Notice of Health and Adult Social Care Overview and Scrutiny Panel meeting

Thursday 26 July 2018 at 6.30pm

HMS Phoebe Committee Room, Town Hall, Bournemouth

Panel Members:
Councillor David d’Orton-Gibson – Chairman
Councillor Jackie Edwards – Vice-Chairman
Councillor Laurence Fear
Councillor Susan Phillips
Councillor Gill Seymour
Councillor Philip Stanley-Watts
Councillor Rae Stollard
Councillor Michael Weinhonig
Councillor Kieron Wilson

All Members of the Panel are summoned to attend this meeting to consider the items of business set out on the agenda at pages 3 to 5 below.

The Public, press and any Councillor are welcome to attend this meeting.

All Members of the Panel are summoned to attend an information session on ‘New iCMS System - MOSAIC’ at 5.30 pm before the meeting.

For further information please contact: Claire Johnston, Senior Democratic and Overview and Scrutiny Officer, Legal and Democratic, Town Hall, Bourne Avenue, Bournemouth BH2 6DY. Tel: 01202 454627 E-Mail: Claire.johnston@bournemouth.gov.uk
Public involvement

The Council welcomes members of the public to contribute to the meeting:

1 by asking to speak on an agenda item or a community issue as a ‘Deputation’; or

2 by asking a public question - any member of the public whose name appears on the Electoral Roll for Bournemouth - which includes a person under the age of 16 years living in Bournemouth and who is escorted by a qualifying adult; or

3 by presenting a petition in relation to items on the agenda.

A request to speak as a deputation, ask a question or present a petition must be sent in writing or email to Claire Johnston at the address shown on page 1 by no later than 6.30pm on Wednesday 25 July 2018.

Further information is available on the Council’s web site: http://www.bournemouth.gov.uk/CouncilDemocratic/GetInvolvedHaveyoursay/PetitionsDeputations.aspx

A hearing loop system is provided in the meeting room. There is disabled access to the building. Councillors and visitors with particular needs are advised to inform the Council before arriving at the meeting.

This agenda together with records of decisions and reports are available on the Council’s web site at http://www.bournemouth.gov.uk/CouncilDemocratic/CouncilMeetings/CommitteesPanels/HealthandAdultSocialCareOverviewScrutinyPanel.aspx

Audio recording and filming

This meeting may be audio recorded by the Council for subsequent publication on the Council’s Website. Anyone may audio record, film, take photographs and/or use social media such as tweeting and blogging when this meeting is open to the public. Anyone wishing to record this meeting in anyway must do so in accordance with Council Procedure Rule 108 and the Council’s protocol for filming and audio recording at public meetings and the Public Notice on Filming and Recording Meetings which can be found using the following link: http://www.bournemouth.gov.uk/CouncilDemocratic/CouncilMeetings/FilmingCouncilMeetings.aspx
Agenda

Items to be considered while the meeting is open to the public

1. **Apologies**

2. **Substitute Members**

   The Democratic Services Officer will report on any changes in the membership of the Panel under Procedure Rule 89.

3. **Declarations of interest**

   Members are asked to declare in accordance with Procedure Rule 5:

   a. any disclosable pecuniary interests in any item under consideration at the meeting as required by the Localism Act 2011;
   b. any memberships of outside bodies where such membership involves a position of control or significant influence on the organisation concerned;

   Members are also asked to state fully the nature of the interest(s). If any member has a query on any particular matter, please contact the Democratic Services Officer in advance of the meeting.

4. **Confirmation of Minutes**

   a. To confirm the minutes of the Health and Adult Social Care Overview and Scrutiny Panel meeting held on 22 May 2018, available to view on the Council’s website at the following link:-

   https://www.bournemouth.gov.uk/councildemocratic/CouncilMeetings/CommitteeMeetings/healthandadultsocialcareoverviewandscrutinypanel/2018/05/22/minutes/180522.pdf

   b. To consider the Panel’s action sheet, circulated at ‘4b’.

5. **Public items**

   a. **Public Questions**

      The Democratic Services Officer will report on any public questions received by the notice deadline.

   b. **Deputations**
The Democratic Services Officer will report on any deputation requests received by the notice deadline.

c **Petitions**

The Democratic Services Officer will report on any petitions received by the notice deadline.

6 **Dorset Clinical Commissioning Group – New Integrated Care System**

To consider a report and presentation by the Deputy Director, Integrated Care Development, circulated at ‘6’.

7 **Cabinet Member Updates and Questions**

Portfolio Holders will provide the Panel with an overview of current priorities, pressures and Cabinet Forward Plan items.

8 **Information Circulated Between Meetings**

The following reports and information items were considered by Members since the last meeting of the Panel.

- Dorset Clinical Commissioning Group – Dementia Services Review
- Redesign of the Social Care Out of Hours Service
- Impact of Alcohol on Bournemouth
- South Orthodontic Procurement Update
- Local Government and Social Care Ombudsman – Capping of Personal Budgets under Care Act

Links to the associated background documents, a copy of the questions and comments raised by Members and corresponding answers in relation to this item are circulated at item ‘8’.

Members will be asked to confirm whether further scrutiny is required on these items and the agreed method for this to take place.

9 **Final Report of the Older People’s Care Home Market Working Party**

To consider the final report, circulated at ‘9’.
10  **Forward Plan 2018/19**

To review the Panel’s forward plan as at July 2018 – circulated at ’10’.

11  **Any other business** – of which notice has been received before the meeting and by reason of special circumstances, which shall be specified in the record of decisions, the Chair is of the opinion that the items should be considered as a matter of urgency.
**Recommendation:**

1. That the Panel considers and updates the action plan as appropriate

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<tr>
<th>Minute number</th>
<th>Item</th>
<th>Action*</th>
<th>Outcome and Benefit</th>
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<td>*Items remain until action completed.</td>
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**Actions arising from Panel meeting: 22 June 2017**

| 43. | Actions Arising | Service Manager, Gateway and Enablement Services to consider the opportunity for a Panel Member to attend a multi-agency meeting on delayed transfers of care. | Councillors Rae Stollard and Kieron Wilson nominated to attend. Update to be provided in July 2018 if this has taken place. |

**Actions arising from Panel meeting: 22 November 2017**

<p>| 84  | Adult Social Care Compliments and Complaints Annual Report 2016/17 | Further detail on the level of Ombudsman awards over an extended period to be provided to the Panel | Service Director to follow up after January 2018 meeting. |
|     |                                                              | A one page executive summary on what has been learnt and what changes have been made in | Service Director to follow up after January 2018 meeting. |</p>
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<thead>
<tr>
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<td>*Items remain until action completed.</td>
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<td>response to complaints to be provided to the Panel.</td>
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<td></td>
<td></td>
<td>The Service Director for Community, Learning and Commissioning to follow up on the reason for the gender divide in complainants.</td>
<td>Service Director to follow up after January 2018 meeting.</td>
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<td><strong>Actions arising from Panel meeting: 29 January 2018</strong></td>
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<td>10</td>
<td><strong>Forward Plan</strong></td>
<td>Report to be requested for future Panel meeting from Dorset CCG on new accountable care system.</td>
<td>Item being brought forward for July O&amp;S Panel meeting.</td>
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<td><strong>Actions arising from Panel meeting: 22 March 2018</strong></td>
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<tr>
<td>19</td>
<td><strong>Adult Social Care – Charging Structure</strong></td>
<td>Officers to supply more detailed data in relation to the actual figures to be paid by service users, in addition to just the change in cost.</td>
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<td>22</td>
<td><strong>Impact of Alcohol on Bournemouth – Accident and</strong></td>
<td>A briefing paper to be produced to address initial findings for consideration by the Panel.</td>
<td>Report circulated to Members between May and July meetings.</td>
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<td>Emergency Implications</td>
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**Actions arising from Panel meeting: 22 May 2018**

| 30 | Corporate Wellness in Bournemouth – Discussion Item | Council to consider opportunities with Richard Davies for any pilots that could be taken forward for a particular department. | Contact has been made with Richard Davies by Community Learning and Commissioning. |
| 30 | Corporate Wellness in Bournemouth – Discussion Item | Public Health to update on progress made with improving corporate wellness at the next appropriate opportunity. | |
| 32 | The Big Plan 2018-2021 | Service Director, Community Learning and Commissioning and Principal Officer, Joint Commissioning to engage with Local Plan Reviews – to consider opportunities for facilities in new private and public schemes. | |
**Health and Adult Social Care Overview and Scrutiny Panel**

<table>
<thead>
<tr>
<th>Date of meeting</th>
<th>26 July 2018</th>
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<tbody>
<tr>
<td>Paper date</td>
<td>06/07/2018</td>
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<tr>
<td>Paper author</td>
<td>NHS Dorset CCG</td>
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<tr>
<td>Subject of report</td>
<td>Dorset Integrated Care System (ICS)</td>
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<tr>
<td>Executive summary</td>
<td>This report is to update members of the Committee on the progress of the Dorset Integrated Care System (ICS) and Sustainability and Transformation Plan (STP) - to highlight the key work streams of the plan, the governance of the oversight and progress thus far with implementation of the plan.</td>
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<tr>
<td>Recommendation</td>
<td>The Panel is asked consider and comment on the contents of this report.</td>
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<tr>
<td>Reason for recommendation</td>
<td>This paper is presented for information purposes.</td>
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<tr>
<td>Background papers</td>
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<tr>
<td>Appendices</td>
<td>1. ICS Presentation</td>
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</table>
1. **BACKGROUND/INFORMATION**

2. The ICS (integrated care system) – formerly known as an accountable care system (ACS) until the name was changed nationally – take the lead in planning and commissioning (in other words, buying) care for their populations and providing system leadership.

Local Authorities and NHS working in partnership; it aims to align/integrate health and care planning and delivery around population outcomes that are meaningful locally.

The Evolution of an ICS:

The Kings Fund describe an ICS as:

“*Integrated care happens when NHS organisations work together to meet the needs of their local population. Some forms of integrated care involve local authorities and the third sector in working towards these objectives alongside NHS organisations. The most ambitious forms of integrated care aim to improve population health by tackling the causes of illness and the wider determinants of health.*” *(Kings Fund)*

An ICS is a system where the organisational and corporate infrastructure supports rather than frustrates the delivery of integrated services to improve outcomes.

An ICS enable the conditions that better allow us to collectively deliver the best health and care outcomes through:

- integrated planning;
- shared system-wide population outcomes;
• integrated and better co-ordinated service provision;
• supported by the right infrastructure;
• workforce;
• digital and innovation;
• governance, quality surveillance, finance and contracting.

2.1 Characteristics of a successful ICS

2.2 ICS Partners in Dorset
Dorset is one of only ten systems nationally recognised by the NHS as leading the way in developing an integrated care system. We have been operating as an ICS in ‘shadow’ form since summer of 2017. We are making good progress towards acting as a more integrated care system.

In Dorset nine public sector organisations make up the ICS:
There is a framework for partners to work together supported by a governance structure:

- System Leadership Team
- System Partnership Board
- Portfolio and programme boards
- Implementation group
- Reference groups.

In Dorset, the changes to neighbourhoods, place, local hospital and community services are a key part of the way we will deliver these exciting and important changes to health and care services.

2.3 ICS Memorandum of Understanding

A ‘Memorandum of Understanding’ (MOU) sets out the agreement between the Dorset system, NHS England and NHS Improvement on what needs to be achieved.

The MOU describes Our Dorset’s main objectives:

- to integrate services and funding over the ICS defined population;
- to make rapid progress in urgent and emergency care reform, strengthen general practice and improving mental health and cancer services;
- to manage within a system financial control total and maximise efficiencies;
- to act as a leadership cohort for subsequent ICS sites, demonstrating what can be achieved within increased freedom and flexibilities.
2.4 Sustainability and Transformation Plan

The Sustainability and Transformation Plan explains how we will implement wider transformation plans including the NHS CSR decisions.

2.5 There are five enabling portfolios within the plan which are progressing at varying pace across the system:

- One Acute Network
  - Providing dedicated specialist hospitals for emergency and planned care
  - Maternity
  - Cancer services.

- Integrated Community and Primary Care Services
  - Providing more services in community hubs closer to people’s homes
  - Developing integrated teams
  - Improving access to GP services.

- Prevention at Scale
  - Starting well
  - Living well
  - Ageing well
  - Healthy places.

- Digitally Transformed Dorset
  - Dorset Care Record
  - Making better use of data
  - Independent self-care.

- Leading and Working Differently
  - Recruitment and retention of staff
  - Developing leaders/staff
  - Supporting staff through change
  - Workforce planning.

3. PROGRESS/PORTFOLIO HIGHLIGHTS

3.1 One Acute Network

We have passed through Stage 1 of the NHS Improvement (NHSI) transaction process (the Strategic Review). We are now officially in the Business Stage of the process, which means closer joint working with NHSI, as they work with us to review this transaction.

The Poole Hospital and Royal Bournemouth Hospital merger case is being drafted and financial modelling is underway.
The two Trusts have now agreed a timetable for merger subject to the agreement of the Competition and Markets Authority (CMA) and NHS Improvement.

Staff briefings have been taking place. Staff will be engaged in the development of the estates plans, and as these begin to take shape, we shall become clearer as to the future arrangements for the two sites.

3.2 Integrated Community and Primary Care Services
Community hub Outline Business Cases are being produced by Dorset Healthcare.

Primary care workforce mapping and transition planning has been undertaken in each locality and shared with local teams for validation.

3.3 Prevention at Scale
An integrated Children’s Centre / Health Visitor pathway has been agreed and implementation planning is now underway.

The new LiveWell Dorset website is live.

3.4 Digitally Transformed Dorset
The Dorset Care Record is now live and continues to expand its user base.

We are developing the underlying infrastructures needed to support changes needed.

3.5 Leading and Working Differently
A stocktake took place at the February the Dorset Workforce Action Board (DWAB) in order to refocus the purpose and commitment and how we plan to work together and align work streams.

The mental health workforce expansion plan to deliver the five-year forward view is currently being assured by Health Education England and NHS England.

3.6 Timescales
It is a rolling five-year plan:
• Designed by the system partners
• Focused on agreed priorities
• Critical role for Local Authorities
• Wider determinants of care
• Different aspects will be introduced at different times.

4. RISK MANAGEMENT IMPLICATIONS

4.1 The STP has a live risk register which is overseen by the Senior Leadership Team.
5. **EQUALITIES IMPLICATIONS**

5.1 Equality Impact Assessment have been undertaken, and are continually being amended, for each area of the plan. These are available to view separately if requested.

6. **CONCLUSIONS**

10.1 The Committee is asked to note the large scale of the plan and the progress so far.
Dorset Integrated Care System

Sally Banister
Deputy Director: Integrated Care Development,
NHS Dorset CCG

Integrated Care System?

- Take the lead in planning, commissioning and delivering care for our population
- Providing system leadership
- Local Authorities and NHS working in partnership
- Dorset is one of only ten systems nationally recognised by the NHS as leading the way in developing an integrated care system.
Integrated care system?

• Aims to align/integrate health and care planning and delivery around population outcomes that are meaningful locally
• More control of NHS national funding and access to additional funds over the next four years to support transformation programmes
• Fast-track improvements e.g. social care, A&E, quicker GP appointments, better access to high quality cancer and mental health services.

ICS Partners in Dorset
ICS for Dorset

- Dorset is one of ten areas to become an ‘integrated care system’ (ICS)
- We have been an ICS in ‘shadow’ form since summer of 2017
- We are making good progress towards acting as a more integrated care system
- Delivery of the STP
- The changes to neighbourhoods, place, local hospital and community services are a key part of the way we will deliver these exciting and important changes to health and care services.

Memorandum of Understanding

MOU with the NHS describes our main objectives:
- to integrate services and funding over the ICS defined population
- to make rapid progress in urgent and emergency care reform, strengthen general practice and improving mental health and cancer services
- to manage within a system financial control total and maximise efficiencies
- to act as a leadership cohort for subsequent ICS sites, demonstrating what can be achieved within increased freedom and flexibilities.
Implementing transformation plans

The Sustainability and Transformation Plan explains how we will implement wider transformation plans including the NHS CSR decisions.
The bigger picture

3 national gaps:
- Health and wellbeing
- Care and quality
- Finance and efficiency

In Dorset, addressed by five portfolios:
- Acute hospital care (One Acute Network)
- Integrated community and primary care services
- Prevention
- Digital
- Working and leading differently

Our programmes

Under each of the portfolios sit a number of programmes, e.g.:

**Integrated community and primary care services:**
- Providing more services in community hubs closer to people’s homes
- Developing integrated teams
- Improving access to GP services

**One Acute Network:**
- Providing dedicated specialist hospitals for emergency and planned care
- Maternity
- Cancer services
Our programmes

Prevention (at scale)
- Starting well
- Living well
- Ageing well
- Healthy places

Digital
- Dorset Care Record
- Making better use of data
- Independent self-care

Leading and working differently
- Recruitment and retention of staff
- Developing leaders/staff
- Supporting staff through change
- Workforce planning

Portfolio Progress highlights

One Acute Network
Poole Hospital and Royal Bournemouth Hospital merger:
- We have passed Stage 1 of the NHS Improvement transaction process and we are now in the Business stage of the process
- Poole Hospital and Royal Bournemouth Hospital merger case is being drafted
- Financial modelling is underway
- The two Trusts have now agreed a timetable for merger subject to the agreement of the Competition and Markets Authority (CMA) and NHS Improvement
- Staff briefings have been taking place at Poole and Bournemouth Hospital and are being well attended.
Portfolio Progress highlights

**Integrated community and primary care services**
- Community hub Outline Business Cases being produced by Dorset Healthcare
- Primary care workforce mapping and transition planning has been undertaken in each locality.

**Digitally transformed Dorset**
- The Dorset Care Record is now live and continues to expand its user base
- Developing the underlying infrastructures needed to support changes needed.

Portfolio Progress highlights

**Prevention at Scale**
- An integrated Children’s Centre / Health Visitor pathway has been agreed and implementation planning is now underway
- New LiveWell Dorset website is live.

**Leading and working differently**
- A stocktake took place at the February the Dorset Workforce Action Board (DWAB) in order to refocus the purpose and commitment and how we plan to work together and align work streams
- The mental health workforce expansion plan to deliver the five-year forward view is currently being assured by Health Education England and NHS England.
Timescales – closing the three gaps

Rolling five-year plan

- Designed by the system partners
- Focused on agreed priorities
- Critical role for Local Authorities
- Wider determinants of care
- Different aspects will be introduced at different times.
The following reports and information items were considered between the May and July 2018 meetings:

a. [Dorset Clinical Commissioning Group – Dementia Services Review](#)
b. [Redesign of the Social Care Out of Hours Service](#)
c. [Impact of Alcohol on Bournemouth](#)
d. [South Orthodontic Procurement Update](#)
e. [Local Government and Social Care Ombudsman – Capping of Personal Budgets Under Care Act](#)

Questions, comments and answers are attached overleaf.

Recommendation:

The Panel is asked to consider whether any further scrutiny is required on the above items or any other issues raised in the reports.
Information Circulated Between Meetings – Questions, Comments and Answers

a. Dorset Clinical Commissioning Group – Dementia Services Review

No questions. It is proposed that the next stage of the review is the subject of an item to the September 2018 Panel Meeting.

b. Redesign of the Social Care Out of Hours Service

Comment from Councillor David d’Orton-Gibson:-

No questions from Panel Members and therefore I take it that they are happy to accept the proposals and understand the urgency.

c. Impact of Alcohol on Bournemouth

Comments from Councillor Jackie Edwards:-

It was surprising to see how many professional and older people have a drink problem.

Invite NTE manager Jon Shipp to meeting although it is noted that alcohol problems are not all down to the clubs and pubs. Bournemouth Town centre pubs are not that welcoming for over 30’s.

Many places have drink and drug warnings in the establishments. Extend similar information to work places?

Pubs etc have a problem with pre loading. Alcohol is cheap, easily obtainable and stronger nowadays. How is the minimum unit price policy in Scotland working out?

Mental health issues, what comes first mental health issues or alcohol / drugs?

Supermarkets encourage at home drinking with deals and offers such as seen during the world cup and holiday time. Drink aware information needs to be more prominent on bottles. Information vital for the young as only they will change the culture that has grown up since the 80’s for binge drinking or daily habit drinking.
Response from the Assistant Director of Public Health:

Many thanks for highlighting the issues within the needs assessment – I would absolutely support the move to seek further information / scrutiny about how well the links between hospital and treatment services are working. And also perhaps learning from some of the work on frequent flyers being admitted to hospital with an alcohol related issue that has gone on in the past couple of years at Poole hospital.

Re prevention – the needs assessment makes the comment that no one has been referred to treatment services via LiveWell Dorset – we wouldn’t necessarily expect the cohort accessing lifestyle services to be experiencing alcohol dependency – hence why the links between LiveWell Dorset and addiction services are relatively sparse – they tend to see people scoring much lower on assessments of risk. More than happy to explore this further in the recommendation to look into public health and prevention work more closely – I’d also recommend that this includes the work on emotional health and wellbeing, risky behaviours, and work in school and youth settings.

Response from the Night Time Economy Coordinator:

Will await any requests to report into the Community Overview and Scrutiny Panel in relation to the night time economy. The composition chart we do for Purple Flag shows the significant change from large nightclubs to smaller venues, and of course more family dining with BH2:

Composition change over 7 years:

Main theme is increasing restaurants and decreasing large nightclubs, and an increase in traditional pubs, in the town centre. Special note, despite the 13 additional national chain restaurants the ratio is 74% independents to multiples (26%).
d. South Orthodontic Procurement Update

No questions.

e. Local Government and Social Care Ombudsman – Capping of Personal Budgets Under Care Act

Question from Councillor David d’Orton-Gibson:-

The news article reports on capping of care budgets. Can I ask if this capping decision will affect us at all?

Response from the Service Director, Adult Social Care:-

Some local authorities have attempted to manage their budgets by capping what they will pay as a personal budget. It's a questionable practice and does expose an authority to challenge.

We've never taken this approach, and allocate personal budgets based on individual need in order to comply with the Care Act. We do look for the most economical way to meet an individual's need, which is perfectly lawful, but don't cap care costs.
Health and Adult Social Care Overview and Scrutiny Panel

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<tr>
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<th>Final Report of the Older People Care Home Market Working Party</th>
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<tr>
<td>Meeting date</td>
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<tr>
<td>Cabinet Portfolio</td>
<td>Councillor Blair Crawford – Cabinet Member for Adult Social Care</td>
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<tr>
<td>Corporate Lead</td>
<td>Sue Ross – Director, Adults and Children</td>
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<tr>
<td>Service Director</td>
<td>Neil Goddard – Service Director, Community Learning and Commissioning</td>
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<td>Status</td>
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<td>Classification</td>
<td>For scrutiny</td>
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<tr>
<td>Key Decision</td>
<td>No</td>
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<td>Impacts on Key Policy Framework</td>
<td>No</td>
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<tr>
<td>Report author</td>
<td>Councillor Jane Newell, Chairman of the Working Party</td>
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<tr>
<td>Executive summary</td>
<td>The Joint Working Party was set up at the request of this committee to look at the older peoples care home market in Bournemouth and Poole.</td>
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At its first meeting in May 2017 the remit of the working party was established, agreeing to the following terms of reference:
- To consider the capacity, demand for, and quality of the care homes for older people market in Bournemouth and Poole.
- To consider how health and social care commissioners and providers can strengthen the market to meet local needs.
- To ensure the care home market spends its resources as efficiently and effectively as possible in support of the care
market, as well as providing value for money whilst continuing to provide a high level of care.
- To examine the ways in which standards of care are monitored and addressed by the provider, Bournemouth Borough Council, Borough of Poole, NHS Commissioners and the Care Quality Commission (CQC).
- Where issues have been identified, to make recommendations.

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<th>Recommendations</th>
<th>The Panel is asked to:-</th>
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<td></td>
<td>a. Comment on the work and conclusions of the Joint Working Party</td>
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<td>b. Endorse the conclusions of the Joint Working Party</td>
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| Reasons for recommendations | To fulfil the remit of the Joint Working Group in having established the capacity, demand for and quality of care homes for older people across Bournemouth and Poole and to make recommendations on how to strengthen the market to meet local needs. |

**Background detail**

1 The Working Party met on 6 occasions to receive presentations and discuss relevant issues and concerns covering its remit.

2 At the initial meeting Members received a presentation on the nursing and residential care home strategic review for 2016-18, an overview of adult social care in England and care home performance and a strategic look at the care home picture and spread of market share across Dorset.

3 Further to this, Members agreed to look in more detail at trends and reasons for care homes receiving Care Quality Commission (CQC) ratings and governance that took place by the local authorities, particularly for those homes rated inadequate or requiring improvement.

4 It was also agreed that Members should visit homes with different ratings to observe practice on the ground.

5 Members also received a presentation from Healthwatch Dorset in conjunction with the “I’m Still Me” document which looked at how care homes in Dorset supported people to live active and independent lives. This highlighted issues such as staffing/leadership, access to primary care, activities, dementia training, the importance of feeling at home, fees and communication.
Members also heard from the CQC at this meeting about their role, ambitions for social care and the overall ratings, including characteristics of an outstanding home.

The Working Party also received a presentation from Partners in Care; how they worked with stakeholders and their remit which included raising the standard and quality of adult social care.

This identified the 3 top issues impacting on care homes – recruitment, the growth in dementia care and training appropriate to the setting.

Members also received a report from officers of both Bournemouth and Poole on how they monitored care homes. This confirmed that the 2 authorities worked closely together and had similar systems, processes and procedures.

Members were reassured that the monitoring process was thorough and robust systems were in place including both planned and unannounced visits and support for homes when needed.

There were also opportunities for training and networking for care home managers and staff and involvement in the care awards ceremony which recognised and celebrated carers and homes.

A manager of a good rated home in Bournemouth attended one of the meetings and stressed the importance of staff being trained, supported and having knowledge of the residents thus providing a happy and safe environment which felt like home.

Members were also advised on the increase in demand of dementia placements and what was being done to address this need.

Following visits to the care homes in Bournemouth and Poole, Members reported their findings. One of the homes had gone through the journey to become an outstanding home and one had been refurbished as a short term reenablement provision.

The visits had confirmed the importance of the home feeling personal and being managed by professional, caring and well trained staff who felt supported.

Members also recognised the importance of a stimulating environment and activity for residents.

Low staff pay was highlighted but recognised that this was a national issue; it was key that staff felt valued and were offered training opportunities and support. Ongoing work to recruit and retain staff is crucial.
Lastly, Members received reports updating them on the current data and care home strategy. This gave details of movement in bed capacity over the last 2 years resulting in an overall gain of 75 beds in Bournemouth and 64 in Poole.

Members discussed reasons for home closures, pressures facing the market and the change in demand. We were also advised on new developments, such as Figbury Lodge in Poole and Coastal Lodge in Bournemouth and health care funding.

Officers reported on current ratings of homes in Bournemouth and Poole compared to the South west and nationally. Most homes were good or outstanding.

Conclusions

Members were encouraged by the networks and support given to care homes and staff. It is evident that staff are being cared for and offered a developmental pathway as well as raising the standard and profile of care as a career and increasing everyone’s self-worth.

They were further encouraged by the progress on reablement and realising how important the quality of life was for residents and the importance of providing a stimulating environment and physical environment.

Members have learnt more about the service being provided and are much better informed about the quality and provision of the care home market. We are confident that the standard of homes is good overall and that both authorities work closely together to ensure consistency of standards and expectations within their limited abilities when dealing with a private market.

Members are pleased to note the involvement with the care awards.

Going forward Members would wish for this to continue and for further ways to provide care to be explored together with the raising of the profile of a career in care, noting the shortage of nursing.
Recommendation:

1. That the Panel approve the Forward Plan and recommend any amendments to the Chair and Vice-Chair’s agenda group as necessary

<table>
<thead>
<tr>
<th>Subject</th>
<th>Reason for Review</th>
<th>Benefits</th>
<th>Responsible Officer, Cabinet Portfolio</th>
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<tbody>
<tr>
<td>Scheduled for Panel Meeting: 26 July 2018</td>
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<tr>
<td>Pre-Panel Session - New iCMS System</td>
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<thead>
<tr>
<th>New Integrated Care System</th>
<th>To receive an update from Dorset CCG on its new Integrated Care System.</th>
<th>TBC.</th>
<th>External scrutiny - Dorset Clinical Commissioning Group.</th>
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</thead>
<tbody>
<tr>
<td>Final Report of the Working Party on Older People’s Care Home Market (Bournemouth and Poole)</td>
<td>To establish the capacity, demand for and quality of care homes for older people across Bournemouth and Poole. This was a joint scrutiny exercise with the Borough of Poole.</td>
<td>To make recommendations on how to strengthen the market to meet local needs.</td>
<td>Neil Goddard, Community Learning and Commissioning. Cabinet Member for Adult Social Care.</td>
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<td><strong>Scheduled for Panel Meeting: 19 September 2018</strong></td>
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<tr>
<td><strong>Pre-Panel Session - Dementia Awareness</strong></td>
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<tr>
<td>Local Government Ombudsman Case</td>
<td>To receive a report relating to an upheld complaint made against Bournemouth Borough Council on the affordability of a homecare package.</td>
<td>TBC.</td>
<td>David Vitty, Adult Social Care. Cabinet Member for Adult Social Care.</td>
</tr>
<tr>
<td>Transforming Primary Care</td>
<td>To consider an update on the CCG’s progress in Transforming Primary Care and the Commissioning Strategy.</td>
<td>TBC.</td>
<td>External Scrutiny</td>
</tr>
<tr>
<td>Healthwatch Dorset Annual Report</td>
<td>To consider the annual report of Healthwatch Dorset.</td>
<td>To understand and address the findings of the annual report and improve the health and wellbeing of Bournemouth residents.</td>
<td>External Scrutiny in partnership with Sue Ross, Adults and Children. Cabinet Member for Adult Social Care</td>
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<tr>
<td>Dementia Review</td>
<td>To consider the outcomes of the Dementia Review across the NHS and Local Authorities.</td>
<td>TBC.</td>
<td>NHS Dorset CCG in partnership with Brian Langridge, Commissioning Manager. Cabinet Member for Adult Social Care</td>
</tr>
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<tr>
<td>Scheduled for Panel Meeting: 21 November 2018</td>
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<td>Pre-Panel Session - TBC</td>
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<tr>
<td>LiveWell Dorset - demonstration of new digital platform</td>
<td>To demonstrate benefits of new system in providing support for people accessing the service while ensuring efficient use of resources.</td>
<td>To be confirmed.</td>
<td>Sam Crowe, Public Health Cabinet Member for Regeneration and Public Health</td>
</tr>
<tr>
<td>Annual Report - Compliments and Complaints</td>
<td>To consider the annual report of compliments and complaints in the areas of Panel responsibility.</td>
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<td>Sue Ross, Adults and Children. Cabinet Member for Adult Social Care.</td>
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<tr>
<td>Annual Report of the Independent Chair of the Local Safeguarding Adults Board</td>
<td>The Panel considers the annual report of the Independent Chair of the Local Safeguarding Adults Board.</td>
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<td>External scrutiny in partnership with Sue Ross, Adults and Children. Cabinet Member for Adult Social Care.</td>
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<tr>
<td><strong>Items retained for prioritisation when appropriate</strong></td>
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<tr>
<td>Adult Social Care - Charging Structure</td>
<td>To consider an impact report in Summer 2019 following the Panel’s recommendation to the Cabinet Member for Adult Social to implement proposed changes to the charging structure in March 2018.</td>
<td>To ensure that the implementation of the changes have been successfully managed and any risks identified and appropriately actioned.</td>
<td>David Vitty, Adult Social Care. Cabinet Member for Adult Social Care.</td>
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<tr>
<td>Carers Strategy</td>
<td>Service Director, Community Learning and Commissioning to advise.</td>
<td>TBC.</td>
<td>Neil Goddard, Community Learning and Commissioning. Cabinet Member for Adult Social Care.</td>
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<tr>
<td>Personalisation Strategy - Market Options Appraisal</td>
<td>Following the Panel’s work on the Personalisation Strategy, to consider the outcome of the market options appraisal.</td>
<td>To ensure that the ambitions of the Strategy are realised.</td>
<td>Neil Goddard, Community Learning and Commissioning. Cabinet Member for Adult Social Care.</td>
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<tr>
<td>Integrated Community Services</td>
<td>To scrutinise community services developments through the Sustainability and Transformation Plan, including local authority integration with community health services.</td>
<td>TBC.</td>
<td>Sue Ross, Adults and Children. External Scrutiny. Cabinet Member for Adult Social Care.</td>
</tr>
<tr>
<td>Review of Protocol for Scrutinising External Health Agencies</td>
<td>To prepare a set of ‘principles’ reflecting the Panel’s current engagement in external scrutiny.</td>
<td>To provide clarity on relationships, process and accountability.</td>
<td>Sue Ross, Adults and Children.</td>
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<td>Joint Health Scrutiny</td>
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<td>Clinical Services Review (Bournemouth, Dorset and Poole)</td>
<td>To review the consultation process and options for service reconfiguration arising from the review.</td>
<td>That sufficient scrutiny has taken place in the interest of high quality services provided to Bournemouth residents.</td>
<td>NHS Dorset Clinical Commissioning Group.</td>
</tr>
<tr>
<td>NHS 111 Service (Bournemouth, Dorset and Poole)</td>
<td>To monitor improvements at the Trust following recent inspections.</td>
<td>That sufficient scrutiny has taken place in the interest of high quality services provided to Bournemouth residents.</td>
<td>South Western Ambulance Service NHS Foundation Trust.</td>
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