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PEOPLE AND HEALTH SCRUTINY COMMITTEE

MINUTES OF MEETING HELD ON TUESDAY 8 JUNE 2021

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

Also present: Cllr Cherry Brooks, Cllr Ray Bryan, Cllr Graham Carr-Jones, Cllr Beryl Ezzard, Cllr David Gray, Cllr Matthew Hall, Cllr Ryan Holloway, Cllr Stella Jones, Cllr Rebecca Knox, Cllr Laura Miller, Cllr Mike Parkes, Cllr Andrew Parry, Cllr Jane Somper, Cllr Gary Suttle, Cllr David Tooke, Cllr Bill Trite, Cllr Kate Wheller and Cllr John Worth

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

Andrew Billany (Corporate Director of Housing, Dorset Council), David Bonner (Service Manager for Business Intelligence and Performance), Vivienne Broadhurst (Interim Executive Director - People Adults), Rian Davies (Communications Officer), John Heron (Fostering Services Lead), Lesley Hutchinson (Corporate Director for Adults Commissioning), Theresa Leavy (Executive Director of People - Children), Jonathan Mair (Corporate Director - Legal & Democratic Service Monitoring Officer), Sarah Jane Smedmor (Corporate Director - Care & Protection), Sue Sutton (Deputy Director, Lead Member for Urgent and Emergency Care, Dorset Clinical Commissioning Group), Steve Veevers (Corporate Director Operations, Adult Care), Vik Verma (Interim Director of Education and Learning), Judy Saunders (PA to Elected Members), Pauline Weld (PA to Leader and Elected Members) and Fiona King (Senior Democratic Services Officer)

1. Apologies

There were no apologies for absence.

2. Declarations of Interest

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

In respect of Minute 3, Cllr Ireland advised that he was a Governor at Dorset Healthcare.

3. Urgent Items

The following item of business were considered by the Chairman as urgent pursuant to section 100B (4) b) of the Local Government Act 1972. The item was considered to be urgent in the interest of the public.

Item: Rapid Response Vehicle - Purbeck/Swanage Car

The Chairman outlined what the committee could and could not do in relation to this agenda item. Her statement is attached as an annexure to these minutes.

The Programme Director for Urgent and Emergency Care and the County Commander, South West Ambulance Trust gave a presentation which is attached as an annexure to these minutes.

The Chairman read a statement that had been received from Cllr Debby Monkhouse from Swanage Town Council, which is also attached to these minutes for ease of reference.

Comments/Questions

Cllr William Trite, ward member for Swanage, outlined the level of concern within the community of Swanage. Swanage had the largest population in the district and the time to A&E was one of the longest in the county. The severe road congestion was highlighted especially in the summer months. Swanage had the highest population of elderly and retired people in the county. Asked for confirmation that the Clinical Commissioning Group (CCG) would come back to committee before any decision was made.

The Chairman advised that she had agreed to put this item on late as she was taking a pragmatic approach. It was still very early on in the consultation and wanted to get as much information out to elected members and members of the public as soon as possible.

Cllr Gary Suttle, ward member for Swanage, highlighted that the retention of Rapid Response Vehicle (RRV) to Swanage was hugely important. There was a campaign ongoing in Swanage. He was unsure what engagement would be carried out for the community. The 'listening event' referred to was not open to members of the public. Reference was made to the commitment made by the previous Dorset County Council (DCC) and noted that Dorset Council had taken on all the roles and commitments from the county council. He asked members of the committee to ensure there was a wider public meeting in order to let members of the public give their points of view.

The Chairman reminded the councillor that this committee was not the appropriate committee to look at this before any decisions were made.

The Programme Director advised that engagement plans were still being finalised as this was really early stages. It was confirmed there were no proposals and no options worked up as yet. The Chairman asked that the Plan be shared with the Council to ensure members were aware.

Cllr Cherry Brooks, ward member for South East Purbeck. Understood the concerns from residents. Asked if the call centre assesses whether to follow up with an ambulance or was that something for the paramedic. The County Commander advised that calls were prioritised in the call centre, there were categories that would trigger certain vehicles but decisions were also taken by

paramedics. Cllr Brooks made reference to a number of ambulances promised in the past which was different to the number actually received.

The Programme Director undertook to capture members' thoughts and comments for the next part of the process.

Cllr Laura Miller (Portfolio Holder for Adult Social Care and Health), ward member for West Purbeck, found it reassuring there had been a clear statement from the CCG that there was no proposal to remove the car and no decisions as yet taken. She wanted to ensure services were available to all residents of Dorset and to ensure no one was put at risk. She would be overseeing the Dorset Council response to ensure services were equitable and safe.

Cllr Ray Bryan (Portfolio Holder for Highways, Travel & Parking, Environment & Wellbeing) highlighted the highway and travel issues in the local area. He would like the opportunity to speak on this at future meetings before any final decisions were made.

Cllr David Tooke, ward member for Cranborne and Alderholt, asked a question about times taken by RRVs and Double Crewed Ambulances (DCAs) to attend incidents, and how important was a defibrillator in terms of saving lives and the time taken for this to be in the right place. The programme Director advised that these questions were more for the next stage of the work. However, it was important to know the worries and concerns of members.

Committee members

Cllr Robin Legg was particularly interested in understanding the process of consulting with the public before it comes back to a committee. Importance of qualitative and quantitative information for the public highlighted. The nature of consultation would play a part in members feelings about any decision that might be made. The Programme Director advised this would form part of the next steps and this would be shared with colleagues.

Cllr Nick Ireland had been a previous member of the DCC Health Scrutiny Committee so was aware of the history. He highlighted that RRVs were quicker than a DCAs. The Local Member for Parliament, Richard Drax had written to Swanage Town Council in May saying about a proposal that already been made. The Programme Director accepted they needed to do more listening and work and accepted that further scenarios could help with the next phases. She reiterated that no proposals had been made, the work had been delayed by Covid was now ongoing.

The Chairman made reference to the letter from Richard Drax and asked officers from the CCG to look into this and provide further clarity.

Cllr Rennie made reference to misinformation which had the potential to cause real issues.

The Chairman commented that it was evident how emotive this issue would be and reiterated there were no proposals on the table at this time. Dorset Council's role would only be in responding to the consultation which would be within the remit of the People and Health Overview Committee but she would be interested in timescales for when it might come forward for scrutiny.

4. Public Participation

There were no submissions from town or parish councils or from members of the public.

The Chairman took the opportunity to update members on the Minor Injuries Units (MIUs) in that they were due to reopen on 21 June 2021. Further information was available on the Dorset Healthcare website.

Following a request from members for a workshop on Continuing Healthcare and Home First, the Chairman advised this had been scheduled for 1 July 2021.

5. Questions from Members

There were no written questions received from Councillors.

6. Fostering and Adoption Services Annual Reports

Members considered the Annual reports for the Fostering and Adoption services.

Both reports provided an overview of the areas of strength and areas for development and modernisation within the fostering and adoption services.

The Portfolio Holder for Education Skills and Early Help advised members these were 2 very distinct reports. Fostering within the Dorset Council area and Aspire Adoption offered a service Pan Dorset. He offered a huge thanks to all foster carers and adopters during the pandemic.

Areas of discussion/questions

Fostering

Reference to enquiries and approvals and an underspend. In respect of the underspend officers would continue to set the budget to the level of need. The attrition rate was no worse than anywhere else. A lot of people applied but were not fully aware of what was involved and the questions that were asked at an early stage. Generally, 1 in 10 people who enquired about foster caring go on to be foster carers.

Highlighted a national article about young people in their 20s applying to be foster carers. Anyone who was an adult could apply to be a foster carer. Most agencies had a policy for over 21 years old only. Average age of Dorset Council foster carers was 57, with a number below the age of 40.

Ongoing struggle of recruiting foster carers.

Capacity in respect of staffing as a result of bring the service 'in-house'.

Officers advised there was a statutory requirement to review staffing on a yearly basis.

Feedback from foster carers and the Fostering Panel. The Executive Director advised there had not been as much feedback as previously and officers were reviewing the entire Fostering Panel and would be recruiting to the Chair post shortly. Part of the improvement plan was to ensure feedback was strong. Levels of support to younger carers. There was a peer mentoring system in place and reference made to the fostering training programme.

Was there any particular drive to church communities to recruit foster carers. There was no one particular area of the community that was targeted it was important to get a broad range of foster carers.

Additional support for children during the pandemic.

That a number of people's spare rooms had now become 'offices' as a result of the pandemic which could be a drawback to future recruitment drives. Improvement in the assessment of foster carers. The average was around 20 weeks for Dorset.

The Chairman noted the huge amount of change that had happened within the service which was still ongoing and felt that a short Working Group would be helpful. The Executive Director whilst content to spend time reviewing processes with members would not like to see any delays. Towards autumn would be appropriate to look at the business case and the changes proposed and how that would work going forward.

Members of the proposed working group: Nick Ireland, Gill Taylor, Molly Rennie, Bill Pipe, Stella Jones, Kate Wheller, Jane Somper and Beryl Ezzard. The Chairman asked that the Executive Director for People, Children liaise with the Head of the Chief Executive's Office to consider the scope and proposed timetable for the Group.

Adoption

Reference to delays in court issues as a result of the pandemic. There were some delays as a result of the first lockdown but as soon as it became clear what could be done things started to move forward and they were now back on track. Capacity within the service which was reviewed last year. Officers highlighted the need to ensure staffing was right to support the relevant functions.

7. How has Covid-19 affected children with Special Educational Needs and Disabilities and their families?

Members considered a report from the Executive Director for People, Children which set out the experiences of children and young people with special

educational needs and disabilities during the Covid-19 pandemic and how Dorset Council Children's Services responded alongside its partners.

Areas of discussion/questions

The time taken for Education and HealthCare Plans (EHCPs) in respect of school transport appeals for children. The Executive Director undertook to follow this up outside of the meeting to find out what the issues were.

The number of acronyms used in the report and a request for further clarification in future.

The balance on the need to keep a child in mainstream school against putting a child in a special school. There was a graduated approach regarding the type of support children received from their mainstream setting which was dependent on the budget and size of the school.

The expectation of more children needing more specialist support as a result of the pandemic. Department for Education (DfE) projections around the needs of children had been quite alarming but as a result of current working practices demand had not increased as much as in other areas.

8. Performance Scrutiny

Members reviewed the Performance Dashboard.

The link to the dashboard is shown below and members were advised that on the home page of the tool there was a button/box called '2020/21 Dashboard', this would provide access to performance from the last financial year and would open in a new window:-

People & Health Scrutiny Performance

This information was also accessible for members of the public.

Members were advised that these links would be updated with new performance information once a month following the monthly performance meeting with Cabinet.

The Chairman highlighted adult safeguarding concerns in that the number remained relatively high. Feedback was less than 60% of people who felt they were being listened to.

The Corporate Director for Operations, Adult Care was able to provide members with an update in that during the Covid period it had been really hard to get feedback. Normally this was carried out face to face but understandably people were reluctant to do this during the Covid period. There were now a number of measures in place to address getting more and better feedback from individuals.

The Chairman asked that once the dashboards were updated officers to let members know this was the case.

9. **Draft Joint Health Scrutiny Protocol**

Members considered the draft Joint Health Scrutiny Protocol between Dorset and Bournemouth, Christchurch and Poole (BCP) Councils.

Members were advised that this had been a joint piece of work with BCP with the aim of getting a more streamlined process in place.

BCP members had considered and agreed the draft Joint Health Scrutiny protocol recently. They had requested a review of the protocol in 2 years which the Chairman thought it was really helpful. The use of the casting vote was also discussed at the BCP meeting.

Cllr Ireland expressed concern about the veto aspect and made reference to a previous issue encountered in Dorset County Council days. The Corporate Director for Operations, Adult Care drew members' attention to the exceptions process highlighted in point 10 of the draft protocol.

Following a vote, members were minded to approve the Joint Health Scrutiny Protocol. The Corporate Director for Operations, Adult Care had the delegated authority to approve the Protocol following members 'minded to' motion.

Decision

That the Joint Health Scrutiny Protocol between Dorset Council and BCP be approved, with the addition of a review in 2 years.

10. **Committee and Cabinet Forward Plans**

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

The Chairman advised that a Quality Accounts Working Group had been arranged for 15 June 2021 in order to provide feedback on the 2020/21 Quality Account for Dorset HealthCare.

Actions for the Committee's Forward Plan:-

The Chairman was talking with officers about scheduling inequalities onto the Forward Plan.

An item on the Dorset Centre for Excellence (St Mary's) would be added early in 2022.

The Scrutiny of Dorset's Whole Life Offer still needed to be scheduled.

Members were asked to consider any areas they felt should be looked at by the Committee.

11. **Exempt Business**

There was no exempt business.

Duration of meeting: 10.00 am - 1.12 pm

Chairman

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Statement from the Chairman

I would like to explain a bit about this item and role of Dorset Council in responding to consultations and proposals for changes to NHS services in Dorset. How we intend to do things in Dorset Council is a little different from how they worked when the County Council was responsible for the old Dorset Health Scrutiny Committee.

Councils do not make decisions about the provision of NHS services but sometimes we are consulted about proposals for change. If the Council intends to respond to a NHS consultation then colleagues on the People and Health Overview Committee have a role in shaping the council's consultation response.

The Committee that I chair, the People and Health Scrutiny Committee, does not respond when the NHS is still at the stage of consulting about proposals for possible changes to services. Instead the Scrutiny Committee can become involved later if there is a need to review and look again at significant changes to NHS services.

I have received a lot of correspondence about Purbeck rapid response and indeed, this is a matter that was raised with the previous Dorset Health Scrutiny Committee. This has prompted me to include an item on our agenda today and to invite NHS colleagues to outline their next steps. At this stage, when NHS colleagues are about to launch a consultation, this committee does not have a role to play in responding to the consultation. That work will be led by Cllr Andrew Kerby and the People and Health Overview Committee. It may be that in due course when the consultation has closed and NHS colleagues have made a decision about the future of rapid response in Purbeck that my committee will decide to scrutinise those plans before they take effect but we are not there yet.

For the moment, I have taken the pragmatic decision to have this item on the agenda today so that NHS colleagues can provide some early information about their planned engagement and consultation activity. There is no decision to be made by the Committee today.

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Statement from Debby Monkhouse, Lead Cllr, Emergency Health Services Working Party, Swanage Town Council

Rapid Response Vehicle – Purbeck/Swanage

The Town Council has received a letter from Richard Drax MP stating he has met the DCCG CEO, and DCCG propose to withdraw the 'tethered' 24/7 Paramedic Car from Swanage, and 'replace' this by adding 14 hours to the 2nd Wareham ambulance, located 10 miles away, and currently funded for 10 hours a day. This proposal would mean a substantial reduction in the availability of an emergency response here.

A SWAST response to Langton Parish showed, over 13 months, that the average time from a Swanage category 1 imminent danger of death call to the Ambulance Trust, to arrival of the patient at Poole Hospital, was 1 hour 43 minutes. With the planned loss of A&E, Maternity and Children's units from Poole, Swanage will be approaching 30 miles, much of it on congested country roads, from emergency hospital care at Dorchester or Bournemouth. The further hospital care is moved away, the greater the need for an available and fast life saving response here in Swanage.

Unlike the Paramedic Car, which is a fast 4x4, that does not routinely take patients to hospital, and which supports Purbeck GP home visits, so is 'tethered' to base, ambulances are routinely out of base in use across the county. Even if an ambulance is available at Wareham when there is an emergency in Swanage, it cannot get here within the 8 minute target response time that gives the best chance to save life.

Promises have been made by DCCG regarding the emergency response resources based in Swanage. In 2008 the 24/7 Paramedic Car was allocated in perpetuity, as recompense for the overnight closure of urgent care at Swanage Cottage Hospital. Dorset Council Health Scrutiny minutes of 17th October 2018 contain a commitment from DCCG to Dorset Council that, in the context of the planned loss of A&E, Maternity and Children's care from Poole, Swanage Ambulance Station and the emergency response vehicles and staff based here would be fully maintained (p5 para 1). The same minutes suggest that there would also be additional Purbeck-based ambulance cover.

Summary tables provided by the Ambulance Trust show 1,875 Purbeck call outs of a Paramedic Car over a year, with more than half of call outs being category 1-3 emergencies, the most serious. There is higher overall use, category 1 use, and category 1-3 use in Swanage than in the rest of Purbeck.

To give an example, there is a 4 year old Swanage child who stops breathing periodically. The parents have to perform life saving CPR until a Paramedic arrives. When this has happened, there has never been an ambulance available within 10 miles, but on each occasion that their child has stopped breathing, the Paramedic Car has arrived in minutes to take over her care.

Could Dorset Council People and Health Scrutiny Committee please ask DCCG to honour the commitment made to fully maintain the existing ambulance resources based in, and tethered to, Swanage, in order to protect this isolated community's many vulnerable residents?

Listening meeting

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NHS Dorset CCG and the South Western Ambulance Service NHS Foundation Trust

Sue Sutton, Programme Director Urgent & Emergency Care - Dorset CCG

Nick Reynolds, County Commander, South Western Ambulance Service NHS Foundation Trust

Listening meeting – introduction

Key points:

- **We want to take this opportunity to listen to your views**
- The CCG funding will continue and it is not being reduced.
- We know how important it is to the community of Purbeck to have reassurance around the ongoing provision of healthcare services in the area
- We understand the local community are interested in the future of the Rapid Response Vehicle (RRV), known as the Purbeck/Swanage Car
- As part of our ongoing joint working, the healthcare system in Dorset is exploring through our listening exercise what best meets the needs of the local population now, and in the future, to develop any potential changes with you.

What we'd like to cover

- How did the current service come about?
- What is the current situation?
- What are we talking about?
- Discussion and questions

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How did the current service come about?

- In 2008, Swanage Community Hospital's minor injuries unit (MIU) moved to day time opening.
- At this time the ambulance service had a rapid response vehicle (RRV) in operation across Purbeck for 12 hours a day. With additional funding from the CCG, this service was made 24-hour.
- This investment allowed for the Purbeck Community Paramedic Service to be established. This RRV service then became better known as the 'Purbeck/Swanage Car'.
- The Purbeck Car currently supports elements of both 999 and primary care community response
- Thirteen years on, national developments and local investment into the ambulance service means we think now is a good time to work together on the way forward to make best use of the resources available.

What is the current situation?

- From 2019, South Western Ambulance Service Foundation Trust (SWASFT) was provided an additional £1.8m investment to improve services from the CCG. SWASFT was able to recruit additional emergency care assistants and paramedics across Dorset.
- For Purbeck, it means there are **now three emergency ambulances, Double Crewed Ambulances (DCA), based in the area instead of two,** helping patients get the right response first time without having to wait for additional transport if they need to get to hospital following a 999 call. In addition, there is also the Rapid Response Vehicle (RRV), known as the Purbeck/Swanage Car.
- There is also an **increase in vehicle and workforce hours** in towns surrounding Purbeck, such as Dorchester, Poole and Bournemouth.
- More ambulance resource in these areas means there is greater ability to get patients to access the care they need
- This also means **additional 999 resources** can be drawn into the Purbeck area if needed when Purbeck's emergency response teams are taking patients to hospital or attending incidents.

Overview of the current service

- One 24/7 Emergency Ambulance/ Double Crewed Ambulance, Swanage
- One 24/7 Emergency Ambulance/Double Crewed Ambulance, Wareham
- One 10hrs – 13.00 to 23.00/7 days a week Emergency Ambulance/Double Crewed Ambulance, Wareham
- One 24/7 Purbeck car

What are we talking about?

An Emergency Ambulance (Double Crewed Ambulance)

An Emergency Ambulance, also referred to as a Double Crewed Ambulance (Emergency), is a fully equipped and liveried Ambulance, crewed by ambulance staff trained to deliver clinical care at the scene of an Ambulance Incident and capable of transporting the patient to hospital or other location following a 999 call or a call from care professional.



A Rapid Response Vehicle (RRV)

A Rapid Response Vehicle is a medically equipped liveried car crewed by a clinically qualified member of staff trained to deliver clinical care at the scene of an Ambulance Incident, designed to reach patients as quickly as possible, following a 999 call. A rapid response vehicle is not able to transport patients.



Purbeck Car

An RRV (see above) is deployed as the Purbeck Car, it provides home visiting support to the GP practices in the Purbeck area Monday to Friday daytime, but can also respond to immediately life threatening 999 calls during this time. Evening/overnight and weekends it acts as a RRV.



Scenario 1



Scenario 2



Discussion and questions

Key points:

- We have been thinking about this. We want to make the best use of available funding – which will continue – for the best outcomes for patients.
- We'd like to work together with you in the future – we want to hear your thoughts.