach set out: 'During the COVID-19 crisis, Dorset Council will work to maintain critical services, sustain care, support the vulnerable and support our community'. To coordinate activity for the council, ten cells were stood up to lead pieces of work, one of which was the 'Community Shield' cell.

10.2. As the pandemic has progressed and the response required has changed, this cell has continued stood up to coordinate a range of partnership

community responses and is now named 'Dorset Together'. As this piece of work involves responses from the whole council, there are multiple cabinet portfolio holders involved in leading the work.

- 10.3. The role that the voluntary, community and social enterprise sector has taken has been critical to the Dorset response to COVID-19 as has the response of local people in stepping forward to formally volunteer for a range of different initiatives and importantly in neighbourliness and informal volunteering such as setting up local mutual aid groups. The people of Dorset have been generous in their donations and many local businesses have been generous in their support and donations to local communities and charities.

11. Shielding Programme

- 11.1. The Community Shield cell was set up initially to coordinate the provision of food, medicine and basic care to individuals and families identified as clinically extremely vulnerable to COVID-19 and therefore required to 'shield'. In addition to Dorset Council employees from all directorates, membership of this group included: representatives from the voluntary and community sector; faith groups; NHS Dorset Clinical Commissioning Group; Public Health Dorset; Dorset & Wiltshire Fire & Rescue; Military Planners. A series of sub-groups were set up to manage this work which focused on logistics and supply of food and medicine; contact centre - support helpline and email hub; data production and management, mental health support and safeguarding and volunteer network.
- 11.2. The Shielding Programme commenced on 21st March and was paused on 31st July 2020. At the end of the programme, there were almost 16,000 in Dorset on the Shielding List. Residents were asked to register on a national shielding website and the council was asked to make contact with residents who stated they needed support in anyway. In total, the council and proactively contacted over 6,000 residents and responded to 2,500 requests for information, advice and support.
- 11.3. The local support offer included provision of information, advice and guidance; urgent deliveries of food and medicine; support from volunteers to pick up shopping, or medicine; peer support or befriending; and access to social care or mental health services. It was supported by a range of church, community and neighbourhood support groups as well as by Age UK, Volunteer Centre Dorset, Citizen's Advice and Help and Kindness, who have been mapping and publishing local places to get help and support. Our colleague town and parish councils have also been providing local support.
- 11.4. Age UK operated a helpline and befriending service for all ages during the period of shielding, receiving 8,500 calls, 650 emails and made over

15,000 outward calls to residents during this period. They supported 1,750 residents through this period.

- 11.5. Volunteer Centre Dorset set up a volunteer matching service for vulnerable people, with over 1800 registered volunteer during this time period. They received almost 2,000 calls and over 200 email requests and supported almost 1300 people (50% shielding and 50% not shielding) with food shopping, prescription collection, befriending, dog walking, gardening and a range of other activity.
- 11.6. Following the national pause to the shielding programme and the ending of the nationally coordinated food delivery, we worked with Volunteer Centre Dorset to take over the coordination and delivery of any future emergency food delivery requests. This was of great benefit to the council, when a further national lockdown was announced in November 2020. Although a full 'shielding' programme was not reintroduced, councils were again required to contact and provide support to 'clinically extremely vulnerable' (CEV) residents that needed it for a four-week period with a very short lead in time. The council was well served by its relationship with Volunteer Centre Dorset who were able to quickly stand-up four county wide distribution points to make deliveries to those who were not able to access alternative sources of support. These arrangements were successful and remain ready to stand up should they be required again in the future. This network has also been used to support those that have been asked to isolate by 'Test and Trace'.

12. Mutual Aid/Community Support Groups

- 12.1. Mutual Aid and Community Support Groups are groups of local people who organise informally to support one another and meet the needs of their local community; independent from any organisation or official body they are led by local people who volunteer their time – often organising through Facebook or WhatsApp. The effectiveness of these highly localised approaches to supporting communities is based on their ability to be flexible and respond to specific issues of concerns in their communities.
- 12.2. It is estimated that there are over 4,000 mutual aid groups in the UK, according to the national organisation, Covid-19 Mutual Aid UK. As these are not required to formally register it is not possible to accurately quantify the number of these group in Dorset, however the council has been encouraging groups to register on the Help and Kindness website. There were 140 Covid Community Support groups registered in total during lockdown.

- 12.3. There is no doubt that the support of these groups, many of which involve local elected members, have been a critical element of the COVID-19 response in Dorset. The national evidence suggests that the autonomy and informal nature of these groups is important but that councils and the formal voluntary and community sector can play a role in support without seeking to control the activity.
- 12.4. The council has worked with the formal voluntary and community sector to offer advice and support to these groups where it was required through the publication of guidance and tips for volunteers on staying safe, handling money and supporting dog walking; downloadable posters and flyers and through the provision of small grants.

13. Food security

- 13.1. Prior to the pandemic, Public Health Dorset and local councils in Dorset and BCP had identified food insecurity as an issue affecting many residents of Dorset, with an estimated 5,500 living in food poverty, without enough food and 95,800 unable to afford to spend enough money on food to have a healthy diet. The Equality Impact Assessment identified that as a result of financial hardship associated with the pandemic this may increase over time and this has been experienced throughout Dorset as household incomes have fallen and referrals for food support have increased.
- 13.2. The community response to ensuring people do not go hungry in Dorset has been excellent. The role of local food banks and local elected members in coordinating access to food for vulnerable residents has been immense and the generosity of local people making donations, supermarkets and local businesses has been immense. Communities have developed a huge range of responses, including the delivery of hot meals, ready prepared meals, food parcels and the creation of new food banks, community fridges and social supermarkets.
- 13.3. Dorset Council has been in receipt of grant funding from the Department for the Environment, Food and Rural Affairs for the provision of food and emergency supplies through the pandemic and this has been used to provide immediate food relief, but also to support efforts to build more sustainable approaches to food security. This has included:
- an embedded food link worker in Citizen's Advice Dorset, based on evidence of effectiveness nationally to help support individuals to address the underlying causes of food insecurity and to support local food supply groups to identify and address support needs
 - coordination of emergency food delivery
 - support to homeless prevention charities

- support for the creation of social supermarkets and community fridges
 - financial support to food banks
 - food supply mapping
 - grant distribution through Dorset Community Foundation or a range of food supply related projects and activities
- 13.4 The council and partners were able to use existing food supply networks to offer food support to families eligible for Free School meals over October half-term.
- 13.5 We will continue to encourage individuals, local business, community groups and formal food banks to register on the Help and Kindness website so that we can keep an up to date understanding of the wide and differing offers in local communities.

14. Minimising the impact of the pandemic

- 14.1. Dorset Council and voluntary and community sector partners identified through the Equality Impact Assessment (EQIA) that the pandemic may have an increased impact on some groups more than others.
- 14.2. The council has worked with partners through our 'Reaching Out' campaign to target support and advice to those who need it most, either because they are struggling financially or feeling stressed and worried and worked together to put in place support for those experiencing financial hardship; loneliness and isolation and grief and bereavement, which will be described in more detail below.

15. The Voluntary and Community Sector network

- 15.1. The council and the voluntary and community sector network has met weekly since the beginning of the pandemic to coordinate responses, address arising issues, share good practice and avoid duplication.
- 15.2. Dorset Community Action have been supporting charities, community groups and social enterprises through a series of weekly online webinars and a dedicated helpline to answer questions about Coronavirus and the impact on organisations. Funding support for this has been provided by the council.
- 15.3. Volunteer Centre Dorset has been accepting registrations of new volunteers and providing support and advice to voluntary sector organisations that wanted to get involved in providing support or who

- needed help maintaining their volunteer base. Between 16th March –31st December they have made and received 2600 calls; and actioned 1,217 individual requests for support with things like shopping and prescription collection.
- 15.4. Age UK North, South and West Dorset have continued to support vulnerable and isolated older people with befriending calls and delivery of pharmacy and shopping where the individual cannot do this for themselves. Between 16th March –31st December they have made 30,000 outgoing calls; received 18,000 incoming calls and actioned 6,000 support with things like shopping and prescription collection.
 - 15.5. Faith organisations have played a large part in the community response, coming together to offer support for those who have been bereaved through the operation of a helpline as well as through the provision of food banks and places and spaces for reflection. In many cases people have been supported to attend services digitally, which has greatly reduced social isolation for people that have traditionally been socially isolated.
 - 15.6. The four Citizen’s Advice offices have helped 11,111 vulnerable clients with 36,462 issues between 16th March –31st December. They have helped clients to gain £5.3million in additional income, primarily through claiming welfare benefits including Universal Credit (38%) followed by Debt (9%) and Employment (9%). Compared to the same period in 2019, they experienced a 42% increase in the number of clients requiring Employment related issues.
 - 15.7. The council has received a further grant from the Department of Work and Pensions, primarily to support families with children food and utilities bills during winter. A significant proportion of this funding has been distributed directly to families through food vouchers, but we are also working with Citizen’s Advice Dorset to build on the existing support with fuel and utilities.
 - 15.8. Dorset Race Equality Council (DREC) have supported many of Dorset’s ethnic minority communities who may have been disadvantaged during the pandemic including Gypsy Roma Traveller; Eastern European and Muslim, many of which were not only dealing with the pandemic but also other critical issues such as the response to the Black Lives Matter movement and also the requirement for all EU nationals to register for settled or pre-settled status under the European Union Settlement Scheme (EUSS).
 - 15.9. Dorset Community Foundation have worked with the council and others to raise funding, maximise funding opportunities and distribute grant funding

across the sector through lockdown and repeated the successful Surviving Winter appeal to support with fuel poverty.

16. Lessons learned and next steps

- 16.1. Personalisation and localisation of responses is essential. Feedback from our residents has been that this has been a very important element of supporting them through the pandemic, but also in enabling them to support themselves. Local communities understand the needs of the local area and are better placed to understand and provide sustainable solutions that work.
- 16.2. Many people have been supported to get online and have become more digitally included and are therefore able to access support and online classes through a range of support networks including Age UK and other support networks, supported by digital champions and members of their community. However, we know that check in phone calls were extremely popular and so we are working closely with partners to expand peer support networks and support people to be able to give back where they wanted to well.
- 16.3. This type of response can be difficult to coordinate centrally and at a county level and we know that we have not always got the coordination and communication right, particularly with newly formed or smaller community support groups. We are working together on ways to improve information sharing and supporting the creation of networks to come together and share good practice. We have learned that it is really important not to get in the way of things that are already happening, and existing community offers but to seek to find opportunities to facilitate and connect people. We will continue to work to develop these relationships and will seek to expand and strengthen relationships with local parish and town councils.
- 16.4. It is helpful to have a single place for registration and communication of community offers and support. Not only has this helped us to signpost residents to local sources of support and help connect organisations together, but it has helped to identify potential gaps or geographical areas where community capacity is not as strong and work together to help provide additional support in this area. It will be important for us going forward to understand how we can work with communities and partners to continue to support the development of community capacity.
- 16.5. The people of Dorset are extremely generous both with their time and with their resources. The number of informal and volunteers and offers of support have been incredible and volunteer numbers are holding up well. It will be important as we continue through the pandemic to continue to support and nourish this and to consider how the legacy of this can

continue, noting that this work requires funding and infrastructure support. We will continue to build on the successful increase in local volunteers alongside Volunteer Centre Dorset and have been working with Public Health Dorset to consider how to provide wellbeing support to existing volunteers.

- 16.6. Some organisations will not be able to operate as they did before and may close, others are adapting their operational models to respond to the crisis. External funding, in many cases has been directed to the Covid-19 response to the detriment of other charitable aims. The council is working with Dorset Community Action to understand the impact on individual organisation and provide support where it can. The mechanism for providing financial support was agreed at Cabinet on 6th Oct 2020.

- 16.7. The Wellbeing subgroup of Dorset Together has responsibility for overseeing delivery of the EQIA Action Plan and ensuring that we improve communications with hard-to-reach and digitally excluded groups, and ensure advice and guidance is appropriate and accessible for all. The Wellbeing group is also overseeing a piece of work that links Dorset Council data team with Dorset Intelligence and Insights Service to try to understand where secondary impacts of Covid-19 pandemic might be felt, and to draw this together into formats that can be shared with community and mutual aid groups. The aim of this work is to share our system knowledge with our communities, allowing them to decide how best to focus their support in future.

- 16.8. The success of this partnership between the council, other statutory agencies and the community and voluntary sector has been dependent upon having a clear sense of purpose and a genuine sharing of power and resources, recognising which part of the partnership was best placed to lead particular elements of work and ensuring that resources and support were made available to make that happen.

Footnote:

Issues relating to financial, legal, environmental, economic and equalities implications have been considered and any information relevant to the decision is included within the report.

People & Health Scrutiny Committee 28 January 2020 Community Safety Annual Report

Choose an item.

Portfolio Holder: Cllr G Carr-Jones, Housing and Community Safety

Local Councillor(s):

Executive Director: V Broadhurst, Interim Executive Director of People - Adults

Report Author: Andy Frost

Title: Service Manager for Community Safety (Strategic Lead)

Tel: 01305 224331

Email: andy.frost@dorsetcouncil.gov.uk

Report Status: Public

Recommendation:

That members of the Committee consider and comment on the community safety annual report.

Reason for Recommendation:

To ensure the Council complies with its legal duties relating to community safety.

1. Executive Summary

Under the Police & Justice Act 2006, local authorities are required to have Crime & Disorder Committees that review and scrutinise partners' community safety work. The committees should formally review progress at least once a year.

In Dorset Council, the function of the Crime & Disorder Committee is fulfilled by the People & Health Scrutiny Committee (for scrutiny work) and the People & Health Overview Committee (for any proactive community safety work).

This annual scrutiny report provides information on partners' work in three main areas:

- Progress against the Community Safety Plan 2020-23
- Work undertaken to tackle domestic abuse, including partners' response during the Covid 19 pandemic
- The response to issues emerging from Domestic Homicide Reviews (DHRs) that are relevant to Dorset Council

Any observations or recommendations from the Committee will be considered by the Community Safety Partnership (CSP) and used to help develop its work, including refreshing the Community Safety Plan for 2021/22.

2. Financial Implications

The Dorset CSP does not receive any funding, however partners' plans and strategies clarify where they will focus their time and effort and their broad activity to meet priorities.

A funding agreement is in place with partners to meet the costs of conducting DHRs.

3. Well-being and Health Implications

Tackling crime and the fear of crime has a significant impact on health and wellbeing.

4. Climate implications

None

5. Other Implications

Community safety – as set out in the report.

6. Risk Assessment

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

Current Risk: LOW

Residual Risk: LOW

7. Equalities Impact Assessment

An Equalities Impact Assessment was completed when developing partners' most recent community safety plan. The assessment highlighted several positive impacts on those with a protected characteristic.

Further impact assessments will be completed when reviewing the plan.

8. Appendices

None.

9. Background Papers

Dorset Community Safety Partnership Terms of Reference - [CLICK HERE](#)

Dorset Community Safety Plan 2020-23 -[CLICK HERE](#)

Dorset Domestic Homicide Reviews - [CLICK HERE](#)

10. Background

10.1 Local authorities are required to have Crime & Disorder Committees that scrutinise the Council's and its partners' delivery of their statutory community safety functions. The committees should formally review progress at least once a year.

10.2 Partners' work is co-ordinated through the Dorset Community Safety Partnership (CSP). The CSP is a statutory partnership under The Crime & Disorder Act 1998. It brings together the following responsible authorities who must work together to understand and address community safety issues in their area:

- Dorset Council
- Dorset Police
- Dorset Clinical Commissioning Group
- Dorset & Wiltshire Fire & Rescue Authority
- National Probation Service (Dorset)
- Dorset, Devon and Cornwall Probation

10.3 The terms of reference for the Dorset CSP describe its role, working practices and the duties the partnership is required to carry out. They include:

- Producing an annual Partnership Strategic Assessment (PSA) that pulls together information, provides an analysis of community safety issues and sets out the matters that partners should prioritise.
- Developing and implementing a three-year community safety plan that is updated annually.
- Engaging and consulting with communities about community safety issues in the area.
- Having in place a protocol to allow partners to share relevant information to tackle issues.
- Developing and implementing a Reducing Reoffending Strategy for the area.
- Conducting Domestic Homicide Reviews.

10.4 This annual scrutiny report focuses on three main areas of activity:

- Progress against the Community Safety Plan 2020-23
- Work undertaken to tackle domestic abuse, including partners' response during the Covid 19 pandemic
- The response to issues emerging from Domestic Homicide Reviews (DHRs) that are relevant to Dorset Council

11. Progress Against the Community Safety Plan 2020-2023

Community Safety Plans

11.1 CSP's are required to produce three-year Community Safety Plans that are revised annually.

11.2 The plans should be informed by partners' most recent PSA and local people's views about community safety issues.

11.3 The Dorset CSP agreed its 2020-23 Community Safety Plan in March 2020. It was formally adopted by Dorset Council in October 2020. The Plan includes the following priorities:

- Domestic Abuse
- Serious Sexual Offences
- Rural Crime
- Modern Slavery and Human Trafficking
- County Lines
- Fraud

- Public Place Violence
- Anti-Social Behaviour

11.4 Partners also monitor hate crime including in the wider context of community cohesion.

11.5 Reducing re-offending is a cross cutting area of work for partners and they have a separate strategy to address this issue. There is also a separate Alcohol & Drugs Strategy, led by Public Health, that covers the pan-Dorset area.

Progress Against the Community Safety Plan

11.6 The first year of the 2020-23 Plan has been dominated by the need to respond to and prioritise issues associated with the Covid 19 pandemic.

11.7 Partnership work on community safety has continued throughout the pandemic though it has been influenced by the effect of Covid measures (e.g. people staying at home). One of the main areas of focus for the CSP during this time has been domestic abuse.

11.8 Examples of work undertaken so far in 2020/21 include:

- Revising our approach to tackling Modern Slavery to take account of new government guidance and expectations
- Having lead professionals for Modern Slavery in place within Adults and Children's Services. The lead professionals act as a point of advice and information for staff and help ensure links are made to safeguarding services.
- Awareness raising around fraud to help people spot issues and know where to go for help and advice
- Running several successful initiatives to tackle issues associated with anti-social behaviour, including use of Anti-Social Behaviour Contracts, Anti-Social Behaviour Injunctions, Community Protection Warnings and Notices and Criminal Behaviour Orders
- Setting up a detached youth outreach project in the East Dorset area at the beginning of the first lockdown which engaged some of our most vulnerable young people and helped reduce issues of anti-social behaviour in the area
- The 100 Days of Summer Campaign which ran in the Weymouth area and saw Neighbourhood Policing Teams and Council officers using dedicated foot patrols to help address anti-social behaviour issues

- Supporting the '16 Days of Action' campaign on domestic abuse including highlighting the support available to Council staff and managers and services available in communities. This work was supported by Cllr Molly Rennie, the Council's Member Champion for Domestic Abuse.
- Revising partners' approach to managing high risk cases of domestic abuse moving from monthly Multi-agency Risk Assessment Conference (MARAC) meetings to shorter, more focused meetings that take place four days a week
- Government funding has been secured to launch a new domestic abuse perpetrator programme in Dorset. The DRIVE project works with high-harm, high-risk and serial perpetrators of domestic abuse to prevent their abusive behaviour and protect victims. The project has produced excellent results in other areas and will compliment other initiatives designed to tackle domestic abuse locally
- Partners are developing a joint approach to commissioning domestic abuse services allowing them to plug gaps and enhance the local offer
- Children's Services are developing a toolkit for front line practitioners to complement partners' existing multi-agency domestic abuse training framework
- Operation Encompass will be rolled out in Dorset making sure schools are informed when the Police have attended an incident of domestic abuse so children can be supported
- Work to challenge perceptions and tolerance of domestic abuse in communities is developing

12. Tackling Domestic Abuse

12.1 Domestic abuse is any incident of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of their gender or sexuality.

12.2 In Dorset there are a range of services in place to try and tackle issues of domestic abuse and support victims. They include advice and information, outreach support, services for high risk victims and refuge accommodation.

12.3 Tackling domestic abuse is a key area of focus for partners and they have agreed, through the CSP, a position statement that sets out their approach:

The Dorset Community Safety Partnership believes domestic abuse, in all forms, is completely unacceptable and not to be tolerated. We are committed to tackling it by preventing abuse from happening, supporting victims and prosecuting offenders.

Prevention – we want to stop domestic abuse from happening altogether. To do that we will focus on actions and initiatives that are preventative so that fewer people become victims.

Victims – victims of domestic abuse, whoever they are, will have access to services that keep them safe and prevent further harm.

Offenders – offenders will be held to account for their actions.

12.4 Partners’ delivery plans include several actions and initiatives that support the approach. Work is also happening to assess the various service offers available to support victims of domestic abuse, ensure they complement each other and identify gaps in provision.

Response to Domestic Abuse During the Covid 19 Pandemic

12.5 Monitoring and responding to issues of domestic abuse has been a priority for partners during the pandemic.

12.6 Although partners have not seen dramatic increases in the number of domestic abuse crimes, there has been a 23% increase in the number of domestic abuse incidents from January – December 2020 compared to the same period the previous year (see table below). Services also saw an increase in demand for advice and information and reported that cases were more complex due to other challenges associated with the pandemic and lockdowns.

Period / Year	Domestic Abuse Violent Crime		Domestic Abuse Incidents	
	2019	2020	2019	2020
Jan – March	544	662	416	498
April – June	747	793	652	759
July – Sept	799	816	667	802
Oct – Dec	742	669	605	815
Totals	2,832	2,940	2,340	2,874

12.7 During the first lockdown, partners met weekly to understand and address any issues. The approach included:

- Regular contact with front line services to understand issues and develop solutions to any problems.
- Providing additional Covid related funding to some commissioned services to help manage pressures and ensure those who needed a service got one.
- Supporting bids for external funding (e.g. Ministry of Justice) to help bolster services.
- Working with colleagues across the Council to provide additional support and mitigate pressure on services.
- Running weekly communications campaigns to raise awareness of issues and advice on where to get help and support

12.8 Domestic abuse services have continued to be provided throughout the pandemic with commissioners and providers working closely to adapt provision and meet demand.

12.9 On entering the latest lockdown, partners have reinstated fortnightly partnership meetings, are working on appropriate communications campaigns and keeping in touch with front line services to understand needs and issues.

13. Recommendations from Domestic Homicide Reviews (DHRs)

13.1 The Domestic Violence, Crime and Victims Act 2004 requires that following a domestic homicide, local areas organise a multi-agency review. The requirement came into force in April 2011. In 2013 the Home Office released statutory guidance giving further details regarding the conduct of DHRs. This was revised in 2016. Responsibility for conducting reviews lies with CSPs.

- 13.2 DHRs are conducted in cases where the death of a person aged 16 or over has, or appears to have, resulted from domestic abuse by a relation or someone they had been in an intimate personal relationship; or someone they live with. In 2016 the guidance was updated and a review must also be undertaken where a victim took their own life (suicide) and the circumstances give rise to concern, for example there was coercive controlling behaviour in the relationship.
- 13.3 Statutory guidance sets timescales to complete each part of the review process. Any changes to the timescales must be agreed formally by the CSP. The Home Office have established a quality assurance process to sign off all DHRs. Following this, CSPs are expected to publish anonymised reports regarding the review unless there are exceptional circumstances not to do so.
- 13.4 The purpose of conducting reviews is to help improve practice and the way services respond to domestic abuse and each review contains recommendations for partners to act on.
- 13.5 Since the requirement to conduct DHRs was introduced, the Dorset CSP has received thirteen requests to consider a review. Of these, two did not meet the criteria, three have been transferred to other CSPs to lead, five are ongoing and three have been completed.
- 13.6 The Dorset CSP reviews actions and activity relating to DHRs every quarter. At the meeting of the Council's Crime & Disorder Committee in October 2019, it was confirmed the Committee should review DHR activity relevant to Dorset Council.
- 13.7 From the DHRs completed to date, themes have emerged that are relevant to Dorset Council as well as other organisations. They include:
- Risk assessment and management
 - Identification and understanding of domestic abuse
 - Information sharing
 - Developing a whole family approach

13.8 In response Council services and partners have:

- Completed audits and quality assurance work on relevant processes for organisations to apply the learning
- Revised significantly partners' process for managing high risk cases of domestic abuse moving from monthly Multi-agency Risk Assessment Conference (MARAC) meetings to shorter, more focused meetings that take place four days a week
- Implemented a multi-agency training framework for staff covering key areas such as risk assessment and management, interfamilial abuse and abuse against older people
- Introduced a process which takes account of the needs and risks to all family members when working with high risk cases of domestic abuse

13.9 The CSP regularly assesses progress against DHR recommendations and takes action to address any areas of concern.

14. Priorities for the Next Twelve Months

14.1 The CSP is in the process of writing its latest PSA. The PSA will be used to determine priorities for the next financial year and complete the annual refresh of the Community Safety Plan.

14.2 The process for writing the PSA includes an assessment of statistics, trends, impacts and forecasts to score issues and organise them in order of priority. Members of the public's views on community safety issues also form part of partners' planning processes.

14.3 Issues such as domestic abuse, anti-social behaviour, modern slavery and serious sexual offences regularly emerge as key priorities.

14.4 Understanding and responding to community safety issues related to the pandemic will remain a priority and partners will continue to work closely with front line services to manage any pressures.

14.5 The Domestic Abuse Bill is currently making its way through Parliamentary proceedings and is due to become law in April 2021, when it will be known as the Domestic Abuse Act 2021.

14.6 The Act will place several new responsibilities on partners, including the Council. Although it is not expected that public bodies will have to be compliant by April 2021, work is underway to ensure partners are well placed to respond to their new duties.

Footnote:

Issues relating to financial, legal, environmental, economic and equalities implications have been considered and any information relevant to the decision is included within the report.

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People and Health Scrutiny Committee – Forward Plan

Subject	Date of Meeting	Consultation	Portfolio Holder/s / Other relevant Councillors	Officer Contact - Lead
Integrated Care System update through winter	20 April 2021			Vanessa Read, Director of Nursing, DCCG
Community and Prevention	20 April 2021			Claire Shiels, Corporate Director, Community, Quality and Partnership Gill Vickers, Interim Corporate Director - Adult Care Operations
Housing	20 April 2021			Andrew Billany, Corporate Director for Housing
Update on Continuing HealthCare performance	20 April 2021		Portfolio Holder for Adult Social Care and Health	Vanessa Read- Director of Nursing, DCCG
Q3 Performance Data	20 April 2021		Portfolio Holder for Corporate Development and Change	Rebecca Forrester, Business Partner – Policy, Research & Performance
New Hospitals Programme and what it means for Dorset	20 April 2021		Steve Killen – Transformation Director, NHS University Hospitals Dorset.	
Q4 Service Performance Data	May/June 2021		Portfolio Holder for Corporate Development and Change	Rebecca Forrester, Business Partner – Policy, Research & Performance
Delayed Transfers of Care and Home First	May/June			Gill Vickers, , Interim Corporate Director - Adult Care Operations Sue Evans, Head of Specialist Services Helen Persey, Head of Integrated Community Services (West)

Subject	Date of Meeting	Consultation	Portfolio Holder/s / Other relevant Councillors	Officer Contact - Lead
Housing Associations inquiry Day	Summer 2021			
potential agenda items to be considered				
Children's Services Blueprint for Change	September 2021		Portfolio Holder for Children, Education and Early Help	Theresa Leavy - Executive Director of People - Children
Scrutiny of Dorset's Whole Life Offer Inquiry Day				

Other Joint meetings to be scheduled

Subject	Report due	Consultation	Portfolio Holder/s / Other relevant Councillors	Officer contact - Lead	Notes GT
Local Development Plan	To be scheduled				? Joint

Joint meetings with BCP

Ambulance Service improvement and investment plan					Min 29 Joint with BCP
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Urgent integrated care service					Min 29 Joint with BCP
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Working Groups Established

Working Group for Quality Accounts (membership (Cllrs Gill Taylor, Rod Adkins, Nick Ireland, Jon Orrell and Bill Pipe)

Working Group for Housing Associations Inquiry Day (membership Cllrs Gill Taylor, Molly Rennie, Jean Dunseith and Jane Somper)

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Cabinet Forward Plan - February to May 2021 For the period 1 FEBRUARY 2021 to 31 MAY 2021 (publication date – 2 FEBRUARY 2020)

Explanatory Note:

This Forward Plan contains future items to be considered by the Cabinet and Council. It is published 28 days before the next meeting of the Committee. The plan includes items for the meeting including key decisions. Each item shows if it is 'open' to the public or to be considered in a private part of the meeting.

Definition of Key Decisions

Key decisions are defined in Dorset Council's Constitution as decisions of the Cabinet which are likely to -

- (a) to result in the relevant local authority incurring expenditure which is, or the making of savings which are, significant having regard to the relevant local authority's budget for the service or function to which the decision relates (**Thresholds - £500k**); or
- (b) to be significant in terms of its effects on communities living or working in an area comprising two or more wards or electoral divisions in the area of the relevant local authority."

In determining the meaning of "*significant*" for these purposes the Council will have regard to any guidance issued by the Secretary of State in accordance with section 9Q of the Local Government Act 2000 Act. Officers will consult with lead members to determine significance and sensitivity.

Cabinet Portfolio Holders 2019/20

Spencer Flower	Leader / Governance, Performance and Communications
Peter Wharf	Deputy Leader / Corporate Development and Change
Tony Ferrari	Finance, Commercial and Assets
Graham Carr-Jones	Housing
Gary Suttle	Economic Growth and Skills
Andrew Parry	Children, Education and Early Help
Laura Miller	Adult Social Care and Health
David Walsh	Planning
Ray Bryan	Highways, Travel and Environment
Tony Alford	Customer, Community and Regulatory Services

Subject / Decision	Decision Maker	Decision Due Date	Other Committee Date	Portfolio Holder	Officer Contact
March					
<p>Dorset Council Plan Quarterly Performance Report - Q3</p> <p>Key Decision - No Public Access - Open</p>	Dorset Council - Cabinet	2 Mar 2021		Deputy Leader - Corporate Development and Change	<p><i>Bridget Downton, Head of Business Insight and Corporate Communications, Rebecca Forrester, Business Intelligence & Performance</i> <i>rebecca.forrester@dorsetcouncil.gov.uk</i></p>
<p>Dorset and BCP Joint Local Transport Plan Development</p> <p>Key Decision - Yes Public Access - Open</p> <p>Report seeks support to review & refresh the joint Local Transport Plan with BCP to align with the emerging Local Plans and other recent policy changes. The new plan will steer our future transport strategy for Dorset and how we spend our £1.9M annual</p>	Dorset Council - Cabinet	2 Mar 2021		Portfolio Holder for Highways, Travel and Environment	<p><i>Wayne Sayers, Transport Planning Manager</i> <i>wayne.sayers@dorsetcouncil.gov.uk</i></p>
<p>Tourist Information Centres - Consultation responses next steps in relation to Dorset Council Tourist Information Centres</p> <p>Key Decision - Yes Public Access - Open</p>	Dorset Council - Cabinet	2 Mar 2021		Portfolio Holder for Customer and Community Services	<p><i>Bridget Downton, Head of Business Insight and Corporate Communications, Tracy McGregor, Service Manager for Libraries</i> <i>tracy.mcgregor@dorsetcouncil.gov.uk</i></p>

Subject / Decision	Decision Maker	Decision Due Date	Other Committee Date	Portfolio Holder	Officer Contact
allocation from DfT.					
<p>Interim Dorset Heath Air Quality Strategy</p> <p>Key Decision - No Public Access - Open</p> <p>The strategy outlines the policies & mitigation approach to the impact of vehicular emissions from new development on protected habitats & species.</p>	Dorset Council - Cabinet	2 Mar 2021		Portfolio Holder for Planning, Portfolio Holder for Highways, Travel and Environment	<i>Sue Bellamy, Senior Planning Policy Officer sue.bellamy@dorsetcouncil.gov.uk</i>
<p>Procurement Forward Plan report - Over £500k (2021-2022)</p> <p>Key Decision - Yes Public Access - Open</p> <p>Approve all proposed individual key decisions with financial consequences of £500k or more for procurement activity during the period 2021-2022.</p>	Dorset Council - Cabinet	2 Mar 2021		Portfolio Holder for Finance, Commercial and Capital Strategy	<i>Dawn Adams, Service Manager for Commercial and Procurement dawn.adams@dorsetcouncil.gov.uk</i>
<p>Approval to develop an alternative delivery model for Information Advice Guidance and Tracking for young people not in education, employment or training</p> <p>Key Decision - Yes Public Access - Open</p> <p>To develop an alternative delivery model for Information Advice Guidance and Tracking (IAGT) for young people not in education,</p>	Dorset Council - Cabinet	2 Mar 2021		Portfolio Holder for Children, Education, Skills and Early Help	<i>Lucy Johns, Commissioning & Transformation Lead lucy.johns@dorsetcouncil.gov.uk, Rosie Knapper, Senior Advisor</i>

Subject / Decision	Decision Maker	Decision Due Date	Other Committee Date	Portfolio Holder	Officer Contact
employment or training (NEET) currently provided through an externally commissioned voluntary and community sector provider.					
<p>West Parley Eastern Link Road - Forward Funding</p> <p>Key Decision - Yes Public Access - Fully exempt</p> <p>DCC Cabinet of May 2018 approved the use of £2 million of corporate funding to forward fund the construction of the West Parley Eastern Link Road. This funding is to be repaid by developers on reaching certain agreed development triggers for an associated mixed use residential and commercial development. This item seeks to reaffirm the Council's commitment to forward funding and agreement of associated terms.</p>	Dorset Council - Cabinet	2 Mar 2021		Portfolio Holder for Highways, Travel and Environment	<i>Neil Turner, Development Team Leader, Highways neil.turner@dorsetcouncil.gov.uk</i>
April					

<p>Dorset Cultural Strategy 2021 - 2026</p> <p>Key Decision - Yes Public Access - Open</p>	Dorset Council - Cabinet	6 Apr 2021		Portfolio Holder for Customer and Community Services	<i>Paul Rutter, Service Manager for Leisure Services paul.rutter@dorsetcouncil.gov.uk</i>
<p>Dorset Council Budget Quarterly Performance Report - Q4</p>	Dorset Council - Cabinet	6 Apr 2021		Portfolio Holder for Finance, Commercial	<i>Jim McManus, Corporate Director - Finance and</i>

Subject / Decision	Decision Maker	Decision Due Date	Other Committee Date	Portfolio Holder	Officer Contact
<p>Key Decision - Yes Public Access - Open</p>				and Capital Strategy	<p><i>Commercial</i> <i>J.McManus@dorsetcc.gov.uk</i></p>
<p>Our Digital Vision</p> <p>Key Decision - Yes Public Access - Open</p> <p>To adopt the Dorset Council's Digital Vision and action plan.</p>	Dorset Council - Cabinet	6 Apr 2021		Deputy Leader - Corporate Development and Change	<p><i>Deborah Smart, Corporate Director – Digital & Change</i> <i>deborah.smart@dorsetcouncil.gov.uk</i></p>
<p>Dorset Council Climate and Ecological Emergency Strategy</p> <p>Key Decision - Yes Public Access - Open</p> <p>Following public consultation, this report will present the results of the consultation and the post consultation updated final version of the Climate and Ecological Emergency Strategy for approval.</p>	Dorset Council	15 Apr 2021		Portfolio Holder for Highways, Travel and Environment	<p><i>Antony Littlechild, Community Energy Manager</i> <i>antony.littlechild@dorsetcouncil.gov.uk, Matt Reeks, Service Manager for Coast and Greenspace</i> <i>matt.reeks@dorsetcouncil.gov.uk</i></p>
<p>Dorchester Office Strategy</p> <p>Key Decision - Yes Public Access - Part exempt</p> <p>To review and agree the strategy for the Dorchester Office estate.</p>	Dorset Council - Cabinet	6 Apr 2021		Portfolio Holder for Economic Growth, Assets and Property	<p><i>Dave Thompson, Corporate Director for Property & Assets</i> <i>dave.thompson@dorsetcouncil.gov.uk</i></p>

Private/Exempt Items for Decision

Each item in the plan above marked as 'private' will refer to one of the following paragraphs.

1. Information relating to any individual.
2. Information which is likely to reveal the identity of an individual.
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
6. Information which reveals that the shadow council proposes:-
 - (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or
 - (b) to make an order or direction under any enactment.
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.