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## PEOPLE AND HEALTH SCRUTINY COMMITTEE

### MINUTES OF MEETING HELD ON MONDAY 14 MARCH 2022

**Present:** Cllrs Gill Taylor (Chairman), Barry Goringe, Nick Ireland, Robin Legg and Mary Penfold

**Apologies:** Cllrs Molly Rennie, Louie O'Leary and Bill Pipe

**Also present:** Cllr Graham Carr-Jones and Cllr Andrew Parry

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

Lesley Hutchinson (Corporate Director for Adults Commissioning), Vivienne Broadhurst (Executive Director - People Adults), Andy Frost (Service Manager for Community Safety), Gerard Connell (Service Manager - Fostering), Sarah Jane Smedmor (Corporate Director - Care & Protection), Ashleigh Boreham (Deputy Director Design and Transformation), Kate Calvert (Deputy Director Primary and Community Care), Sue Sutton (Programme Director, Urgent and Emergency Care), Jenny Crawshaw (Senior Lead, Primary and Community Care), Becky Whale (System Flow Director), Kate Critchel (Senior Democratic Services Officer) and George Dare (Senior Democratic Services Officer)

**53. Apologies**

Apologies for absence were received from Cllrs Molly Rennie, Bill Pipe, and Louie O'Leary.

**54. Declarations of Interest**

No declarations of pecuniary interests were made at the meeting.

Cllr Ireland advised that he was the Dorset Council healthcare champion, his wife worked as a matron at a Yeovil hospital, and they had a daughter working at Dorset County Hospital.

Cllr Penfold advised that she had a disabled son who does not live at her home.

**55. Minutes**

Proposed by Cllr Legg, seconded by Cllr Goringe

**Decision:** That the minutes of the meetings held on 20 April 2021, 8 June 2021, 20 September, 1 November, 10 December 2021, and 31 January 2022 be confirmed.

The minutes were signed after the meeting.

**56. Public Participation**

There was no public participation.

**57. Councillor Questions**

There were no questions from councillors.

**58. Integrated Care System update through winter**

The Committee received an update on the Integrated Care System from the Deputy Director for Urgent and Emergency Care. The ICS was in the highest level of escalation for the urgent and emergency care pathway and these services were under pressure. Short, medium, and long-term interventions were taking place to reduce the pressure on services.

Members discussed the update, and points were noted in the following areas:

- 111 performance was good compared to other areas in the country.
- Further call handlers are being recruited to the 111 service and support was being provided to other centres.
- Minor Injury Units were closed due to staffing issues and an update would be provided following the committee.
- The care hotel was set up at pace after Christmas and it had 16 beds which were used for low-level needs.
- Across the 3 acute hospitals there were approximately 300 people waiting to go home.
- The care hotel model was encouraged nationally and was using funding from the government to support hospital discharge.
- There were no plans to extend the care hotel.
- No permanent decision on closing MIUs would be taken.
- The Urgent and Emergency Care pathway was being reviewed so patients can have the optimum number of touchpoints.
- A non-clinical call handler decides the best route into the pathway for a patient, however a clinician may make a different decision.
- Details of vacancies and staff absences would be provided after the meeting.
- Health services did not want to normalise the high pressure and wanted to de-escalate it over the medium to long term.
- The Chairman felt that the pressure on services was becoming normal, particularly as the SWASFT had been on the highest escalation level for 8 months.

Members also received an update on Home First, and in particular admission prevention. A presentation was given which is attached to these minutes.

During discussion, points were noted in the following areas:

- Referrals into the Urgent Community Response system
- Further detail provided about Dorset County Hospital's hospital at home service, virtual wards, and how they compare to hospital wards.
- Progress on end-of-life support and the Home to Die programme.
- Anyone can use a virtual ward if they are registered with a Dorset GP.
- No intention of closing end of life facilities at hospitals as some people are not able to die at home.

The Chairman asked to receive a further update on the progress of virtual wards and the end-of-life programme in the future.

## **59. Update on Treatment Centres**

The committee received an update on Treatment Centres and the wider Dorset Health Village from the Deputy Director for Design and Transformation. The Health Village and Outpatient Assessment Clinics enabled health services to connect with the community in a different way and it provided additional capacity. Volunteer groups were essential in supporting the services and it provided an opportunity for junior development and getting young people involved in the health system. The outpatient assessment centre at Beales in Poole was the first in the UK and it has had national recognition. The health village will provide social value, increased access to health and wellbeing support, have an environmental focus, and there will be a test bed for digital innovation. The full presentation was included in the agenda.

In response to questions from the committee, the Deputy Director for Design and Transformation advised that:

- The health village centres can be both treatment centres and outpatient assessment centres, as well as used for screening.
- Village Halls could be used for walk-in health centres.
- Conversations were being had with bordering health services, such as Yeovil Hospital, about providing services for Dorset residents to enable the best use of resources.
- Somerset needs to be influenced earlier so health services can see how they work in the whole Dorset system.
- There would be an update on long-term commitments to South Walks House.
- The Health Village focused on health and the high street.
- Dorset is helping to write national policy.
- The system was agile, and it was able to run without volunteers.
- Volunteers included youth groups, such as cadets, and people wanting to have an active retirement.

There would be an update on the progress of the Health Village at a future committee meeting.

## 60. **Fostering Service Improvement Plan**

The Service Manager for Fostering introduced the Fostering Service Improvement Plan. A significant amount of work had been undertaken in the fostering service, particularly around the recruitment of foster carers. An agency had been commissioned to help with recruitment and the fostering team was having regular meetings with the communications team. Face-to-face activities were a key part of fostering and there was a calendar of all activities taking place. The Fostering Service was engaging with local businesses and support groups to build an understanding of fostering in Dorset.

The committee asked questions about the Fostering Service Improvement Plan and the recruitment of foster carers. Officers provided the following responses to members' questions:

- Dorset was similar to the national level of foster carer recruitment
- There should be an average of 1.3 young people per foster carer
- There was an aim to always place siblings together, however this could be challenging.
- It may take 4-5 years for someone to decide that they would like to foster.
- The fostering service needed to be forceful and respectful with communication
- Potential foster carers could enquire with other local authorities.
- The mockingbird model was used for recruitment
- Foster carers worked in groups called constellations with a hub carer at the centre. This was good for support and allowing foster children and carers to build relationships.
- The fostering service was engaging with an authority which had 10 constellations for advice.
- The model reduces need for residential care and improves foster carer retention.
- There had been recent successes with foster families
- Any out of county placements would need to be for specific reasons, such as for specialist care.
- A co-ordinator has been appointed for the fostering panel to improve administration.
- There had been just under 100 applications for recruiting additional foster panel members and there was already a good selection of existing members.
- The panel was independent and had an independent chair who reported to the Corporate Parenting Board.

## **61. Community Safety Annual Scrutiny Report**

The Portfolio Holder for Housing and Community Safety introduced the item. It was the committee's statutory duty to scrutinise community safety work at least once a year. Examples of work that have been done over the past year included tackling violence against woman and girls and domestic abuse.

The Service Manager for Community Safety explained that there were community safety partnerships which allowed organisations to work together, identify priorities, and deliver against them.

In response to questions, members were advised that:

- There was an extensive training programme for staff around domestic abuse and the different aspects of it.
- Staff receive mandatory training on modern slavery and prevent.
- Whole family working was important in tackling domestic abuse.
- The safer streets bid had allowed for 5 new CCTV cameras around Weymouth swimming pool and the Rodwell Trail, as well as enhancements of public space CCTV cameras and the expansion of the control room.
- The new burdens funding of £650,000 was sufficient for the additional workload.
- There may be funding available for homicide reviews and offensive weapon reviews.

## **62. Committee and Cabinet's Forward Plan**

The Committee considered its forward plan and that of the Cabinet.

The Chairman updated members on a scrutiny request in relation to Care South. She read a briefing note which is attached to these minutes.

The Head of Legal Services had contacted the Chairman about an urgent item for Cabinet on 5 April, which related to establishing an executive shareholder committee for the Dorset Centre of Excellence. This statement is attached to these minutes.

The committee would have an item on NHS Dentistry in Dorset, and this would be scheduled as and when appropriate.

A question was raised about quality account audits.

There would be an all councillor briefing on the setup of the Integrated Care System.

## **63. Urgent Items**

There were no urgent items.

64. **Exempt Business**

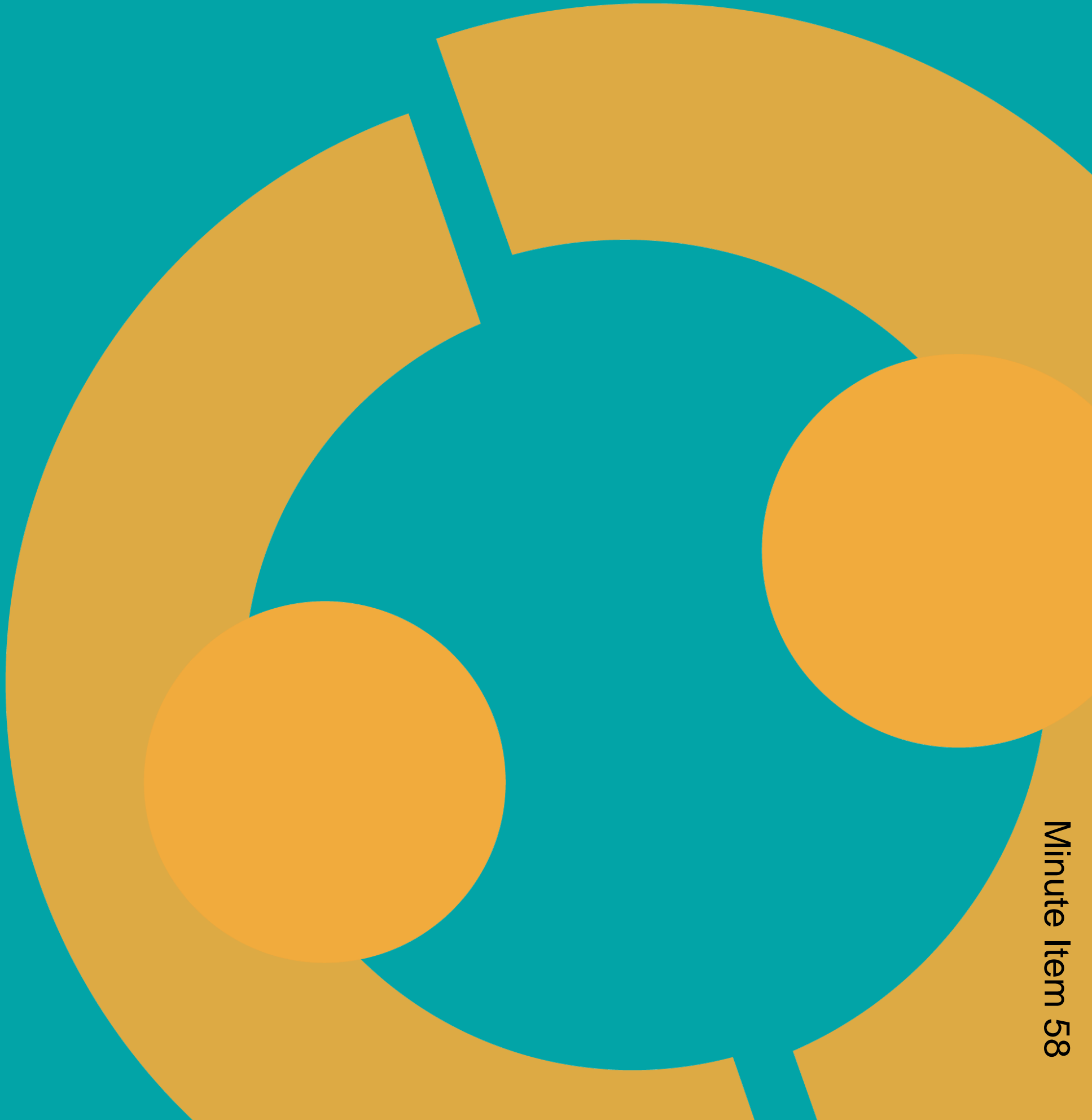
There was no exempt business.

**Duration of meeting:** 10.00 am - 12.57 pm

**Chairman**

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# Ageing Well – Admission Avoidance



## Introduction: Home First – Prevention & Avoidable Admissions

- Home First Programme – Key focus on Discharge to Assess pathways *‘centred on reducing the length of stay for people in acute care, improving people’s outcomes following a period of rehabilitation and recovery, and minimising the need for long-term care wherever possible’*.
- However, need to ensure that we don’t lose sight of our prevention and well-being agenda across both health and social care.
- Prevention – primary and secondary also needs to be considered
- In Health, our current focus with regards to preventing unnecessary hospital admissions is on Ageing Well



# Ageing Well Programme

## Ageing Well

To support the Long Term Plan objective to transform 'out-of-hospital' care and fully integrate community-based care to support people with complex needs.

### Enhanced Health in Care Homes (EHCH)

#### MDT

- Review of PCN plans to further develop MDTs for care homes

#### Falls

#### Conveyancing

- Care planning
- Training

### Anticipatory Care

#### Draft Operating guidance released by NHSE:

Moderate severe frailty:

- Case identification
- Holistic Assessment
- MDT approach
- Co-ordinated care

People relying on unplanned care to manage their conditions:

- Risk stratification of cohort using population health approach

### Urgent Community Response (UCR)

#### Crisis Response: 2-hour;

- By March 2022 full geographical coverage required
- Aim of single point of access
- Services provided 8am – 8pm, 7 days a week

#### Reablement Care: 2-Day;

- From Any referral source, except hospital wards.
- Interventions of less than, but up to 6 weeks.

### End Of Life (EOL)

#### Palliative Care in the Community Project – scoping phase

- Development of a new model of care to support people to have a good death
- Anticipatory care aspect to start conversation with patients and family sooner and co-develop a care plan
- Increase capacity to support people to stay at home in times of crisis

### Virtual Wards

#### Increase virtual ward 'beds' to 360 – 400 by December 2023

Virtual wards are both:

- Step up to support people staying at home
- step down from acute bedded care to support early discharge.
- Can be enabled with technology for remote monitoring where appropriate

### Falls

Wider falls programme sits under the umbrella of Ageing Well.

#### Care Home Falls Project:

- Reducing the numbers of 999 / 111 call outs for non-injured residents
- To avoid long lies where a resident's condition will deteriorate the longer they lie on the floor

## Enhanced Health in Care Homes (EHCH), conveyancing audit

Working with South West Ambulance Service (SWAST), we carried out an audit of 100 care home residents, conveyed to hospital and admitted, to understand:

- The suitability of the conveyance
- The reasoning behind the admission
- Assessment of the number of care plans in place and whether taken in to account
- Estimation of the number of bed day that could have been saved.

### ***What did we find?***

- 71% were appropriately conveyed, 25% inappropriately conveyed and 4% undecided
- Only 24 patients had a care plan in place and only 7 of these were documented as seen by SWAST
- 365 total bed days of which 116 bed days could have been saved

## Enhanced Health in Care Homes (EHCH), conveyancing audit

### *What did we do with the findings?*

- Findings were presented to many groups and discussions taken place around recommendations
- SWAST has introduced a training module on care planning and action to take
- Primary care focus on updating care plans for care home residents.

Other areas of focus with Care Homes is our Multi-Disciplinary model of care with both Primary Care Networks and Dorset Healthcare; NHS Mail – sharing information; Restore2; Falls project

# Falls linking to Enhanced Health in Care Homes

## ***Purpose:***

- To avoid long lies where a resident's condition will deteriorate the longer they are on the floor
- Reduce the numbers of 999 / 111 call outs for non-injury fallers in care homes residents

## ***Next Steps:***

- Identify and establish collaborative working with other partners to ensure appropriate clinical support and governance to care homes post-fall, including pathways
- Identify and provide suitable lifting equipment and training to educate care workers to lift a resident safely after a fall, particularly those at greater risk, as well as understanding when not to lift because of risk

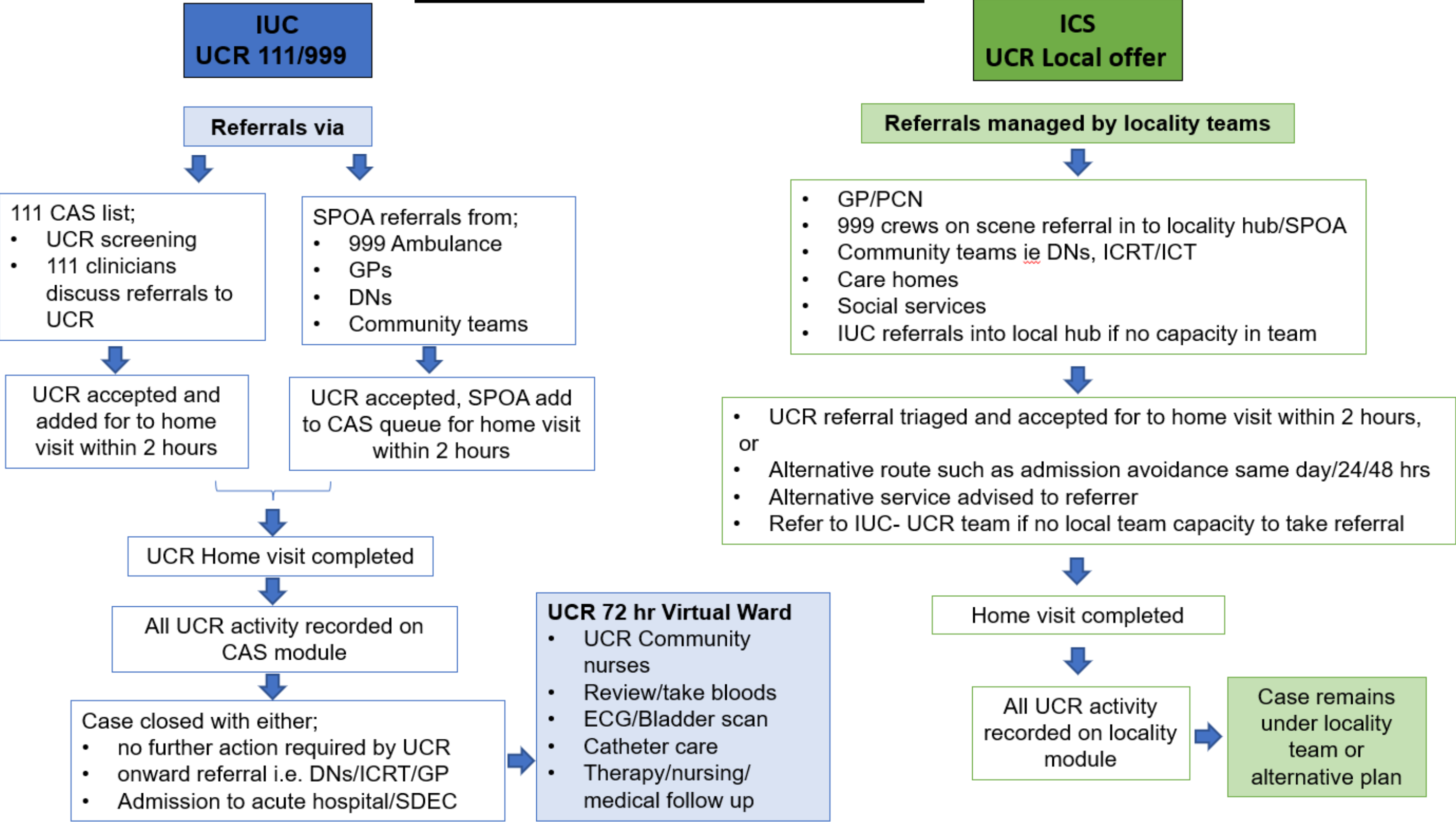
# Urgent Community Response (UCR) - where are we?

## ***At Scale 2-Hour Response***

- Phased roll out across the county, with full implementation planned for end of March 2022
- Current provision is 8am – 8pm, 7 days a week
- Directly screening from Clinical Advisory Service to NHS111 and pulling suitable cases from the call stack
- Developed IT links with South West Ambulance Service Trust (SWAST) to refer calls directly to UCR
- SWAST has dedicated clinician for Dorset, triaging calls to refer to UCR
- Nurse led Virtual Ward under development to support people for up to 72-hours following intervention
- Pathway for referral for on going care in place.
- Welfare checks provided via a social care organisation for patients needing additional support following an intervention

# Urgent Community Response Delivery Model

## Dorset UCR at scale- 8-8 7 days week



## Urgent Community Response Next Steps

- Introduction of Primary Care Network 2-hour response offer
- Opportunity to bring together Out of Hours and UCR, moving to a 24 hour service
- Further development of the 2-day rehab and rehabilitation 2-day response

# Anticipatory Care

Where are we are we?

NHSE released the draft Operating Guidance document focusing on 3 key areas:

- Focus on Moderate and Severe frailty
- Health inequalities
- Focus on people who rely on unplanned care to manage their conditions.

In 2021 Dorset CCG used population health data to allocate funding to Primary Care Networks based on level of need with a focus on:

- Deprivation
- Rurality
- Frailty – mild, moderate and severe
- Risk of emergency admission within the next 12 months
- Risk of falls

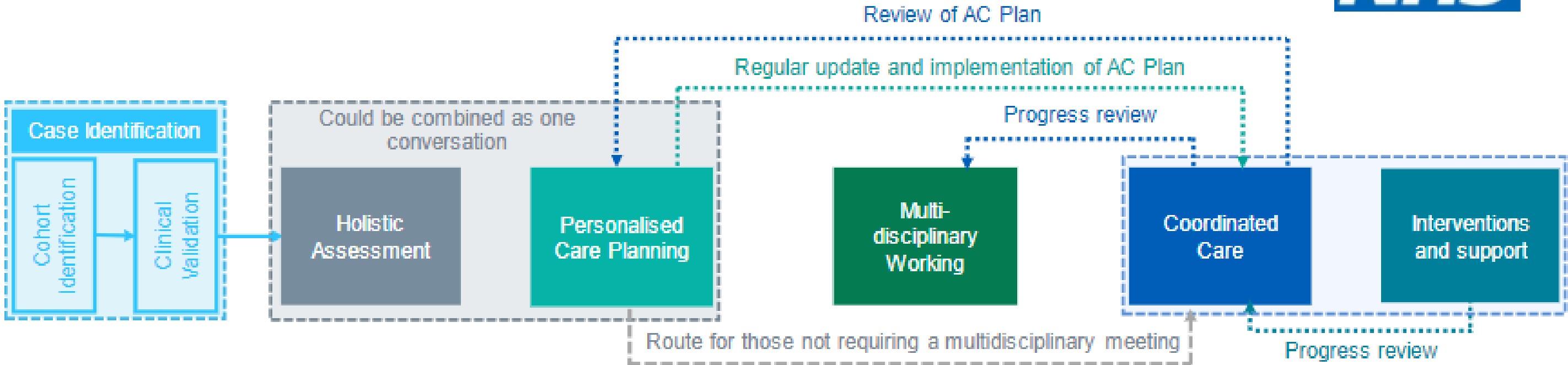


# Anticipatory Care, next steps

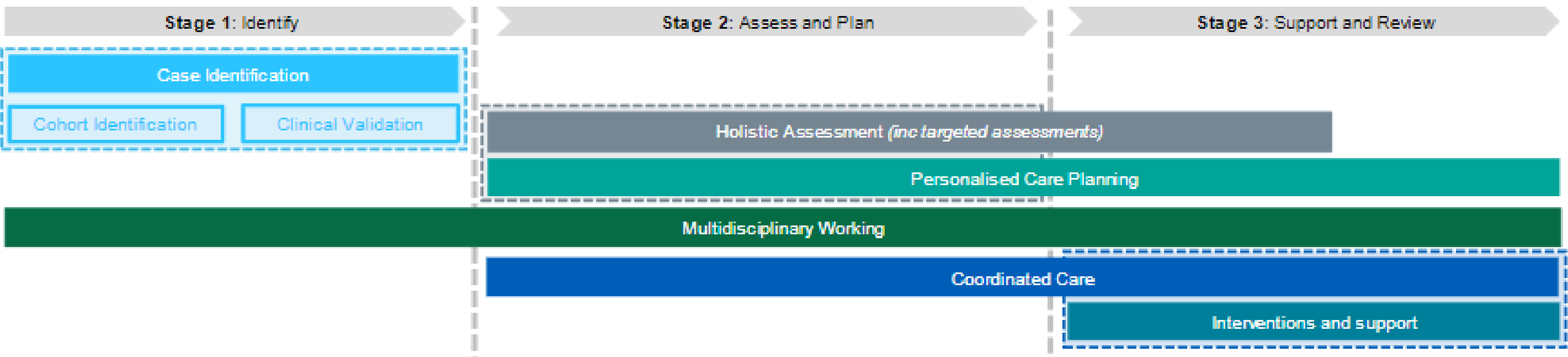
The Anticipatory Care model comprises six overlapping components



Pathway – demonstrating the care model a process and cycle



Stage based – demonstrating the components span multiple stages of the care model



## Virtual Wards

NHSE Ambition:

- 40 to 50 virtual ward 'beds' per 100,000 population by December 2023.

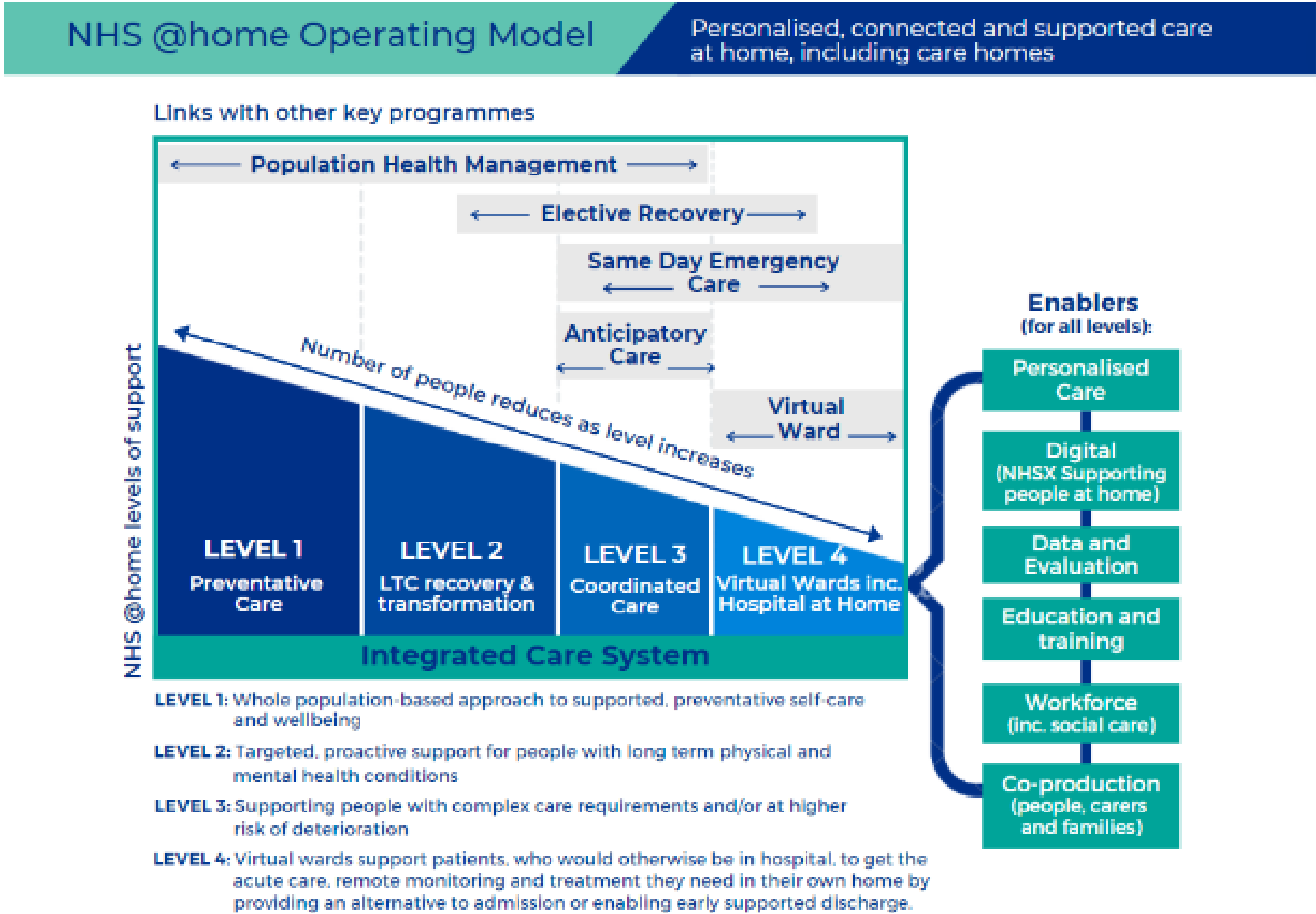
For Dorset this means:

- 360 to 400 virtual ward 'beds' by December 2023.

What is a virtual ward?

- A virtual ward is a safe and efficient **alternative to NHS bedded care** that is enabled by technology
- Virtual wards support patients who would **otherwise be in hospital** to receive the acute care, monitoring and treatment they need in their own home
- This includes either **preventing avoidable admissions** into hospital or **supporting early discharge** out of hospital.

# Virtual Wards, understanding levels of care



# Palliative Care and End Of Life Programme

## ***Aims:***

- Develop a model of care to support people to have a good death in the place of their choosing
- Reduce pressure on Out of Hours services, 999 and reduce avoidable admissions
- Support timely discharge of those who are end of life

## ***Next Steps***

- Increase capacity in the community and building resilience in family members to support people in their last weeks of life
- Strengthen links with the Voluntary (VCSE) to support people with their non-clinical needs
- Develop an anticipatory care approach to End of Life care by offering support to people at point of prognosis
- *Home to Die* pathway in West of County implemented 1 February, with an evaluation to inform longer term commissioning especially in relation to model of care across NHS and Local Authorities

# Questions



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## **Cost of Care – Briefing Note**

The People and Health Scrutiny Committee have been asked to scrutinise the costs of block care home contract the council has with Care South. A response was provided to Full Council from Cllr Wharf to a related question in December 2021. The Adult Social Care Commissioning team are currently undertaking two cost of care exercises one for care homes and one for home care and supported living provision. These exercises will enable the council to meet the Government requirements as set out in the Market Sustainability and Cost of Care Fund statement published on 16<sup>th</sup> December 2021. All Councils are required to carry out cost of care exercises and to publish these; Dorset Council has extended the scope to include supported living provision. The exercises are being carried out by independent agencies (both of whom are working with the Government to develop guidance on what the exercises should include) who will take into account Dorset's rurality, cost of living and workforce pressures as these are important factors – these will be important for the Committee to be aware of. The exercises will then set out what Dorset Council should expect to pay for care; this in turn will help Dorset Council work with and support the providers to create a Sustainability Plan. All councils are required to completed and published their plans by September 2022.

Once completed the Council will be able to compare the assessed cost of providing care with the prices it is currently paying under the block contracts it has in place. It will also take into account as part of this analysis any wider benefits of block contracts, as pricing is not the only consideration when assessing the benefit to service users and taxpayers.

I am told the cost of care exercises will be completed before the end of the financial year. Council officers will then determine the pricing rate and publish this as a key discussion. The information will be shared with providers in advance of that decision being made. The Committee are interested in the pricing and how this has been arrived at – the outcomes of the exercises will be brought to the Committee in May 2022. Depending on the findings the Committee will decide whether further information is needed in relation to the Care South contract.

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### **Statement from Cllr Gill Taylor on Urgent Item – Dorset Centre of Excellence**

I have been consulted and agreed to an urgent item of business being added to the agenda for meeting of Cabinet on 5<sup>th</sup> April 2022.

The Council has created a company, the Dorset Centre of Excellence. The Council is shareholder, which is an Executive function. The Cabinet will be asked to establish and approve terms of reference for an Executive Shareholder Committee.

The Executive Shareholder Committee will be governed by the Executive Procedure Rules and the usual Council and Committee Procedure Rules; Forward Plan, publication of reports and decisions, public meetings and subject to scrutiny.

The reason for urgency is to establish the Executive Shareholder Committee and good governance promptly and in advance of the operation of the company.

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