

# Notice of Health and Adult Social Care Overview and Scrutiny Committee



Date: Monday, 7 March 2022 at 6.00 pm

Venue: Committee Suite, Civic Centre, Poole BH15 2RU

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## Membership:

### Chairman:

Cllr J Edwards

### Vice Chair:

Cllr L-J Evans

Cllr D Butler

Cllr D Farr

Cllr C Johnson

Cllr A Jones

Cllr C Matthews

Cllr M Robson

Cllr R Rocca

Cllr S Phillips

Cllr K Wilson

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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 view the live stream of this meeting at the following link:

<https://democracy.bcpCouncil.gov.uk/ieListDocuments.aspx?MId=4828>

If you would like any further information on the items to be considered at the meeting please contact: [democratic.services@bcpCouncil.gov.uk](mailto:democratic.services@bcpCouncil.gov.uk)

Press enquiries should be directed to the Press Office: Tel: 01202 118686 or email [press.office@bcpCouncil.gov.uk](mailto:press.office@bcpCouncil.gov.uk)

This notice and all the papers mentioned within it are available at [democracy.bcpCouncil.gov.uk](https://democracy.bcpCouncil.gov.uk)

GRAHAM FARRANT  
CHIEF EXECUTIVE

25 February 2022

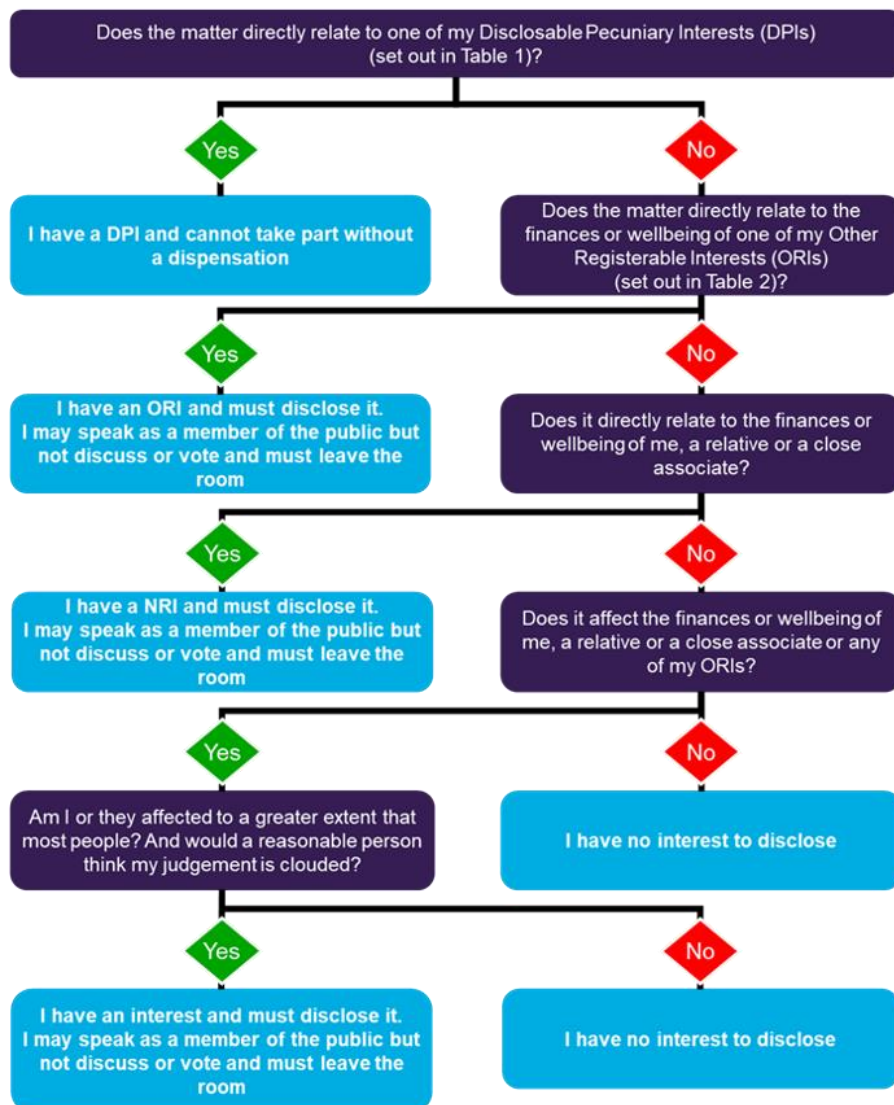


## Maintaining and promoting high standards of conduct

### Declaring interests at meetings

Familiarise yourself with the Councillor Code of Conduct which can be found in Part 6 of the Council's Constitution.

Before the meeting, read the agenda and reports to see if the matters to be discussed at the meeting concern your interests



What are the principles of bias and pre-determination and how do they affect my participation in the meeting?

Bias and predetermination are common law concepts. If they affect you, your participation in the meeting may call into question the decision arrived at on the item.

#### Bias Test

In all the circumstances, would it lead a fair minded and informed observer to conclude that there was a real possibility or a real danger that the decision maker was biased?

#### Predetermination Test

At the time of making the decision, did the decision maker have a closed mind?

If a councillor appears to be biased or to have predetermined their decision, they must NOT participate in the meeting.

For more information or advice please contact the Monitoring Officer  
([susan.zeiss@bcpcouncil.gov.uk](mailto:susan.zeiss@bcpcouncil.gov.uk))

### Selflessness

Councillors should act solely in terms of the public interest

### Integrity

Councillors must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships

### Objectivity

Councillors must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias

### Accountability

Councillors are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this

### Openness

Councillors should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing

### Honesty & Integrity

Councillors should act with honesty and integrity and should not place themselves in situations where their honesty and integrity may be questioned

### Leadership

Councillors should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs

# 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 requested to declare any interests on items included in this agenda. Please refer to the workflow on the preceding page for guidance.

Declarations received will be reported at the meeting.

## 4. Confirmation of Minutes

To confirm the minutes of the meeting held on 17 January 2021.

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## 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 a public question is 4 clear working days before the meeting.

The deadline for the submission of a public statement is midday the working day before the meeting.

The deadline for the submission of a petition is 10 working days before the meeting.

## 6. Action Sheet

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

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## 7. COVID Update

For the Committee to receive an update from Public Health Dorset on

COVID-19, to enable the Committee to monitor the ongoing pandemic and scrutinise the ongoing response to COVID-19.

**8. Health Infrastructure Plan Update**

To receive an update on the Health Infrastructure Plan as part of the wider Dorset ICS process from the Transformation Director of University Hospitals Dorset.

**9. Suicide Prevention Plan Progress Update - 2022**

For the Committee to receive a progress update on the progress of the Suicide Prevention Plan.

**10. Portfolio Holders Update**

To receive any updates from the relevant Portfolio Holders on key issues or actions that have been taken since the last meeting, as appropriate.

**11. Forward Plan**

To consider and comment as appropriate on the development of the Committee's Forward Plan.

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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.

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

Minutes of the Meeting held on 17 January 2022 at 6.00 pm

Present:-

Cllr J Edwards – Chairman

Cllr L-J Evans – Vice-Chair

Present: Cllr D Butler, Cllr D Farr, Cllr C Johnson, Cllr A Jones,  
Cllr C Matthews, Cllr M Robson, Cllr R Rocca and Cllr K Wilson

175. Apologies

There were none.

176. Substitute Members

There were none.

177. Declarations of Interests

The Vice-Chair declared, for transparency, that she was an employee of the University Hospitals Dorset Foundation Trust.

Cllr C Johnson declared, for transparency, that she was an employee of the University Hospitals Dorset Foundation Trust.

Cllr C Matthews declared, for transparency, that he was a governor of the University Dorset Hospitals Trust.

178. Confirmation of Minutes

The Committee raised several points contained within the minutes. Actions were requested, including an update on the Carers Strategy strategic vision and an update on the dementia diagnostic waiting times. Following this, the minutes of the meeting held on 29 November 2021 were agreed as a correct record.

179. Public Issues

There were none.

180. Action Sheet

The Committee noted the Action Sheet.

181. COVID-19 Update

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The Director of Public Health for Public Health Dorset introduced the progress report on Public Health and Adult Social Care Response to the COVID-19 Pandemic. The main points raised during the presentation were as follows:

- Almost all current cases were Omicron, which took off during the 2nd week of Dec.
- During the New Year (the first week of 2022) BCP Council had very high rates of infection, with almost 1500 cases per 100,000, which was almost the highest rate since the start of mass testing.
- Up to date information saw cases falling to 811 per 100,000, with Dorset around 600 per 100,000 and the South West at 812 per 100,000.
- Hospital admissions were down since the previous week, with 77 people with covid in local hospitals.
- Policy changes were taking place and from 17 January there would be a change in the required isolation period for those who test positive. People can end self-isolation after day 5 as long as they provide two negative lateral flow tests at 24 hours apart. Day zero would be counted as the day symptoms start. An individual who has tested positive can then start taking lateral flow tests on day 5 of their isolation period. Furthermore, if a person tests positive using a lateral flow test, they no longer need to conduct a PCR test. However, individuals will need to show a positive PCR test result for any payment support required during a of covid isolation period.
- The Vaccination program was still underway, with 15,000 jabs per day being administered in the Dorset system alone. 83% of the eligible population had already had their booster which was noted as a huge Public Health achievement.
- The vaccination workforce was being reviewed to ensure that there was constant efficiency in the overall health service. Some vaccination staff were beginning to return to their previous roles.
- The JCVI decision on second doses for 12-15 year olds and for clinically vulnerable children 5-11 year olds was to be published shortly.
- Trusted Voices and the Vaccine ambassadors continued to work with communities on encouraging people to come forward and take up the vaccine offer.
- Current restrictions for Plan B and the Omicron variant were to be reviewed on January 26 with communications to be updated via the Outbreak Board during that week.
- The rules were changing in order to support people in returning to work safely.
- The Public Health day response team continued to be very busy to support the adult social care sector in managing incidents and outbreaks. Supporting schools and care settings were top of this priority.

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- The supply of lateral flow tests had improved over the last 2 weeks and the NHS were continuing to provide targeted testing in high visibility locations.
- Local modelling suggests that current trajectory was following the best-case scenario locally, with a predicted continued fall in cases and hospital admissions.
- It was currently difficult to tell whether the fall in cases was due to reduced prevalence, fewer people testing, or more asymptomatic infection not being reported.

The Director of Public Health for Public Health Dorset answered questions and comments from the Committee. The main questions and answers heard were as follows:

- A member asked about what seemed to be a youth apathy towards the ongoing public health measures and process, including uptake of the second vaccine or the booster vaccine. Members were informed that a piece of work was ongoing on the engagement of people, specifically asking why they were not coming forward for initial or follow up vaccines. It was heard that there was still work to be done on understanding the barriers as well as re-emphasising the importance of the vaccine in protecting yourself and others.
- A member asked about the disparity between the real number of positive test results and that of those which are actually logged on the NHS system. The Committee heard that the sample size was large enough at a local level to see a trend. Prevalence in the South West was at 3.4%, which could be projected to the population of BCP for a rough figure. There were lots of factors playing into the drop in rates, but it was reiterated that this trend was best viewed using the national figures on zero prevalence.
- Members were informed that if PCR tests were not carried out then it would be very difficult to genotype cases. It was heard that epidemiologists look for signals such as case outbreaks as a method of underlying surveillance. Therefore, it was heard how vitally important it was to have an effective strategy for surveillance and for picking up new variants, prior to planning how to deal with it.

The Committee noted the update.

182. Impact of the Pandemic (COVID-19) on Adult Social Care

The Director of Operations for Adult Social Care (ASC) and the Interim Director of ASC Commissioning introduced the report and presented the item. The main points were as follows:

Overview:

- The service had undergone a unique set of winter pressures.

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- National mandated measures to support the ASC service had been introduced in March 2020.
- Pressures on emergency departments and acute hospitals had taken place.
- The Incident management hospital discharge scheme was engaged to support the population through this period and was also introduced in March 2020.
- There were nationwide workforce shortages in ASC and in the local setting the ASC operational area had around 25 vacancies. Other vacancies existed in Occupational Therapy.

NHS System pressures:

- Acute hospitals continued to see challenges due to their bed occupancy rates, with around 95% of the capacity full, meaning very little scope for further capacity.
- Community hospitals are also under pressure including mental health facilities.
- GPs and primary care networks were involved in the nationwide vaccination program.

The Care Market:

- Since August 2021, 76 packages of care were handed back to BCP from 21 providers.
- There are 150 Care Providers in the BCP area.
- Staff morale is low and staff are exhausted.
- Covid infection and staff resignations are fueling staffing crisis.
- Residential care staff are 95% double vaccinated with 31% having received the booster.

Operational Pressures:

- There was a 40% increase in hospital social work demand.
- The heightened demand meant that waiting times have gone up.
- Resources were being diverted to hospital discharge out of necessity.
- There had been an increase in safeguarding concerns, though not all had resulted in a section 42.

Financial Implications:

- There had been an increase in fees for Care Homes.
- Patients require 30% more care following discharge. This was not unexpected though as people were leaving hospital at the earliest opportunity and therefore were likely to have greater needs upon discharge.
- Government funding for the hospital discharge program is set to end on 31 March 2022.
- Workforce and Infection Grants had been awarded to Care sector over this period.



Risks:

- The shortage of care capacity that is delaying care and support.
- The pressure to discharge patient.
- Financial pressures on the ASC budget.
- Greater emergency use of Care Homes for people being discharged who may otherwise go home if they were in hospital longer. This requires the individual to go into an interim residence before going back to permanent residency.

The Director of Operations for Adult Social Care (ASC) and the Interim Director of ASC Commissioning answered questions and comments from the Committee. These were as follows:

- A member asked about staff morale and what had been done to prevent resignations / further staffing vacancies. The Committee heard that there had been two large workforce retention funds which had gone directly to the providers of care for their staff. The service provide regular communications with care providers as well as incentives such as extra money during Christmas, free parking, childcare. A £150 grant was awarded for all care staff over Christmas and the service were committed to showing staff that they were recognised.
- The Committee heard, following this, that support for the managers was crucial to this issue.
- Members were informed that the social media campaigns had worked in the past but were less successful in recent times.
- The Committee were told that many care workers, specifically in the home domiciliary market, opted to work for agencies given the flexibility in working hours. The reliance on agency staff, however, was lower than expected.
- One member raised the issue of pressure on the A&E service and the Committee heard that the primary care network were doing everything possible, such as seeing patients, holding e-consultations, providing vaccination support, but that emergency departments were extremely busy, by and large with cases that were appropriate for emergency services.
- Demand for GPs was rising, with people becoming more confident to contact/see their GP. Members heard that, like hospitals, GPs were extremely busy and facing serious pressures that were not all related to covid. The contribution to the vaccination program from GPs and Primary Care was vast, and this had all been done whilst keeping general practice doors open. As an area, BCP have been Care Quality Commission (CQC) rated Good or Outstanding across all services. There is the acknowledgement of variation in services despite the overall good quality, but work is being done across the entire network to share best practice on managing demand, retaining and improving the workforce, recruitment, integrated working, ensuring resilience and open access to the population.

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- Members heard that there was a national shortage of staff in occupational therapy and therapy more widely. It is crucial to share expertise and knowledge within the network to improve.
- The Committee heard that the use of the 111 telephone service was up by 25% on last year. The BCP area are 4<sup>th</sup> in the country for responding to 111 calls. An important element that was introduced recently on this matter was the ability to book GP appointments on 111.
- Members were told that the hospital discharge fund would finish on 31 March 2022. This funding applies to people enhanced need (a different or new need to what they had when admitted) for up to a 4-week period. During that 4-week period the team assess the individual to know what their needs are and where they will need to go next. The team have helped 3500 people over 6-month period.
- It was explained that a 35p increase per week was awarded to the carers allowance. The Committee agreed for the Chair to write to the local MPs, on behalf of the Committee, asking them to review the informal carer's allowance, £67.60 a week, with a view to increasing this figure.
- It was further agreed that the Committee would champion the Proud to Care funding for Cabinet and request Cabinet's support for carers through various funding channels.

**RESOLVED that the Committee:**

- **Recommend to Cabinet that they write to local MPs, on behalf of the Committee, asking them to review the informal carer's allowance, £67.60 a week, with a view to increasing this figure.**
- **Recommend to Cabinet the following: *"BCP have a large number of care workers who look after our many elderly and vulnerable residents. We need to promote care work as an attractive career including through apprenticeships with on the job skill training which offer real career progression. As valued workers they should be seen as key workers with a fair wage and all the benefits for the essential service they provide. Will Cabinet approve this course of action"*.**

The Committee noted the

183. Adult Social Care Emergency Duty Service

The Director of Operations for Adult Social Care, Head of Access and Carers Service and Emergency Duty Service Manager introduced and presented the item. The main points of which were as follow:

- The current ASC Emergency Duty Service (EDS) model incorporated the Bournemouth and Poole services of 2018 and became the BCP service in 2019.

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- The EDS consists of 5 contact officers who are all very skilled in screenings and risk assessments that come in via telephone calls.
- Officers can also act as appropriate adults if the individual in question is a vulnerable adult.
- Within the service, there are a number of mental health practitioners who have been approved by the local authority (social services) to carry out duties under the Mental Health Act (MHA) following suitable training. These could be social workers, Occupational Therapists, nurses, for example, though currently most are social workers.
- The EDS operates outside normal office hours (5pm – 9am) including weekends, Bank Holidays and Christmas. They are the single point of contact for adults in crisis or for someone concerned about an adult in crisis.
- The EDS tend to deal with adults in crisis who require statutory assessment, particularly under the MHA. The service will help adults under harm and neglect or those in need of an urgent package of care.
- The EDS receives high volume of calls, and between Apr-Nov 2021 they had fielded 2767 calls.
- The highest proportion of work undertaken by the team are cases that require MHA assessments.
- Since the start of the pandemic the EDS has not stopped seeing people face to face.
- The financial cost to the ASC is £775,000 a year – almost all of this funding is used on staffing.
- The service' legal duties and requirements fall within Care Act and MHA.
- A small fund of £15,000 would be used throughout the year to pay for an emergency fund, a train ticket, food parcels, training and so on.
- Members heard that equipment that has been issued by the EDS team to an individual can be returned to the contact centre.
- There are 3 contact officers on shift over an evening. The first shift runs from 5pm till 11:30pm where there are 2 officers. They will then swap over to another, single officer to do the remaining shift. Qualified mental health professionals are able to be contacted. The Contact officers remain at home but may take calls in office space. Social workers go out alone, however they will usually meet doctors on site, as well as the patients, transport, police and so on. Contact officers are aware of all that is going on and will check on the field officers.
- The Committee heard that the service work with Bournemouth University to recruit staff and to facilitate training.
- The rotas are very efficiently run, despite the service facing very challenging work.
- There is an app that is health organisation oriented that is supported by the EDS. It runs both during the day and out of hours and if an individual requires a MH assessment then they will have a team

located on the app. The app can send out a request from the EDS for a doctor to hold an assessment, for example.

Members noted the update.

Portfolio Holder(s):

To update the Committee on the performance of the Adult Social Care Emergency Duty Service.

184. Portfolio Holder Update

The Portfolio Holder for People provided an update. The main points were as follows:

- BCP spend more than the English average on care for older people, for a lower percentage of population than average. It has been recognised that care tech use is limited and that there is huge potential to enhance our services and save costs utilising care technology. The Fulfilled Lives in Core Strategy is progressing and the Portfolio Holder wants the offer to be available from the first point of contact. The Offer at present, to residents is very traditional, such as fall alarms and Care Line.
- Ultimately, the service needs to reach more people and to grow and a business case is being made for better technology and more innovative ways to help and monitor the health of vulnerable people. This business case will be crafted and taken through democratic process.

The Portfolio Holder for Tourism and Active Health provided the following points of update:

- The Dorset ICS formal launch date has been deferred to July. However there have been new recruitments at senior level.
- This approach will foster closer working within a multi-partner model.
- The hope is for Local Authorities to be prominent in the partnership.
- This multi-agency partnership will include the NHS, Primary Care Network CN, Local Authorities, Emergency Services and other specialist organisations.
- Evaluation has taken place of the work undertaken by Warwick County Council as they are one and a half years ahead of BCP on this matter.

The Committee noted the updates.

185. Forward Plan

Members discussed the Forward Plan and raised the topics of the Bournemouth Birthing Centre, Suicide Prevention Plan and NHS Dentistry Provision, which were all noted and would be added to the Forward Plan if they had not been already.

The Forward Plan was agreed by the Committee.

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The meeting ended at 20:15

CHAIRMAN

## 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)
<b>Actions arising from Committee meeting: 2 March 2020</b>				
63	COVID-19	For the Chair to work with Key Officers on how best to consider the ongoing issue of Covid-19.  <b>Action: For regular, brief email updates on the Council's COVID-19 ASC response to be circulated to members and for an update to be presented to Committee at their meetings.</b>	For members to receive up to date, expert information on the ongoing issue of Covid-19.	
<b>Actions arising from Committee meeting: 30 November 2020</b>				
110	Home First Programme (including update on the Better Care Fund)	For the Committee to receive data on the readmission rates to hospitals in BCP following discharge through the Home First Programme.  <b>Action: Discussions will take place between BCP and NHS colleagues on capturing and presenting this information.</b>	For members to track the rate at which individuals, who have been discharged through the new process, had re-entered hospital and whether there were any specific or identifiable reasons for this.	

<b>Minute number</b>	<b>Item</b>	<b>Action*</b> *Items remain until action completed.	<b>Benefit</b>	<b>Outcome</b> (where recommendations are made to other bodies)
<b>Actions arising from Committee meeting: 29 November 2021</b>				
<b>174</b>	<b>Front Door Service satisfaction survey</b>	For the Committee to receive the Front Door Service satisfaction survey responses for their consideration.	For members to track the feedback of service users of the new Front Door Service.	
<b>Actions arising from Committee meeting: 17 January 2022</b>				
<b>170</b>	<b>BCP Carers Strategy</b>	For the Committee to receive an update on the strategic vision that was being worked on with Dorset. The exercise was currently at the midway stage, in November 2021, to review each of the 9 objectives. The outcomes of this work would feature in the next stage of the vision and would be completed by mid-2022.	For members to track the progress of the Carers Strategy strategic vision.	
<b>171</b>	<b>Dementia Services Review</b>	For the Committee to be updated on diagnostic waiting times, specifically the hoped-for reduction from 16 to 6 weeks with the new full-time medic in place.	For members to monitor the service's identified target of reducing diagnostic waiting times.	



Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
182	<b>Impact of the Pandemic (COVID-19) on Adult Social Care</b>	<p>The Committee recommended that:</p> <ul style="list-style-type: none"> <li>• Recommend to Cabinet that they write to local MPs, on behalf of the Committee, asking them to review the informal carer's allowance, £67.60 a week, with a view to increasing this figure.</li> <li>• Recommend to Cabinet the following: <i>"BCP have a large number of care workers who look after our many elderly and vulnerable residents. We need to promote care work as an attractive career including through apprenticeships with on the job skill training which offer real career progression. As valued workers they should be seen as key workers with a fair wage and all the benefits for the essential service they provide. Will Cabinet approve this course of action"</i>.</li> </ul>	To champion carers across BCP and to contribute to the shape of the BCP Adult Social Care service.	

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

Updated 21/02/2022

The following forward plan items are suggested as early priorities to the Health and Adult Social Care O&S Committee by the Chair and Vice-Chair, 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	Report Information
<b>7 March 2022</b>					
<b>1.</b>	<b>Health Infrastructure Plan Update</b>  To receive an update on the Health Infrastructure Plan as part of the wider Dorset ICS process.	To provide an opportunity to receive an update about and to scrutinise the latest progress of the plan's implementation.	Presentation.	Richard Renault, Chief of Strategy and Transformation UHD  Stephen Killen, Transformation Director UHD	Requested by the Committee at their meeting in March 2021.
<b>2</b>	<b>Suicide Prevention Plan Progress Report – 2022</b>	For the Committee to receive a progress update on the Suicide Prevention Plan at an appropriate time during 2022.	Verbal Update	Elaine Hurl, Principal Programme Lead for Mental Health at Dorset CCG	Requested by Committee.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
3.	<b>Covid19 Update</b> To receive an update from Public Health Dorset and Adult Social Care Services on COVID19.	To enable the Committee to maintain oversight of this issue and target scrutiny as required.	Presentation.	Sam Crowe, Director of Public Health Dorset	Requested by the Chair and Vice-Chair in consultation with the Corporate Director of Adult Social Care; standing item since July 2020.
4.	<b>Portfolio Holders Update</b> To receive any updates from the relevant Portfolio Holders on key issues or actions that have been taken since the last meeting, as appropriate.	To keep the Committee up to date on the main pieces of work being undertaken by the Portfolio Holder/s and to monitor the actions and outcomes.	Verbal update.	Cllr Karen Rampton – Portfolio Holder for People and Homes  Cllr Mohan Iyengar – Portfolio Holder Tourism and Active Health	Standing item, requested by Committee in 2019.
<b>23 May 2022</b>					
5.	<b>Health and Wellbeing Board update</b> To receive an update on the role of the Health and Wellbeing Board and their current/recent main pieces of work.	The Committee will be updated on the work undertaken by the Health and Wellbeing Board.	Verbal update	Chair of the Health and Wellbeing Board.	Requested by Committee at their meeting on 27 September 2021.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
<b>DATE to be allocated</b>					
<b>6</b>	<b>Dorset Clinical Commissioning Group (CCG) – Mental Health Rehabilitation Service</b>  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 and report.	Mark Harris, Head of Mental Health Dorset CCG  Elaine Hurl, Principal Programme Lead for Mental Health at Dorset CCG	
<b>7.</b>	<b>Structural Review of Safeguarding Community Safety Partnership.</b>	To ensure the Committee are informed of any changes to the arrangements.	Committee Report	Independent Chair of Bournemouth, Christchurch and Poole Safeguarding Adults Board.	
<b>8.</b>	<b>Liberty Protection Safeguards.</b>	For the Committee to be informed on the guidance provided and implementation of Liberty Protection Safeguards.  (Delayed implementation date of April 2022).	Committee Report.	David Vitty, Director of Adult Social Care	April 2022.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
9.	Dentistry Provision	For members to receive an informative update on NHS dentistry provision.	TBC	TBC	Requested by Committee members at 8 March meeting.
10.	Health services for people who are Homeless and Rough Sleeping	For the Committee to scrutinise the health services available to people who are homeless and for a general update in the first Quarter of 2022.	Report.	Ben Tomlin, Housing Services Manager.	BCP's Draft Homelessness Strategy was considered by the Committee prior to its consideration at Cabinet in April 2021.
11.	111 and 111 First	For the Committee to receive information on the 111 and 111 First service. Highlighted as an area for potential joint scrutiny.	TBC	TBC	Requested by the Chair and Vice-Chair in consultation with the Corporate Director for Adult Social Care – May 2021.
12.	Day Opportunities	TBC	TBC	TBC	TBC
13.	Access to GP practices and appointment waiting times	TBC	TBC	TBC	TBC

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
14.	Dorset Care Record Update	TBC	Report?	Phil Hornsby, Director of Commissioning for People  David Vitty, Director of Adult Social Services	TBC
15.	Think Big Project update	The Committee will be updated on the progress of the Think Big Project in BCP Council.	Verbal update	Sally Sandcraft Director of Primary and Community Care NHS Dorset Clinical Commissioning Group CCG  Portfolio Holder for Adult Social Care	Requested by Committee at their meeting on 27 September 2021.
16.	<b>Safeguarding Adults Board Annual Report (2021/22) and Business Plan (2021/22)</b> To receive an update on the progress of objectives in 2021-22 and the	The Committee will be updated on the work undertaken by the BCP Safeguarding Adults Board during the last year as well as the Board's Business Plan for 2021/2022. The	Report.	Siân Walker Independent Chair, Bournemouth, Christchurch and Poole	Annual standing item; added to Forward Plan in consultation with Corporate Director for Adult Social Care and Chair of the

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
	Board's Business Plan (2021-2022).	item will also provide opportunity for the Committee to consider how it would like to engage in future scrutiny opportunities relating to the Adult Safeguarding Board and consider any Committee training needs in this respect.		Safeguarding Adults Board.	Committee – November 2021.
17.	<b>Healthwatch Dorset Young Listener's Project – Update on the implementation of recommendations</b>	The Committee will be updated on the progress of the recommendations within the Young Listener's report.	Verbal update / report.	Louise Bate – Manager Healthwatch Dorset.	Requested by Committee at their meeting on 27 September 2021.
18.	<b>Bournemouth Birth Centre</b> To receive an informative update from the Director of Midwifery (University Hospitals Dorset).	To enable members to be updated on the changes to service during the pandemic and of the next steps.	TBC	Lorraine Tongue, Director of Midwifery, University Hospitals Dorset	
19.	<b>Covid19 Update</b> To receive an update from Public Health Dorset and Adult Social Care Services on COVID19.	To enable the Committee to maintain oversight of this issue and target scrutiny as required.	Presentation.	Sam Crowe, Director of Public Health Dorset	Requested by the Chair and Vice-Chair in consultation with the Corporate Director of Adult



	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
					Social Care; standing item since July 2020.
20.	All-Age Autism Project				Requested by the Chair at Committee in November 2021.
21.	<b>BCP Carers Strategy Update</b>  To receive For the Committee to receive an update on the progress of the strategy.	To enable the Committee to monitor and input into the development of the strategy.	Report.	Emma Senior, Commissioning Manager: Prevention and Wellbeing.  Tim Branson, Head of Access and Carers.	Requested by Committee at their meeting in November 2021.
22.	<b>Joint scrutiny on 'substantial variations to health services'.</b>  To consider the criteria that has been proposed to be added to the constitution, setting out what constitutes a 'substantial variations to health services' in the		TBC	TBC	TBC

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
	Joint Health Scrutiny Protocol.				
<b>Information Briefings</b>					
<b>Commissioned Work</b> Work commissioned by the Committee (for example task and finish groups and working groups) is listed below: 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.					
<b>23.</b>	<b>The South West Ambulance Service Trust Improvement and Financial Investment Plan</b>	To enable Committee Members to scrutinise the impact of the improvement and financial investment plan on the response times and outcomes of the Ambulance Service.	Possible joint scrutiny with Dorset Council.		
<b>24.</b>	<b>The implementation and performance of NHS Dorset Urgent Integrated Care Services</b>	To scrutinise the impact, service performance and outcomes of the NHS Dorset Urgent Integrated	Possible Joint Scrutiny with Dorset Council.		

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
	Committee to agree enquiry session.	Care Services (April 2020, 1 year after implementation).			
25.	<b>External Scrutiny – Quality Accounts.</b>	To ensure Committee members have the opportunity to scrutinise the quality accounts of the NHS Trusts. Scrutiny leads for NHS Dorset Quality Accounts will need to be revised due to Committee membership changes since first arrangements.	Rapporteur model.	Elaine Stratman, Principal Officer Planning and Quality Assurance.	(Item has been postponed due to COVID19).
<b>Update Items</b> <p>The following items of information have been requested as updates to the Committee.</p> <p>The Committee may wish to receive these in an alternative to format to Committee updates (e.g. by emailed briefing note outside of the Committee) to reserve capacity in Committee meetings for items of value-added scrutiny.</p>					

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