

Notice of Health and Adult Social Care Overview and Scrutiny Committee



Date: Monday, 20 January 2020 at 6.00 pm

Venue: HMS Phoebe, Town Hall, Bournemouth BH2 6DY

Membership:

Chairman:

Cllr L Northover

Vice Chairman:

Cllr L-J Evans

Cllr H Allen
Cllr J Edwards
Cllr N C Geary

Cllr C Johnson
Cllr L Lewis
Cllr C Matthews

Cllr K Rampton
Cllr R Rocca
Cllr T Trent

All Members of the Health and Adult Social Care Overview and Scrutiny Committee are summoned to attend this meeting to consider the items of business set out on the agenda below.

The press and public are welcome to attend.

If you would like any further information on the items to be considered at the meeting please contact: Democratic Services or email democratic.services@bcpcouncil.gov.uk

Press enquiries should be directed to the Press Office: Tel: 01202 454668 or email press.office@bcpcouncil.gov.uk

This notice and all the papers mentioned within it are available at democracy.bcpCouncil.gov.uk

GRAHAM FARRANT
CHIEF EXECUTIVE

10 January 2020



AGENDA

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

1. **Apologies**

To receive any apologies for absence from Councillors.

2. **Substitute Members**

To receive information on any changes in the membership of the Committee.

Note – When a member of a Committee is unable to attend a meeting of a Committee or Sub-Committee, the relevant Political Group Leader (or their nominated representative) may, by notice to the Monitoring Officer (or their nominated representative) prior to the meeting, appoint a substitute member from within the same Political Group. The contact details on the front of this agenda should be used for notifications.

3. **Declarations of Interests**

Councillors are required to comply with the requirements of the Localism Act 2011 and the Council's Code of Conduct regarding Disclosable Pecuniary Interests.

Councillors are also required to disclose any other interests where a Councillor is a member of an external body or organisation where that membership involves a position of control or significant influence, including bodies to which the Council has made the appointment in line with the Council's Code of Conduct.

Declarations received will be reported at the meeting.

4. **Confirmation of Minutes**

To confirm the minutes of the meeting on 18 November 2019.

5 - 14

a) **Action Sheet**

To note and comment as required on the action sheet which tracks decisions, actions and outcomes arising from previous Committee meetings.

15 - 16

5. **Public Issues**

To receive any public questions, statements or petitions submitted in accordance with the Constitution. Further information on the requirements for submitting these is available to view at the following link:-

<https://democracy.bcpccouncil.gov.uk/documents/s2305/Public%20Items%20-%20Meeting%20Procedure%20Rules.pdf>

The deadline for the submission of public questions is Monday 13 January 2020.

The deadline for the submission of a statement is 12.00 noon, Friday 17 January 2020.

The deadline for the submission of a petition is 12.00 noon, Friday 17 January 2020.

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| 6. Emergency Duty Services
To receive an update on the Out of Hours Service following its launch in November 2019. | 17 - 24 |
| 7. Adult Social Care: Point of First Contact Service Design
To receive an update on the Point of First Contact Service Design and the Implementation Plan for Adult Social Care. | 25 - 48 |
| 8. Review of the Local Safeguarding Adults Boards
To inform the Committee of the outcomes of an independent review of BCP and Dorset Safeguarding Boards and the plans proposed by the Boards for next steps. | 49 - 76 |
| 9. Forward Plan
To consider and amend the Committee's Forward Plan as appropriate. | 77 - 82 |
| 10. Future Meeting Dates
Set out below are future meeting dates for the Committee:

6pm Monday 2 March 2020
6pm Monday 27 April 2019 *
6pm Monday 1 June 2020
6pm Monday 27 July 2020

The Committee may wish to consider venues for future meetings.

* Monday 27 April suggested as additional meeting. | |

No other items of business can be considered unless the Chairman decides the matter is urgent for reasons that must be specified and recorded in the Minutes.

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BOURNEMOUTH, CHRISTCHURCH AND POOLE COUNCIL
HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY
COMMITTEE

Minutes of the Meeting held on 18 November 2019 at 6.00 pm

Present:-

Cllr L Northover – Chairman

Cllr L-J Evans – Vice-Chairman

Present: Cllr J Edwards, Cllr C Johnson, Cllr L Lewis, Cllr C Matthews,
Cllr K Rampton, Cllr R Rocca, Cllr T Trent, Cllr P Hilliard and
Cllr J Kelly

27. Apologies

Apologies were received from Councillors H Allen and N Geary.

28. Substitute Members

Councillor J Kelly acted as substitute for Councillor H Allen.
Councillor P Hilliard acted as substitute for Councillor N Geary.

29. Declarations of Interests

There were no declarations of Pecuniary Interest or other interests made at this meeting.

For transparency Councillor C Matthews informed the Committee he was a Governor at Dorset Healthcare University NHS Foundation Trust. Additionally, he informed the Committee he worked for the Alzheimer's Society and the Memory Support and Advisory Service so would leave the room for the duration of Item 8, the Dementia Service Review.

For Transparency Councillor C Johnson informed the Committee she was a staff nurse at Royal Bournemouth Hospital.

30. Confirmation of Minutes

The Committee confirmed the minutes of the meeting held on 2 September 2019 as an accurate record.

30.1 **Action Sheet**

The Committee confirmed the action sheet without amendment.

31. Public Issues

There were no public questions, statements or petitions received for this meeting.

32. Information Circulated Between Meetings

The following item was circulated to the Panel for information since the last meeting on the Committee. Members were asked to confirm whether further scrutiny was required in respect of the items below:

a. Branch Closure of GP Surgery

The Director of Primary and Community Care, NHS Dorset Clinical Commissioning Group attended the meeting. The Committee were given some background on the closure of the practice. It was highlighted that the closure would allow Dorset Healthcare to deliver Sexual Health Services and to provide improvements to the local GP services.

A number of questions were raised and discussed by members some of which included;

- That the Out of Hours Service would be available from Walpole Road;
- Whether measures were in place to ensure the proposed changes were suitable long-term. It was explained that previously decision making had been made nationally but a change in custodianship to Dorset NHS providers meant provisions could be made to suit local need.

RESOLVED that: -

No further scrutiny was required on the above report.

33. Adult Social Care Charging Strategy

The Senior Research Officer, Service Director for Adult Social Care and the Head of Service Development presented a report, a copy of which has been circulated and appears as Appendix 'A' of these minutes in the Minute Book.

The report presented the committee with proposals for a public consultation which would outline the principles for a new BCP Adult Social Care Charging Policy.

An updated policy was required to align the policies of the three predecessor councils and to ensure all residents, carers and clients across BCP received an equitable service. Following consideration by Committee any recommendations would be included in a report considered by Cabinet, for approval, on 20 December.

The Service Director for Adult Social Care Services explained that the Bournemouth and Poole Policies had recently been reviewed and were not dissimilar. The policy in Christchurch was a legacy policy from the former Dorset County Council. It was important to be mindful of the potential impact of increases in charging for Christchurch residents, as it was Christchurch residents who pay the maximum level of charge, who would see

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the most significant change as a result of the principles proposed in the report.

The Head of Service Development outlined the charging options within the report. It was highlighted that the recommended model was a Full Cost Recovery Model, which meant the maximum charge for a service would be the cost of delivering that service. No profit would be made by the Council and only residents who could afford to pay would be required to do so. It was particularly highlighted that this was not an income raising proposition.

Details of the proposed changes to key charges were explained to the Committee. These were identified within the report and included charges for out of area assessments, (which would be charged to other Councils), deferred payments, day centres and standard transport.

It was highlighted that due to the General Election on 12th December, the Cabinet meeting had been postponed which meant the dates for the consultation, within the report, would be put back a few weeks.

The Senior Research Officer informed the Committee that all service users would be sent a consultation document, a questionnaire and a free post envelope.

The consultation document would explain the background and reasons for the changes. It would then, for each proposal, explain the service, the current situation, the proposal and its impact. Service users would also be given information on where further help and information was available.

The principles for the consultation included using plain and simple language, having a clear layout, easy read versions, translations and audio versions, and drop in events for questions. The Committee were talked through the day centre attendance proposal as an example. The general public will also be able to participate in the consultation through an on-line survey.

Several questions were raised and discussed by members some of which included;

- That the financial assessments would be individually assessed, and each client's case would be reviewed before implementation in order to understand the client's needs and individual circumstances;
- Details around the process for communication;
- The potential for mitigating factors to be put in place where there is the potential to cause hardship;
- That the Working Group and the Committee would be given the opportunity to comment on the consultation results before the final strategy is presented to Cabinet;
- The importance of bearing in mind the potential impact on individuals who might choose to stay home rather than attend a day centre because they don't want to pay;

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- That the charges would be reviewed each year to consider issues such as inflation given the principle of full cost recovery being proposed;
- Whether the letters would outline the implications of the changes;
- The importance of ensuring clear messaging to mitigate and avoid anxiety;
- That work with day centres and providers would be undertaken to ensure they can support people with concerns;
- That the consultation would look at whether to include transport costs within the daycare charge;
- Details of deferred payments, particularly the annual fee on homes and the interest rates. The interest rate would be circulated to members after the meeting;

The Chairman gave the Committee an update on the Work of the Adult Social Care Charging Policy Working Group. During their first meeting several principles were agreed to help facilitate the development of the proposals. The second meeting considered a list of the proposals and a breakdown of the individual service costs.

It was agreed the consultation would be extended from 6 to 8 weeks and members emphasized that the consultation and explanatory letters should be clear, honest, accessible and easy to understand. All service users and carers in the area would be consulted and the consultation would be open to members of the public.

The Group requested sight of the questionnaire before it went out to members of the public. Members requested the dates for consultation events so they could attend.

The next meeting of the Working Group would be held in April/May and would consider the consultation feedback and analysis of the response. Policy approval would be in summer 2020.

RESOLVED that: -

- (a) The Committee considered and commented on the Cabinet Recommendations.**

34. Dementia Services Review

The Principal Programme Lead, the Head of Service and the Clinical Commissioning Lead for Mental Health and Dementia, within the Primary and Community Services Directorate for the Dorset Clinical Commissioning Group (CCG), presented a report, a copy of which has been circulated and appears as Appendix 'B' of these minutes in the Minute Book.

The Committee were provided with an update on the Dementia Services Review and the proposed new model of care. It was highlighted that the Dementia Service Review had progressed through consultation and a new model of care had been proposed. The full business case was awaiting final

approval by the NHS Dorset Governing Body. Approval was expected early 2020.

The Committee were informed that the Dementia Service Review began in 2017 and went through several stages, that included view seeking, options modelling and development, NHS Assurance, Consultation and implementation. The aim of the review was to improve care for people from their diagnosis to end of life

The case for change, cost implications and benefits were explained to the Committee. The benefits of the review would include a smoother and quicker diagnostic process, improved outcomes for people living with dementia, greater support and resilience for families and carers, more services in the community accessible near to home, more efficient and cost-effective services, greater compliance with NICE standards and additional return on investment and cost benefits.

It was particularly highlighted that a new dementia coordinator role would help people to navigate the health and social care system and would ensure both people living with dementia and their families had a contact for advice, guidance and sign posting to other community services.

Several questions were raised and discussed by members some of which included;

- The improvements to support for carers and their families and whether the support services would be readily accessible;
- Funding for the service, particularly that funding was subject to the NHS Long Term Plan Finance Settlement. It was highlighted that the model had been agreed by the Governing Body, had strong system support and was a priority area for investment;
- Details of the primary care element of the model, the new model would be more primary care focused with the introduction of dementia coordinators, the Memory Assessment Service and alignment with Primary Care Networks;
- The benefit of being able to connect with local and voluntary sector services through the Dementia Co-coordinators;
- That the Plan was considered more robust and efficient, particularly regarding screening;
- Whether training sessions and workshops on dementia care could be delivered in conjunction with CCG Colleagues;
- That a Dementia Service Directory would be available to members of the public that would give information and would signpost to a range of community service related to Dementia;
- Whether the CCG could return in two years to provide an update;

RESOLVED that: -

- (a) The committee noted the update.**
- (b) Requested that the Dorset CCG provide an up-date report in two years time so that the Committee could scrutinise the impact of the new service model.**

35. External Scrutiny - Quality Accounts

The Principal Officer Planning and Quality Assurance presented a report, a copy of which has been circulated and appears as Appendix 'C' of these minutes in the Minute Book.

It was highlighted to the Committee that all NHS Trusts provided an annual Quality Accounts Report around April. The report summarised the performance and the quality of the service over the preceding year. Examples of considerations included key areas for improvement, quality indicators and customer feedback.

The Committee were informed that following the Francis Enquiry 2010-2013, which identified serious failings in care at Mid Staffordshire NHS Foundation Trust, it was recommended that quality accounts contain observations and comments from commissioners, overview and scrutiny committees and local Healthwatch.

It was suggested that two Councillors could be aligned to each of the four trusts, which were Dorset Healthcare Trust, Poole Hospital NHS Foundation Trust, The Royal Bournemouth and Christchurch Hospital NHS Foundation Trust and the South Western Ambulance Service NHS Foundation Trust.

The councillors would work with a nominated officer and their allocated trust to scrutinise the Trust's Quality Accounts and would provide a formal response, that would be signed off by the chair, before submission for inclusion in the Trust's quality accounts report.

A number of questions were raised and discussed by members some of which included;

- That Councillors would not scrutinize trusts they worked for;
- That Dorset County Hospital Trust had not been scrutinized by the preceding councils and would be scrutinized by Dorset Council, the Committee could request feedback from Dorset Council if required;
- The South Western Ambulance Trust would facilitate discussions through teleconference or skype call.

RESOLVED that: -

- (a) The Committee noted the update.**
- (b) Democratic Services would email members to establish which Trusts they would be interested in scrutinizing.**

36. Annual Report on Complaints and Customer Feedback

The Principal Officer Planning and Quality Assurance and the Quality Assurance Team Manager presented a report, a copy of which has been circulated and appears as Appendix 'D' of these minutes in the Minute Book.

The Committee were provided with an update on the statutory responsibility under the Local Authority Social Services and National Health Service Complaints (England) regulations 2009 to report complaints and other representations about Health and Adult Social Care.

It was particularly highlighted that work was underway to align the complaints service across BCP Council, which had previously been managed by three separate authorities. BCP Council had begun to manage feedback on Adult Social Care for Christchurch and the service across the three areas would shortly be managed by one team.

The report provided a summary of the feedback and learning from the predecessor Councils, Bournemouth Borough Council and Poole Borough Council. The summary of learning included a need to improve communication and the perceived standard of service and professional practice.

It was also highlighted that complaints training would be reviewed and a new online learning module would be available for all BCP staff. Additionally, in 2019/20 learning workshops would be rolled out using the Bournemouth and Poole complaints process to improve service delivery.

The Committee were also given details of some of the 20 national performance indicators as well as information on additional feedback and engagement activities that were taking place, particularly the rolling programme of care provider events.

It was highlighted that performance, statutory surveys and customer engagement were all also in the process of being aligned for adult social care. This and the complaints work would feed into a Quality Assurance and Standards Framework.

A number of questions were raised and discussed by members some of which included;

- Details of the timescales for responding to complaints;
- Whether the higher proportion of white irish, any other black and women raising complaints in Bournemouth was evidence of discrimination, information on this could be circulated after the meeting;
- That some complainants make several complaints a year. If someone does not have a resolution following the first complaint, they should report it to the LGSO for an independent review;

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- There are complaints that don't make the formal statistics e.g. if someone doesn't want to make a formal complaint or if something is dealt with under a normal care management process;
- The need for improvement in Poole regarding the Carer Survey. Targeted work was carried out with client groups to drill down and understand the findings from the survey;
- That the quality of life score for Bournemouth would be provided after the meeting;
- That the surveys were currently being developed and would be sent out as BCP Council however the team would ensure results were considered in detail;
- The response rate to the survey by carers. This would be circulated following the meeting;
- Concern around the question on 'having enough contact with people I like'. It was highlighted there was work on tackling loneliness underway.

RESOLVED that: -

(a) The Committee agreed to note the update.

37. Cabinet Performance Report

The Corporate Director for Adult Social Care presented a report, a copy of which has been circulated and appears as Appendix 'E' of these minutes in the Minute Book.

The Committee received a copy of the Corporate Performance Management Report that went to Cabinet on 13 November 2019. The Corporate Director for Adult Social Care took the Committee through the Adult Social Care Performance Indicators. She drew attention to key indicators where initial performance for BCP Council is below national averages (in particular the percentage of people with a learning disability living in suitable accommodation and who are in employment) and said that the future Adult Social Care Strategy would set out plans for improvement in these areas.

It was explained that a selection of indicators were identified to allow an overview of Adult Social Care. It was the first time the report had gone to Cabinet and the Committee were asked to comment on the basket of indicators, particularly whether there were any recommended additions.

A number of questions were raised and discussed by members some of which included;

- That the Council would examine opportunities for people with learning disabilities to gain employment and training. That Crumbs could potentially input into this discussion;

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- Whether there should be an indicator for rough sleeping and homelessness and a recognition that the issue sits within Housing but overlaps with health and adult social care.

RESOLVED that: -

- (a) The committee noted the overall Q2 performance levels**
- (b) Considered the attached exception reports relating to areas of current adverse performance**

38. Forward Plan

The Committee approved plans to work jointly with Dorset Council on joint scrutiny proposals and noted that there would be work to develop a protocol for joint scrutiny between Dorset and BCP Council, building on the protocol which existed between the predecessor Councils.

RESOLVED that: -

- (a) The committee agreed the Forward Plan without amendment.**
- (b) Officers work with Dorset Council to establish a joint scrutiny protocol in order that the identified items for joint scrutiny can be progressed in a timely manner.**

39. Future Meeting Dates

Members discussed moving the next meeting of the Committee to Bournemouth Council. It was also highlighted that the council would benefit from skype and video call meetings.

RESOLVED that: -

- (a) The next meeting of the Committee, 20 January 2020, be held in Bournemouth**

Vote: For – 7; Against – 1; Abstentions - 2

The meeting ended at 20:10

CHAIRMAN

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ACTION SHEET – BOURNEMOUTH, CHRISTCHURCH AND POOLE ADULT HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
Actions arising from Board meeting: 18 November 2019				
33	Adult Social Care Charging Strategy	<p>Decision Made:</p> <p>That the current interest rate applied to deferred payments in Poole, Bournemouth and Christchurch be circulated to members after the meeting.</p> <p>✓ Actioned – the current interest rate applied to deferred payments in Poole, Bournemouth and Christchurch is 1.45%. This is the nationally set maximum rate which changes every 6 months in January and July (The rate for January 2020 hadn't yet been confirmed). The Council were not aware of any other Council that has chosen to charge a lower rate of interest than the nationally set maximum.</p>	To ensure members are informed of details regarding the Adult Social Care Charging Strategy	N/A
35	External Scrutiny – Quality Accounts	<p>Decision Made:</p> <p>That Democratic Services would email members to identify which councillors would be interested in aligning with which trusts.</p> <p>✓ Actioned – email sent 19 November 2019</p>	To ensure Committee members have the opportunity to scrutinise the quality accounts of NHS Trusts	TBC

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
36	Annual Report on Complaints and Customer Feedback	<p>Decision Made:</p> <p>That information regarding why a higher proportion of White Irish, any other black and women may be raising complaints and whether this is evidence of discrimination</p> <p>✓ Actioned – An email was circulated to Councillors on 28 November 2019.</p> <p>That the Committee be provided with the quality of life score for Bournemouth</p> <p>✓ Actioned – An email was sent to Councillors on 28 November 2019</p> <p>That the response rate by carers to the carers survey be circulated to members of the Committee</p> <p>✓ Actioned – For the 18/19 Carers Survey, there were 655 surveys returned completed giving a response rate of 56%.</p>	To ensure members are informed of details regarding the Annual report on complaints and customer feedback	N/A
38	Forward Plan	That Democratic Services contact Dorset Council to begin work on a Joint Scrutiny Protocol	To enable joint scrutiny with Dorset Council	
39	Meeting Dates	<p>That Democratic Services move the meeting date of the next Health and Adult Social Care Overview and Scrutiny meeting to Bournemouth Council</p> <p>✓ Actioned – The meeting on 20 January has been moved to HMS Phoebe, Town Hall, Bournemouth.</p>		

Health & Adult Social Care Overview & Scrutiny Committee



Report subject	Emergency Duty Service
Meeting date	20th January 2020
Status	Public Report
Executive summary	<p>The Out of Hours Service for adult social care was, until November 2018, a jointly provided service between Bournemouth Borough Council, Bourgh of Poole and Dorset County Council. The service, which provided emergency telephone and home visiting provision covered both adult and children's services. Concerns that the service was unable to manage the presenting demand and was not providing the levels of quality that would be expected for such a service resulted in a service review during 2018. The review recommended that in order to operate in a way that was safe and sustainable, the service should be separated into two discrete teams; one serving children and young people and one serving adults.</p> <p>As a result of this recommendation a new adult social care Emergency Duty Service for Bournemouth and Poole was launched on 5th November 2019, joined by Christchurch on 1st April 2019. A separate service was launched for Children's services. Dorset Council separated from the joint arrangement and established their own adults and children's out of hours services. This report summaries the activity of the new Emergency Duty Services since operations began in November 2019 and finds that the service is now able to meet demand with a high-quality response.</p>
Recommendations	<p>It is RECOMMENDED that:</p> <ol style="list-style-type: none"> I. The Committee scrutinise the delivery and performance of the BCP Council Emergency Duty Service for Adult Social Care.
Reason for recommendations	The Emergency Duty Service provides key statutory duties for BCP Council Adult Social Care outside of office hours and consequently it is important that this Committee has oversight of the work of this team and the outcome of the 2018 service redesign.

Portfolio Holder(s)	Councillor Lesley Dedman
Corporate Director	Jan Thurgood- Corporate Director
Contributors	David Vitty- Director of Adult Social Care Services Betty Butlin- Head of Long-Term Conditions
Wards	BCP Council as a whole
Classification	For Update and Information

Background

1. The Emergency Duty Service (EDS) was located at a building in Commercial Road Poole from November 2018 to October 2019 and was relocated in November 2019 to Poole Civic Centre which aligns it to the Children's Social Care Out of Hours Services and the Lifeline Control Centre. It provides emergency social care for adults within the BCP Council area.
2. The service operates when daytime social care offices are closed, which is broadly from 17:00 until 09.00 during the working week, Mondays to Fridays, and then 24 hours per day at weekends and bank holidays.
3. The services provides a single point of access and response to adults in crisis or anyone who is concerned about the immediate welfare of someone with care and support needs, including those who are frail, or who have a physical or learning disability and people with mental ill health. The service is designed as an emergency response service and is expected to deal with:
 - adults in crisis requiring statutory assessment (particularly under the Mental Health Act);
 - adults experiencing harm from abuse or neglect;
 - adults who have care packages where there is an problem associated with care delivery;
 - adults requiring emergency placements in a residential or nursing home;
 - adults in need of urgent support and signposting to essential services.
4. The service comprises one Operational Manager who reports to a Head of Service and one Assistant Team Manager.
5. There are five Contact Officers who are skilled (but not qualified as Social Workers) who screen and risk assess all calls to the service, many of which are resolved at that first point of contact. Where further work, such as a Mental Health Act assessment is required, the Contact Officer on duty hands over the enquiry to one of the qualified social workers who will undertake a visit.
6. There are seven social workers, all of which are Approved Mental Health Practitioners (AMHP's) who carry out statutory duties. The triage service

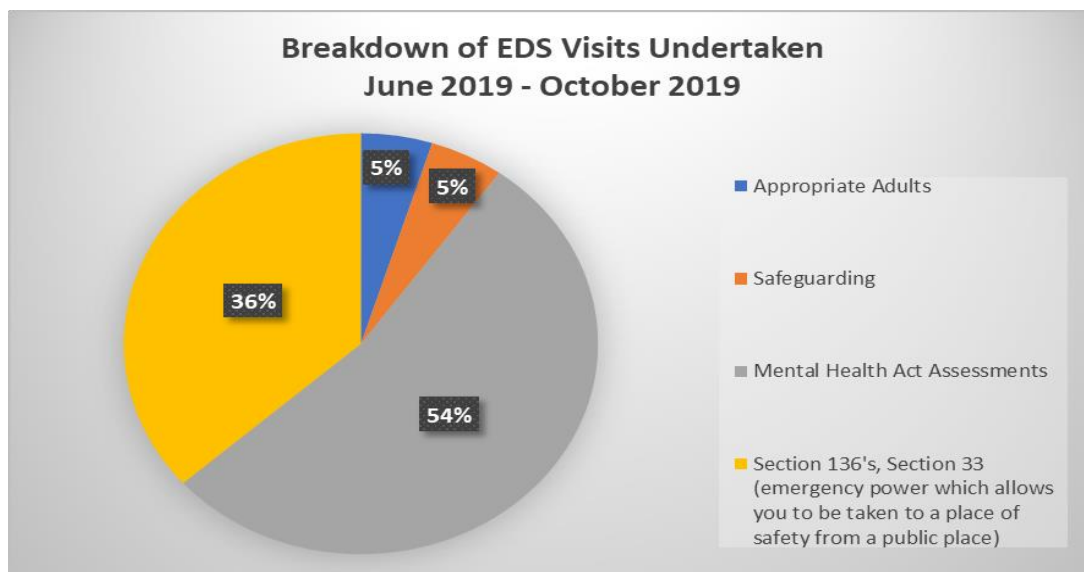
ensures that there is a personal response to all contacts made with the service, even at times when all AMHPS are engaged. Further, the provision of triage resolves many straightforward enquiries which releases qualified AMHP staff to focus on complex and high-risk situations.

7. Approved Mental Health Professionals (AMHP) are mental health professionals who have been approved by a local social services authority to carry out certain duties under the Mental Health Act (MHA). They are responsible for coordinating a MHA assessment and admission to hospital where necessary. AMHPS are experienced practitioners (usually social workers, but they may be occupational therapists or nurses) who have undertaken a six-month academic course and complimentary fieldwork experience that is prescribed by the Mental Health Act.

Benefits to the Redesigned Model

8. The service redesign and new operating practices deliver a range of improvements to the service:
 - Improved quality of practice;
 - Quality assurance audits;
 - Consistency in recording practices;
 - Daily Management oversight;
 - Access to senior management during operating hours;
 - Increased staff capacity to respond to adult social care emergencies;
 - Phone lines staffed at all times during operating hours;
 - Reduction in the length of duty shifts from 16 hours to 12 hours;
 - Introduction of mobile working and technology, increasing flexible and agile working
 - All Contact Officers are trained to risk assess and prioritise emergency work reducing the need to pass unfinished work onto daytime services;
9. It is important that local residents know how to seek help and support from adult social care outside of office hours, and consequently the new service has been publicised through the BCP Council Website, the My Life My Care website and through partner organisations, including the Clinical Commissioning Group, Dorset HealthCare, Dorset Police and Acute Hospitals. BCP Council includes details of the service in all Adult Social Care communication letters and publicity materials.
10. The service received 1531 calls between June 2019 and October 2019 and undertook 231 visits, demonstrating that a large majority of issues were resolved through information and advice. Visits are generally responding to people with mental health emergencies, safeguarding concerns and vulnerable people who require an appropriate adult when in police custody. Issues that

arise from, for example, a home care assistant not arriving as planned are more usually responded to by telephone.



11. Having a discrete service for adults has meant that staff working in the EDS have specialist skills and knowledge when working with adults and are therefore able to respond more effectively to all statutory requests for the service. Without the necessity to respond to children and families in need, now operating as a separate service, the team has capacity to respond to multiple and simultaneous emergency situations, which in turn can assist the speed at which partner organisations such as Dorset Police or Dorset HealthCare can resolve issues, particularly for those people in mental health crisis. Early review of the service also provided assurance that service quality, including case recording and decision making, has improved.

Outcome of Quality Audit Undertaken

12. Since the implementation of the new service there has been an audit undertaken, which took place in August 2019.
13. The audit involved the scrutiny of 50 randomly selected cases covering the period of early June 2019 to the end of July 2019. The audit findings demonstrated evidenced that there was management oversight and staff support provided when necessary and that managers are accessible by way of telephone contact and also work a rota that enables them to offer onsite support when the service is operational.
14. Within the audit there was evidence that risks to the person or other people is being considered and evaluated. This has helped staff to recorded defensible decision making. There is also clarity as to why some situations reported to the service have been considered as safe to leave until the next working day or passed onto the day time staff for full interventions.
15. During this audit a total of 25 requests for Mental Health Act (MHA) assessments were examined. MHA assessment reports were audited against

the required competencies outlined in the Quality Assurance Framework, including the MHA values and principles, quality standards and codes of practice. All reports audited were to a high standard and there was clear evidence of the individual professionals demonstrating their skills and abilities. All the reports showed compassion towards the service user and the least restrictive options were always considered. All the reports were compliant with the MHA Codes of Practice.

16. During the period the audit covered, there were 5 safeguarding adult concerns referred to the EDS. All were appropriately recorded and managed. Advice and guidance was sought by the Contact Officers from the Qualified Social Worker on duty. Risks were considered and noted and in all 5 situations decisions were made that the individual was safe and that the daytime services were best placed to respond.
17. There were 11 contacts audited that related to the EDS Contact officers providing advice, guidance and information to the caller. In all of these situations the Contact Officer, having checked on the various IT systems for background information, was able to refer the individual onto a more appropriate emergency service for example Ambulance Service, Police, G.P. These have all been recorded in full detail with clear outcomes and rationale for the decisions made.
18. The audit concluded that there had been no issues or concerns identified during the audited period, however the auditor suggested that in order to maintain the quality of recording now being evidenced that the Operational Manager and the Assistant Manager should periodically check the work of all team members and discuss any practice related issues. This recommendation is now embedded in daily practice.

Compliments and Complaints

19. A further indicator of the service quality can be found by reviewing compliments and complaints. There have been no complaints about the new service, but compliments have been received from Dorset Police, a GP and users of the service. In particular, the compliments have recognised a more effective approach to supporting people in mental health crisis who are in custody as well as supporting the family of people in crisis. The service was previously only able to manage the most immediate presenting problems, and now has the capacity to work more closely with partner agencies, families and carers to better support people in crisis.

Summary of financial implications

20. The former Unitary Authorities of Bournemouth and Poole and the Shadow Authority agreed to the significant investment of additional funds to ensure that both Adults and Children's Services had good quality responsive out of hours services.
21. The remodelled service has been of a high cost because it is no longer able to draw on the economies of scale shared by the three preceding authorities to

BCP and the necessity to enhance the management and staffing structures to meet demand and provide a responsive, high quality service. Table 1 summarises the service budget.

	Budget before Remodelling of the previous Pan Dorset Service (full year 2017/18)	Current Budget Following Remodelling (full year 2019/20)
EDS Adult Budget	£377,600	£945,000

Table 1: Service Budget.

22. The redesign of the service was scrutinised by Bournemouth Borough Council Overview and Scrutiny Panel and Borough of Poole People Overview and Scrutiny Committee (Health and Social Care) between December 2017 and June 2018 with Cabinet Member Decisions agreeing the investment for both Bournemouth Borough Council and Borough of Poole in June 2018. The funding decision subsequently went to BCP Shadow Cabinet in July 2018.

Summary of legal implications

23. The service provides compliance, outside of office hours, with the Care Act 2014, Mental Health Act (1983) and Mental Capacity Act (2005).

Summary of human resources implications

24. None Identified.

Summary of environmental impact

25. The service relocated on the 4th November 2019 from offices in Commercial Road in Poole to the Civic Centre in Poole. The team is located alongside the Control Centre which also operates outside of office hours and consequently there is little additional draw on utilities as there has been in previous years when the service was located in a discrete building which required specific lighting and heating. The largest part of the Emergency Duty Service response is by telephone, but some transport by car is necessary both to reach people in crisis swiftly and to safeguard staff during night time work.

Summary of public health implications

26. The new service has introduced a significant improvement in the responsiveness to mental health needs, which has included supporting partners organisations to managing cases that fall within Section 136 of the Mental Health Act. This section applies when the police use their powers to take an individual to a place of safety to protect themselves (and others) pending a full mental health assessment.

Summary of equality implications

27. An Equality Impact Assessment was completed as part of the service design, with no adverse impacts identified for people with protected characteristics. The service does ensure that it is accessible to all residents and staff are trained in developing effective communication that enables them to support individuals who have a wide range of needs.

Summary of risk assessment

28. The operational Emergency Duty Service has been designed to ensure sufficient capacity and the correct level of training and expertise for staff. Although there are risks associated with supporting people at a point of crisis outside of office hours, the service structure itself is considered robust. There are some potential risks to staff given the nature of the times the service operates but measures have been put in place to safeguard staff including a lone worker protocol and having the availability of a manager on call as well as having other BCP Council Officers within the premises throughout the night.

Appendices

29. No appendices attached.

Background Papers

- Borough of Poole People Overview and Scrutiny Committee (Health and Social Care); The Out of Hours Service for Social Care: Review and Transformation, December 2017
- Bournemouth Borough Council Health and Adult Social Care Overview & Scrutiny Panel; Adult Social Care –Redesign of the Social Care Out of Hours Service; June 2018
- Bournemouth Borough Council Cabinet Member Decision Record; Redesign of the Social Care Out of Hours service; June 2018
- Borough of Poole Cabinet Decision by Portfolio Holder; June 2018
- Bournemouth Borough Council Health and Adult Social Care Overview & Scrutiny Panel; Adult Social Care – Emergency Duty Service; March 2019
- Shadow Cabinet BCP Unitary Authority; Schedule of key financial decisions made by the four sovereign councils; July 2018

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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Adult Social Care: Point of First Contact Service Design
Meeting date	20 January 2020
Status	Public Report
Executive summary	<p>BCP Council operates two points of first contact for residents who require adult social care services. Inherited from preceding authorities, these are Helpdesk for residents in Poole and Care Direct for residents in Bournemouth and Christchurch.</p> <p>It is recognised that having two points of contact, with different operating models, is unhelpful for local residents and creates inconsistency in the way adult social care operates. To explore the options for introducing a single model and to identify potential efficiency savings, KPMG were commissioned to undertake a review of these services between 02 September and 08 November 2019.</p> <p>The outcome of this review is a proposal to combine Helpdesk and Care Direct into a single point of first contact for adult social care; something that, until a name is developed, will be temporarily known as the “Front Door” for adult social care. The proposed Front Door will enhance the availability of specialist assessments, care provision, information and support at the point of first contact. The service will focus on prevention and early intervention, partnership with the voluntary sector and community services such as GP practices to support independence and prevent or delay referrals for long term social care services.</p> <p>Further to the KPMG review, it is proposed that the new service becomes operational in 2020/21 with further developments of the service emerging in 2021/22 and 2022/23.</p>

Recommendations	<p>It is RECOMMENDED that:</p> <p>Committee note and comment on the content of this report.</p> <p>Members require officers to present a progress report in respect of the new adult social care intake service during the final quarter of 2020/21 for scrutiny.</p>
Reason for recommendations	<p>Without action to harmonise existing provision, maintaining two sperate adult social care intake services, with different operating models, will perpetuate an inconsistency of experience for local residents and duplication of processes.</p>

Portfolio Holder(s):	Cllr Lesley Dedman
Corporate Director	Jan Thurgood, Corporate Director
Report Author	David Vitty, Director - Adult Social Care Services
Wards	All
Classification	For Recommendation

Background

1. BCP Council operates two points of first contact for residents who require adult social care services. Inherited from preceding authorities, these are Helpdesk for residents in Poole and Care Direct for residents in Bournemouth and Christchurch.

The purpose of an intake service is to provide a point of first contact for residents, carers and professionals seeking adult social care support. The intake service will provide some level of advice and information, usually by telephone, and where complex problems are presented, take a referral for the case to be allocated to a long-term fieldwork team. Intake services can resolve simple enquiries, such as arranging for the repair or replacement of broken equipment, but the function of the current intake services is relatively limited with most enquiries of any complexity being referred for long term support in specialist teams.

2. It is recognised that having two points of contact, with different operating models are unhelpful for local residents and introduces inconsistency into the way adult social care operates. To explore the options for introducing a single model and to identify potential efficiency savings, KPMG undertook a review of these services between 02 September and 08 November 2019.
3. The outcome of this review is a proposal to create a single point of first contact for adult social care. The proposed Front Door will enhance the availability of specialist assessments, service provision, information and support at the point of first contact. The service will focus on prevention and early intervention, partnership with the voluntary sector and community services such as GP practices, to support independence and prevent or delay referrals for long term social care services.

The Case for Change

4. Requests for adult social care services for people over 65 years old rose by 22% in Poole between 2016/17 and 2018/19. In the same period, demand remained static in Bournemouth. This difference in demand between Bournemouth and Poole reflects demographic growth, but does indicate that overall for BCP, the adult social care Front Door will need to manage increasing

demand. The demand profile for Christchurch is less understood because historical demand data is not available.

5. KPMG have noted a series of factors that drive the need to change the adult social care front door, including:

- A new larger organisation, with a different footprint;
- Demographic pressures mean that even if BCP Council 'did nothing' in relation to managing demand and transforming services, the current services would not be sustainable;
- Bringing together three areas, with associated differing practice, has highlighted the need to standardise practice, but there is also an opportunity to radically transform the relationship with residents in a way that promotes wellbeing and independence;
- The discrepancies in demand and performance between the preceding council Front Door services illustrate the opportunity to adopt best practice, both internally across BCP and from wider health and social care systems.

The Case for Change

6. There is an opportunity for a redesigned and harmonised Front Door to offer a higher standard of information, including through digital platforms such as websites; greater resolution of enquiries at the point of first contact and a response that is more integrated with voluntary and statutory sector partners.

The Proposed Adult Social Care Front Door Design

7. The KPMG model suggests that the adult social care Front Door should be a specialist and discrete team within the overall corporate contact centre. The Front Door will adopt the best practices of Helpdesk and Care Direct, such as having safeguarding experts on hand and officers who can visit people in their own home. KPMG have identified four core themes which should inform the redesigned Front Door:

Community Empowerment assists individuals to remain independent through the provision of information, advice and signposting through the voluntary sector or community services working closely with Primary Care Networks. This type of activity supports people to engage with their communities and reduces isolation and loneliness.

Engaging Early with those at risk of poor outcomes will help people to avoid reliance on statutory adult social care services and maintain independence. The Front Door staff, through visiting officers, will engage with this work directly but there is also an opportunity to consider the use of community-based resources

such as libraries, GP surgeries, day centres and voluntary sector schemes to form a network of early support.

Customer Contact will be delivered through a streamlined and, where appropriate, digital front door. People will be able to self-serve wherever possible by accessing guidance and real-time information relating to their services. Face to face and telephone engagement will remain available for those who require it and will be provided by multi-skilled professionals who have expertise in mental health, safeguarding and occupational therapy.

Complex assessment will be developed which are proportionate to customer requirements and place a greater focus on their abilities. It will be increasingly important to support people to do what they can for themselves and to seek help from family, friends and community services to do that. Assessments will be re-focussed to have conversations which use this approach and only seek to provide commissioned social care services when other options are not available. This way of working is increasingly being adopted by councils as a way of promoting independence and reducing care costs and is often known as a “strength based” approach.

8. Embedding specialist Adult Social Care practitioners in the front door in order to enhance the skill mix and support decision making will be used to respond more quickly to presenting needs. Currently, needs of a specialist nature, including those related to safeguarding, mental health or occupational therapy, are often passed to long term fieldwork teams for action, which leads to delay and greater expense. Resolving more of these specialist enquiries at the Front Door will provide a better customer service experience, reduce delay and save some long-term care costs.

Implementing the Adult Social Care Front Door

9. Further to the KPMG review, it is proposed that a new Adult Social Care Front Door becomes operational in 2020/21 with further service developments emerging in 2021/22 and 2022/23 to enhance the model.
10. The KPMG report offers a range of potential options for implementation, however the detailed service model will require further refinement in order to operate consistently with the emerging overall council customer contact approach, ICT system development and accommodation strategy.
11. It is proposed that in the first twelve months of operation, the focus will be on establishing a new identity for the adult social care Front Door, developing a strengths-based approach to customer service and enhancing the specialist staffing capacity needed to resolve more complex enquiries at the point of first contact. The second and third years of implementation are likely to see development of ICT infrastructure and work to commission new models of voluntary sector support.

Summary of Financial Implications

12. For the purpose of developing a savings proposal, and based on the findings from the KPMG review, a pragmatic saving of £1,000,000 is assumed for 2020/21 and further (incremental) savings of £750,000 assumed for each of 2021/22 and 2022/23. These savings, which total a reduction in the annual cost base of the authority of £2.5m comparing 2022/23 with 2019/20, have been reflected in the current MTFP.
13. The project budget has been set at a one-off sum of £200,000 to be drawn on from within existing adult social care budgets.
14. The redesigned Front Door will require additional staffing resources in order to increase capacity, but these will be drawn from long term fieldwork teams who will expect to see a reduction in demand and consequently have the flexibility to surrender staff to work in the Front Door service.

Summary of Legal Implications

15. The proposed Front Door will provide services compliant with the underpinning legislation for adult social care. That is the Care Act 2014, Mental Health Act (1983) and Mental Capacity Act (2005).
16. There is no requirement in law to operate a “Front Door” service for adult social care, but such a service presents a way of delivering early assessment and support in line with statutory duties.

Summary of Human Resources Implications

17. The development of a single adult social care Front Door will require the transfer of staff from Helpdesk and Care Director into the new service.
18. It is likely that specialist posts, such as safeguarding officers, occupational therapists and social workers will also transfer from long term social care teams to the Front Door in order to provide the necessary capacity for early intervention.
19. Although the number of staff expected to transfer into the new service is not yet modelled, it is likely to require staff consultation and may result in redesigned job roles.

Summary of Environmental Impact

20. The development of the new Front Door may have environmental impacts dependent upon where the service is located. This could result in staff, clients and carers travelling to various destinations across the conurbation, which could impact on people’s travel behaviours and therefore on carbon emissions. However, the principles of telephone and digital engagement and

a stronger approach to community support should lessen the environmental impact. Where individuals are signposted toward opportunities and services closer to their home, and self-service options such as websites are used, there will be less need for face to face visits and the associated journeys. The number of phone calls received (Over 1,200 phone calls in November in to Poole's Helpdesk alone) represents a high level of demand which, without current telephone arrangements, would result in a significant number of journeys. Across BCP this is a significant carbon saving which should only be strengthened by the new model. The environmental impact will be evaluated by the implementation project team and measures taken to minimise any adverse environmental impact.

Summary of Public Health Implications

21. The ability to prevent or delay need through early engagement is a critical component of realising the wellbeing principle of the Care Act 2014 and positively influencing public health. .

Summary of Equality Implications

22. A full equality impact assessment will be undertaken as part of designing the structure and operating model for the new Front Door service. There are, however, some broad principles which should help to mitigate any adverse equality impacts, including:

- Maintaining an opportunity for face to face contact where necessary.
- Simplified methods of contacting adult social care so that people with who find communication difficult are not disadvantaged.
- An approach to co-production with service users and carers which will help the implementation project team to better understand the needs of local residents and inform the service design,
- Providing support to residents in order to use the council's digital front door
- Adopting a "Tell us once" approach so that local residents do not have to repeat personal details on numerous occasions.
- Ensuring that regardless of the method of contact, the advice and service given is equitable.

23. It is recognised that having two points of contact, with different operating models introduces inconsistency into the way adult social care operates, and with that the possibility of inequality of service. A single Front Door model would eliminate this inconsistency and the risk of unequal service provision.

- Similarly, the new Front Door model may present equality implications for BCP staff, particularly if accommodation moves are required. Equality impact assessments will be undertaken when the operating model has been
- 24.

established so that the impact on individual members of staff can be understood and mitigated.

25. It will be important for the new Front Door to recognise the need for service provision to be accessible to all residents, including those with a disability, mental ill health, sensory impairment or where English is not their first language. In doing this it is recognised that information and advice will need to be available in a range of formats, including easy-read and braille and that a variety of contact routes, which will include telephone, digital and face to face, are available to meet a range of different needs.

Summary of Risk Assessment

26. The project management approach to developing a new Front Door will include risk management overseen by a project governance board. There are, however, no substantial risks identified by KPMG at this stage in the process.

Background papers

None

Appendices

Adult Social Care Front Door Design, September 2019, KPMG

Adult Social Care

33 Front Door Design

Summary Report

November 2019

Executive Summary

Approach

The Adult Social Care (ASC) Team analysed current practice across the front doors, and analysed best practice nationally. A new future model for operating the front door was designed and validated with ASC staff and cross referenced with the overall operating model for Bournemouth, Christchurch and Poole Council (BCP Council). Estimated investment and savings requirements have been outlined, with a high level implementation plan.

Findings

There are inconsistencies across the front door, and some good practice across the services.

Performance data is not currently readily available in a way that allows for comparison across the areas.

The front doors do not systematically promote independence for residents, and there are opportunities to prevent, reduce and delay the demand on adult social care.

Implementation

A high level implementation plan has been produced based on the following four workstreams:

1. Rationalise, Standardise and Improve Contact Channels
2. Digital Transformation
3. Asset Based Working
4. Data

Future Design

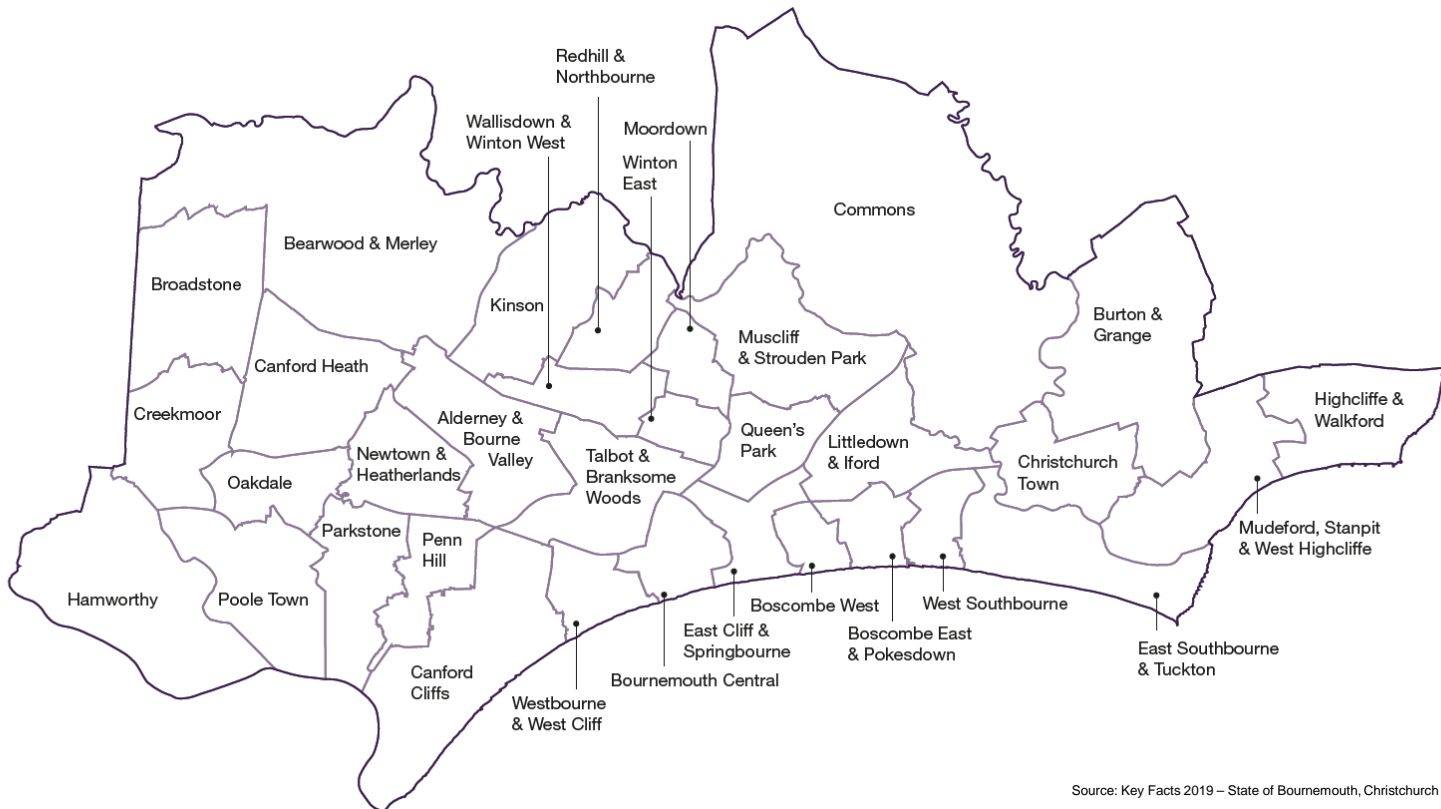
The new operating model has four areas of focus:

- Community empowerment and resilience, that supports a flourishing community and voluntary sector for residents to be involved in
- Engaging early, in a way that prevents and delays demand and maximises independence
- Customer contact, predominantly digital and encouraging self service
- Assessment, a proportionate approach to support, guidance and assessment

Context

There are a number key contextual elements that need to be considered when designing the future front door for Adult Social Care in Bournemouth, Christchurch and Poole:

- A new larger organisation, with a different footprint, brings about challenges and opportunities, both for the Council and for Adult Social Care.
- Demographic pressures mean that even if BCP Council 'did nothing' in relation to managing demand and transforming services, the services would not be sustainable.
- Bringing together three areas, with associated differing practice, has highlighted the need to standardise practice, but there is also an opportunity to radically transform the relationship with residents in a way that promotes wellbeing and independence.
- The discrepancies in demand and performance illustrate the opportunity to adopt best practice, both internally across BCP and from wider health and social care systems.



Source: Key Facts 2019 – State of Bournemouth, Christchurch and Poole Report

Executive Summary: A future front door model

Following sessions to understand the current baseline and identify opportunities for change, a number of design aspirations were developed. These were validated and tested against the Council's organisational design principles. Through further development sessions an overall future front door model was developed, see diagram below (larger scale on page 27). Analysis of the potential impact of this model were considered and further validation was undertaken with ASC staff and those officers involved in the development of the organisational design.

There are 4 key elements to the future model:

1. Community empowerment and resilience

Supporting and enabling community activities through coordination and signposting to encourage participation, limiting social isolation and encouraging independence.

- Focus on **creating empowered and resilient communities** and improving access to local, tailored up to date information.
- Community and voluntary services that are **accessible and responsive**.

2. Engaging early

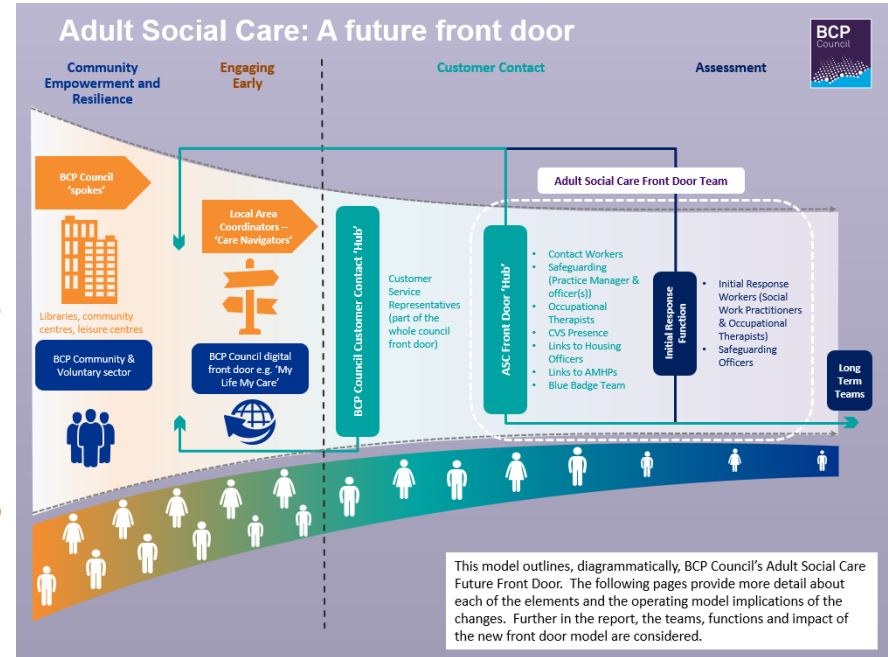
Earlier engagement with those at risk of poor outcomes and earlier identification of required investment in place based services.

- Improve and increase the use of community-based support such as **Local Area Coordinators**, and increase **outreach offer of information, advice and guidance** into the community.
- A **community based 'hub and spoke' model** utilising Council assets, with specialist teams providing face to face information, advice and guidance where required.

3. Customer Contact

A streamlined, intuitive, predominantly digital front door will allow customers to self-serve wherever possible by accessing guidance and real-time information relating to their services. Face to face and telephone engagement will remain available for those who require it.

- A **future digital front door** through "My Life, My Care" will serve as the first point of contact for people seeking support in ASC.
- This function will be made up of **multi-skilled professionals** including Mental Health, Safeguarding advisors and Occupational Therapists.



4. Assessment

Support, guidance and assessment for customers which is proportionate to their requirements.

- Consistent, standardised guidance and guiding questions** will be used to support staff in having the right conversations with residents; including an upfront finance checkpoint to set expectations early about financial eligibility.
- Digital and mobile working** tools and capabilities will also be available to support teams to work effectively and efficiently.

Organisation Design Operating Model

The Council's operating model is designed to enable a common understanding of how BCP Council will operate in the future as one combined organisation. It shows the key elements of the new model and how they interact.

The most relevant sections of the model for the ASC front door work are those which relate to 'Citizen experience and engagement' – which could be described as the 'front office'. These elements are:

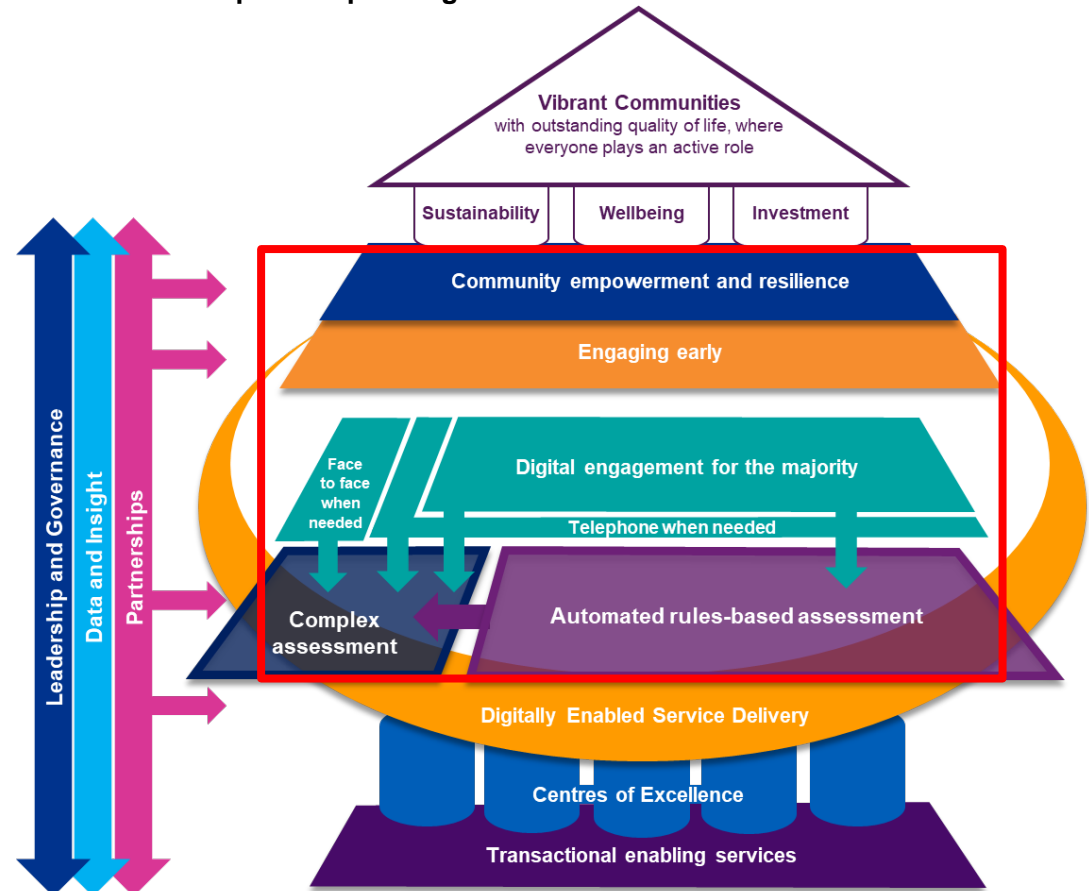
- Community empowerment and resilience
- Engaging early
- Customer contact (digital engagement for the majority, telephone and face to face where needed)
- Complex assessment
- Automated rules based assessment

The assessment activity covered in detail within this report is only that which takes place within the front door process. Other assessment take place outside of the front door process, such as reviews.

Other elements of the operating model are relevant, particularly those which run across all elements of the model (Leadership and Governance, Data & Insight and Partnerships).

Service delivery and Enabling functions will be impacted to some extent by the Front Door, but are not covered directly within this report.

BCP Council's Proposed Operating Model



The part of the model in the red box relates to 'Citizen experience and engagement'. This is the key section of the model for the Front Door work.

BCP Council Organisation Design Operating Model



Operating Model Element	Description of element – Whole Council level	Adult Social Care Front Door
Community Empowerment and Resilience	Supporting and enabling community activities through coordination and signposting to encourage participation, limiting social isolation and encouraging independence, contributing towards improved societal wellbeing as a whole. This activity seeks to reduce need and therefore reduce demand for council services.	Identified as one of the four key elements of the Adult Social Care Front Door Model: Community Empowerment and Resilience By connecting to local community based support, residents could remain independent for longer, reducing their need for formally provided BCP council services.
Engaging Early	Earlier engagement with those at risk of poor outcomes and earlier identification of required investment in place based services. Using data and insight, alongside a more holistic understanding of need, BCP Council will help to shift service delivery away from more costly interventions when demand presents itself.	Identified as one of the four key elements of the Adult Social Care Front Door Model: Engaging Early By engaging early, some residents will reduce or delay the need to make formal contact with adult social care
Customer Contact	A streamlined, intuitive, predominantly digital front door will allow customers to self-serve wherever possible by accessing guidance and real-time information relating to their services. Face to face and telephone engagement will remain available when it is required.	Identified as one of the four key elements of the Adult Social Care Front Door Model: Customer Contact This incorporates the digital front door, with telephone, virtual and face to face engagement when required.
Automated Rules-Based Assessment	Consistent, automated and self-service based approach for all rules based assessments, reducing manual processing effort and enabling the customer to access the majority of services on demand. Assessments are basic and rely on little or minimal specialist interpretation.	Identified as one of the four key elements of the ASC Front Door Model: Assessment This element recognises that there will always be a need for a face to face assessment for some residents due to their circumstances.
Complex Assessment	Specialist support, guidance and assessment for customers with complex service requirements, often needing a multi-agency approach with decisions made based on richer evidence, often from multiple sources.	

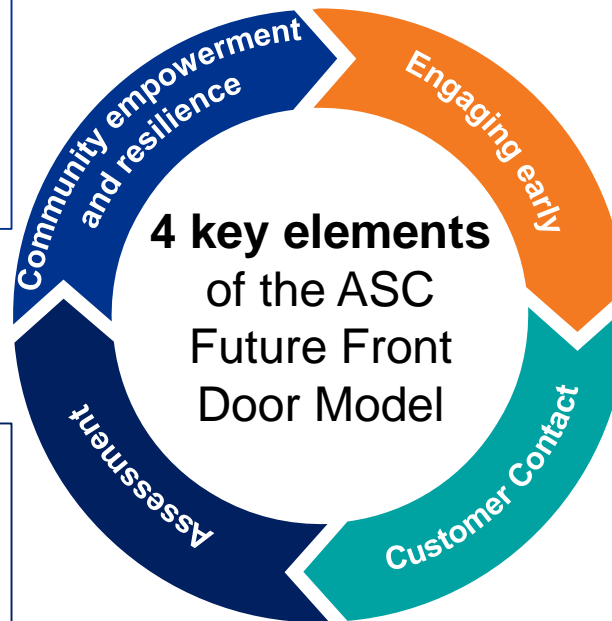
Future Front Door: The new model

Supporting and enabling community activities through coordination and signposting to encourage participation, limiting social isolation and encouraging independence.

- Focus on **creating empowered and resilient communities** and improving access to local, tailored up to date information.
- Community and voluntary services that are **accessible and responsive**.

Earlier engagement with those at risk of poor outcomes and earlier identification of required investment in place based services.

- Improve and increase use of community-based support such as **Local Area Coordinators**, and increase **outreach offer of information, advice and guidance** into the community
- **A community based 'hub and spoke' model** utilising Council assets, with specialist teams providing face to face information, advice and guidance where required.



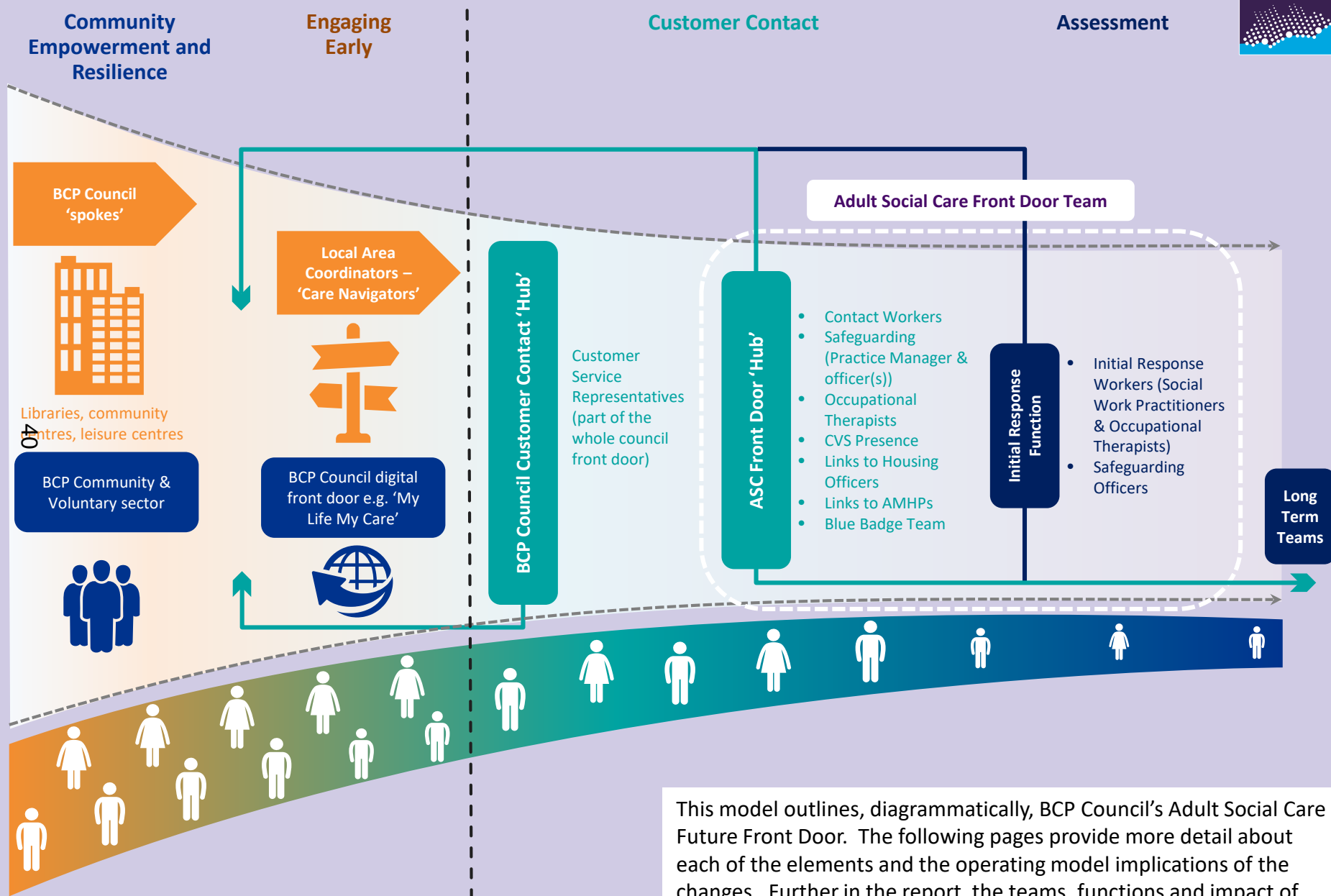
Support, guidance and assessment for customers which is proportionate to their requirements.

- **Consistent, standardised guidance and guiding questions** will be used to support staff in having the right conversations with residents; including an upfront finance checkpoint to set expectations early about financial eligibility.
- **Digital and mobile working** tools and capabilities will also be available to support teams to work effectively and efficiently.

A streamlined, intuitive, predominantly digital front door will allow customers to self-serve wherever possible by accessing guidance and real-time information relating to their services. Face to face and telephone engagement will remain available for those who require it.

- A **future digital front door** through "My Life My Care" will serve as the first point of contact for people seeking support in ASC.
- This function will be made up of **multi-skilled professionals** including Mental Health, Safeguarding advisors and Occupational Therapists.

Adult Social Care: A future front door



This model outlines, diagrammatically, BCP Council's Adult Social Care Future Front Door. The following pages provide more detail about each of the elements and the operating model implications of the changes. Further in the report, the teams, functions and impact of the new front door model are considered.

Future Front Door: Functions

The diagram opposite illustrates the functions of the Council's proposed operating model that will be encompassed within a new adult social care front door.

A large emphasis will be placed on supporting residents to be more resilient and independent in their communities for longer. By engaging differently and changing the conversation with it's residents, BCP Council will seek to support them to access support from sources outside of the Council, wherever possible.

41 By focusing on streamlining processes at the front door and ensuring people with low-level, non-complex needs are supported quickly, specialist resources will be better managed to support those most in need. Safeguarding enquiries will be dealt with in a uniform approach across adult social care.

Those in crisis will continue to be dealt with quickly through the current Duty Social Work model and an expansion of crisis payments service across Bournemouth, Christchurch and Poole.

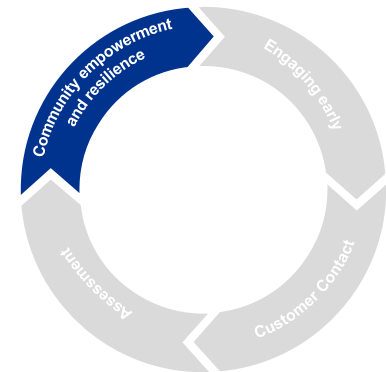
The subsequent pages outline the proposed functions and potential team mix.



Community Empowerment and Resilience

The future model will focus on developing communities that are empowered and resilient and have improved access to local, up to date information. In doing so, the number of residents making formal contact with BCP Council, when in need of support, should be reduced. People will be empowered to make use of resources, information and guidance from within their communities. This new approach will feature:

<div data-bbox="28 389 1501 939"> <div>42</div> <div>Community Empowerment and Resilience</div> </div>	<div data-bbox="164 405 1483 638"> <p>Closer working with the community and voluntary sector (CVS), helping to build on services and activities available in the Bournemouth, Christchurch and Poole community. Services should be responsive and accessible in order to maximise benefit. This may require a shift in support to the CVS to support growth and sustainability. Other areas have achieved this in various ways, for example by using small grant funds or officer support to consider the status of an organisation or supporting small purchases such as equipment. Public sector organisations can leverage their assets to be used for CVS organisations that need space, or assets can be used creatively to enable the sector to flourish.</p> </div> <div data-bbox="164 682 1445 781"> <p>Consideration should be given on how to support small grass roots organisations, such as book clubs, knitting groups, men’s sheds, social trips etc. as these can provide very localised informal support that promotes community connectedness.</p> </div> <div data-bbox="164 825 1460 892"> <p>BCP Council have secured grant funding to work differently in one location, this could be used as a test bed for promoting asset based working.</p> </div>
	<div data-bbox="164 1011 1454 1209"> <p>A digital front door will operate through a refreshed and refined “My Life, My Care” platform, providing information on the community and voluntary services that are offered across BCP. All of BCP Council’s staff, partners and residents will have access to this central directory, which will be developed as a smart, interactive platform. It should aim to encompass programmed decision aide features that can make certain recommendations based on data entered and questions answered. Residents will also have the ability to undertake a simple, holistic, asset based self-assessment, if desired.</p> </div> <div data-bbox="164 1253 1394 1320"> <p>Consideration of how this is held and updated could encompass CVS editing rights, to ensure that information is up to date.</p> </div>



Engaging Early

Early engagement will target those who are identified as benefitting from advice and guidance, and signpost them to community resources that encourage wellbeing. The goal of engaging early is not to bring more residents into ASC services, rather to support them to promote their resilience by identifying those who may be at risk. This new approach will feature:

43

Engaging Early

Use of Local Area Coordinators, who will proactively engage with the community to provide information, advice and guidance to residents on services on offer within the BCP community. Their work will be delivered using pre-existing Council owned estate, such as libraries, halls and leisure centres etc.

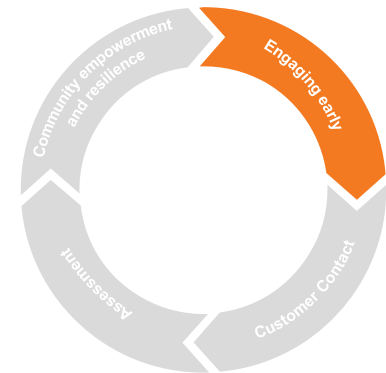
Over time, residents will become skilled and supported to engage with others, increasing community resilience and improving the reach of engaging early.

This theme does not seek to increase the offer of services, but to identify those who are at risk of decline, and intervene in an evidence led way, supporting their resilience.

A Community based 'hub and spoke' model utilising Council assets, with specialist teams providing face to face information, advice and guidance to those seeking support should they require it. These will be based within well known spots across BCP localities, where residents feel comfortable seeking direct support either in person or virtually, with the option for private conversations where required.

By engaging early, some residents will not need to contact the ASC front door, or will delay doing so, as they will be in receipt of effective community support and assets.

Improved data quality would support more effective risk stratification.



Customer Contact

The future model will focus on ensuring service users are able to access the right service first time, reducing the number of handoffs, and resolving as many queries as possible at first contact. This new approach will feature:

44

Customer Contact

A multidisciplinary team at the ASC front door which sits behind the Council-wide initial front door. The Council-wide initial front door, will provide a preliminary triage to determine whether the contact is appropriate for ASC.

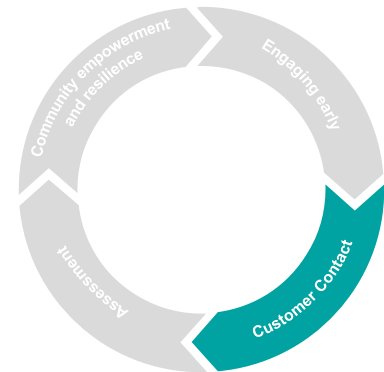
A range of specialist ASC practitioners, including safeguarding officers, occupational therapists and a voluntary sector presence, will be embedded at the front door to enhance the skill mix and enable officers to support decision making within the team.

ASC front door staff will have increased autonomy over low-level decision making and be able to use their professional judgement to provide support in a non-prescriptive way, where appropriate.

One unified operating system across ASC, which will incorporate the functionality to automatically extract a person's previously recorded council data when a referral/contact is made regardless of locality. This will provide greater continuity for residents and prevent the need for them to recount their story multiple times.

An online referral portal for use by professionals, which will streamline the direct phone line option currently in operation in Bournemouth, expanding it to be made available to a greater number of BCP Council partners, across all three localities.

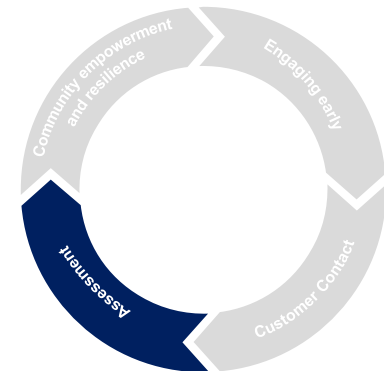
Through a digital front door such as "My Life, My Care", residents will have the ability to track the status of their journey, thereby reducing the number of calls made to the Council in this regard.



Assessment

The future model will focus on ensuring residents in crisis or with low level non complex needs are dealt with quickly, thereby enabling resources in the long term teams to focus on those residents with complex needs who require more resource intensive, long term support. This new approach will feature:

45 Assessment	Digital and mobile working will support ASC staff to be more agile, and facilitate flexible, more efficient working.
	Staff trained to have strengths based conversations and support planning.
	Roll out of an initial response team, using a similar approach to the current ASSIST model that operates in the Poole area.
	Greater use of technology as part of the front door model in line with the Council's digital transformation goals. To support the roll out of this technology and ensure maximum benefit, training will be provided to support residents to become more comfortable in using technology, and equip them to make better use of it themselves.
	Initial responders will have greater autonomy to decision make and issue on the spot commissioning up to an agreed cost/value.



Programme Overview

We have identified four programmes of work with a total of ten projects required to be undertaken by BCP Council to reach the proposed front door design. This represents an outline programme and further implementation planning would be required to achieve the full model, recognising the interdependencies that exist particularly in relation to partnership working;

Rationalise, Standardise and Improve Contact Channels

- Consolidate contact points
- Expanding and enhancing the 'ASSIST' model
- Review skills mix at the front door

Digital Transformation

- Improved digital adult social care database e.g. "My Life My Care"
- Fully integrated ASC digital front door
- Leveraging the digital opportunity

Asset Based Working

- Workforce development programme

Data

- Systems integration
- Data quality
- Data driven decisions

BCP Council Operating Model

A number of these programmes of work are interlinked to areas of the Council's proposed operating model. The table below highlights where there is the potential for crossover between the adult social care front door design project and the Council's organisation design programme.

Programme of work	Community Empowerment and Resilience	Engaging Early	Customer Contact	Assessment
Rationalise, Standardise and Improve Contact Channels			✓	✓
Digital Front Door	✓	✓	✓	✓
Asset Based Working	✓	✓	✓	✓
Systems Integration			✓	✓

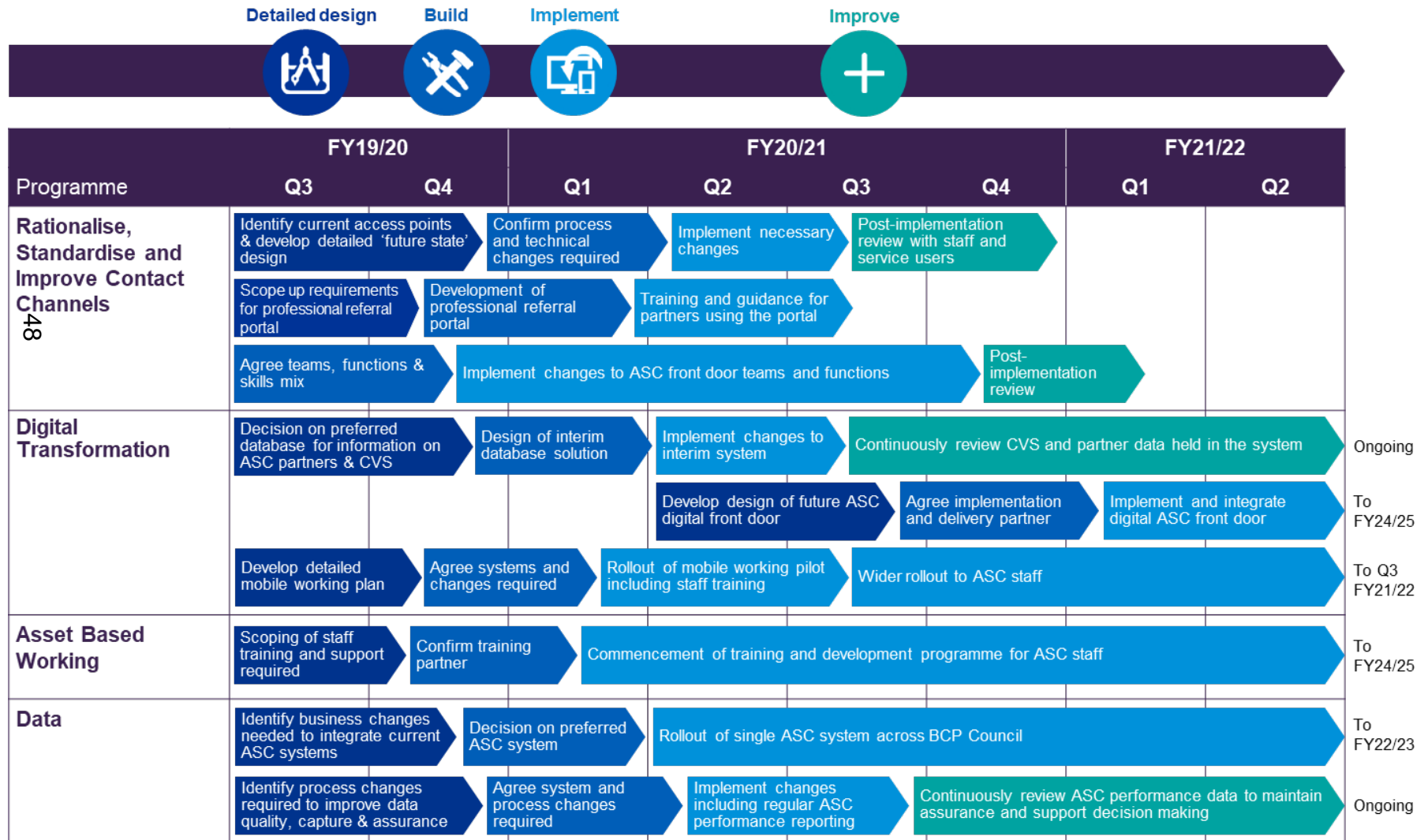
Programmes of Work

We have identified 4 programmes of work, with a total of 10 projects required to be undertaken by BCP Council to achieve the future state ambition for an improved front door to adult social care. These programmes have been numbered throughout, but do not indicate an order of implementation. We have indicated below whether we believe there is a bankable financial saving, a time-equivalent saving or no financial saving. The following pages detail the savings and potential costs by programme, the methodology for calculating the savings and the evidence and assumptions used. A detailed view of the assumptions and savings by programme can be found within the appendix. In addition, a further two projects are suggested for exploration by BCP (Section 5) that have not been subject to design, as they are out of scope of this report or linked to other work.

Programme		Time saving	Financial saving	No BCP Council saving
1. Rationalise, Standardise and Improve Contact Channels				
1a. Consolidate contact points	Consolidate the multiple access points that currently exist for referrals, beginning the transition towards a digital front door through "My Life My Care".	✓		
1b. Expanding and enhancing the 'ASSIST' model	Initial rapid response model for all new, low level non-complex referrals across Bournemouth, Christchurch and Poole.	✓	✓	
1c. Reviewing skills mix at the front door	Embedding a range of adult social care practitioners at the front door.	✓		
2. Digital Transformation				
2a. Improved online adult social care database e.g. "My Life My Care"	Improvements to the existing ASC online database. Information on community, voluntary and other public services e.g. health should be easily accessible and postcode centric.	✓	✓	
2b. Fully integrated adult social care front door	A responsive digital front door to adult social care. Residents should have the ability to self-update their information, track progress of their queries and have simple questions answered on the spot.	✓	✓	
2c. Leveraging the digital opportunity	Greater use of mobile working, reducing paper based assessments	✓		
3. Asset Based Working				
3a. Workforce development programme	Asset based approaches at the heart of every conversation and interaction with BCP residents.		✓	
4. Data				
4a. Systems integration	Roll out of one integrated system across the council.	✓		
4b. Data quality	Improve reliability of ASC national returns and internal performance data.			✓
4c. Data driven decisions	Use of regular and reliable performance data to aid decision making across ASC.			✓
5. Proposed Projects for Development		TBC	TBC	

Implementation Plan

The high level plan below outlines the key workstreams and activities required to implement the future front door model:



Health and ASC Overview and Scrutiny Committee



Report subject	Review of the Safeguarding Adults Boards
Meeting date	20 th January 2020
Status	Public Report
Executive summary	<p>Following the changes to the Safeguarding Children's Boards and Local Government Reorganisation it was agreed that it would be timely to undertake a review of the operation and strategic governance of the two Safeguarding Adults Boards. An independent report (appendix 1) was commissioned to provide options for future governance of safeguarding, taking account of emerging new models in other areas.</p> <p>This paper outlines the response of partners to the report. It is proposed that further work is undertaken to develop a model of governance across adult and children's safeguarding and community safety which can more effectively tackle emerging and cross cutting risks.</p>
Recommendations	<p>It is RECOMMENDED that:</p> <ul style="list-style-type: none"> a) Members scrutinise the response to the independent report prepared by John Goldup consultancy and b) Request a further report into the outcome of the structural review
Reason for recommendations	It is important that elected members scrutinise the robustness and effectiveness of multi-agency arrangements for Safeguarding Adults and as able to test and challenge proposals for future governance.

Portfolio Holder(s):	Councillor L. Dedman
Corporate Director	Jan Thurgood, Corporate Director Adult Social Care
Report author	Barrie Crook, Independent Chair, Bournemouth, Christchurch and Poole Safeguarding Adults Board
Wards	All
Classification	For scrutiny

Background

1. The BCP Safeguarding Adults Board (SAB) and the Dorset SAB have worked together for some years. The two Boards agree a joint annual business plan, share an independent chair and have a structure which incorporates five joint sub-groups. They each have a small business unit and produce separate annual reports.
- 1.1 Following the changes to the Safeguarding Children's Boards and Local Government Reorganisation, it was agreed that it would be timely to undertake a review of the operation and strategic governance of the two SABs. An independent report was commissioned, which is attached as a background paper to this report. The author, John Goldup, was previously a senior manager in Ofsted and has chaired the Adult and Children's Safeguarding Boards in the London borough of Redbridge.
- 1.2 The report was discussed at a joint meeting of the two SABs in December 2019.

Discussion of issues arising from the independent review

2. Before being circulated to Safeguarding Adult Board members, the report was initially reviewed by the commissioning group comprising representatives of BCP Council, Dorset Council, Dorset Clinical Commissioning Group (CCG), Dorset Police and myself.
- 2.1 It was agreed that the report prepared by John Goldup had provided a useful starting point for discussion. A range of positive achievements within the current arrangements are outlined (3.1). The report also identified that the Boards do not have sufficient line of sight into current practice and performance (3.4) and that time could be saved for the pan-Dorset agencies by reshaping Board meeting agendas (3.3).
- 2.2 The author was asked to consider other models of governance emerging in other areas and provide an appraisal of options which would be suitable for BCP and Dorset. However, the commissioning group feels that he has not outlined a definitive model for adult safeguarding that the partnerships could immediately adopt. This was partly because the options in the paper are premised on the fact that the pan-Dorset model being implemented for the children's partnership ruled out some potential ways forward for adult safeguarding. Furthermore it

does not take account of other planned changes in local partnership arrangements taking place following LGR, for example the decision to divide the previously pan-Dorset domestic abuse strategic group into two groups based upon the local authority areas.

2.3 The commissioning group agreed the following recommendations which were then taken to the joint meeting of the SABs.

- i. To continue with two Boards for the present but with only one joint quarterly Board meeting in three sections where the agendas of the two Boards would overlap. This would address the concerns expressed in the review concerning duplication in Board agendas.
- ii. To seek to enhance current quality assurance arrangements and grip upon performance. This would need to involve the following improvements:
 - Better definition and analysis of the data the Boards require– but with more emphasis upon disaggregating data by place
 - Create capacity to undertake more frequent multi agency audits – 3 or 4 per year
 - Make commitment to following up audit findings via sharing of members' action plans
 - Members being more prepared to bring their own internal audits for peer scrutiny
- iii. To undertake a structural review across safeguarding and community safety to consider the possible options going forward which may include integrating governance of the functions on a local authority footprint.

2.4 In undertaking iii it was agreed that it would be better to use the model of working adopted during the review of the LSCBs and not to buy in consultancy again. A leadership group would be set up to oversee the review, comprising the Statutory Directors of Adult and Children's Services and Corporate Director accountable for Community Safety Partnerships from each local authority, CCG Director of Nursing and Assistant Chief Constable.

2.5 This approach was broadly welcomed at the joint meeting of the SABs and has been endorsed by the Chief Executives of the two councils, CCG and Chief Constable. The first meeting of the leadership group is being arranged to review the feedback from Board members and agree the scope and schedule for the project. Proposals i and ii can be followed up immediately by the business teams and staff involved in the relevant sub-groups.

Summary of financial implications

3. The SAB budget is made up of contributions from the organisations represented on the Board, but chiefly the local authority, CCG and Police. The report did not address this aspect of the specification in detail. This will still need to be covered during the structural review.

3.1 There would be an additional cost to some of the improvement activity outlined, e.g. undertaking more frequent multi-agency audits. However all organisations are concerned that future arrangements are as efficient as possible.

Summary of legal implications

4. The Care Act 2014 makes clear that the local authority has the primary statutory responsibility for establishing the SAB and protecting adults in its area who have care and support needs and are at risk of abuse or neglect (2.9). This differs from the new arrangements in respect of children where the local authority, CCG and Police are vested with equal responsibility.

Summary of human resources implications

5. Within BCP there is a small business team comprising a Business Manager, Training Coordinator and Management Support Officer. All posts are part time.
- 5.1 It was the view of the report author that the two business units are not sufficiently resourced to carry out the full range of safeguarding work that the Care Act expects of Boards (3.13). The future option chosen needs therefore to be appropriately resourced.

Summary of environmental impact

6. The Boards are already working towards achieving a reduction in meeting and travel time. Teleconferencing arrangements often form a component of the method by which sub-groups carry out Board business.

Summary of public health implications

7. Prevention is an important aspect of the Board's responsibilities set out within the Care Act. Attempts have been made to align the Board's work more effectively with that of Public Health and the Health and Well Being Board. This needs to continue to be addressed.
- 7.1 Health is currently represented on the Board through the CCG and health providers, i.e. the two acute hospital trusts and Dorset Healthcare. There may be a case for Public Health being represented on any new strategic governance arrangements.

Summary of equality implications

8. The focus of the Board's work is upon 'vulnerable adults', many of whom will have protected characteristics. As discussed at the September 2019 meeting of the Overview and Scrutiny committee, the Board already records safeguarding concerns by age and it has been working more closely with the Learning Disability Partnership Board. There is an opportunity through the review to explore how the Board can better reflect the diversity of the BCP area and establish stronger partnership links with the voluntary sector, service users and carers.

Summary of risk assessment

9. It will be important that the review produces the best possible arrangements for working across adult and children's safeguarding and community safety, so that emerging and cross cutting risks can be tackled more effectively.

9.1 It is also acknowledged that pan Dorset agencies have different perspectives which need to be accommodated and aligned during the review. Whilst the independent report pointed to some areas for improvement, it recognised also that the two SABs have a positive track record of joint work. Present safeguarding arrangements will continue to operate at a good standard in the interim while the review is undertaken.

Background papers

Appendices

Independent Review of the Bournemouth, Christchurch and Poole (BCP) and Dorset safeguarding Adults Boards.

Prepared by John Goldup Consultancy Limited.

October 2019

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Independent Review of the Bournemouth, Christchurch and Poole (BCP) and Dorset Safeguarding Adults Boards

John Goldup Consultancy Limited

October 2019

1. Introduction

1.1 This review was jointly commissioned by the Dorset Safeguarding Adult Board (DSAB) and Bournemouth, Christchurch and Poole Safeguarding Adult Board (BCPSAB).

1.2 The scope of the review was defined by the commissioning group as follows:

The review and proposals will consider the current arrangements and how these could look in future by including the following:

- Compliance with the requirements of the Care Act 2014;
- The impact of the Boards on Safeguarding Adults;
- Safeguarding Adult Board arrangements in other areas of the country;
- Geographical boundaries, including whether to move to one pan-Dorset Board;
- Terms of reference for a future Board to include: Governance, Membership, Accountability and Reporting.
- Range and effectiveness of sub groups;
- Relationships with other partnership boards;
- Budget and financial contributions;
- Review skills and dedicated staffing required to support the Board to deliver its strategic aims and core functions;
- Ensuring independent scrutiny
- The role of the Independent Chair;
- Developing a robust shared understanding of the safeguarding threats to adults in need of care and support through data / information sharing to inform SAB priorities / activities.
- Considering how policies and procedures continue to be developed / updated; whether internally or by purchase of system.

1.3 Inevitably, given the limited allocation of time for the review (ten days) it has not been possible to consider all aspects of the scope in detail. This report will focus on the primary issues highlighted in the original tender submission:

Clearly one of the drivers of the review is the need to consider the issue of geographical boundaries and whether or not to move to a pan-Dorset Board. However, the more important driver should be the question of impact. The purpose of having a Safeguarding Adults Board is to improve the safeguarding of vulnerable adults. In that sense, form should follow function: what kind of potential changes to structure, governance, accountability, and style of meetings would help to make vulnerable people across Dorset safer.

The starting point is to concentrate on impact and effectiveness and how that can be strengthened. What evidence is there of the impact of the Boards as they currently function on the effectiveness of adult safeguarding, improved outcomes for service users. and the degree to which Boards ensure that Making Safeguarding Personal is fully embedded throughout practice, systems and practices? How

effective under the current arrangements are challenge and scrutiny? Where are the strengths and what are the areas for improvement?

The second set of questions are to do with structure, with all options tested against their potential for increasing impact and effectiveness, as well as efficiency. What are the potential gains from any changes in governance, accountability and relationships with a range of partnerships, some of which remain specific to each individual local authority? What are the potential negative impacts, and how might they be mitigated? What are the strengths within current arrangements and how can the partnerships ensure they are built on rather than lost? What might the terms of reference of any new arrangements be, what resources are required and how might existing resources be reconfigured to increase resilience?

- 1.4 Extensive pre-reading was undertaken prior to fieldwork in order to establish lines of enquiry. Documentation reviewed included but was not limited to:
- Background material on local government reorganisation in BCP, demographic data and needs analysis
 - Terms of reference for Boards, sub groups, and the Executive Group, minutes of all Board, sub-group and Executive Group meetings from April 2018, a sample complete set of Board and QA Sub Group papers, budget, performance and activity data
 - Published Business Plans, published and draft Annual Reports, published Safeguarding Adults Reviews, audit reports on S42 decision making and learning disabilities / domestic abuse
 - Background information and published arrangements for Pan Dorset Safeguarding Children Partnership and alternative arrangements in other areas
 - Available information on Dorset and BCP Community Safety Partnerships and Dorset Community Safety and Criminal Justice Board
- 1.5 The reviewer conducted interviews with Board members and other stakeholders over a five day period. The initial interview schedule was based on suggestions made by the Chair of the Boards, and was added to as fieldwork developed. The majority of the interviews were face to face, but a small number were conducted over the telephone due to the commitments of interviewees. Views were sought by email from those who could not be available for interview. The reviewer had hoped to also meet with the Chief Executives and Lead Members for adult social care from both local authorities, but this did not prove possible. Their views were invited by email. A list of those interviewed and those who responded by email is attached as Appendix A.
- 1.6 The final stage of the review was the analysis of all information and views gathered, in order to develop an evidenced evaluation of both the strategic context and the current arrangements. From this analysis a set of options for change and criteria for their appraisal were developed, and recommendations drawn up. This analysis, evaluation and the final recommendations are set out in the body of this report.
- 1.7 The reviewer would like to thank all who contributed to the review and in particular Claire Hughes, Karen Maher, Heather Newton and Fay Ware for their efficient and ever helpful support.

2. The strategic context

- 2.1 There are a number of strategic contexts and drivers, and not all forces pull in the same direction. Local Government Reorganisation has significantly streamlined the local government landscape, with nine councils now replaced by two unitary authorities, of approximately equal population. The 'case for change' (PWC, December 2016) emphasised both the greater opportunities for collaboration on a pan-Dorset basis that this should facilitate, and the need to respond to the different needs of what were variously described as 'urban Dorset / rural Dorset' or 'the conurbation and the county area'. The challenge to come up with the most effective way of delivering on Safeguarding Adults Boards responsibilities is the same on a smaller scale as the challenge and the opportunity identified for LGR as a whole in 2016, only substituting 'partnership working' for 'local government':

*"In many senses, this is both Dorset's greatest opportunity and its greatest challenge. It needs a structure of [partnership working] that is able to reflect the fact that the two different parts of Dorset have different needs and aspirations. However, at the same time it must not lose sight of the importance of countywide collaboration and the need to secure the strategic advantages that will benefit Dorset as a whole."*¹

- 2.2 The local authorities, and the voluntary sector, are the only partners within the existing SAB arrangements who do not operate on a pan-Dorset or wider footprint. There is therefore a high level of duplication for those pan-Dorset agencies in their membership of two Boards. Dorset CCG is one of eight first wave Integrated Care Systems, with strategic programmes for prevention at scale, integrated community services and a single acute network, underpinned by eighteen primary care networks serving populations of between 30 and 50000 people. This is a powerful driver towards framing the health and wellbeing agenda on a pan-Dorset basis. However, there is no or little integration between the adult social care systems between the two unitary authorities.
- 2.3 The decision to base the new children's multi-agency safeguarding arrangements on a Pan-Dorset Safeguarding Children Partnership clearly represents a significant commitment to the pan-Dorset footprint as "the most effective mechanism for addressing current and emerging safeguarding risks and vulnerabilities of children"². One view that was strongly expressed to the review was that the same logic must apply to the arrangements for safeguarding adults at risk, and that these should move as rapidly as possible to mirror the new children's arrangements. However, other senior interviewees emphasised that these arrangements are currently very 'embryonic', and it was suggested that they are not necessarily yet set in stone. There was general agreement that there are some key aspects of the arrangements that have yet to be fleshed out: in particular, how to ensure within a much tighter 'Executive' model the continued and full engagement of the wider partnership, and how to build effective independent scrutiny and challenge into the system.

¹ Case for change: local government reorganisation in Dorset, PWC, December 2016, p.36

² Pan Dorset Safeguarding Children Partnership Plan, June 2019, p.3

- 2.4 In terms of the existing arrangements, it must be stressed how ‘joint’ the Safeguarding Adults Boards already are in all but name: a joint chair, joint sub groups, largely duplicate agendas, identical memberships with the exception of the local authority and voluntary sector representation, and a single Business Plan. In practical terms, a decision to merge the Boards would simply be the last step on a road on which they have been well advanced over many years. That does not in any way mean it would be necessarily the right thing to do; but it does arguably make it the simplest to achieve. Not to merge them would be to reverse a long established direction of travel.
- 2.5 Nationally and in particular regionally, a number of innovative models are emerging in the wake of the abolition of Local Safeguarding Children’s Boards, particularly addressing new ways of aligning or combining work across what have historically been separate partnership arrangements – in particular, safeguarding children, safeguarding adults, and community safety. Strategically, this is a new landscape within which options for Dorset and BCP must be considered. It is notable, however, that all the examples which have been most discussed locally – the Keeping Bristol Safe Partnership, the Bath and North East Somerset Community Safety and Safeguarding Partnership Arrangements, developments in the London Borough of Waltham Forest – have all been developed within the boundaries of a single unitary authority.
- 2.6 One of the drivers for these developments has been the recognition that there is a substantial overlap between the agendas and priorities of the different partnerships. Contextual and criminal exploitation, domestic violence, sexual violence and online grooming, gang affiliation, county lines and cuckooing, radicalisation, modern slavery and trafficking, are all issues of shared concern between children’s safeguarding arrangements, safeguarding adult arrangements, and community safety partnerships, albeit they might be seen through different lenses. Almost all respondents to this review felt strongly that currently within the Dorset / BCP arrangements, there was little ‘join up’ on these issues, little clarity about who was taking the lead on what, and little co-ordinated concrete action between the different partnerships. A focus on alignment between the safeguarding adults arrangements and those for children might, in the Dorset context, lead to an emphasis on the pan-Dorset dimension. A concentration on alignment between SAB and CSP priorities – which by their nature are inherently rooted in local communities – might however refocus attention more on the local authority level, where the statutory responsibility for the CSP function sits. At a pan-Dorset level, the Dorset Community Safety and Criminal Justice Board, accountable to the local authority based CSPs, has been established to co-ordinate the strategic activities of community safety and criminal justice partners. However some stakeholders felt that this was not sufficiently focused on local needs and circumstances to be effective.
- 2.7 While recognising the importance of the overlapping agendas, it is essential also to recognise that this overlap is only partial, and that each of the partnerships has specific responsibilities and areas of concern which should not be diluted in any realignment of arrangements. In a Venn diagram, it is only a minority part of each circle that will overlap with any other. While all the issues identified in paragraph 2.6 above are rightly areas of concern for the Safeguarding Adults Boards, the largest elements of adult safeguarding activity, as evidenced in the Safeguarding Adults

Collection returns to NHS Digital, are concerned with neglect and acts of omission, frequently arising in care provider services, particularly impacting on frail and elderly people. Self-neglect and hoarding are increasingly prominent and challenging concerns for Safeguarding Adults Boards: these are not issues with an obvious resonance for either children's safeguarding or community safeguarding partnerships.

- 2.8 One of the consequences of local government reorganisation has been the consolidation of local government into two unitary authorities potentially able to operate at greater scale than their predecessors. In particular, the establishment of Bournemouth, Christchurch and Poole as a single conurbation with a population of almost 400,000 does seem within the Council to have deepened a strong sense of 'place' and distinctive identity.
- 2.9 It should also be borne in mind that it is the local authority, under Section 42 of the Care Act, which has the primary statutory responsibility for protecting adults 'in its area' with care and support needs from abuse or neglect. Equally, the statutory responsibility for establishing a Safeguarding Adults Board rests with the local authority – unlike the responsibility for establishing multi-agency arrangements for safeguarding children, which is shared equally between three statutory partners. The objective of a SAB is to help and protect adults at risk 'in its area' – i.e. the area of the local authority. There is a specific onus on the local authority, therefore, different in kind from that on the other partners, to satisfy itself as a democratically accountable body that the arrangements in place properly meet its statutory responsibilities.
- 2.10 In summary, therefore, the optimum solution to the challenges posed to this review is unlikely to be exclusively grounded at either the pan-Dorset or the local authority level. The arrangements arrived at should maximise the strategic benefits and the efficiency opportunities of collaboration and where appropriate integration at a pan-Dorset level. Equally, they need to retain an effective focus on place, community, and 'the different needs and aspirations' of rural and urban Dorset, as well as the need for each local authority for assurance that its lead responsibilities under the Care Act are being effectively discharged.

3. The current arrangements

- 3.1 Respondents to this review were keen to acknowledge how much the existing Safeguarding Adults Boards have achieved, and attributed much of this to the commitment, skills, and hard work of the Chair, the Business Managers, and members of their teams. The development of Multi Agency Risk Management Meetings over the past few years, under the auspices of the Boards, was an example given by a number of people. The work of the sub groups was felt to be particularly important. The development and maintenance of pan-Dorset policies and procedures was highly valued, although a number of issues were raised about the efficiency of the development and review process, and the accessibility and user friendliness of the procedures. Respondents generally felt that there was a good commitment by all agencies to training and development, and that the Training Workforce and Development Sub Group worked well. Minutes of meetings, and the quality of the reviews produced, clearly evidenced the rigour of consideration and follow through of actions at the SAR Sub Group. The independent multi-agency audits carried out in the last eighteen months, on S42 decision making and domestic violence involving adults

with learning disabilities, have had a sharp focus on practice and have raised critical issues. There was a strong shared sense among most respondents that the Boards have been successful in raising the profile of adult safeguarding across the partnership.

- 3.2 The existing arrangements are not however sustainable in their current form. Most obviously, there is huge duplication between the Dorset and BCP meetings, agendas, and reports, with representatives of the pan-Dorset agencies spending time effectively going through largely the same meeting twice, four times a year. The phrase 'Groundhog Day' recurred in several interviews.
- 3.3 The agendas are over dominated by reports from sub groups. Quarterly reporting from each sub group is not the best use of Board meeting time. Sub groups should be more clearly mandated to progress their annual work programmes, with exception reporting or an annual report back to the Board. Generally, while the work of the sub groups was valued, respondents found it difficult to articulate the value added by the full Board meetings themselves. The most common value of the meetings identified was 'networking' – undoubtedly important, but the current arrangements are an expensive way of achieving it, measured by the time spent in meetings.
- 3.4 There is limited evidence of challenge at Board meetings. Some respondents attributed this to the size of the meetings and a reluctance to 'put people on the spot' in a large meeting. Challenge is more likely to take place on a 1:1 basis outside of the meeting.
- 3.5 The Quality Assurance Sub Group receives large volumes of data, but in the main analysis is limited. Data largely focuses on activity and volumes, and there is limited data on quality of practice. Although there appears to have been a significant increase in practice audit activity in the last year, the findings and areas for improvement do not appear to be systematically reported through to the QA Sub Group, so there is little evidence of action or improvement planning arising from the audits undertaken. The Boards' terms of reference state:

The Board will receive and scrutinise regular quality-assurance reports by individual agencies quarterly (as a minimal requirement) to identify good practice and highlight any shortcomings within agencies. If shortcomings are identified the Board and the agency in question will agree a remedial action plan. The implementation and resulting impact of the action plan will be reviewed by the Board.

However they do not in reality appear to have a clear line of sight into the quality of front line practice.

- 3.6 The pressure of the routine business cycle makes it difficult for the Boards to systematically follow through on issues raised. The audit of S42 decision making in 2018 does appear to have generated significant improvement activity in some constituent agencies, especially in Dorset County Council as it then was, but it is hard

to see where the Boards' grip on this was. There was no agreed action plan arising from the audit, with progress against it systematically monitored. The Executive Group meeting on 10th July 2018 agreed that the audit report "will be taken to each SAB meeting in September via QA report and then come back to December meetings when organisations can report on improvements that have been made". Scrutiny of subsequent Sub Group and Board meetings does not evidence however that this decision was fully followed through. It is difficult to establish an audit trail for the statement in the QA Sub Group Chair's report of May 2019 that "Recommendations from the Multi Agency audit into S42 Decision making have been fully implemented."

- 3.7 There has been limited progress in pursuing coordinated activity with either the Community Safety Partnerships or the Local Safeguarding Children's Boards. Well attended cross-partnership conferences in early 2018 on the Whole Family approach generated considerable enthusiasm for what was described as 'a whole organisation culture shift', but there was general agreement that progress on this has since got 'stuck'. The Boards' Business Plan sets out aims and aspirations, but does not commit the Boards to a finite and concrete set of actions and outcomes, progress against which can be systematically monitored.
- 3.8 A number of respondents felt that the Boards needed to clarify the scope of their work – whether this was focused on adults with care and support needs at risk of abuse or neglect and unable to protect themselves as a result of their care and support needs (as set out in S42(1) of the Care Act 2014), or concerned with a wider view of risk and vulnerability.
- 3.9 The accountability of the Boards and the Chair is unclear. There appears to be variability between the local authorities in the reporting line of the Chair. The statutory guidance on the Care Act 2014 is explicit that the chair should be accountable to the Chief Executive of the local authority.³ Arrangements to deliver on this requirement do not however appear to be in place either in Dorset Council or in BCP Council, or to have historically been in place in their predecessor authorities.
- 3.10 Perhaps most importantly, the existence of two Safeguarding Adults Boards does not currently deliver on what should theoretically be the key advantage of separation at Board level: a really clear focus on the effectiveness of adult safeguarding within a defined area and within the responsibility of a single local authority. From an examination of Board minutes, and discussions with respondents to the review, little evidence was identified of a clear focus at either Board on Dorset or BCP specific issues. The review identified only one main agenda item at either Board in 2018/19 which appeared to have a specific reference to an individual local authority area – a presentation to the Bournemouth and Poole Board on the work of two local voluntary organisations. One respondent did however describe the B&P Board as firmly focused on Bournemouth and Poole.
- 3.11 The resourcing of the current arrangements is generally recognised as inequitable. According to information provided to the review, in 2018/19 the Bournemouth and

³ Care and Support Statutory Guidance, HM Government, updated October 2018, para. 14.150

Poole SAB (serving at that time a smaller population) had twice the annual budget of the Dorset SAB - £106,500 compared to £56,000. The local authorities contributed £70,000 to the Bournemouth and Poole budget, compared to £29,000 in Dorset. The CCG contribution in Bournemouth and Poole was £20,000 but only £10,000 in Dorset. NHS Trusts contributed £6000 to Bournemouth and Poole and £4000 to Dorset. In terms of staffing, the review understands the position to be as follows:

Bournemouth Christchurch and Poole SAB	Dorset SAB
Business Manager 22 hours p.w.	Business Manager 22 hours p.w.
Training Co-ordinator 21 hours p.w.	Administrative support 18.5 hours p.w.
Administrative support 30 hours p.w.	

- 3.12 The Care Act 2014 prescribes three things that a SAB must do. It must publish an annual strategic plan; it must publish an annual report; and it must, if the mandatory criteria are met, carry out a Safeguarding Adults Review. However, statutory guidance is more extensive about what a SAB ‘should’ do:

“Each SAB should:

- identify the role, responsibility, authority and accountability with regard to the action each agency and professional group should take to ensure the protection of adults
- establish ways of analysing and interrogating data on safeguarding notifications that increase the SAB’s understanding of prevalence of abuse and neglect locally that builds up a picture over time
- establish how it will hold partners to account and gain assurance of the effectiveness of its arrangements
- determine its arrangements for peer review and self-audit
- establish mechanisms for developing policies and strategies for protecting adults which should be formulated, not only in collaboration and consultation with all relevant agencies but also take account of the views of adults who have needs for care and support, their families, advocates and carer representatives
- develop preventative strategies that aim to reduce instances of abuse and neglect in its area
- identify types of circumstances giving grounds for concern and when they should be considered as a referral to the local authority as an enquiry
- formulate guidance about the arrangements for managing adult safeguarding, and dealing with complaints, grievances and professional and administrative malpractice in relation to safeguarding adults
- develop strategies to deal with the impact of issues of race, ethnicity, religion, gender and gender orientation, sexual orientation, age, disadvantage and disability on abuse and neglect

- balance the requirements of confidentiality with the consideration that, to protect adults, it may be necessary to share information on a 'need-to-know basis'
- identify mechanisms for monitoring and reviewing the implementation and impact of policy and training
- carry out safeguarding adult reviews and determine any publication arrangements;
- produce a strategic plan and an annual report
- evidence how SAB members have challenged one another and held other boards to account
- promote multi-agency training and consider any specialist training that may be required. Consider any scope to jointly commission some training with other partnerships, such as the Community Safety Partnership"⁴

3.13 It is not clear that, despite the heroic efforts of the support teams, the existing Boards are resourced to deliver on those expectations, particularly in relation to interrogating and analysing data, systematically auditing multi-agency practice, or promoting multi-agency training.

4. Options appraisal – criteria

4.1 Derived from the analysis above of both the strategic context and the effectiveness of the current arrangements, the following criteria have been developed against which options for change should be evaluated.

4.2 Any future arrangements should:

- Combine a strong focus on place with effective co-ordination across the pan-Dorset footprint where that will deliver more effective safeguarding and more effective multi agency working
- Enable each local authority to have assurance that their statutory responsibility for the establishment of a Safeguarding Adults Board to help and protect adults at risk in its area is effectively discharged
- Ensure adequate resourcing, while delivering opportunities for efficiencies and cost reductions where possible both in money and in time
- Facilitate clear and concrete action planning to improve the protection of adults at risk in the area or areas covered
- Ensure the effective co-ordination of actions and delivery with other relevant strategic partnerships
- Ensure that there is no dilution of focus on the core responsibilities, accountabilities, and concerns of the Safeguarding Adults Board

⁴ Care and Support Statutory Guidance, paragraph 14.139, Department of Health and Social Care, updated October 2018

- Facilitate effective challenge and scrutiny
- Ensure the effective engagement of all stakeholders
- Have a clear line of sight into the quality of front line practice and multi-agency working

5. Independent scrutiny and the role of an independent chair

- 5.1 The review scope agreed by the commissioning group required the review to consider these matters. Whatever option is chosen, all partners contributing to the review agreed that strong arrangements for independent challenge and scrutiny will be an essential element. Arrangements for independent scrutiny are not a statutory requirement for Safeguarding Adults Boards, as they are for children’s safeguarding partnerships under the Children and Social Work Act 2017. The appointment of a SAB Chair of ‘a person whom the authority considers to have the required skills and experience’ is a statutory requirement under paragraph 1(3) of Schedule 2 to the Care Act 2014, but there is no requirement for independence, as there was for Local Safeguarding Children Boards prior to their abolition. However, statutory guidance gives a strong steer:

“Although it is not a requirement, the local authority should consider appointing an independent chair to the SAB who is not an employee or a member of an agency that is a member of the SAB. The chair has a critical role to lead collaboratively, give advice, support and encouragement but also to offer constructive challenge and hold main partner agencies to account and ensure that interfaces with other strategic functions are effective whilst also acting as a spokesperson for the SAB. An independent chair can provide additional reassurance that the Board has some independence from the local authority and other partners.”⁵

The ADASS / Local Government Association / Skills for Care guidance on the role of the Safeguarding Adults Board chair⁶ assumes throughout the independence of the chair, and indeed states (potentially slightly misleadingly as an absolute statement) “Each board has an independent chair who is accountable for the effective working of the board.” It probably is the case, though, that there are now very few Safeguarding Adults Boards, if any, that do not have an independent chair.

- 5.2 However, the appointment of an independent chair is not the only route to ensuring independent scrutiny. The multi-agency arrangements for safeguarding children do not require an independent chair, but they must ‘include arrangements for scrutiny by an independent person of the effectiveness of the arrangements’ (Children and Social Work Act 2017, Section 18(3)). The development of these scrutiny arrangements is at an early stage, and, although it is estimated that the majority of partnerships are continuing at least in the first instance to focus their scrutiny arrangements through the role of an independent chair, there is a huge diversity of

⁵ Care and Support Statutory Guidance, paragraph 14.150, Department of Health and Social Care, updated October 2018

⁶ The role of the Safeguarding Adults Board chair, ADASS, October 2018

approaches being taken. One summary report identifies at least the following models being developed in the children's safeguarding world, and most of them could be transposed into the adult safeguarding context without too much difficulty:

- employing one independent scrutineer for their local area safeguarding children partnership
- planning to appoint more than one scrutineer, with responsibility for different aspects of the multi-agency partnership arrangements
- sharing one independent scrutineer with other local area safeguarding partnerships
- creating service-user informed approach to independent scrutiny, with family led multi-agency auditing and local reviews
- instigating peer review processes with neighbouring partnerships: peers scrutinizing each other
- creating a system of internal peer reviews within the area covered by the partnership arrangements
- buying in 'national experts' to scrutinize particular aspects of the partnership arrangements, safeguarding plan and implementation
- combining scrutiny of children and adult safeguarding through a governance and assurance model that provides a whole family response, combining a strategic approach to safeguarding partnership arrangements across children and adult safeguarding agendas
- focusing independent scrutiny on partnership priorities
- giving scrutineers specifically targeted responsibility to resolve conflict as the final arbiter of the escalation processes and for dispute resolution (should it be necessary) between the safeguarding leads.⁷

5.3 The published plan for the Pan Dorset Safeguarding Children Partnership states that "Local senior leaders have agreed that in the first instance they will establish an independent chair role which in due course may change to other means of accessing independent scrutiny"⁸, and this incremental or evolutionary approach seems to be one that is commonly being taken across the country. Although the new role of Independent Scrutineer is being developed and recruited to in a number of places (or roles – Berkshire West, for example, are creating two roles, a 'strategic independent scrutineer' and an 'operational independent scrutineer')⁹, the experience of 'early adopters' of the new children's safeguarding arrangements is that independent scrutiny is not a simple function to be invested in a single person. "Across the early adopter projects there was a clear message that, whatever form independent scrutiny

⁷ Six Steps for Independent Scrutiny, Pearce J., University of Bedfordshire, 2019

⁸ Pan Dorset Safeguarding Children Partnership Plan, June 2019, p. 12

⁹ Safeguarding Early Adopters: developing the learning from multi-agency safeguarding arrangements, National Children's Bureau, p. 39

takes, it should not be viewed as a single function.”¹⁰. It is unlikely, therefore, that simply seeking to replace an independent chair with a separate scrutiny function or role would result in cost savings; and more importantly, there is not yet evidence that alternative models of scrutiny are likely to prove more effective than a chair capable of developing the ‘culture of openness and challenge’¹¹ that was consistently identified by Ofsted as the key achievement and contribution of independent chairs in their reviews of good and outstanding Local Safeguarding Children’s Boards.

- 5.4 Given the clear steer of the statutory guidance (updated as recently as October 2018) towards the appointment of an independent chair, and the very early stage of development of alternative models of scrutiny in multi-agency safeguarding, this review recommends that the Safeguarding Adults Board or Boards in Dorset adopt the approach which has already been taken by the Safeguarding Children Partnership: to continue with the role of independent chair in the first instance, while remaining open to considering other models of scrutiny as some of the current experimentation beds in and begins to demonstrate equal or greater effectiveness. The discussion of options which follows, therefore, assumes where relevant a continuing independent chair role.

6. Options considered and appraisal

Six options are presented below for analytic purposes. No set of options can be exhaustive, and elements of different options could be combined. All the options discussed are considered to be capable of compliance with the Care Act; and, if adequately resourced, able to fully deliver on the expectations of what a SAB “should” do which are set out in paragraph 3.12 above.

Option 1: Move to a single pan-Dorset Board

This would essentially mean combining the two existing Boards into one. It would create significant savings in the use of time, particularly for those partner agencies (the majority) who operate on a pan-Dorset or wider footprint. It may also facilitate cost reductions. A single Board is likely to require at least the equivalent of a full time Business Manager and a full time administrator, which would represent a slight saving on current resources. However, this level of resourcing would be unlikely to enable the Board to fully meet the expectations of statutory guidance. This option could strengthen the effective co-ordination of strategies and issues that are best addressed on a pan-Dorset basis. Broad continuity in membership from the current arrangements should protect the continuing engagement of all stakeholders, although membership would require a degree of streamlining to avoid the Board becoming unwieldy. A 50% reduction in meeting time should make more consistent attendance possible on the part of those agencies who currently are unable to sustain consistent attendance at both Boards.

¹⁰ Ibid, loc.cit.

¹¹ Review of Local Safeguarding Children Board in the London Borough of Hackney, Ofsted, 2016

Moving to a pan-Dorset Board would facilitate greater alignment with the new Safeguarding Children Partnership Arrangements. However it would not easily support greater alignment with the local authority based Community Safety Partnerships, with whose priorities there is arguably a greater overlap for the Safeguarding Adults Board. Most significantly, it would weaken rather than strengthen a focus on place, communities, and the different needs identified in the local government review of urban and rural Dorset. Should this option be chosen, each local authority would need to be satisfied that the arrangements delivered on its statutory responsibility to establish an effective Safeguarding Adults Board to help and protect adults at risk in its area.

Moving to a pan-Dorset Board is a viable option. This review suggests, though, that this should not mean simply taking the two Boards as they currently function and putting them together to continue to function in the same way. Should this option be chosen, it would be important to incorporate in its implementation as far as possible the kind of refocusing described under Option 2.

Option 2: Retain and refocus existing Boards

Under this option, the Dorset and BCP SABs would remain separate. They could continue to share a Chair, or have separate Chairs to facilitate a greater focus on needs, performance, and issues arising in the two separate local authority areas. If separately chaired, the Chairs would need to maintain a close working relationship. Consideration could be given to establishing a single Business Unit for the support of both Boards, hosted in one local authority.

However, if this option is to be taken, the review considers it essential that every effort is made to address the issues raised in paragraphs 3.2 to 3.13 above. This would involve reshaping agendas to reduce the dominance of routine reporting back from sub groups, and to ensure a clearer focus on needs, performance and issues specific to the geographical area of the individual Board's remit. The QA Sub Group's work would need to be refocused to ensure a sharper focus on the quality of practice, and the joint sub group would probably need to be disaggregated into separate Dorset and BCP workstreams. The findings of a practice audit programme, both single- and multi-agency, and improvement plans arising from them, should be systematically reported and scrutinised as part of the quality assurance function. Business planning should concentrate on a small set of concrete actions, with clear timescales and success measures. Elements of this action plan could be jointly developed with the local Community Safety Partnership.

However, this option would not address the inevitable duplication and inefficiency when pan-Dorset issues need to be addressed by both Boards. While a clearer differentiation of agendas could reduce the 'Groundhog Day' effect, it would by no means eliminate it. While establishing a strong focus on place, this option would not achieve the strategic benefits or efficiencies of effective co-ordination across the pan-Dorset footprint.

Option 3: combined Partnership Boards

Under this option, the functions of a Safeguarding Adults Board would be combined with some combination of the Safeguarding Children's Partnership and the Community Safety Partnership, either in the form of the Dorset Community Safety and Criminal Justice Board or the separate Dorset and BCP CSPs. There are a number of possible permutations:

- A Pan Dorset Vulnerability and Community Safety Partnership, bringing together the Safeguarding Adults Board, the Children's Safeguarding Partnership, and the Dorset Community Safety and Criminal Justice Board.
- A Pan Dorset Adults and Children's Safeguarding Partnership
- A BCP and a Dorset Safeguarding Adults and Community Safety Partnership

All of these options would deliver different variations of alignment between the priorities of different partnership arrangements. However, all would also risk a dilution of focus on the core responsibilities and concerns of a Safeguarding Adults Board. All would also require a complex infrastructure of sub groups and task and finish groups if a clear line of sight into different areas of practice was to be achieved. Variations on all versions of this option were explicitly considered and rejected within the last twelve months in the appraisal of options for the new children's safeguarding partnership arrangements, which suggests that partners would require a compelling rationale to revive any of them at this stage.

Option 4: a Pan-Dorset Safeguarding Adults Partnership

This model would mirror the recently implemented Pan-Dorset Safeguarding Children Partnership, and would be made up of senior representatives of the two local authorities, Dorset Police, and the CCG. It is strongly advocated by at least one of the major partners in the current SAB arrangements. It would be the most streamlined of the available options, eliminate the duplication in the current arrangements, and potentially create the most significant efficiencies. It should support more focused and concrete action planning. The view was also expressed in the review that genuine challenge and scrutiny were much more likely to occur in a small senior Executive group than in large multi-agency meetings. However, this option would not lend itself to a clear focus on place, or performance and practice within individual local authority areas. It would not facilitate alignment and joint planning with local Community Safety Partnerships, and would face the same challenge as that already identified for the Safeguarding Children Partnership: how to ensure within a much tighter 'Executive' model the continued and full engagement of the wider partnership.

Option 5: thematic integration

This option would be based on the Community Safety and Safeguarding Partnership Arrangements developed in Bath and North East Somerset. This is a single set of arrangements covering adults and children's safeguarding and community safety, with a strategic Executive Group comprising the senior representatives of the statutory

children's safeguarding partners, adult social care, and the relevant criminal justice and fire and rescue services; an operational group; and a series of thematic sub groups – currently covering quality and performance, exploitation, vulnerable communities, early intervention, domestic abuse, training and workforce development, and practice review.

This is the most ambitious option, and if successfully implemented would deliver maximum co-ordination between the overlapping priorities of different remits, maximum strategic coherence, and potentially wide stakeholder engagement through the different tiers of the structure. Applied in the Dorset context, and if children's safeguarding arrangements were to be an integral part of it, it would logically operate on a pan-Dorset basis. It would therefore share both the advantages and the disadvantages of any option which is heavily focused on pan-Dorset operation. Co-ordinating thematic work effectively across two unitary authorities, and quality assurance work with a clear focus on practice across this wide range of remits, would be a significant and probably resource-intensive challenge. The drive to fit everything into an 'all age' thematic structure risks a dilution of focus on the core responsibilities, accountabilities, and concerns of the Safeguarding Adults Board. It is not clear how this structure would fully address the 'bread and butter' concerns of adult safeguarding as discussed in paragraph 2.7 above, which do not easily fit into one of the 'all age' themes.

Option 6: Strategic Collaboration / Local Delivery

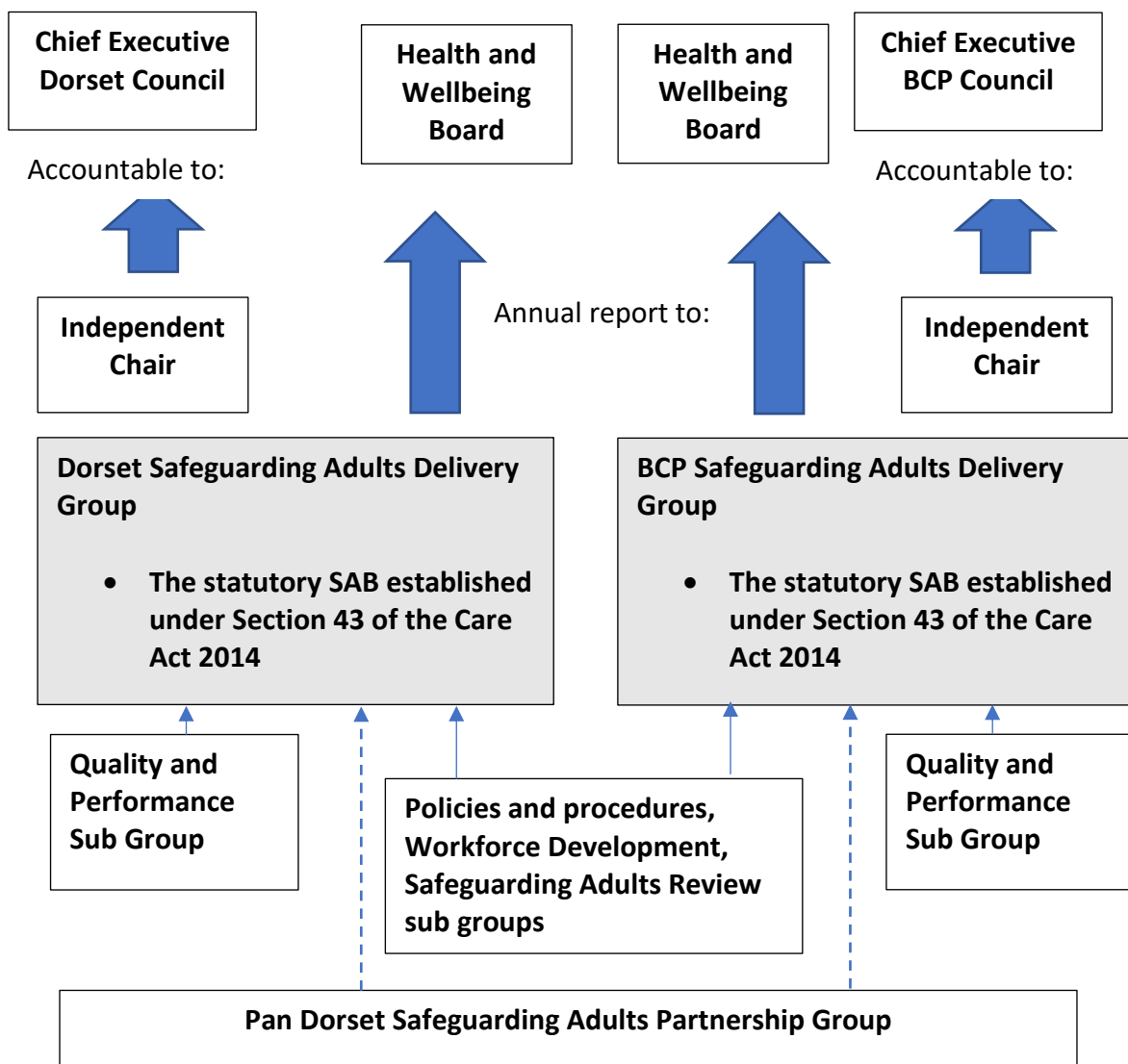
The core elements of this model are:

- A pan-Dorset Safeguarding Adults Partnership Group – Chief Officer or equivalent level representation of the CCG, Dorset Police, and adult social care and community safety in both Dorset and BCP. This group, which might meet six monthly, would be responsible for agreeing pan-Dorset strategic priorities for adult safeguarding, linking to the Pan Dorset Community Safety Strategic Assessment, and monitoring delivery of those priorities. It could be extended to also include Directors of Children's Services, to identify shared priorities with the Safeguarding Children Partnership.
- A Safeguarding Adults Delivery Group, one for each of Dorset and BCP, would be responsible for determining local priorities, translating the agreed priorities into concrete and measurable actions, monitoring the delivery of those action plans, and overseeing the quality assurance of the safeguarding adults system in the local authority area concerned. The Delivery Group would be the statutory Safeguarding Adults Board. Aspects of the agreed action plan would be jointly owned by the Delivery Group and the Community Safety Partnership. Actions to deliver pan-Dorset priorities would be assigned to task and finish groups jointly sponsored by both Delivery Groups or with one Group taking responsibility, with clear delegated authority, on behalf of the wider partnership. Membership of the Delivery Groups would be comprised of senior representatives of the 'parent' Executive agencies, at one level below the Executive members, health providers, the voluntary sector, and other relevant

agencies as determined by the Groups themselves. A senior representative of the local Community Safety Partnership should be a core member of the Board.

- The Delivery Groups should be independently chaired, to facilitate rigorous holding to account against the agreed action plans, challenge and scrutiny. Ideally (but not essentially) they should share a Chair, to facilitate the most effective co-ordination and collaboration. The Chair or Chairs should attend the Pan Dorset Partnership Group, but not necessarily chair it.
- Policies and procedures, training and workforce development, and decision making on Safeguarding Adult Reviews would most effectively continue to be managed through joint sub groups with a pan-Dorset remit, with clear delegated authority from the Delivery Groups and reporting to them annually or by exception. One of the issues raised in the review was whether policies and procedures should continue to be developed internally or through purchase of an external system such as tri.x which is reported as working effectively for Children's Services. To reach a conclusion on this would require a proper cost: benefit analysis which is beyond the resources of this review. The view has been expressed that the current arrangements work well, and are flexible and responsive to both local issues and developments. Conversely, views have also been expressed that the current processes are laborious and over local authority dominated, and generate revisions and new appendices more frequently than strictly necessary which makes them difficult for the workforce to absorb. While the stated commitment to respond to emerging issues and priorities is positive, it is worth asking whether it may also have led to some of the confusion between procedures and good practice guidance that Eileen Munro noted in her review of child protection back in 2011: "Efforts to make procedures cover more variety quickly lead to the proliferation of procedural manuals that, because of their size, become harder to use in daily practice."¹²
- However, quality assurance needs to be more specifically tailored to the assurance of performance in the individual local authority areas, and more focused on qualitative as well as quantitative performance. Each Delivery Group within this model will therefore need its own quality assurance arrangements.
- The proposed governance arrangements are set out below:

¹² The Munro Review of Child Protection: Final Report, 2011, para. 3.5



The commissioning group have asked for an estimate of the resource requirements of the recommended model. However, these must depend to some extent on decisions which the funding partners must make: there is a continuum between resourcing for minimal compliance with Care Act requirements and a 'Rolls Royce' model which would deliver on the full suite of 'should do' expectations set out in statutory guidance. The two Boards could be serviced by a joint team, hosted in one of the two authorities. As a minimum, it is estimated that this should comprise a Business Manager, a Quality Assurance Manager, a Training Co-ordinator, and probably two administrative support staff – all full time or FTE. Efficiency savings would be possible however if a broader view is taken of the resources currently committed to partnership support across the Dorset area – supporting adults and children's safeguarding, community safety at both the pan-Dorset and local authority level, and Health and Wellbeing Boards. There is scope to develop a single Partnership Support Unit, significantly increasing resilience.

7. Conclusions and recommendations

- 7.1 Option 6 is recommended as the direction of travel. It, or some version of it, is the option that most closely reflects the summary requirement set out in paragraph 2.10 above and repeated here:

“The arrangements arrived at should maximise the strategic benefits and the efficiency opportunities of collaboration and where appropriate integration at a pan-Dorset level. Equally, they need to retain an effective focus on place, community, and ‘the different needs and aspirations’ of rural and urban Dorset, as well as the need for each local authority for assurance that its lead responsibilities under the Care Act are being effectively discharged.”

It maintains a clear focus on the core responsibilities of a Safeguarding Adults Board, while facilitating much closer alignment with the work of other key strategic partnerships. It does not reflect the desire of some stakeholders for a clear reduction in the absolute number of meetings, but should make the meetings themselves more purposeful and very significantly reduce duplication.

- 7.2 There is no obvious reason for the inconsistency in local authority and CCG funding between the Dorset and BCP Safeguarding Adults Boards and it is recommended that every effort be made to equalise this. The local authorities, the police, and the CCG do not have a shared responsibility for the establishment of the Safeguarding Adults Board, as they do for the children’s safeguarding arrangements. However, it does not seem unreasonable, given that they are the only statutorily prescribed members of the Board, that the partnership should move towards matching the commitment made in the published plan for the Safeguarding Children Partnership, that the two local authorities, the police and the CCG will in future each fund 25% of the agreed costs of the safeguarding adults partnership arrangements across the pan-Dorset area.

Individuals interviewed for the review:

Barrie Crook, Independent Chair, BCPSAB and DSAB

Kelly Ansell	BCP Council
Glynis Hargreaves	BCP Council
Phil Hornsby	BCP Council
Claire Hughes	BCP Council
Judith Ramsden	BCP Council
Kate Ryan	BCP Council
Jan Thurgood	BCP Council
David Vitty	BCP Council
Sarah Webb	BCP Council (by telephone)

Vivien Broadhurst	Dorset Council
Jonathan Carter	Dorset Council
Graham Duggan	Dorset Council
Andy Frost	Dorset Council
Karen Maher	Dorset Council
Lisa Rowe	Dorset Council

Fiona Grant	Dorset Police
Ben Hargreaves	Dorset Police (by telephone)

Jo McGowan	Dorset and Wiltshire Fire and Rescue Service (by telephone)
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Vanessa Read	Dorset CCG
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Sarah Cake	Dorset County Hospital
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Denise Richards	Poole Hospital (by telephone)
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Verena Cooper	Dorset Healthcare Trust
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Respondents contributing by email

Tracey Kybert	BCP Council
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Fiona Brown	Dorset Council
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David Bourne	HMP Verne
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Tina Ridge	National Probation Service
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Jenny House	Royal Bournemouth and Christchurch Hospitals
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Donna Martin	Citizens Advice BCP
Marie Waterman	Volunteer Centre Dorset
Chris Kippax	Independent consultant

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Forward Plan – BCP Health & Adult Social Care Overview and Scrutiny Committee

The following forward plan items are suggested as early priorities to the Health O&S Committee by the Chairman and Vice Chairman, following consultation with officers.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer
	Meeting Date – 20 January 2020			
1	Emergency Duty Service To receive an update on the new Out of Hours Service following its launch in November 2018.	To ensure the performance of the Out of Hours Service is reviewed.	Report	David Vitty, Head of Adult Social Care/ Betty Butlin, Head of Long Term Conditions
2	Adult Social Care: Point of First Contact Service Design To receive an update on the Point of First Contact Service Design and the Implementation Plan for Adult Social Care	To ensure oversight of the development of the Plan	Report	David Vitty, Head of Adult Social Care
3	Review of the Safeguarding Adults Board To consider any changes to the 'Adult Safeguarding Adults Board Arrangements'.	To ensure the committee are informed of any changes to the arrangements.	Report	Jan Thurgood, Corporate Director for Adult Social Care

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer
	Meeting Date – 2 March 2020			
4	Adult Social Care - Learning Disabilities and Health Checks	To scrutinise the performance and outcomes being achieved with people with a learning disability and their carers and the progress in delivering the “Big Plan” (Learning Disability Strategy).	Presentation by People First Forum and report	Jo O’Connell and Jen Collis-Heavens BCP Council and Mark Harris CCG
5	Healthwatch To receive an introduction to the contract and priorities of Healthwatch. To include a description of the relationship between Healthwatch, the Council and scrutiny	To ensure the committee understands the contract with Healthwatch and offers input accordingly.	Report	Louise Bate Healthwatch / Elaine Stratman, Principle Officer Planning and Quality Assurance
6	NHS Looking Forward Plan To receive an update on the NHS Looking Forward Plan. To include an update on the Better Care Fund	To ensure that the Committee has information on the Plan as approved by the Health and Well-Being Board, Dorset Integrated Care System and NHS England and to identify areas for future scrutiny in the implementation of the Plan	Report	Sam Crowe, Director of Public Health; Sally Sandcraft, Dorset CCG; Jan Thurgood, Corporate Director, Adult Social Care
	Meeting Date – 27 April 2020 (suggested additional meeting date for approval by the Committee)			
7	Adult Social Care Strategy To receive an update on the development of the Adult Social Care Strategy.	To offer recommendations on the Adult Social Care Strategy in advance of its consideration by Cabinet.	Report To enable time for consultation proposed that this is considered at the suggested additional Committee date on 27/4	Phil Hornsby, Head of Adult Social Care Commissioning

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer
8	Suicide Prevention Plan	To offer recommendations on the BCP Council Suicide Prevention Plan in advance of its consideration by Cabinet	Report	Sam Crowe, Director of Public Health
	Meeting Date TBC			
9	Dorset Clinical Commissioning Group (CCG) – Mental Health Rehabilitation Service That an update on the strategic business case, including the financial details of the service would be provided to members. The next steps would also be highlighted	The information provided will ensure that Councillors are aware of the proposals in this respect, and the views of the next stage of the process to be undertaken by the CCG.	Presentation	Mark Harris Dorset CCG / Elaine Hurll Dorset CCG
10	Outcome of Independent Reconfiguration Panel relating to Dorset Clinical Commissioning Group Clinical Services Review To receive feedback on the findings of the Independent Reviewing Panel (IRP) commissioned by the Secretary of State.	The update on this matter will ensure that Councillors are aware of progress and are fully informed and able to consider whether further council engagement in this matter is required.	Committee report Note - this date is subject to change and based on the timescales of the IRP.	Tanya Coulter, Monitoring Officer and Director of Law and Governance
11	Adult Social Care Charging Strategy	The findings of a scrutiny working group will strengthen the final strategy by testing options available	Working group will report initially to Committee in November 2019 and will report again when consultation	Pete Courage, Service Manager, Adult Social Care

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer
	<p>To receive feedback from a working group of the Health O&S Committee, established to consider options relating to the BCP Adult Social Care Charging Policy.</p> <p>To consider the final policy proposals that will go to Cabinet for implementation.</p>	to the council in respect of adult social care charging.	outcomes are known and prior to the final policy is being presented to Cabinet for approval.	
12	<p>Dementia Services Review</p> <p>To receive an update on progress since the Dementia Services Review</p>	To inform O&S of progress in Dementia Services (November/January 2021)	Report	Mark Harris Dorset CCG
<p>Commissioned Work</p> <p>Work commissioned by the Committee (for example task and finish groups and working groups) is listed below.</p> <p>Note – to provide sufficient resource for effective scrutiny, one item of commissioned work will run at a time. Further commissioned work can commence upon completion of previous work.</p>				
13	Adult Social Care Charging Strategy Working Group	As per item 10 above		Pete Courage, Service Manager, Adult Social Care
14	The South West Ambulance Service Trust Improvement and Financial Investment Plan	To scrutinise the impact of the improvement and financial investment plan on the response	Possible joint scrutiny with Dorset Council	Jan Thurgood, Corporate Director for Adult Social

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer
		times and outcomes of the Ambulance Service		Care/ Senior Democratic and Overview and Scrutiny Officer
15	The implementation and performance of NHS Dorset Urgent Integrated Care Services	To scrutinise the impact, service performance and outcomes of the NHS Dorset Urgent Integrated Care Services (April 2020, 1 year after implementation)	Possible Joint Scrutiny with Dorset Council	Jan Thurgood, Corporate Director for Adult Social Care /Senior Democratic and Overview and Scrutiny Officer

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