

# Cabinet

## 30 June 2020

### Update on Dorset Council's Response to COVID-19

#### For Decision

**Portfolio Holder:** Cllr S Flower, Leader of the Council

**Local Councillor(s):** All Councillors

**Executive Director:** Matt Prosser, Chief Executive

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**Report Status:** Public

**Recommendation:** That the continued COVID-19 emergency response is noted in relation to the organisational reset and planned incident recovery and that a review of the Dorset Council Plan is considered in light of the organisational reset and recovery.

**Reason for Recommendation:** To ensure that Cabinet are able to lead and remain assured of the way that the reset and recovery from COVID-19 is planned for implementation at the appropriate time.

#### 1. Executive Summary

Since the emergence of the pandemic in March, cases in England have been reached a rate of 274.8 of the population (281,661 cases), compared with the south west rate of 138.7 of the population (7,766 cases).

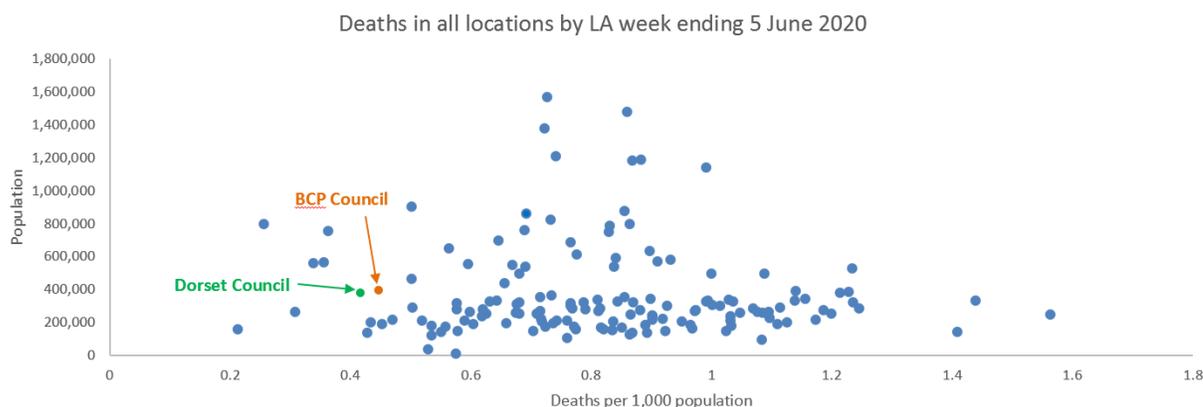
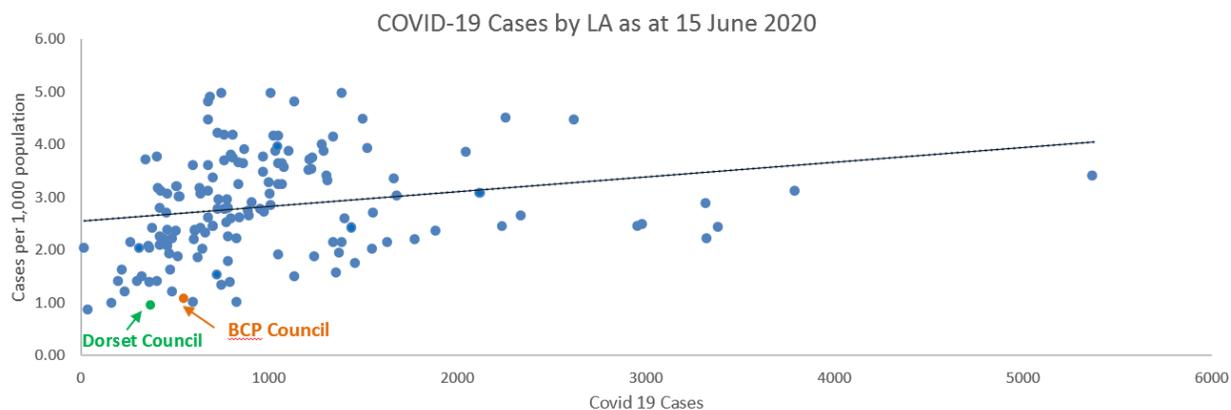
Nationally, sadly 39,904 people have died across the UK. All data as at 4 June<sup>1</sup>.

Regionally, the South West has the lowest prevalence of cases and deaths when compared nationally

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<sup>1</sup> All data as at 4 June 2020.

<https://coronavirus.data.gov.uk/#category=regions&map=rate&area=e12000009>



However, the Council is deeply saddened that 279 people across Dorset and Bournemouth, Christchurch and Poole Councils have died in care homes or in a hospital setting up until 4 June 2020. This is a truly tragic loss and our thoughts are with the family and friends of those who have died.

Dorset Council continues to respond to the ongoing pandemic at a time of transition from lockdown to seeing some services reopening amongst social distancing and other new guidance.

The initial Dorset Council response to COVID-19 was detailed in a report to Cabinet on 5 May and set out the services provided to support residents and businesses during the period of lockdown from 23 March up until 20 April 2020. This report provides an update on key areas since 20 April along with the emerging arrangements for recovery planning and the future reset of the organisation.

Key areas for update include:

- Public Health including outbreak planning and test and trace
- Care homes
- Adult mental health and safeguarding
- Housing and community safety
- Shielding and adult response
- Community shield
- Schools
- Children's safeguarding
- Open spaces

The reset, recovery and transformation of the council are three distinct workstreams which collectively will enable the organisation to return to full health when the time is right.

**2. Financial Implications**

The financial implications of COVID-19 continue to be significant and currently unsustainable at £15m per month with a total overspend forecast at £60m for 2020/21. This expenditure is incurred due to the temporary suspension of some income generating services during lockdown as well as additional costs incurred in order to provide additional services across the county.

To date, the council has received £21m from government to support the response. If no further financial support is received, the shortfall for the year could be £39m.

The council is continuing to make the case for further support to the government.

**3. Climate implications**

The implications of COVID-19 have been positive for our climate and ecology, with a significant reduction in travel by 80% due to the lockdown. As we have seen the lockdown eased this reduction has reversed to a 20% reduction of travel. The council remains committed to the Climate and Ecological emergency declared in May 2019 and have resumed the Executive Advisory Panel to finalise the development of the strategy. The Executive Advisory Panel report is being considered at the Place Overview and Scrutiny Committee on 23 July and by Cabinet on 28 July.

**4. Other Implications**

Public Health implications are ongoing due to the active pandemic. Additionally, there are implications for all aspects of business as usual service delivery as the virus nears its peak. This includes and is not limited to sustainability, property and assets, voluntary organisations, community safety, corporate parenting, physical activity, safeguarding children and adults, the workforce and HR implications.

**5. Risk Assessment**

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

Current Risk: HIGH

Residual Risk: HIGH

The Council continues to deliver during a high-risk situation during a major incident with many factors unpredictable including the central government response during the outbreak. The risk management strategy at this time is for continued, focussed oversight of known risk and management of capacity to respond to priority situations as they evolve.

**6. Equalities Impact Assessment**

During the COVID-19 response, impact screening tools and assessments have continued to be undertaken where a permanent change in service delivery has been made.

An EQIA has been developed to consider the impact of COVID-19 on vulnerable people and this is the subject of a separate agenda item at today's meeting.

**7. Appendices**

None

**8. Background Papers**

[Cabinet report on the Dorset Council response to COVID-19 on 5 May 2020](#)  
COVID-19 Equalities Impact Assessment (a separate item on this agenda)

**9. Introduction and Update on COVID-19 Response**

**Public Health and Test and Trace**

- 9.1 Since the last Cabinet report the COVID-19 outbreak is entering a different phase in Dorset, with fewer daily cases, and fewer outbreaks affecting care homes. There have been no outbreaks reported to Public Health England in Dorset care homes in the past 7 days at time of writing and a substantial fall in the number of deaths linked with the disease either directly or indirectly. The overall number of care home residents who died due to COVID-19 was 61, with the last death occurring on 22 May.
- 9.2 The public health team is involved in supporting two important new initiatives that will form important parts of the strategy for how we continue to ease the lockdown restrictions safely. First, NHS Test and Trace, the national contact tracing service, went live on 28 May. This is now the main way that all people with COVID-19 symptoms should be ordering a test, so that they can be contacted by the service and interviewed to determine whether there are any significant contacts that also need to be followed up by the service. Prompt identification and isolation of contacts of all positive cases is how the virus will be contained going forwards, breaking further transmission and enabling the continued reduction in the numbers of new cases.
- 9.3 Contact tracing happens at 3 levels. Tier 3 is the main telephone based contact tracing service, based on a national recruitment exercise. Most initial cases and contacts will be handled by this service. Anything that looks more complex because of a higher risk occupation, or links with complex situations will be escalated to Tier 2, staffed by returning NHS clinical staff. The most complex cases, potentially linked with outbreaks, are escalated to Tier 1, which is run by Public Health England regional health protection teams. The public health team has provided 3 people to support the contact tracing at Tier 1 and will continue to work closely with PHE at this level.
- 9.4 The second new initiative is the requirement for all Councils responsible for Public Health and Social Care (such as Dorset Council) to develop local outbreak management plans by the end of June. This will set out in detail how each council works to respond to local outbreaks in specific themes, covering care homes and schools, high risk settings (hostels, workplaces with particular risks), testing and tracing, intelligence and surveillance, and ensuring adequate local skills and capacity to respond. There is a national allocation of £300m to support plan development, Dorset Council will receive £1.28m in its Public Health budget to support this work. The plan will be delivered through a local COVID-19 outbreak board, overseen by a public engagement board with local political

leadership, Dorset Council will use the Health & Wellbeing Board to undertake this role. The plans will be the main way assurance will be provided to residents and partners in remaining vigilant for any changes in local COVID-19 transmission, and local ability to respond quickly to any outbreaks, working with key partners.

- 9.5 Recovery and health and care system working  
An important part of this phase of the pandemic is looking back and learning from how the system has responded over the past five months, and work is underway on this. A particular focus will be the work with care homes across the system. led through a multi-agency task and finish group, in close discussion with the portfolio holder and with oversight via the Health Scrutiny Board. This is particularly important because it can provide valuable lessons to inform recovery, and more importantly, how we work as a system to ensure that we don't recover back to a health and care system that carries the same risks, should a period with a potential second wave of COVID-19 cases occur.
- 9.6 The councils Public Health team are starting to work with colleagues in the health service to think through how future models of care could be transformed at pace, moving away from a reliance on bed-based care models, and centred on an overarching principle of supporting people in their own homes primarily. Any need for acute medical care should be viewed as a temporary phase, with the system geared towards safe and effective discharge to home, supported by primary, community and voluntary services wherever possible. The past few months has significantly disrupted the local health and care system, and this is a huge opportunity to reset and reshape the model, not go back to what was in place before. This includes considering the learning from supporting shielded residents, and the strengthened relationships with voluntary and community organisations in supporting people differently.

### **Adult Social Care**

- 9.7 Dorset Council, NHS and relevant statutory partners are working in partnership with adult social care providers to ensure that local people who use social care services, and particularly residents in our local care homes, are given the best possible care through the current COVID-19 crisis. Dorset Council has also been aligning, where possible, with Bournemouth Christchurch and Poole (BCP) Council in order to ensure a consistent approach across Dorset.
- 9.8 On 14 May 2020 all local authorities received a request from the Minister of State for Care to provide assurances regarding local interventions to support residential care homes. The definition of 'care homes' within the letter includes any Care Quality Commission (CQC) registered residential care setting for an individual, or individuals, aged 18 or over and includes homes for older people, people with physical disabilities and those with learning disabilities or mental health problems. Whilst the letter and its response focus on residential care homes, the council is ensuring that all care settings are supported through the crisis.
- 9.9 The Government has also established a £600 million Infection Control Fund. Dorset Council has received an allocation of £5 million. The fund is being managed as a grant whereby 75% of the funding has been allocated to all CQC registered residential care homes based on the number of beds at the home. All conditions have been pre-set and the first tranche of this funding was provided to

care homes on 10 June 2020. The remaining 25% of funding can be allocated to other care settings. Dorset Council is working in partnership with care providers in order to establish how this will be utilised.

### **Controlling Spread of Infection in Care Settings**

- 9.10 In March 2020, supply of Personal Protective Equipment (PPE) was an issue for providers so Dorset Council commenced direct procurement of PPE in order to ensure that adequate emergency supplies were available.
- 9.11 An emergency PPE system was implemented for providers to access 7 days a week from 8am – 8pm. To date 155,820 items of PPE has been supplied to 143 provider settings.
- 9.12 PPE supplies provided as part of the national response to support Local Resilience Forums has been incorporated into this approach, however Dorset Council has to date purchased circa £1.9 million of PPE for local care providers. The council does not charge and is not seeking to recharge providers for any PPE supplied to them as part of the emergency initiative as guided by the government.
- 9.13 The public health team, working with the regional Public Health England (PHE) health protection team, developed guidance on use of PPE in different settings, including the care sector. Dorset Clinical Commissioning Group (CCG) has also developed a clear flow chart for all providers on how to access PPE. To date no care provider in the Dorset Council area has run out of PPE.
- 9.14 Residential care homes have also received invitations to undertake additional infection control training. A total of 23 members of staff have been seconded to be trained as infection control trainers and as of 6 June, over 150 training sessions have been delivered either face to face or virtually.
- 9.15 There is an online booking portal for care homes to arrange for testing of asymptomatic residents and staff. Communication resources and FAQs to support this programme of work have been developed so that all care home leaders are clear on the purpose and consequences of the testing.
- 9.16 A process is in place for testing prior to the discharge of patients from the 3 Acute hospitals and 1 local community and mental health trust prior to admission back to the care home to meet the requirement of the Adult Social care plan.

### **Supporting the Workforce**

- 9.17 In Dorset all direct care, e.g. home care, supported living, residential care, is delivered by external provider organisations or personal assistants.
- 9.18 One of the key areas to try to prevent the transmission of COVID-19 both within and between care homes has been to control the movement of staff. Providers with multiple homes and sites in the area also took the decision to limit staff movement between their homes. In addition, the local care agencies rapidly agreed a position to limit the deployment of agency staff to a single designated home, rather than working across multiple sites.

- 9.19 Workforce support and development has been system wide and has included:
- a) Specific action on staff well-being in mid-May. Information, resources and tools were published and promoted to care homes, including a free counselling service.
  - b) New online training resources to induct new staff, and for IPC.
  - c) Dissemination of guidance and processes. Communication co-ordinated through a central web site hosted by Dorset Council and promoted Partners in Care.
  - d) A dedicated website has also been created to host all the various training offers for the care sector.
- 9.20 The council is currently developing a care recruitment campaign with providers and local partners in order to support the recruitment of new carers. In addition, the council is working with colleagues at the CCG to ensure that volunteers and NHS returners are an available resource to the care sector.

### **Supporting Local Authorities and Providers of Care**

- 9.21 Dorset Council provided a 10% uplift to gross fee rates for care providers of LA commissioned care, including registered care homes from 19th March. The 10% uplift is paid monthly in advance to help with cash flow. To ensure providers had clarity of financial planning to meet pressures, this was agreed until the end July. In addition, providers were offered an exceptions process where they could request further funding to meet exceptional pressures above the 10% additional funding. Because the Local Authority is procuring beds from 96% most of the local market have received financial help through this route.
- 9.22 Dorset Council has also taken the following steps in order to support the viability of care providers:
- a) Immediate payment upon invoice.
  - b) An offer to work with providers to consider additional support where they are facing cost pressures above the 10%.
  - c) Free provision of emergency PPE (in addition to the allocation via our local resilience Forum)
  - d) Continued contact with home providers to support infection control, access to PPE, training and other related quality issues coordinated with the CCG.
- 9.23 In May, the government announced that £600m was being made available via local authorities to support care homes with infection control. The council has received a £5m share which is in the process of being distributed to care homes in Dorset. The fund, which is ringfenced for social care, will ensure care homes can continue to halt the spread of coronavirus by helping them cover the costs of implementing measures to reduce transmission.
- 9.24 Adult Social Care is working with representatives from the care provider sector in order to review future funding arrangements.
- 9.25 Adult Social Care is currently running a project to understand the experience people have had during the crisis around the hospital discharge process, coming out of hospital and going into a residential setting or returning home, interim placements.

## **Housing and Community Safety**

- 9.26 Following the government announcement on the 13 May 2020 which re-opened the housing market and with restrictions around moving house starting to be eased, the service is now focusing on moving those in temporary B&B accommodation into alternative accommodation solutions. This includes both the rough sleeping cohort and the homeless households who the council have accepted a duty towards.
- 9.27 When the lock down restrictions were announced, the Council was required to accommodate anyone who presented to them as homeless so they would not be sleeping on the streets. In some cases, people were provided with accommodation who normally would not be helped by the Council. Now the restrictions have been eased a decision has been made to only accept those to whom the Council has a legal duty. All those who were accommodated and to whom the Council would not have a statutory duty have been advised that they should be seeking their own accommodation in the private rented sector and they will no longer be supported by the Council.
- 9.28 As part of the programme to move people out of B&B accommodation, adverts on the Council HomeChoice portal which advertises properties to rent from Registered Providers (RP's) will be restricted to those in the emergency band on the housing register. The only exception will be where the property has a local connection criteria or S106 clause restricting the use. If following the advert, the property is not let it will be re-advertised to everyone on the housing register. This approach will enable those in temporary accommodation (TA) to move into longer term settled accommodation, free up TA properties for those in B&B to move into. At the height of the lockdown the Council had 158 households (including 33 rough sleepers) in B&B accommodation. This number is slowly decreasing at the time of writing there are 146 households accommodated in B&B and the housing and accommodation officers are working to continue to move people into accommodation, whilst ensuring the necessary tenancy agreements, checks and deposits are in place.
- 9.29 Our RP's have advised they have a number of void properties they are preparing to advertise, however due to social distancing their teams will take longer to prepare a property for rent. The same also applies to the TA properties that require preparation before letting.
- 9.30 There are concerns from the local community about the use of some B&B accommodation in the Weymouth Seafront area where a small number of those accommodated are causing anti-social behaviour. Work is taking place with colleagues in Property Services to find alternative accommodation away from the area and outside of Weymouth. This includes trying to determine if the Council has some its own property it could use. In the meantime, work continues to take place with partners such as the Police, Probation Service, homeless support charities, drug and alcohol teams and the town council through weekly partnership meetings to discuss and resolve ongoing community concerns.
- 9.31 In response to the government guidance regarding rough sleepers and the request to ensure those accommodated are able to move into longer term settled accommodation, each rough sleeper accommodated is being supported by their

own support worker who will be working with the individual to create a plan to move out of B&B into appropriate supported accommodation.

- 9.32 Due to the restrictions introduced, a decision has been made to extend the consultation regarding the Housing Allocations Policy. So far, the Council has had approximately 600 responses. However, a process has been set up for people to request a paper copy of the consultation due to the closure of the Council offices and libraries. The consultation will now close on the 20 July 2020.
- 9.33 The Council's partners continue to monitor the impact of COVID-19 on domestic abuse services, particularly now that lockdown restrictions are being lifted. At the start of the lockdown restrictions there was no increased demand calls to support services, however the Councils commissioned domestic abuse service are now starting to report increases in people accessing services. There does however remain ample capacity for refuge.

### **Adult Mental Health**

- 9.34 Over the past two months, there have been usual levels of safeguarding concerns being referred into the service. There are no significant increases in domestic abuse concerns being evidenced, and where they are raised, they are being progressed to safeguarding enquiries where appropriate.
- 9.35 The service has regular meetings with the community safety partnership, and with other safeguarding leads from health and the police. These forums provide local intelligence to the team about what is happening across Dorset, and to be aware of any changes e.g. rise in calls to domestic abuse services. There were some safeguarding concerns which were COVID-19 specific related to the use of PPE and following care plans by providers; however, this were largely seen at the beginning of the pandemic and has decreased.
- 9.36 The team have a weekly report of the numbers and types of concerns which are shared across the leadership team. The impact of the easing of lockdown and whether the service sees an increase in numbers and types of safeguarding concerns will be monitored.
- 9.37 At week ending 12th April we had 20 contacts to the AMHP service resulting in 16 mental health act assessments. The numbers of contacts rose dramatically over the ensuing weeks and by week ending 3<sup>rd</sup> May it was 70 contacts, 10<sup>th</sup> May 76 and by 31 May there were 109 contacts in the week resulting in 13 mental health act assessments. The majority of the contacts were for social care support or information and signposting and during this period there were 9 people needing safeguarding.

### **Adult Safeguarding**

- 9.38 The numbers of safeguarding concerns have steadily risen since May. As at 4 May, there were 66 concerns raised, of which 44 were progressed to a decision point and 6 to a S.41 enquiry. By 8 June, concerns had risen to 94 with 54 progressed to decision point and 17 progressed to a s.41 enquiry. The key themes have been 'Neglect and Acts of Omission (14), Physical Abuse (13) Psychological Abuse (10) and Domestic Abuse (9).

- 9.39 The hospital and locality teams continue to ensure timely discharges with a 'home first' approach adopted for all to avoid inappropriate placements to a residential setting. People requiring discharge to a residential setting are tested and will be accommodated for 14 days in isolation if required in a hospital setting, if there is capacity, otherwise the accommodation has been commissioned by the council.
- 9.40 Day Centre providers, other than Tricuro, support a further 180 people. Regular checks from these providers take place for people who use their services and their families, providing opportunities to raise concerns and share good practice. Carer needs are being reviewed to ensure they have appropriate support.
- 9.41 Since the closure of the day service provision, the 670 people who used Tricuro day services and 186 people who used private providers, are all continuing to receive regular calls and direct support.
- 9.42 The locality and specialist teams continue to review and assess people, remotely where that is appropriate and where a face to face meeting is needed (for example Safeguarding and Mental Capacity assessments) then the appropriate risk assessments are completed, and staff are issued with PPE.

#### **Shielding Cohort and Work with the Voluntary, Community and Social Enterprise Sector**

- 9.43 98.3% of the 16,037 Shielded People in Dorset are aged 18 and over, so there is a large role for Adult Services in the ongoing planning and delivery of support to these individuals. Over 91% of these people aren't previously known to the service, so even if only a small proportion of these people require support the additional strain on services would be significant. As with the wider Community Shield approach, focus is placed firmly on how community and volunteers can support a preventative approach to minimise the number of people who need a more formal support intervention and to avoid creating dependency.
- 9.44 For Adults, much of the focus has been on supporting proactive contact for Shielded people, in particular those that the Government Helpline have been unable to get hold of them. Work has been done to identify those already known to Adult Services and our Locality Teams have taken lead on contacting and supporting the 1,120 people within this group. To support this, officers have worked with colleagues to design and approve a pathway for contacting these people, including how to escalate to wellbeing visit in cases where contact can't be made and there are concerns.
- 9.45 Over the weekend of 30 and 31 May the Government Advice for Shielded People changed slightly, advising them that they could go outside with one other person if they so choose. This has led to some people contacting the council with anxiety about this, particularly since initial advice came in a formal letter whereas this update was announced through the media. To compound this, government have also asked GPs and clinicians to consider individuals who should be removed from the Shielded Person list, if their medical condition has improved and they are no longer extremely vulnerable. Unfortunately, SMS text messages were sent to these individuals before health professionals could contact them, and so this has also led to an increase in contacts from people anxious at the implications of

this. Preparations have been undertaken to address this and reminding people that there are people available to talk to and to help, shielded or not. Conversations with Voluntary Sector partners take been taking place about how support could be shifted to help people get back into general society and independence with confidence.

- 9.46 Calls to the COVID-19 helpline and responses to proactive calls made to Shielded People are starting to show a rising trend in people making contact for befriending, social contact, and to report carer strain. As time passes, this is expected to continue to rise, and work is underway to more formally record and analyse these issues. Carers Support Dorset have reported a 277% rise in the number of people self-referring for support. Work is ongoing to anticipate how this will develop and to ensure signposting to self-help and support for mental wellbeing and carer support are well communicated.
- 9.47 Work is ongoing to develop how shielded and other vulnerable people can be seen in terms of the strengths they have and the assets they can contribute back to their community. However, there is a risk that COVID-19 shielded people are seen in terms of their vulnerability and not in terms of support they might be able to offer to other people.
- 9.48 The role that the Voluntary, Community, and Social Enterprise Sector has taken has been crucial in the delivery of support to Shielded people, and their resilience, flexibility, and responsiveness has made the support for shielded people successful. Taking a one-council approach, colleagues are working across the authority and the sector to consider how community can be made more central to the Adult Services offer for vulnerable people. Volunteer capacity has risen significantly, and a recent survey of Volunteer organisations carried out by Help & Kindness, an ambitious project to bring together information about all kinds of help and support that are available to people living and working in Dorset, has identified that on average these groups expect 60% of this capacity to remain even once lockdown is fully lifted. A task for Dorset Council is to work with the sector to identify continued sense of purpose for these groups and to co-produce how we as a Local Authority will work with them in future. However, we also know from a recent Dorset Community Action survey that there is fragility in the sector, with 2/3rds of community organisations reporting that they will not be able to continue for a further 12 months without emergency funding. Co-production takes time when done properly, so we also need to think about how we create the space and resilience to allow the sector

### **Community Shield**

- 9.49 A multi-agency Community Shield group continues to coordinate the council's response to meeting the needs of extremely clinically vulnerable to COVID-19 who have been asked to shield. There are currently just over 16,000 shielded residents in Dorset, with over 1,643, who have previously been shielded during this time period. A small proportion of these people are known to children's (1.8%) and adult's services (5.5%) indicating that this is a group of people that in normal times live without support needs from the council.
- 9.50 The Ministry of Housing and Local Government (MHCLG) oversees the national programme and determines the requirements of local councils and directs how information can be used. Some elements of the shielding programme are

- coordinated at a national level and the rest locally. The national support offer includes delivery of weekly food parcels and access to priority delivery slots for online shopping.
- 9.51 The local support offer includes provision of information, advice and guidance; urgent deliveries of food and medicine; support from volunteers to pick up shopping, or medicine; peer support or befriending; and access to social care or mental health services. It is supported by a range of church, community and neighbourhood support groups as well as by Age UK, Volunteer Centre Dorset and Help and Kindness, who have been mapping and publishing local places to get help and support. Our colleague town and parish councils have also been providing local support.
- 9.52 There has been a significant amount of written, email and social media communication to inform residents how they can ask for help if the need it or offer help and support themselves. This has included a letter to the homes of all shielded residents and an email newsletter for ongoing communication. This has resulted in:
- a) 2,057 enquiries to the council's COVID-19 helpline and contact centre
  - b) 6,855 enquiries to Age UK
  - c) 1,801 enquiries to Volunteer Centre Dorset
- 9.53 To date over 9,000 of the shielded group have registered with the national programme and 4,532 have stated they needed support from the council and partners to access essential care or supplies. We have contacted all these people to undertake an assessment of their needs and continue to receive additional data feeds daily. Support to these residents has included:
- a) 17021 successful food parcel deliveries from the national shielded programme
  - b) 965 food parcel deliveries from the council, 528 were urgent
  - c) Signposting to local support organisations and businesses
  - d) Help with registering and deregistering on the government website
  - e) Keeping in touch and befriending calls made by Dorset Council staff and volunteers
  - f) Volunteers matched to shielded and non-shielded residents to help them with food/medicine collection
  - g) Increased care and support offered from council and partners
- 9.54 As well as direct support to vulnerable residents, the community shield group has developed a new online system for coordinating support, with an additional safeguarding pathway, developed a performance reporting dashboard, and developed a library of resources to support residents, volunteers and local providers.
- 9.55 Community has been essential to Dorset's response to shielded people. The flexibility, responsiveness, resilience, and collaboration of our Voluntary, Community, and Social Enterprise (VCSE) Sector has been inspiring and council officers have been able to focus effort and resources on shielded people because of the extent and quality of local neighbourhood responses led by local ward members and town and parish councils for their local communities. Improving integration with local neighbourhood and community responses is a priority for the Community Shield programme going forward as well as understanding the

impact of COVID-19 on the VCSE sector. Although volunteer capacity is at an all-time high, there are concerns about sustainability from some organisations.

- 9.56 The next steps for Community Shield are to plan for the medium to long-term support requirements for shielded people and other vulnerable groups, with particular focus on emotional wellbeing and mental health of residents; food security and support to volunteers and carers.

### **Schools**

- 9.57 The majority of Early Years settings have been able to be open since 1 June and the council has been supporting settings with daily advice. A very small number of settings are struggling with their finances these are being reviewed on a case by case basis, exploring the options for individual support packages.
- 9.58 A subset of 30+ school leaders meet with officers on a bi-weekly basis, discussing a single county response to issues as they arise. Thus far, work has focussed on free school meals, support for school leaders, work with vulnerable children and arrangements for expanding the numbers of children in schools. These sessions have included support from Public Health and HR. All Dorset schools have been open through the period. All children will now not return to schools until at least September following the Secretary of State announcement on Tuesday 9 June.
- 9.59 Primary schools are now open for children in Reception, Year 1 and Year 6 following extensive planning and risk assessment. This has been supported at an individual level and more widely. Those who have capacity will be able to open to more children in the next few weeks and we will support this with school leaders.
- 9.60 Secondary and upper schools are planning for some face to face contact with students in Years 10 and 12 before the end of term.
- 9.61 First, Infant and Middle Schools have been asked to be able to open for Years 2, 4 and 8 to support transition work. This will be facilitated by the DFE announcement of schools with capacity being able to open for more children and the council are working with them on their risk assessment for this.
- 9.62 The council have been able to maintain very good working relationships with unions throughout the period of COVID-19. They have been supportive of staff and leaders in schools and have worked collaboratively.
- 9.63 Statutory work around special needs education, Health and Care Plans has continued. Whilst some assessment activity has been taking longer, timeliness in processing applications and reviews has been good.
- 9.64 School and SEN transport remains a challenge during rapid change of requirements around social distancing. Work continues on planning for wider opening of schools this term and in September which may have cost implications.

### **Safeguarding Children and Young People**

- 9.65 Safeguarding arrangements continue to be a focus during the pandemic with no changes to the statutory requirements for child protection

- conferences or looked after children. Staffing levels are good and face-to face visits to children continue where it is deemed safe for employees during this difficult time. This has remained unchanged throughout the period of COVID-19.
- 9.66 The number of contacts to Children's Services has increased and the conversion rate has increased, this means that an increased number of children and families are passing through to the locality teams for assessment. The themes are domestic violence, mental health of both adults and children, adolescent self-harm and parental substance misuse.
- 9.67 Arrangements for Child Protection Conferences have continued using conference calls. All statutory agencies are expected to continue their involvement, and the police have provided reports as usual so that the Child Protection Chair is able to make an informed decision. Case conference quoracy has been maintained with partners and extraordinary measures for quorate conferences have been put in place, where a decision is needed to safeguard children.
- 9.68 The number of children subject to a Child Protection Plan has fallen from 293 to 289 as at 10 June 2020.
- 9.69 Our responsibility to review looked after children is being maintained with a combination of virtual and actual visits and reviews. Decisions on direct face to face meetings with the child are being managed on an individualised basis. In addition to Reviews in the week and preparation for up and coming reviews, Independent Reviewing Officers continue to make additional contact with young people who are placed out of county and young people who are living in semi-independent accommodation.
- 9.70 The number of children who are looked after has increased from 473 to 483 over the same period. This includes those who turn 18 and become adults and those new entrants to the care system. We have continued to admit children into care in this period. The increase in the numbers of Looked after Children are placing the placement system under considerable pressure.
- 9.71 COVID-19 has caused a contraction in the placement provider markets and suitable placements have been harder to source and are also more expensive. Internal foster care placements have been restricted due to shielding, however, placement stability has remained relatively unchanged and has improved in some cases.
- 9.72 A small number of young people are awaiting a match to a suitable placement. A new [Foster for Dorset recruitment campaign](#) has been launched and new assessments are continuing within social distancing frameworks, there has been an increase in applications to foster but also an increase in applications to adopt via Aspire, the regional adoption agency.
- 9.73 All care leavers continue to receive support from their Personal Advisor (PA), through phone calls asking what the PA can do to support them e.g.

shopping, medicine, but also to ensure they get medical advice if they need it.

- 9.74 The pan-Dorset Children’s Safeguarding Partnership retains its statutory function and new working arrangements are being developed through this period, prioritising key current issues, such as concerns about the increased risk of domestic abuse. Weekly operational and strategic meetings are in place to ensure a robust and co-ordinated response to support vulnerable children and families.

The challenges this crisis has placed on families is recognised and the council is a partner to a local campaign on domestic abuse [#youarenotalone](#) and are supporting children and families for whom this is a reality.

- 9.75 There have not been significant pressures in respect of workforce. Permanent posts within children’s social care have continued to be recruited to, and both newly qualified and experienced social workers will be joining the council in September.

### **Safe Open Spaces**

- 9.76 May and June saw several incidents across Dorset following a long spell of warm and dry weather. Each of these incidents required a coordinated response from the council along with partners across the Local Resilience Forum (LRF).

- a) Fire at Wareham forest

During the weekend of 16 May, a heathland fire broke out in Wareham Forest which required a multi-agency response and a significant area of the forest was destroyed. Further fires flared up during the 3 weeks following this and significant public messaging was shared to discourage residents and visitors from using BBQs within woods and forests. These incidents have been responded to as concurrent major incidents alongside the response to COVID-19.

- b) Fires caused by out of control bonfires and barbeques

Throughout May there was an increase in the number of fires caused by barbeques and bonfires during a spell of dry weather. On 15 May, the fire Service were called to 18 fires caused by disposable barbeques and unattended bonfires. This has been compounded by the surge of visitors to Dorset and the concurrent heathland fire in Wareham Forest. Multi-agency public messaging continues to be shared to discourage people from having bonfires and using disposable barbeques, and Dorset Council have added signs to prohibit barbeques and fires in wooded areas. A separate report is included on this Cabinet agenda.

- c) Significant influx of local people and visitors from out of county to Dorset

A major incident was declared at Durdle Door, Lulworth over the weekend of 30 May, following incidents of people jumping from the top of Durdle Door and sustaining significant injuries. On that day, there was an estimated 9000 people on the beach and on the cliff, however due to the change in the national lockdown rules, Police no longer had powers to prevent people from travelling to Dorset.

A joined up communications campaign was run asking people to “Think Twice, is it safe? Is it fair?” to reduce the number of visitors. Cllr. Spencer

Flower, Leader of the Council wrote to the Prime Minister, Boris Johnson, and all Dorset MPs on 1 June requesting a review of the unrestricted travel guidelines. A response has not yet been received.

On 5 June, representatives from the council, Police, Lulworth Estate and the South West Ambulance Trust agreed a joined up approach to manage future visitor numbers through a pre-booked car parking scheme and for marshals to be on site to warn people of the dangers of tombstoning and to encourage visitors to take their litter home.

- d) Hazardous parking on roads and overwhelming of car parks  
 During May there were several incidents of irresponsible parking on roads and of car parks being overwhelmed. This was a particular problem in Lulworth and in West Bexington where the decision was taken on more than one occasion to close the car parks and roads in response to major incidents. Traffic management measures were introduced from 6 June including an increase in marshalling and civil enforcement officers to issue fines to people who park illegally and dangerously.

### **Financial Support to Local Businesses**

- 9.77 Dorset Council continues to distribute grants to qualifying businesses and as at 12 June the council has made 8,450 grant payments to businesses in the Dorset Council area. These payments total £100.7m.
- 9.78 Further to the business grants distributed by Dorset Council on behalf of the government, a secondary scheme was announced in the form of a £6m discretionary grant fund for Dorset. The funding is designed to help small businesses which did not meet the criteria for the first round of funding which targeted Small Businesses in the Retail, Hospitality and Leisure sector. Applications were invited from qualifying businesses from 1 - 14 June. In total, 2,126 applications were received and payment will be made to successful applications in late June and early July.

### **Financial Implications for the Council**

- 9.79 The latest modelling indicates that the Council's response to COVID-19 will create a budget gap of £60m. Government has already provided additional non-ringfenced funding of £21.1m, which means that Dorset Council's forecast overspend is approximately £38.9m (13%).

	£'m	Notes
Estimated lost Income	28	Council Tax, Business Rates, car parking and other commercial income
Additional Expenditure	26	Adults & Children's social care buying more care placements at a higher price, PPE, chilled storage for excess deaths and staffing costs
Transformation and other Efficiencies not achieved	6	Management and change capacity has been refocused on responding with the COVID-19 crisis
<b>Total</b>	<b>60</b>	

- 9.80 It is anticipated that the majority of the £60m will be incurred in the first 4 months of the financial year, meaning that the budget gap is currently increasing at the rate of £15m per month.
- 9.81 The long term cost pressures faced by the Council are of real concern. The Council has made a time limited increase to the price it pays for Adult Care of 10% as instructed by MHCLG. The cost of this increase is initially being funded from the £21.1m allocated by Government. However, if this price increase were to be sustained beyond the immediacy of the COVID-19 crisis, the budget pressure would equate to a 4% increase on residents' annual council tax bills alone.
- 9.82 Dorset Council's 2020-21 budget included reserves of £28m and this is being used to underpin the council's financial position. The council will continue to meet its obligations but, like all councils in the country, is reliant on continued government financial support to ensure its viability in the medium term.
- 9.83 In addition to the non-ringfenced funding, the council has received ring-fenced funding of:
- £1.3m 'test and trace' funding to contribute to the costs incurred in relation to the mitigation and management of local outbreaks of COVID-19
  - £0.3m to support the recovery of the high street
- 9.84 The council is also administering the distribution of grant funding on behalf of government. The costs of administration are being met by the council. The two grants are:
- £133.8m of grants to local businesses in the retail, hospitality and leisure sectors
  - £5.1m of funding to the local care sector to contribute to the increased costs of infection control

## **10 Recovery Strategy and Plan**

- 10.1 As referenced in the previous report to Cabinet on 5 May, the Dorset LRF Recovery Coordinating Group (RCG) is now established and is chaired by John Sellgren, Executive Director for Place. It has, according to the national LRF framework and guidance, produced its strategy setting out the aims and objectives for recovery in Dorset, and is now developing the multi-agency groups and action plans that will deliver these aims.
- 10.2 The RCG has taken the deliberate approach to be agile and dynamic, taking on board lessons learnt, experience and emerging policy as it develops. This is necessary because so much is unknown about how long the response phase will last and how recovery will develop at a national and local level.
- 10.3 The accepted definition of Recovery in LRF terms is the process of rebuilding, restoring and rehabilitating following an emergency and the plan to get back to 'normal' community functioning. However, it is also an opportunity to improve, and Reset for communities and organisations, making the most of the opportunities presented by the disruption and subsequent ways of working to create a new normal that aligns with and informs existing longer term strategic goals.

- 10.4 The published overarching aim of the RCG is that “after COVID-19 Dorset communities will be more cohesive, resilient and sustainable, and Dorset will remain a safe, vibrant and beautiful place to live, work and visit.
- 10.5 Having addressed the unprecedented impacts of the Coronavirus (COVID-19) through highly successful partnership and community cooperation, the aim of the recovery work is to define and achieve a new state of normality while living with COVID-19.
- 10.6 This new state of normality will have captured the lessons from the response phase and embedded them into our culture of empowered community focus, supported by effective partnership working across all sectors; public, private and voluntary.”
- 10.7 The RCG has created a set of sub groups which will develop detailed actions plans and deliver the work required, with the RCG overseeing overall progress, and in turn reporting into central government and regional recovery structures.
- 10.8 The sub groups established are; Welfare, Community, Economy, Environment, Communications & Engagement, and Information & Learning. Dorset Council officers are involved in all of these groups as a key member of the RCG.
- 10.9 The RCG does not replace individual agency recovery plans for their own organisations, instead there should be alignment of strategic objectives, which in turn should fit with the existing long term priorities for Dorset.
- 10.10 The Senior Leadership Team has therefore initiated work to develop the recovery plan for Dorset Council. On the one hand it will align with the RCG work focused on supporting Dorset’s communities in recovering from the effects of COVID-19, and on the other hand, it is the first of three stages for Dorset Council, as set out in the diagram below.

**Recovery**

A process which allows the organisation to attain its proper level of functioning



**Reset**

A process for adjusting to the current circumstances



**Transformation**

A shift in the business culture of an organisation resulting from a change in the underlying strategy and processes



- 10.11 An Executive Advisory Panel has been established to guide the officers’ work on recovery. This panel will consider plans, monitor implementation and ensure the work is completed to achieve normal operations. Like the RCG, the EAP will focus on the following workstreams, Community, Economy, Workforce, Partnerships,

Learning. Progress of the work on recovery will be reported back to Cabinet in future reports.

## **11 Organisational reset**

- 11.1 Dorset Council is using the term organisational reset to describe the activities it is undertaking or has undertaken to comply with COVID-19 guidelines and regulations with regard to workspaces for staff and when reopening public facing services in line with easing of lockdown restrictions.
- 11.2 Work is well underway to prepare COVID-19 secure workspaces for the very small number of people who cannot work from home. Complying with these guidelines means implementing many changes, one example is that desks have to be allocated to an individual and cannot be shared or used as hot desks.
- 11.3 The vast majority of “pre-COVID office-based staff” approximately 2,500 are working out of their homes now daily. A process for distributing ICT and other equipment to support good home working practices has been put in place and requests for a monitor, mouse etc are being fulfilled.
- 11.4 Organisational reset is about processes and procedures to support staff and the public while we live with COVID-19. Having redeployed many staff into new roles to support additional or extended service provision, the council is now examining ways to maintain new digital service offerings implemented during lockdown alongside traditional service offers, whilst at the same time recognising that more resources are needed to operate services in COVID-19 compliant ways.
- 11.5 Updates from the transformation board about organisational reset will be reported back to Cabinet at future meetings.

## **12 Transformation**

- 12.1 Before the pandemic, several transformation fund bids had successfully proceeded through gateway 1 and 2 and therefore had allocated funding to support their progress and deliver revenue savings. Progress with these projects such as the planning system convergence and others have continued and broadly remain on track.
- 12.2 During COVID-19, no new bids to the transformation fund have been progressed rather, the change team have been supporting the many transformations the council has undertaken to respond to the pandemic and support the communities of Dorset by providing alternative service offerings. Some examples of these are the creation of Skype video rooms to support the family courts process and the digitisation of many paper-based services.
- 12.3 The transformation board has been overseeing work within organisational reset and are beginning to examine how the council evolves from the COVID-19 response, rather than merely just return to a pre-COVID state. There is a huge opportunity to learn and build on the changes that have been made and over the coming weeks the original transformation plan agreed at Cabinet in November 2019 will be reviewed to check it is ambitious enough given the huge changes the organisation has undergone in the past 3 months. The output of this work will be brought back to Cabinet at a future meeting.

### **13 Update on delegated decisions**

- 13.1 Between 16 March 2020 and 20 April 2020 as part of the Council's response to the COVID-19 pandemic officers took 32 urgent or emergency key decisions. These key decisions, along with other decisions not amounting to key decisions, were recorded in decision logs.
- 13.2 These 32 key decisions were published on the [Dorset Council website](#) and were reviewed at the [Resources Overview and Scrutiny Committee](#) on 2 June.
- 13.3 Between 21 April 2020 and 10 June 2020, a further 10 delegated decisions were taken and have been published on the [Dorset Council website](#) in accordance with the Constitution. These were in relation to:
- a) Closure of all public toilets
  - b) Implementation of DfE guidance
  - c) Reopening of household recycling centres
  - d) Coordination of schools and educational settings
  - e) Enforcement of the public space protection order on beaches
  - f) Reopening of some beach car parks
  - g) Reopening of public toilets
  - h) Closure of the two care hotels
  - i) Road closures at Durdle Door
  - j) Road closures at West Bexington.

### **14 Equality Impact Assessment**

- 14.1 Equality implications of decisions taken as part of the emergency response have been considered for each decision and an equality impact assessment has been undertaken where a planned change was implemented to how a service is delivered. Completed EQIAs are published on the [Dorset Council website](#). Further detail on this is available in the separate equalities report on today's agenda.
- 14.2 In the case of urgent decisions taken in an emergency situation, such as the challenges at Durdle Door requiring immediate road closures, a full equality impact assessment was appropriately not completed. Instead, consideration of the implications were recorded as a part of the delegated decision taken during the emergency. Further detail on this is available in the separate equalities report on today's agenda.

#### **Footnote:**

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