

## **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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