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PEOPLE AND HEALTH SCRUTINY COMMITTEE

MINUTES OF MEETING HELD ON FRIDAY 10 DECEMBER 2021

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

Apologies: Cllrs Piers Brown, Daryl Turner and Louie O'Leary

Also present: Cllr Tony Alford, Cllr Jon Andrews, Cllr Richard Biggs, Cllr Alex Brenton, Cllr Ray Bryan, Cllr Andy Canning, Cllr Graham Carr-Jones, Cllr Jean Dunseith, Cllr Beryl Ezzard, Cllr David Gray, Cllr Brian Heatley, Cllr Stella Jones, Cllr Laura Miller, Cllr Maria Roe, Cllr Andrew Starr, Cllr Jane Somper, Cllr David Taylor, Cllr David Tooke, Cllr David Walsh and Cllr Peter Wharf

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

Vivienne Broadhurst (Interim Executive Director - People Adults), Bridget Downton (Head of Chief Executive's Office), Aidan Dunn (Executive Director - Corporate Development S151), Lee House (Service Manager for Finance), Lesley Hutchinson (Corporate Director for Adults Commissioning), Heather Lappin (Head of Strategic Finance), Claire Shiels (Corporate Director - Commissioning, Quality & Partnerships), Theresa Leavy (Executive Director of People - Children), Jim McManus (Corporate Director - Finance and Commercial), Steve Veevers (Corporate Director Operations, Adult Care), Vik Verma (Interim Director of Education and Learning), Sian White (Service Manager, Finance) and Fiona King (Senior Democratic Services Officer)

34. Apologies

Apologies for absence were received from Daryl Turner, Piers Brown and Louie O'Leary.

35. Declarations of Interest

No declarations of pecuniary interests were made at the meeting.

However, in respect of agenda item 5, Cllr Ireland advised that he was a partner governor at Dorset Healthcare Trust and also had a daughter working at Dorset County Hospital (DCH).

36. Public Participation

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

37. **Questions from Members**

There were no written questions received from councillors.

38. **Budget Scrutiny**

Members considered a report from the Executive Director for Corporate Development which provided a summary of progress to date on the development of the budget strategy and medium-term financial plan (MTFP). The report also provided further updates on funding for this year and for 2022/23, although details of the local government finance settlement was still awaited.

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 follow this meeting.

The Executive Director for Corporate Development set the scene for budget setting and outlined the process. The Efficiency and Transformation programme was highlighted to address the budget gap of £4.5m. Expecting additional government funding of £4.5m.

Attention was drawn to final line in the report regarding the settlement and if it was significantly different from that anticipated, then it may be necessary for the budget proposals to be adjusted. If the net expenditure proposals needed to be reduced by more than £500k the Scrutiny Committees may wish to reconvene during the week commencing 3 January 2022, to consider the revision to the proposals.

General budget questions

Question/Issue raised	Response
In respect of assumptions, there is an inflationary number of 2%, why has this been decreased as it is higher at a national level.	Inflation in the care sector is a bit higher and so have allocated more than the 2% but in the waste sector it is not so high. Some contracts are commissioned on an annual basis and negotiated accordingly. Inflation is the amount we are prepared to pay.
Why 2.5% increases on fees and charges?	A catch all average at this point.
Why is there a 0.5% growth on business rates, will our take be less?	In respect of business rates relief, the Government will compensate Local Authorities.

Is there an increase in the employers' contribution?	Yes there will be an increase, suppliers to us will need to pass this on but as a Local Authority employer there would be a net nil impact.
Concern around certainty on the savings, not convinced some of the savings would be realised. e.g. children's services in respect of the recent tragic child death in Solihull.	Management of risk explained, and the volatility and financial position was laid out for members. Officers hadn't adjusted the budget proposals as yet in light of recent news. There was still time for adjustments to be made before full council. The Executive Director for People, Children highlighted the best way to manage was to always have a grip on the need of our communities.
Surplus collection money, was that material?	£3m had been factored into one of the appendices in the report.
Revenues and Benefits - the cost of services given the changes likely to happen?	Expecting a large part year effect.
Economic growth, do need as a council to talk about growth in economic generation.	
Inflation and efficiencies	Efficiency target applied to inflation. General efficiency drive within the Council highlighted Officers were trying to be more commercially minded in their approach.
What inflation rate was put in last year for the assumptions?	General inflation was 1.5% of 2021/22 budget but was held centrally and every request was reviewed. Good contract management and positive supplier relationships highlighted.
No detail of what was in the £125m, members are scrutinising just 9% of the budget. Why no zero based budgeting?	The final budget paper due to go to Cabinet in January 2022 would contain a lot more detail. Within the Corporate Directorate there was zero based budgeting. Place services had now moved to another staged process.

	Adults was given the higher level of spend and has been more of a higher based review.
Concern about impact on people's mental health, do we have to buy in specific services to ensure they were there.	The majority of mental health services are the responsibility of NHS. Public Health worked closely with them and the Director highlighted a range of mental health training and development. Funding streams were coming down nationally for this area. Public Health budgets tended to take on a lot of prevention work, the majority of services were commissioned by Clinical Commissioning Group.
Disappointed by a multi-year spending review and that there is still only a single year settlement. Are there any noises being made to central government to try and address this?	The Deputy Leader advised that he along with the Leader and Chief Executive met every month with local MPs and had also been lobbying them for fairer grants. The Government were more inclined to continue with single year settlements in the light of the pandemic.

Adult Social Care (presentation attached as an annexure to these minutes.

Question/Issue raised	Response
There are a large number of jobs to fill, how will this happen?	From a South West perspective we are in the most difficult position in terms of workforce, lowest quartile of staffing due to rurality and older population. There is a joint piece of work across the NHS and local authorities to address this and look how to stimulate and encourage the workforce. Good training and support made as attractive as possible to support younger people to remain in the county was vital. Work was ongoing to see how to promote and value care more effectively.
In respect of the figure at Appendix 1 regarding general inflation how does that relate to inflation figures.	Officers had modelled a 2% average inflation for the organisation, in addition £3.6m had been transferred into the adults budget recognising the high risk

	and high inflation pressures within it.
Some savings not achieved, why was this? Were these in MTFP?	Officers were working hard to try and achieve transformation plans, but the impact of Covid has deflected some of the work. Some resource has had to be moved around. Some would be rolling forward into next year and further build on those savings that had not come to fruition yet.
At a recent Dorset County Hospital Governors meeting there were discussions around the difficulty of discharging patients. It was felt that more support was needed rather than less in this regard.	Officers highlighted the difficulty of discharging people or getting people into acute care settings. There was a profound lack of care available and officers were working with providers to maximise the support from care providers. It was important to ensure the right people were funded in the right way.
Reference made that the Dorset Integrated Care System (ICS) might get pushed back to October, would this affect our budget?	The budget in front of members was driven by the system that was in place at the present time and that would continue, everyone was committed. Delays would not change the pace being worked at and what was being presented today. The Portfolio Holder for Adult Social Care added that he had been part of the recruitment process for the Chief Executive for the new ICS who was due to start in April 2022. He was not aware of the rumour about any delays but undertook to follow this up.
In respect of helping providers with local recruitment, how would this be done and was there any cost to Dorset Council.	Officers were using grants and potential monies that came through to use in a pro-active way to support providers with a framework for career development.

Housing and Community Safety (Presentation attached as an annexure to these minutes)

Question/Issue raised	Response
In the 5 year plan is there any room for council housing as used to	The current approach is to be a strong enabling authority. There are

<p>happen?</p> <p>Would prefer an approach where the council developed its own housing, could be an income stream.</p>	<p>a number of registered providers in the county, they have the expertise and finance to deliver more affordable housing. However, we do have some, albeit very few. The approach is to work with the housing associations to do more.</p>
<p>It was not about replacing Registered Providers (RPs) but clearly the system of RPs was not covering everyone. Maybe the council should look at supplementing RPs with small niche areas that could provide housing that they don't provide for.</p>	<p>It was more about identifying the need and how we dealt with that.</p>

Public Health (Presentation attached as an annexure to these minutes)

Question/Issue raised	Response
<p>In respect of the physical health for people, should we spending more on the leisure centres that we run around the county and improve facilities there.</p>	<p>This is not something widely supported by the evidence. The Public Health budget is there to look at the overall benefit for the population. A better use of resource was to spend on behaviour change and how best to provide access to green space and encourage people to build daily activity into their lives.</p>
<p>Do you provide ante natal services?</p>	<p>That is provided by the midwifery service. Health officers do work closely with them but it is not a responsibility provided by this service.</p>

Children's Services (Presentation attached as an annexure to these minutes)

Question/Issue raised	Response
<p>Question submitted in advance of the meeting from Cllr Roe in respect of parents and carers of people who have a disability.</p>	<p>Written response attached as an annexure with these minutes</p>
<p>Care placements- where are they in the budget?</p>	<p>Care packages and residential care budget line</p>
<p>It was felt that the layout of Appendix 2 to the report could be</p>	<p>Where safe to do so families are the best place for children. Work is carried out on an evidence basis.</p>

<p>improved.</p> <p>In respect of the numbers of children in care with 8 new entrants expected a month, why is the number of 425 predicted.</p> <p>The Harbour, what are the consequences if this doesn't open at the time stated.</p>	<p>The estimate is 8 new entrants – the evidence is based on our averages and predicating the model on just slightly lower than the number going out each month.</p> <p>The Harbour is due to finish Spring 2022, officers were constantly looking at other options to find alternative places for our children.</p>
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Decisions

Members of the People & Health Scrutiny Committee:

- (i) reviewed the updated assumptions and cost pressures set out in the Executive Director's report and the validation work that had been carried out on them to calculate the budget gap
- (ii) reviewed the latest financial estimates of transformation, tactical savings and other measures taken to close the budget gap
- (iii) considered the headlines from the recent spending review and the impact this will/could have on Dorset Council
- (iv) reviewed and test/challenge any assumption or proposed course of action as part of the scrutiny role before the budget strategy goes forward to Cabinet
- (v) considered the council tax assumptions, including proposals to levy the additional 1% social care precept in 2022/23
- (vi) understood the gaps that remained at this stage (the settlement information was not yet available) and the risks this still represented for the financial strategy
- (vii) submitted to the Cabinet any post-scrutiny thoughts about any matter set out in the proposed budget strategy that would assist in setting a balanced budget for the Council in 2022/23.

The Chairman of the Place and Resources Scrutiny Committee advised members that as this meeting had significantly overrun they would not now be able to go ahead with the Place and Resources Scrutiny Committee which had been scheduled to follow this meeting. The meeting would now be rescheduled to an alternative date.

39. Urgent Items

There were no urgent items of business.

40. Exempt Business

There was no exempt business.

Duration of meeting: 10.00 am - 1.08 pm

Chairman

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People and Health Scrutiny Committee – 10 December 2021

Member Question

Question from Cllr Maria Roe

Parents and carers of people who have a disability are essential to their wellbeing, to enable them to care more effectively, prevent crisis.

In the Disabled Strategy I understand the delivery of lower cost care and support, aims to save Dorset Council £1 million, through changing the way short breaks are delivered. Please can I have the detail behind this and also I would like to know the details behind how you aim to maintain quality?

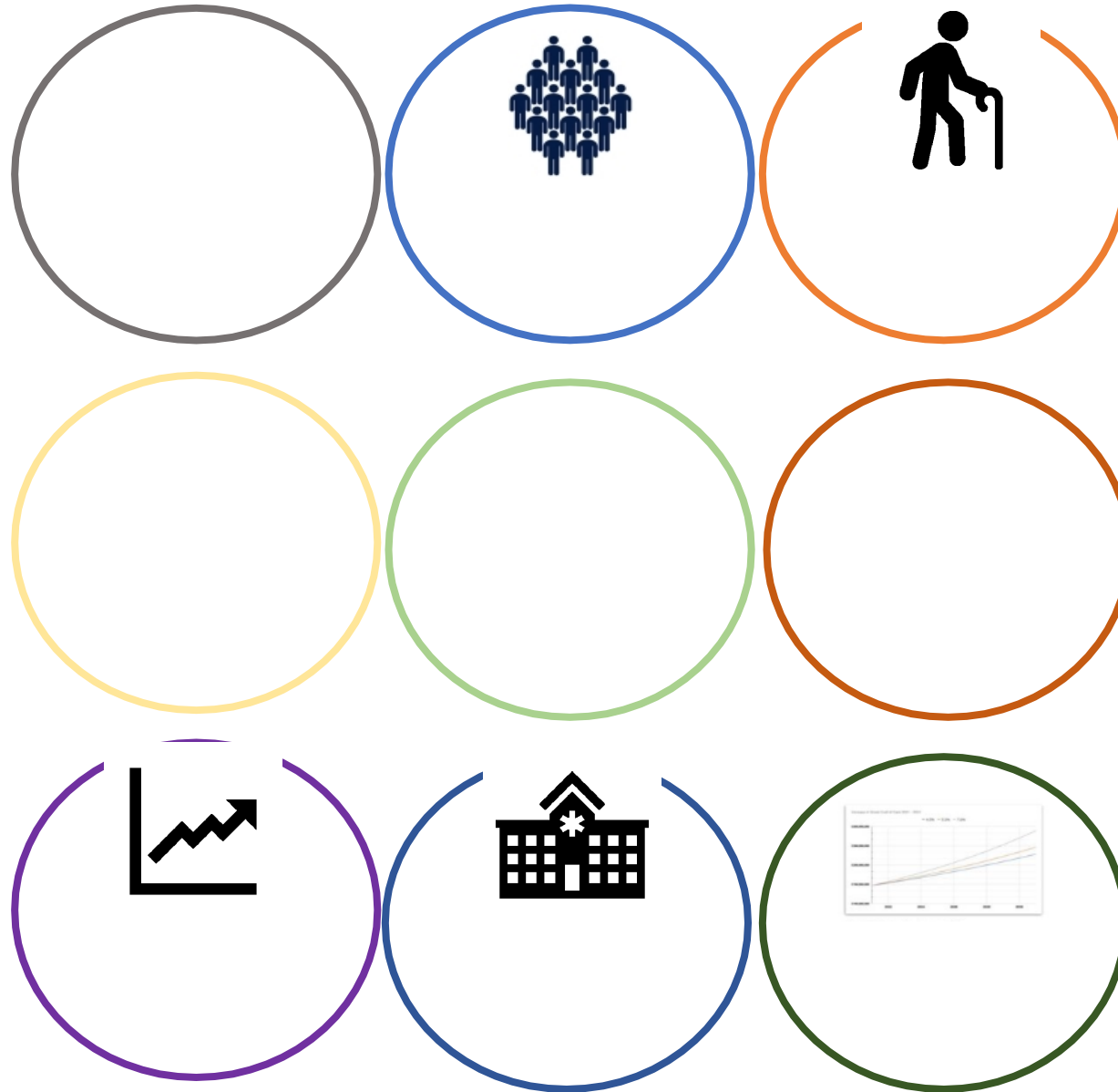
Response from the Executive Director for People, Children

We have been reviewing our service delivery and spend through this financial year for children and plan to spend our money differently:

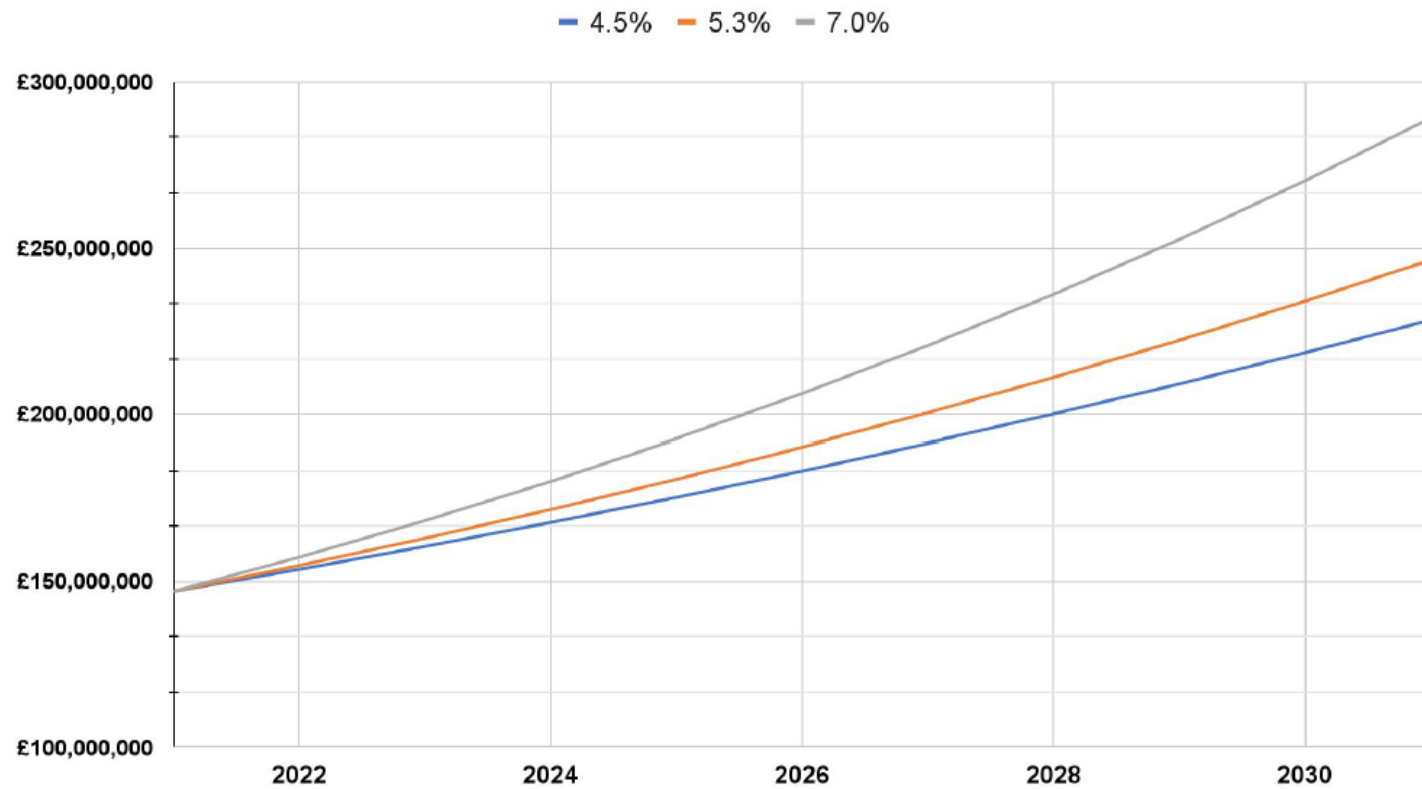
- We do not have enough overnight short breaks (sometimes known as respite provision) available for children with disabilities and as a result some children have entered full time care or education placements. This is not necessarily what their families would have wanted and it is more expensive than providing short breaks. An important part of our strategy is to increase the availability of this type of support to reduce the need for full-time care.
- We have benchmarked the costs of the current fulltime care provision for children with disabilities and we can see that it is higher than would be expected and so we plan to look at all our available provision to make sure that we are maximising occupancy levels, offering good value care and supporting the development of new local provision to increase supply.
- We are recruiting more foster carers who are able to care for children who are disabled as we recognise that family-based care can deliver better outcomes and can be more cost effective than residential care.
- The availability of in-home support for families was greatly affected by the pandemic and as a result the cost of support packages has been much higher than usual. We are therefore working with adult's services on the Care Framework to be able to increase supply and affordability of this offer.
- Quality will be maintained through individual case planning, co-production with parents/carers/young people and robust performance and contract management.

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Increase in Gross Cost of Care 2021 - 2031





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Public Health Dorset budget

More than a Grant ... more than just services

People and Health Scrutiny Committee

10 December 2021

Public Health

Agreed Partner contributions 21/22

2021/22	BCP	Dorset	Total
	£	£	£
2021/22 Grant Allocation	20,052,506	14,214,073	34,266,579
Less retained amounts	-8,112,238	-1,117,400	-9,229,638
Joint Service Budget Partner Contributions	11,940,218	13,096,673	25,036,891
Public Health Dorset Budget 2021/22			£25,036,891

What does Dorset Council's share of the Grant achieve, and how does it support wider outcomes?

Opening budget and forecast outturn 2021/22

2021/22	Budget 2021-2022	Forecast outturn 2021-2022	Forecast over/underspend 2021/22
Public Health Function			
Clinical Treatment Services	£8,929,500	£8,710,923	£218,577
Early Intervention 0-19	£11,248,000	£11,291,000	-£43,000
Health Improvement	£2,503,043	£1,862,131	£640,912
Health Protection	£35,500	£62,260	-£26,760
Public Health Intelligence	£120,000	£132,700	-£12,700
Resilience and Inequalities	£80,000	£16,572	£63,428
Public Health Team	£2,120,848	£2,444,263	-£323,415
Total	£25,036,891	£24,519,849	£517,042

What are these services, who do they support, and what is the potential for improving healthy life expectancy through prevention and early intervention?

What does the £13M buy?

Clinical treatment services – sexual health, drug and alcohol treatment – £5.7M

- identification of sexually transmitted diseases including HIV, Chlamydia screening, prevention and education, contraception especially in younger people with complex needs
- Treatment services for people with substance misuse issues including children and young people

Early intervention 0-19 - £5M

- Children and young people's public health service

Health improvement - £0.9M

- LiveWell Dorset in-house behaviour change service for smoking, weight, alcohol and physical activity
- Healthchecks – paused due to national review

Public Health team - £1.2M

- Commissioning, advice and guidance including to NHS as part of mandate, COVID-19 response, locality work, ICS programmes like Prevention at Scale and Health Inequalities, surveillance and insights, communications

Impact of services on outcomes

Clinical treatment services – sexual health, drug and alcohol treatment – £5.7M

- Reduction in prevalence of STIs in local population, indirect impact on outcomes for younger people including prevention of loss of time in education, improved health from **delayed early pregnancy**
- Treatment for substance misuse – reduction in drug related deaths, reduction in crime and community safety measures, improved outcomes for key groups e.g. **housing and employment**, reduction in **safeguarding issues and inequality**

Early intervention 0-19 - £5M

- Direct impacts on health and infant mortality in very early years (breastfeeding, weaning, home safety, peri-natal mental health, post-partum depression identification); indirectly contributes to **readiness for school**, including speech and language interventions, **parent and child behaviour training**; **school-aged health interventions**. Service provides whole family approaches to tackle smoking, mental health and physical activity to improve healthy life expectancy

Health improvement - £0.9M

- Contributes to healthy life expectancy improvements by reducing risk factors for major conditions like stroke, diabetes, heart disease and cancer; specific opportunity to tackle adult social care costs arising from smoking-related disease - **£8.7M in Dorset Council per year**

Public Health team - £1.2M

- Influencing and advocacy work contributes to delivery of prevention by other agencies, e.g. tackling smoking and alcohol in acute trusts; advice and guidance on COVID – reduction in transmission, prevention of serious disease. Supported 1,900 local settings with COVID outbreak support this year alone (schools, care homes, workplaces, hospitals)

Use of Grant within wider Dorset Council (£1.117M in 21/22)

- **Community safety (£170k)**

Planned increase for 21/22 to support activity relating to new legislation.

- **Community development work (£333k)**

Supports community development workers across Dorset with building community capacity, and includes a specific focus on supporting vulnerable individuals who have suffered from or are at risk of financial scams.

- **Children's early intervention (£114k)**

This includes additional support around Teenage Pregnancy, and work through HomeStart.

- **Additional £500k for use within adult social care**

In 21/22 this will cover the additional community safety responsibilities

Currently planned use for homelessness and housing work - full detail still being worked through

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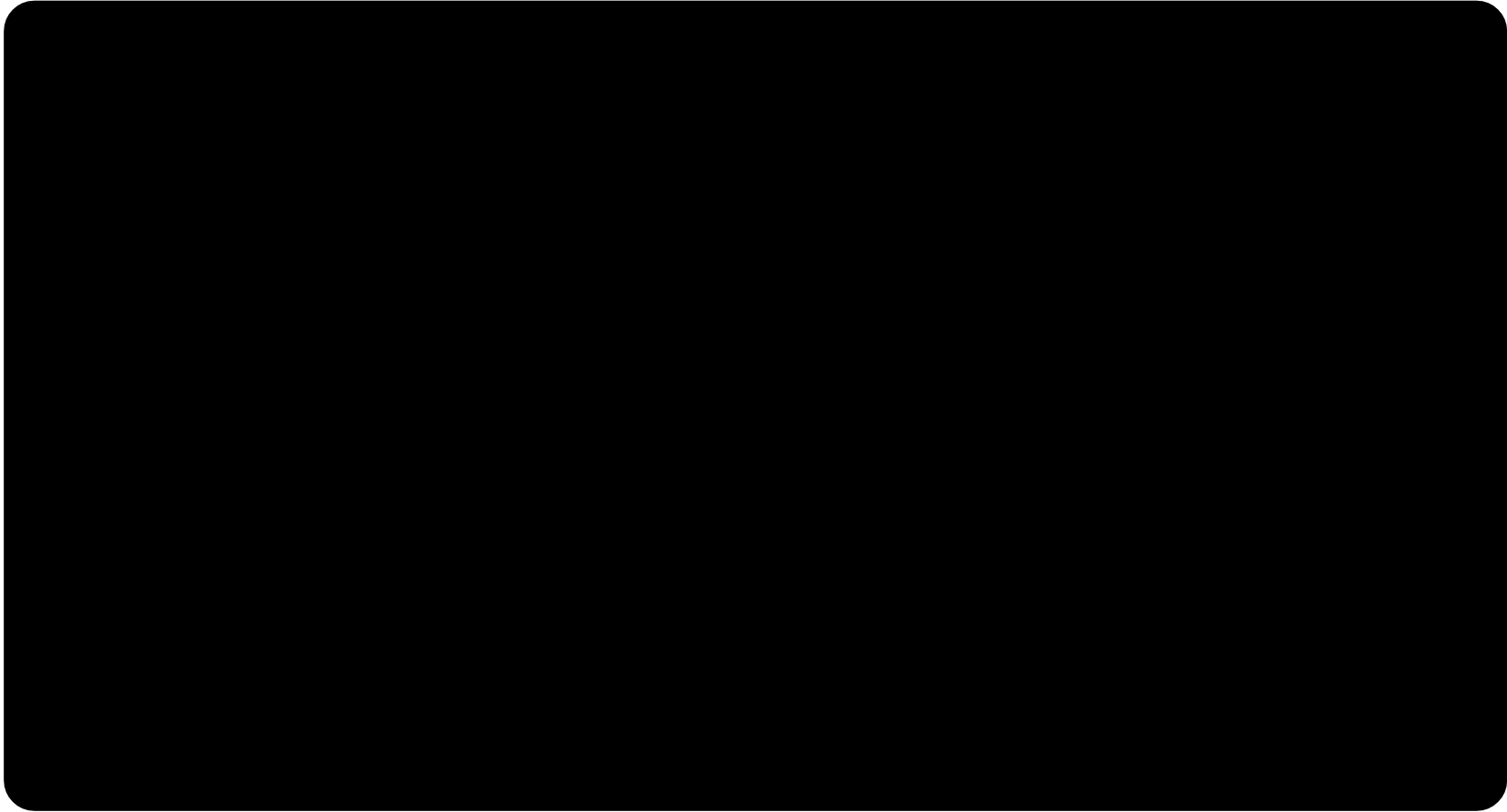
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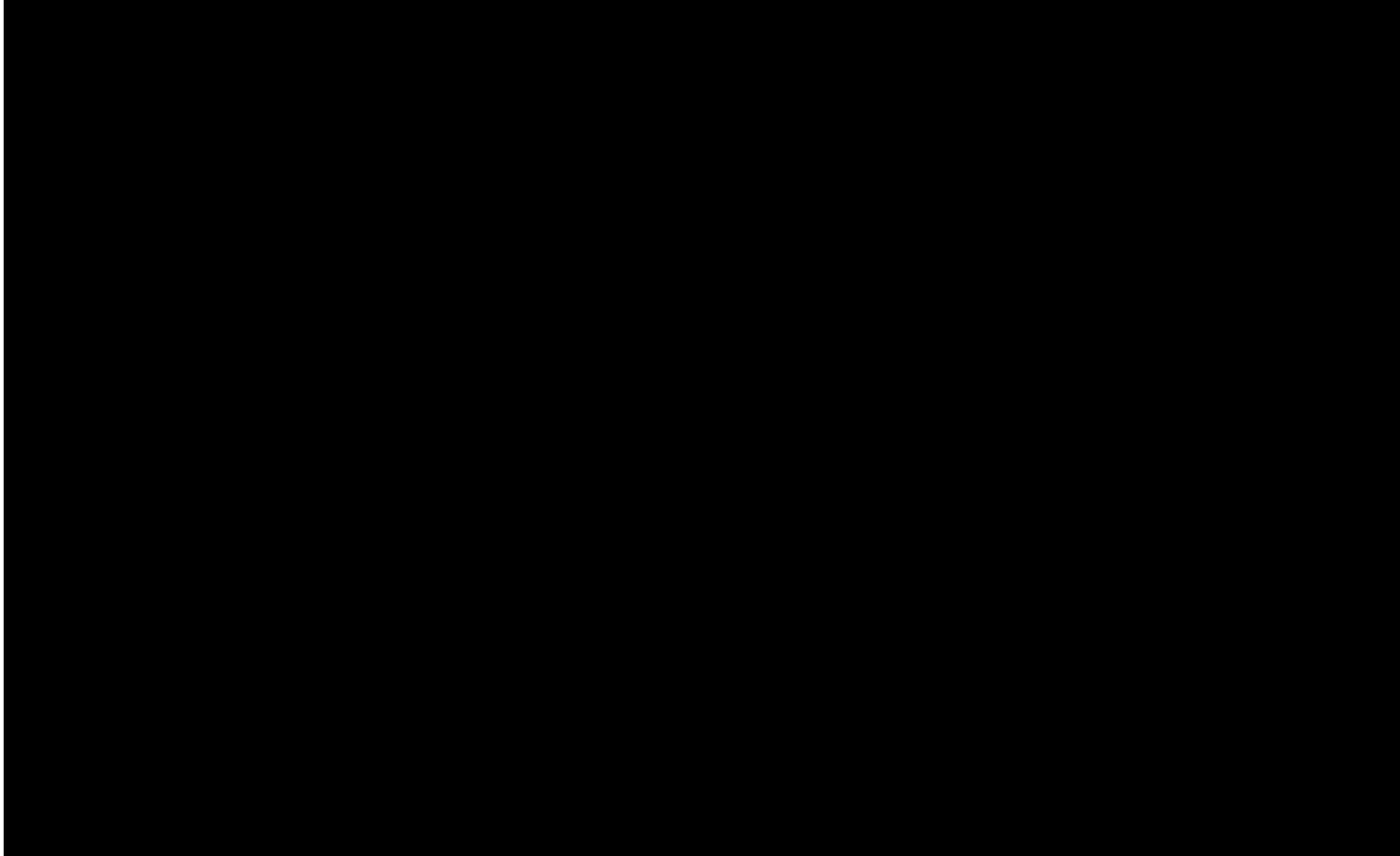
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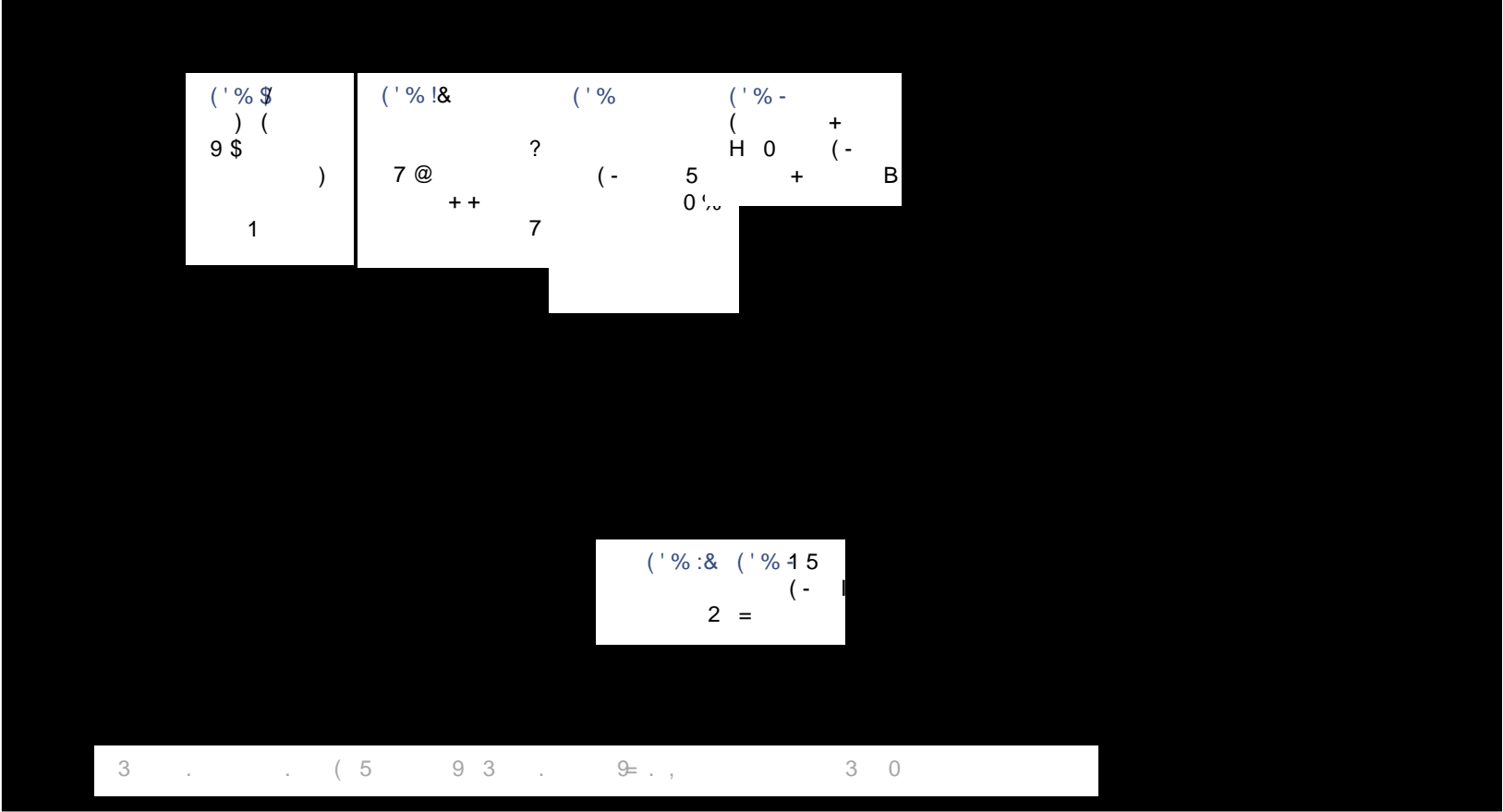


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