



PEOPLE AND HEALTH SCRUTINY COMMITTEE

MINUTES OF MEETING HELD ON MONDAY 31 JANUARY 2022

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

Apologies: Cllrs Daryl Turner

Also present: Cllr Cherry Brooks, Cllr Jean Dunseith, Cllr Beryl Ezzard, Cllr Spencer Flower, Cllr Les Fry, Cllr Ryan Holloway, Cllr Sherry Jespersen, Cllr Stella Jones, Cllr Rebecca Knox, Cllr Mike Parkes, Cllr Andrew Parry, Cllr David Shortell, Cllr Jane Somper, Cllr Andrew Starr, Cllr David Taylor, Cllr David Tooke, Cllr Peter Wharf and Cllr Kate Wheller

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), Antony Bygrave (Senior Assurance Officer Complaints), Marc Eyre (Service Manager for Assurance), Catriona Fountain (Communications Business Partner, Children's), Lesley Hutchinson (Corporate Director for Adults Commissioning), Jonathan Mair (Corporate Director - Legal & Democratic Service Monitoring Officer), Nikki Rowland (Chief Financial Officer, Dorset Clinical Commissioning Group), Sarah Jane Smedmor (Corporate Director - Care & Protection), Steve Veevers (Corporate Director Operations, Adult Care) and Fiona King (Senior Democratic Services Officer)

41. Apologies

An apology for absence was received from Daryl Turner.

42. Declarations of Interest

No declarations of pecuniary interests were made at the meeting.

However, Cllr Ireland advised that he was a partner governor at Dorset Healthcare Trust, his wife worked at a Yeovil hospital and they had a daughter working at Dorset County Hospital (DCH). Cllr Ireland confirmed this was not a pecuniary interest.

Cllr Penfold advised members that she had a disabled son not living at home, this was also not classed as a pecuniary interest.

43. Public Participation

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

44. Councillor Questions

There were no written questions received from councillors.

45. Home First and an update on Adult Care Market Sufficiency

Members received a report from Dorset Healthcare which provided an update on the Dorset Home First Programme, which was established in response to the national mandate to mobilise a system-wide discharge to assess pathway for all individuals requiring additional support on leaving hospital.

Areas of discussion/questions

There would be an update on this area for March meeting, including further information on Prevention.

The report mentioned investment in the short term and bedded care, was this just within the Health Authority or elsewhere as well? Officers advised this was both in acute and non-acute areas and also within the capacity of independent provider markets.

Discussion on ASC reforms with members and officers. Reference was made to the new guidance which was also mentioned in the care market sufficiency report. There was a small Task and Finish Group currently looking at the reforms. Officers were working with colleagues in the south west to see what work could be carried out jointly. There were pilot groups running around the country to look at staffing levels. The housing element was also being reviewed. It was noted that the digital aspect of reforms was moving at pace.

Reference was made to the overall rate of discharge in decline.

A table of acronyms would be helpful for future reports.

Part of initial presentations on Home First was around Prevent but there was not much mention in this one.

Members also received a report which focussed on the sufficiency of a number of areas including Reablement and short term services; Home care services (domiciliary care); Supported living and supported housing services (including support to individuals in transitions) and Care homes. It builds on the report presented at the November 2021 Committee meeting. It also confirmed the continued shortage of home care and therapy provision in the Dorset area and also highlighted the significant impact the Omicron Covid-19 variant was having on the care home market. A presentation was also given which is attached as an annexure to these minutes.

Areas of discussion/questions

Was there scope for further care hotels? Yes, there was more scope but there was not the care workforce to facilitate it. System partners via the Home First Board are considering the best use of any additional staffing capacity.

Consideration to be given to approach job centres and look at skills of unemployed people. Consideration also to be given to communication

messages to see how members could help with recruitment and also look at re-engaging with neighbourhood contact teams.

Mention was made of empty wards in Portland and whether they could be used. Details of volunteering to be circulated.

All resources across the health and care system were being reviewed constantly.

In terms of the cost of beds, officers were undertaking two cost of care exercises to give an open and transparent account of what the costs actually are. Cost of care models would be presented to members at their March meeting.

Reference made that this is not just a Dorset issue but a national issue. Reference was made to the four care home closures since the start of the Covid-19 period. There were various different types of contracts, but officers were not aware of any large provider contracts that had been returned. There had been a number of 'handbacks' where the provider was not able to fulfil their arrangements.

Were arrangements in place to make provision for more care home beds? Officers advised that if all the care home beds were open that would be sufficient for the local need. However, strict infection, prevention and control measures were in place.

Communication with the family, the individual and social worker in respect of their placement in a care home was highlighted.

The balance of risk in respect of Omicron in care homes was highlighted. In respect of the funds available from government, do they need to be spent or just committed by the end of the financial year? Officers advised the funds had to be used by 31 March, if not the Government would be calling it back. Officers were working through a set of proposals for the rest of the money. The importance of taking provider views on board was highlighted.

Consideration will be given to car park permits being extended to health colleagues.

Reference was made to the recent ADASS national survey. Dorset was in a better position than some other national and south west authorities.

Staffing issues highlighted, members were pleased to hear about work that was being done to try and secure more staff.

The average number of home care packages has increased since the onset of Covid-19. Would a high percentage of these continue? Officers advised this is likely to continue to be the new average. The importance of getting reablement and rehabilitation in place as early as possible was highlighted as was the need to build a narrative within the community that care work is good and valued career to have.

There was discussion around the number of unpaid carers. Officers advised that Healthwatch and Friends of both acutes were currently conducting surveys to try and understand carers' experiences and those of people coming out of hospitals. If voluntary carers were being used more effectively and were better supported, it was felt this would make a difference. It would be invaluable to look at the response from the surveys.

The Dorset Council offer to carers was highlighted.

Consideration was given to the formation of a Task and Finish Group to sit alongside the work that was being carried out. The Chairman undertook to look at membership of a group. The following members expressed an interest

in being part of the Task and Finish Group: Mary Penfold, David Taylor, Paul Kimber, Molly Rennie and Peter Wharf. Members felt it would be helpful to have an all member briefing on this area to which the Portfolio Holder for Adult Social Care agreed to lead on.

The Chairman proposed an additional recommendation which Cllr Rennie seconded.

Decisions

That the Committee:-

1. Considered, commented and noted the updated position and further deterioration in Dorset's market sufficiency of social care provision since the November 2021 report as a result of additional workforce pressures caused by the new Covid-19 variant
2. Considered, commented and noted the change in Government guidance since the last report and the additional funding released into the sector and the actions Dorset are taking in response to this
3. Considered, commented and noted the level of risk for Dorset residents and Dorset Council as an organisation
4. Reviewed the progress on the short term and medium-term actions to mitigate the risk and new actions identified.

In light of the last slide on the slide deck (attached to these minutes) members considered and commented on the role of the community with regards to care. Cllr Wharf offered to provide a 'what members could do to help' briefing document.

46. Ofsted Feedback

Members considered a report which followed an Inspection of Dorset Local Authority Children's Services as part of Ofsted's framework for inspecting services for children. The Cabinet had considered the report at their meeting on 7 December 2021.

The next steps in the report were highlighted to members.

Areas of discussion/questions

Members offered their congratulations on the report and felt it was gratifying to see all the good work that had been achieved being recognised.

There had been great improvements made in the care of children during the past couple of years.

What extent did the blueprint for change and reorganisation help achieve this outcome? Any reorganisation was challenging especially when new ways of working were required. Locality models all had their own individual characteristics. The locality approach worked well for families and Ofsted had underlined this. Colleagues across the country were now asking questions about the Blueprint.

Pleased to note foster training mentioned in the report. Highlighted the need to recruit more foster carers and information like this encouraged people to come forward. There would be a update on the Fostering Service on the agenda for the march meeting.

In respect of corporate parenting, what would Ofsted and the council expect to achieve an Excellent grading across the Board? The serious responsibility of being a corporate parent was highlighted and members were advised that the Council currently was Corporate Parent to 431 children. The Corporate Parenting Board and Care Leaver Delivery Group were not resting on their laurels and were actively working towards achieving the next steps. Officers in Housing were working closely with Children's Services with focused work around care leavers and accommodation. The situation was improving but not where we needed to be yet. Officers were broadening options as wide as possible for all our young people, care leavers and families.

With reference to whether any progress was being made in respect of options for care leavers being limited and how far had this been taken forward. There was now in place a real council approach to ensure there was the right provision in place for care leavers and action being taken to have good oversight of care leavers in accommodation.

Alternative visiting arrangements highlighted.

There was a supported living premises in Sherborne a number of years ago, now the subject of planning permission for private flats. The concern about losing accommodation of this kind was highlighted. Officers advised they were in discussions with registered providers and Homes England around accommodation.

In the action plan, all the recommendation had closure dates which were fairly short, was that an Ofsted requirement? Yes, an action plan had to be submitted by 2 March. The annual conversation with Ofsted would take place in March also. Plans were in place to maintain standard and improve in respect of corporate parenting.

The future of the strengthening services Board? This had been a good partnership mechanism and officers wanted to keep it in place but with a different title. The Board informed the Children's Safeguarding Board which worked well.

The Self-assessment for Ofsted was being completed in April and could then come back to members at the appropriate time.

Decision

That the committee have scrutinised and noted the Ofsted Feedback Report.

47. Complaints Annual Report

Members considered a report which provided an update on the numbers, types and outcomes of complaints made against services at Dorset Council across the Directorate. There were also appendices to the report that met the statutory reporting requirements of Children's Services.

It was proposed by the Chairman seconded by the Vice-Chairman that the meeting continue beyond the 3-hour limit as set out in the Constitution.

Areas of discussion/questions

Important area of work for the Council.

There was concern about the lack of learning in some areas. In respect of learning initially there was a resource challenge earlier but quality and learning was now being fed back to the quality assurance teams.

Do we benchmark against other councils? The Ombudsman provided a good oversight of how well the Council was doing and their lack of findings against Dorset Council was highlighted.

Reference was made to councillor roles in somehow fielding off complaints and enabling people to find routes to get what they wanted. It would be helpful to have a webinar for councillors to help them have a wider understanding of the work being done in complaints.

Decision

That the committee have scrutinised and noted the Annual Complaints Report for 200/21.

48. 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 '2021/22 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.

Areas of discussion/questions

Adults and Housing performance, no targets in some, this would be useful to have.

69% of freedom of information (FOIs) requests were answered on time, but the direction of travel was showing as negative. The Chairman asked for a briefing note on what was being done for members on this.

There was a discussion on subject access requests in Children's Services and it was noted that there were now actions aligned to this which would hopefully ease the backlog. Members were advised that the Information Compliance Team processed these requests. In respect of these requests in Children's Services and the amount of redaction work that needed to take place officers were looking at internal and outsourcing for this area of work.

Reference was made to the number of families in B&B accommodation for more than 6 months.

Number of days lost to long term sickness within Children's Services had shown consistently red, and short-term sickness was showing red at times. There was concern that if a 'good' rating with Ofsted was to be sustained this could be a concern. A real focus on health and wellbeing was now in place, as a result of the pandemic and lockdown specifically which had been challenging. Officers are also currently looking for any specific patterns.

The number of foster carers was low and this would be picked up in March's paper on fostering.

HR performance charts – high staff turnover in Public Health was highlighted and members felt it might be useful to have some comment back on that. Officers advised that Public Health had a very small staff compliment, so 1 or 2 leaving in a year could make it look possibly worse than it actually was.

Members felt it would be helpful to have some matrix on care sufficiency and carers.

49. Scrutiny Requests

The Chairman updated members on requests for a scrutiny review that had been received. The request was from a member of the public in relation to the cost of care. Officers were awaiting more information on benchmarking and the cost of care in this regard.

50. Committee and Cabinet's Forward Plan

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

The Chairman gave members an update on the working groups that were currently in place.

With reference to the new Integrated Care Board (ICB), the Portfolio Holder for Adult Social Care advised members that he had spoken with the new Chief Executive about a potential overlap with responsibilities and this would be one of the first things she would look at.

Cabinet Forward Plan

The Vice-Chairman made reference a 'Pause' project that had been debated at Cabinet which did not appear to have been discussed anywhere else. She had since had a conversation with Cllr Andrew Parry about setting up a working group via the Overview Committee with the aim of reducing the number of children coming into care. This work was partially funded through health.

Cllr Ireland made reference to a number of changes at Senior Officer level with local NHS providers.

51. Urgent Items

There were no urgent items.

52. Exempt Business

There was no exempt business.

Duration of meeting: 10.00 am - 1.37 pm

Chairman

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Update on Market Sufficiency and the Impact of Covid-19

Page 9

People and Health Scrutiny Committee
31/01/2022



Dorset
Council

Minute Item 45

Introduction

- Update to the report shared in November 2021
- Impact of the Omicron variant
- Update on the national picture – the Winter Contingencies Survey results
- Review progress on the actions we had in place and share new actions
- Ask for support and help



ADASS Winter Contingencies Survey

- Snap survey looking at the following areas:
 - Contingency planning
 - Supply and provision
 - Contracts, purchasing and commissioning
 - Staffing and redeployment
 - Prioritisation and risk assessing
 - Carers
 - Assessments
- Carried out between 24/12/2021 to 05/01/2022 completed by 94 LAs
- Results show unprecedented time in ASC and described as national emergency
- SW areas are particularly hard hit, due to rurality, significant older population and limited workforce



ADASS Winter Contingencies Survey – clear messages from LAs

- **All 94 are implementing at least some contingency actions in the current circumstances.** *The responses made clear that these are actions which councils judge to be essential, but these are by no means actions which they wish to take.*
- **Even the most experienced directors are being forced to implement actions that they find unacceptable** – e.g. *Across a number of councils staff are being redeployed to cover immediate shortages, for example library staff to care roles or reablement staff to regular long-term care at home. There is a real challenge in ensuring that these emergency responses remain personalised to meet the needs of individuals.*
- **49 Councils are, for at least some of the time, taking at least one of the measures needed to prioritise care and assess risk that Directors regard as least acceptable.** *e.g. prioritising life sustaining care such as supporting someone to eat and remain hydrated over supporting someone to get out of bed or complete other activities; being unable to undertake reviews of risk at all or to rely for this on the views of providers, family carers or people using services themselves; and leaving people with dementia, learning disabilities or poor mental health isolated or alone for longer periods than usual.*



ADASS Winter Contingencies Survey –highlights

- **82% of councils are continuing to meet people's core assessed needs but asking people using services accept that there will be flexibility in this**, for example changes in their usual staffing, times of visits may differ, or visits may be shortened once core needs are met
- **43% are re-prioritising support to those most at risk and essential activities only**
- **42% are reviewing risk on a reduced and essential basis**, including accepting provider views, relying on people drawing on services and carers or providers to flag issues, and responding only to demands rather than regular review
- **38% are moving to welfare calls for some**
- 13% have had to go further, moving to 'life and limb' care only – e.g. help limited to helping to eat, hydration, toileting, and changing continence laundry in at least some of their area for at least some of the time
- 11% are reporting pausing support for facilitated social contact – leaving people with dementia / learning disabilities / mental ill health isolated or alone for longer periods



ADASS Winter Contingencies Survey – clear messages from LAs

Workforce pressures

81% of councils are taking measures to improve recruitment and retention with staff incentive payments

10% down on professional numbers

(Occupational Therapists / Social Workers / Approved Mental Health Practitioners / Adult Social Care Staff)

National shortage of OT & AMHP particularly

Providers reporting between 20% and 35% workforce vacancy rates

Everywhere is putting in place long term and short term actions to increase capacity including staff incentives, setting up bank schemes, offering driving lessons etc

ADASS Winter Contingencies Survey – clear messages from LAs

Contract, Purchasing and Commissioning

Page 15

88% of local authorities are needing to change their procedures and are going off-contract to spot purchase home care

46% are going off contract to purchase home care from providers who are Requiring Improvement, with less than one year of experience, following due diligence around risk

55% are also having to go off-contract to spot purchase care home capacity from Requiring Improvement providers



Dorset
Council

ADASS Winter Contingencies Survey – clear messages from LAs

Page 16

Contract, Purchasing and Commissioning

81% are co-commissioning more rehab places in care homes or at home and/or more step-down beds with therapy input, and 77% are commissioning or co-commissioning rehab / reablement in care homes

52% are commissioning new accommodation like hotels

Some councils are offering family payments to hold interim care arrangements which might enable a family member to take some unpaid leave – 33% say they are having to ask carers to provide more support

Current Situation in Dorset

Page 17



Care is being prioritised for those most in need



People are waiting for home care and care home placements to be sourced



Mitigating actions being taken to safeguard these people daily



Hours of home care packages have increased from 13.6 on average pre Covid-19 to 20.15 hours for new people in need of care



Reducing care packages where safe to do so, collaborating between providers and asking family to “step in” or voluntary sector



Hours of care being handed back each month because of lack of workforce - Grants being used to retain current provision

Current Situation in Dorset

All People Waiting for Care at Home 14/01/2022 - snapshot

- 340 people affected on this day
- Deficit in care hours is 15% below what we need for social care
- Deficit in home care hours for health as well

For Adults with a Learning Disability or in need of Mental Health Support

- Seen an improved position on the number of unsourced care hours for people with a learning disability or in need of mental health support
- However we have a 43% increase in demand for mental health support from 2019 to 2021

Current Situation in Dorset

Care Home Provision

- **No new home closures**
- **Omicron had significant impact on sufficiency:**
 - 29/12/2021 30/118 homes had outbreaks or incidents
 - 04/01/2021 rose to 63/118
 - 26/01/2021 continued at 63/118

Bed vacancies: National capacity tracker

Generally 13-15% beds available
25/01/2022 reporting 16%

however -

- 31/12/2021 - 54 residential and 24 residential with nursing were available in homes which were not closed due to Omicron (78/3724)

Actions Being Taken

Page 20

Daily risk meetings between Operations and Commissioning – risk tool in place

Support to care homes to manage Covid risks – IPC and practical, e.g. joint agency risk assessments with ASC, Public Health and CCG

VCSE support across community and health settings; Fire and Rescue welfare calls over Xmas and New Year

DC Social Care staff, in SW's & managers redeployed to cover priority areas especially in hospital discharge

Appointing a workforce lead to work across with ICS partners / educational establishments but primarily with providers

Provider of last resort flexing to support handed back packages

Block booking capacity wherever possible; Provider efficiencies in scheduling and rota management

Working across CCG, Health and BCP to improve capacity. Including CCG funding to support market

DC staff have been asked to support ASC ; working with housing colleagues

Exploring how to support providers recruit from abroad and setting up an agency bank

Reduced individual choice (timing, gender, flexibility, regular staff) in managing care visits

Unpaid carers are being asked to do more and Direct Payments are being given to people in the same household

Grants being distributed to support providers and will continue to do so - held x2 forums last

Flexing staff resource across health and social care system to support need – eg spreading therapy support



Financial Implications

Fund	National Allocation	Dorset Allocation
Workforce Capacity	£162,600,000	£1,156,980
Workforce Recruitment and Retention Fund	£300,000,000	£2,135,963
Adult Social Care Omicron Fund	£60,000,000	£427,000

- In December 2021 passported over to Care Home and Home Care workers (including reablement) a **Winter Retention Bonus**
- Held **2 provider forums** for ideas on use
- **Hinders long term strategic planning** however further system funding from Dorset NHS CCG has been made available for us to help with this
- National advice is for minimum of a 6.6% increase needed
- Minimum pay rates particularly for Home Care are being discussed nationally

Next Steps

- Continue to review and monitor people waiting for care and ensuring community and residential packages are secure
- Work with NHS England and NHS Improvement, health colleagues and all partners to improve the discharge position and to ensure a focus on services to support admission avoidance; enhancing the support from the voluntary and community sector in the short term and developing a longer term plan
- Focus on workforce recruitment and retention and ensuring the Funds are shared with the care workforce
- Work to ensure we meet the requirements of the *Market Sustainability and Fair Cost of Care Fund: purpose and conditions 2022 to 2023*. Dorset Council is in a strong position in relation to the requirement for conducting a cost of care exercise as this is already in hand; work is needed with local providers in relation to self-funders and a Market Sustainability Plan is required. Information on these will be brought to the Committee once completed.

Recommendations for the Committee

- Consider, comment and note the updated position and further deterioration in Dorset's market sufficiency of social care provision since the November 2021 report as a result of additional workforce pressures caused by the new Covid-19 variant
- Consider, comment and note the change in Government guidance since the last report and the additional funding released into the sector and the actions Dorset are taking in response to this
- Consider, comment and note the level of risk for Dorset residents and Dorset Council as an organisation
- Review the progress on the short term and medium term actions to mitigate the risk and new actions identified

What Members Can Do To Help

- Call to arms
- Speak to your residents about the current situation and share with them what is happening
- Speak to your local community groups and see how they can help
- Inform your local town and parish councils of the situation and ask what if anything they can do to support their residents
- Support the Leader and Deputy Leader to lobby MPs