

Notice of Health and Adult Social Care Overview and Scrutiny Committee



Date: Monday, 23 May 2022 at 6.00 pm

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

Membership*:

Chair:

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 S Phillips

Cllr M Robson

Cllr A M Stribley

Cllr K Wilson

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?MIId=5035>

If you would like any further information on the items to be considered at the meeting please contact: or email

Press enquiries should be directed to the Press Office: Tel: 01202 118686 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

13 May 2022

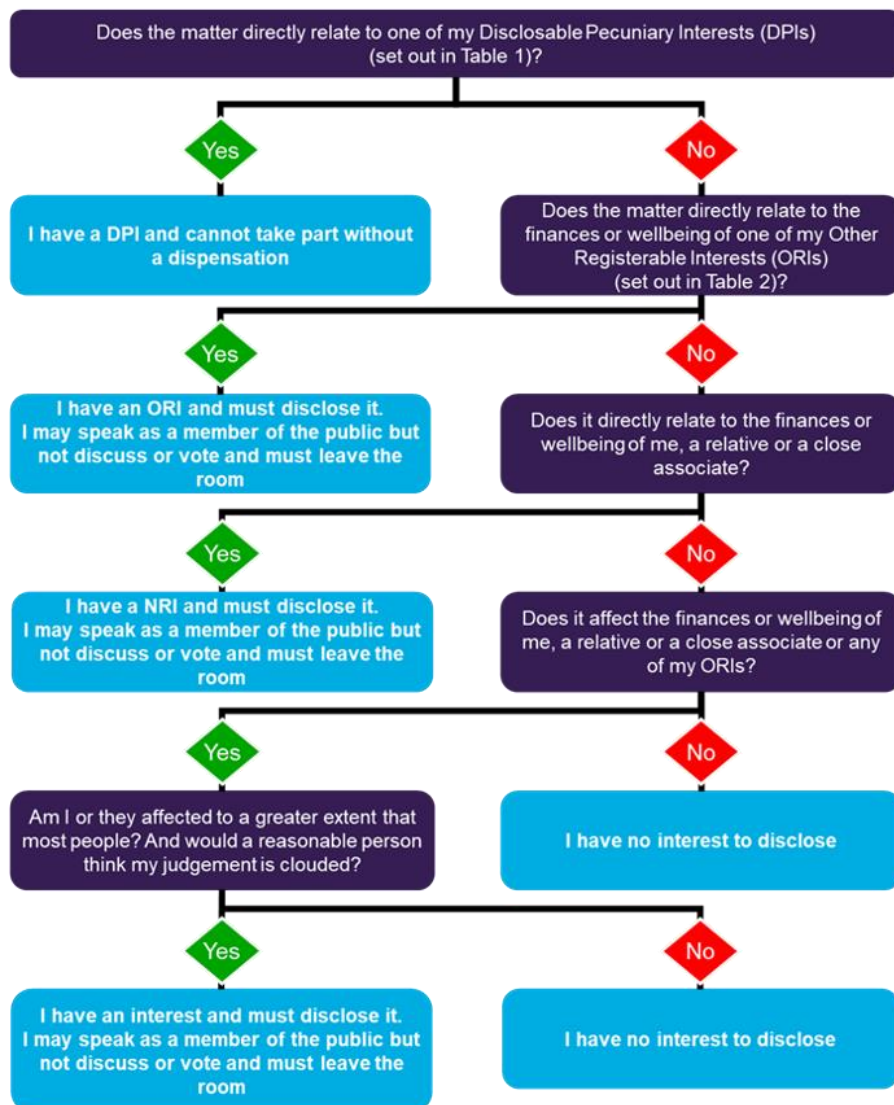


Maintaining and promoting high standards of conduct

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)

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. **Election of Chair of the Health and Adult Social Care Overview and Scrutiny Committee**

Councillors are asked to elect the Chair of the Health and Adult Social Care Overview and Scrutiny Committee for the 2022/23 Municipal Year.

4. **Election of Vice-Chair of the Health and Adult Social Care Overview and Scrutiny Committee**

Councillors are asked to elect the Vice-Chair of the Health and Adult Social Care Overview and Scrutiny Committee for the 2022/23 Municipal Year.

5. **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.

6. **Minutes**

7 - 14

To confirm the Minutes of the Health and Adults Social Care Overview and Scrutiny Committee held on 7 March 2022.

7. **Action Sheet**

15 - 18

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

8. **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:-

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.

9. Outpatient Assessment Centre at Dorset Health Village

19 - 26

For the Committee to receive an update on the Outpatient Assessment Centre at Dorset Health Village.

10. Suicide Prevention Plan, Progress Report 2022

27 - 48

In 2020 both BCP Council and Dorset Council, Partners, Public Health Dorset and the Dorset Clinical Commissioning Group established a multi-agency Pan Dorset suicide prevention programme (SP) as part of the national SP programme.

This report provides an update on the six key workstreams within the pan-Dorset programme and also progress on BCP Council's own Suicide prevention plan, one year since publication.

Overall, there has been significant progress in promoting suicide prevention and wider mental wellbeing agendas through communications, training and support services.

Some areas of work have been hampered by the pandemic and other factors. A new national strategy is anticipated later this year and plans locally will need to be reviewed in light of these through the Suicide Prevention Steering Group and Council's Corporate Management Board.

11. Integrated Care Strategy Development

Verbal
Report

For the Committee to be updated on the Integrated Care Strategy and to involve Members at an early stage in the principles, approach and timelines for developing the strategy.

12. 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.

13. Forward Plan

49 - 60

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

14. Future Meeting Dates

The Council at its meeting on 10 May agreed to delegate authority to the Overview and Scrutiny bodies to agree their own meeting dates for the 2022/23 and 2023/24 municipal years.

The Council agreed that there would be 5 meetings scheduled in each municipal year. These will need to be set with reference to the current Council Calendar.

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 07 March 2022 at 6.00 pm

Present:-

Cllr J Edwards – Chairman

Cllr L-J Evans – Vice-Chair

Present: Cllr D Butler, Cllr S Gabriel, Cllr C Johnson, Cllr A Jones,
Cllr S Moore, Cllr M Robson, Cllr S Phillips and Louise Bate

186. Apologies

Apologies were received from Cllrs D Farr, C Matthews and K Wilson.

187. Substitute Members

Cllr S Gabriel substituted for Cllr D Farr and Cllr S Moore substituted for Cllr C Matthews.

188. 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.

189. Confirmation of Minutes

The minutes of the meeting held on 17 January 2022 were agreed as a correct record.

190. Public Issues

There were none.

191. Action Sheet

In relation to Action Sheet number 170, the BCP Carers Strategy, the Chair provided an overview of the Carers Review and Strategy engagement session that was held on Monday 21 February 2022. The main points were as follows:

- 11% of all carers in Dorset are unpaid.
- There are 5300 carers that are registered with the Carers Information Service, however there is a need to reach those who have not registered or are unaware of the information and services available to them.

- 90% of the responders to the Carers Survey said that they felt lonely.
- 81% of carers reported that they had taken up more care due to the Covid pandemic.
- 69% of carers reported worsening mental health and 64% reported worsening physical health.
- The highest number of those cared for were: a spouse or partner, followed by a younger relative, followed by a parent.
- Not all carers had the information they felt they need, including information on payments, self-directed support, residential respite and CRISP (carers resource and info support programme).
- 2400 paper copies of the Carer's survey were sent out and of those that responded, 131 said they were happy to be part of a focus group.
- The majority of responders were spouses and/or partners of those they cared for. They preferred the label of 'recognised carer'.
- 33% were not happy with the carer assessments but the majority were happy and were confident with the latest technology required.
- CRISP events would also be helpful if offered during evenings as well as daytimes.
- Many were pleased with the BCP website, especially the 'my life and my care' section.
- Some carers were happy to be mentors in order to give tips and techniques to others.
- Direct payments would be helpful with day-to-day chores such as dog walking, gardening and cleaning.

Cllr D Butler requested an update on Action Sheet number 171, Dementia Services Review, and asked for a monthly update on the diagnostic waiting times in order to monitor the target of reduction from 16 to 6 weeks.

The Committee noted the Action Sheet.

192. COVID Update

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

- The national strategy for dealing with Covid had changed and plans were in place for the Living with Covid strategy.
- Current data showed that cases of the Omicron variant were extremely high in January 2022, with a rebound in February, before appearing to fall at present.
- There was a significant change in public behaviour around the seeking of tests and more people were simply relying on PCR tests – therefore data is becoming less reliable.
- The National Prevalence Survey conducted by the ONS showed that prevalence rates were at 4.8% as of 23 February.

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- The Government data shows that hospital admission rates for Covid are going down and that hospitals are showing a mixture of people who are admitted due to covid and those that are admitted for other reasons but also have covid.

Living with Covid Strategy:

- The Prime Minister announced a series of legal and policy changes regarding the national response to Covid on 21 February.
- This policy change saw the end of the legal requirement to self-isolate, with all regulations lifted, the end of universal free PCR and LFT testing to end on 1 April 2022 and a focus shift to protecting only the most vulnerable in the highest risk settings.
- Local authorities were asked to maintain limited responses to Covid as part of a wider health protection response, including other infectious diseases and hazards.
- Contact tracing was to stop (Test and Trace) from 24 February, which was to have a consequent impact on the local contact tracing teams.
- Surveillance would also change from relying on confirmed cases via testing to the use of prevalence surveys in the population – for example the ONS seroprevalence survey.
- There is currently no evidence of new variants that would pose a risk.

Public Health locally:

- Public Health teams would continue to offer a day response to support higher risk settings such as care, healthcare and education (especially for children with additional needs).
- Public Health would work with all local partners to review national guidance as it changes.
- Targeted community testing programme would end on 31 March.
- There is a limited supply of lateral flow tests that are to be held to support outbreak management and higher risk settings.
- Work would continue with contact tracing teams to retain skilled people who want to carry on working with the Covid response, this would involve some wider redeployment.
- The Health Protection Board would be maintained but would shift its focus to a broader health protection remit.
- PCR testing would end on 1 April with further clarification to be given on how to access testing if needed.

Vaccination programme:

- The Booster programme was slowing in its delivery, from 15,000 jabs given per day to 1500 per day.
- 83% of the eligible population had now had their booster, which was recognised as a huge achievement.

- The JCVI had recommended a limited 4th booster in the spring of 2022 for the most vulnerable groups.
- Focus was turning to understanding how best to shift to a sustainable model of vaccination, away from emergency rollouts.
- Public Health were awaiting more information about vaccines that would be available in Autumn which may provide longer term protection.
- Trusted Voice and Vaccine Ambassadors were continuing to work with communities to deliver impartial information about the vaccination campaign and improve the take up in those groups who were still yet to receive any vaccinations.
- The Committee heard that children aged 12+ were now being offered the vaccines. A data collection survey was being conducted on vaccinating children aged 5 and above, but that was not currently government policy.

193. Health Infrastructure Plan Update

The Transformation Director, University Hospitals Dorset introduced the Health Infrastructure Plan Update. The main points raised during the presentation were as follows:

- The Hospital Infrastructure Programme had been nationally renamed as the Dorset New Hospitals Programme (NHP).
- The programme's Strategic Outline Case (SOC) was submitted in the Summer period of 2021.
- The programme is cross-trust and the current management team straddles the three existing trusts (UHD, Dorset County and Dorset Healthcare) with a programme lead in each of the three respective areas.
- The programme is 5 schemes and is Dorset-wide.
- The Dorset area is an advanced system with good engagement at a local system level.
- The Dorset NHP programme is both community acute and mental health focused and covers all aspects of health and integrated social care.
- In August 2021 the Strategic Outline Case was submitted to the Joint Investment Committee and subsequently approved. The SOC was the first step and the Outline Business Case is to be submitted in the Summer of 2022.
- Each of the hospitals across Dorset will include varying specialist services.
- There are four cohorts in the national NHP and Dorset is within Cohort 2 – meaning it is an agile scheme and can be ready to deliver by 2024.
- There has been significant investment for the programme and the wider system will include £305,000,000 of societal benefits coming through this scheme.

The Transformation Director, University Hospitals Dorset answered questions and comments from the Committee. The main questions and answers were as follows:

- A question was posed as to whether the renaming to ‘new hospitals programme’ was misleading, the Committee heard that the programme did not include the creation of new hospitals but rather improvements to existing hospitals. The Committee heard that in Dorset the physical improvements being made were new wings or refurbishments to existing buildings.
- The Committee were informed that the new build at the Royal Bournemouth Hospital will be finished in September/October 2024.
- Members heard that regarding Dorset County Hospital, for those living in Dorset, patients will continue to have choice in the Dorset system though this is dependent on the nature of the hospital visit.
- It was clarified that, once the new Bournemouth A&E was opened in October 2024, Poole would change to urgent care in accordance with the Clinical Services Review
- The Committee heard that ambulance access to the RBH would include covered access for any patient that is visiting.

RESOLVED that the Committee noted the update.

194. Suicide Prevention Plan Progress Update - 2022

The Chair informed the Committee that due to programme timeframes the Suicide Prevention Plan Progress Update item would be heard at the next Committee meeting on the 23 May 2022.

195. Portfolio Holders Update

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

- Covid management and the offer of regular vaccinations will be similar but not identical to the flu vaccine.
- In terms of budget, the last Full Council meeting saw the approval of the budget, including the public health budget for 2022/2023. There were no cuts to public health; the underspend in 2021/2022 is to be redirected to urgent needs in the community, such as vulnerable children.
- Dorset Integrated Care System (ICS) is to supersede the CCG. It is a national programme. Dorset’s ICS sees Patricia Miller as its new Chief Executive.

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- The Integrated Chair Board (ICB) is a body that is chaired by the Chief Executive of the ICS and includes a number of health professionals. Its primary concern will be on the money and funding that is handed down by the Department for Health. Below the ICB is the broader Integrated Care Partnership (ICP). At present, discussions are ongoing on what the makeup of this partnership will be. It will be a multi-partnered body that include Local Authorities and specialist care providers for example. These groups will be able to have a seat in the partnership and be able to input on the joint up working. Overall the aim is to prevent people coming through the door of social care and healthcare.

Following the Portfolio Holder's update, the Committee asked questions and made comments. The answers given included:

- That Dorset Council had made a decision that they wish to set up their own care company, Care Dorset (CD), and will transfer the Dorset based services from Tricuro to CD. BCP Council have made a declaration that they will commit to Tricuro and continue working with Tricuro given the confidence in their ongoing service. Dorset Council explained in their statement that they wanted to have more control over their care; geographically and demographically Dorset are different to BCP and in setting up their own, new organisation they can focus on the needs of the Dorset area.
- The Committee heard that the 'village hotel' is up and running and planned to be in place until 31 March. This centre is there to assist people to plan for their onward journey after leaving hospital.

RESOLVED that the Committee noted the update.

Following the Portfolio Holder's Update, the Chair invited the Manager of Healthwatch Dorset to provide an update on their recent work and projects. The main points of the update were as follows:

Healthwatch Dorset were in the process of planning their work programme for the coming year. This process involved working with a steering group made up of volunteers to evaluate the feedback gathered from the previous year as well as looking at projects taking place both locally and nationally.

The three projects to be focused on are:

1. Dentistry.

The Government said new funding was going into dentistry however this was time limited until the end of March to help give people more access to local dentists. It was explained that there was opportunity for Healthwatch Dorset to work further on this especially with creation of the new ICS, given that they will be responsible for commissioning dentistry.

2. Carers.

Phone call interviews would be taking place during March 2022 with carers who have experience of the Home First process. This project will aid in understanding what the experience was like for carers and care receivers. Dorset Community Action would be working alongside Healthwatch Dorset on this and the work undertaken will feed into the wider work on support for carers.

3. Access to GP Services.

This was highlighted as a top concern for those individuals that contacted Healthwatch Dorset. The specific focus was on children and young people and mental health. Preparatory work was being done at the Boscombe hub in supporting people, at a low level, on their mental health issues and their access to care.

Members heard that there were to be follow ups on Healthwatch Dorset's Young Listeners' project and the A&E project. Reports on these will be published at the end of the month as well as the survey results of people using A&E at Dorset County hospital.

Face to face engagement on access to non-emergency transport were being undertaken; the CCG were carrying out a survey on this matter and so Healthwatch Dorset also wanted to gather peoples' views on this.

RESOLVED that the Committee noted the update.

196. Forward Plan

Members discussed the Forward Plan and raised the following topics:

- Think Big Project Update
- Tricuro Update
- Health Inequality report as highlighted in the Local Government Information Unit (LGIU) paper.

It was agreed that these would all be added to the Committee's Forward Plan and that the scope and appropriate timing of the items would be discussed and finalised with Officers.

RESOLVED that the Forward Plan be agreed by the Committee.

The meeting ended at 7.00 pm

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 Committee meeting: 2 March 2020				
63	COVID-19	For the Chair to work with Key Officers on how best to consider the ongoing issue of Covid-19. Action: Sam Crowe to provide a brief verbal update prior to this item being removed from the action sheet.	For members to receive up to date, expert information on the ongoing issue of Covid-19.	
Actions arising from Committee meeting: 30 November 2020				
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. Action: Discussions will take place between BCP and NHS colleagues on capturing and presenting this information. A briefing paper will be provided to the Committee when the data is available.	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.	

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
Actions arising from Committee meeting: 17 January 2022				
170	BCP Carers Strategy	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. Action – add to Forward Plan for July Committee.	For members to track the progress of the Carers Strategy strategic vision.	
171	Dementia Services Review	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. Action: For data to be presented if possible showing the monthly results of diagnostic waiting times.	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	Impact of the Pandemic (COVID-19) on Adult Social Care	<p>The Committee recommended that:</p> <ul style="list-style-type: none"> • 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: <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>. <p>Action: To request an update from the Portfolio Holder for People at Committee on 23 May on the progress of this action.</p>	To champion carers across BCP and to contribute to the shape of the BCP Adult Social Care service.	

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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Outpatient Assessment Centre @Dorset Health Village in Poole
Meeting date	23 May 2022
Status	Public Report
Executive summary	<p>The purpose of the Report is to update the Committee on the Outpatient Assessment Centre @ Dorset Health Village</p> <p>The Outpatient Assessment Centres (OAC) @ Dorset Health Village Poole became operational on the 16 Nov 21. This now health space located in the heart of the community on the 2nd floor of an active retail store (Beales), financed by NHS Funding was delivered in response to the waiting list pressures in Dorset. Supported by the VSCE sector, BCP Planners, and commercial partners, its delivery model improves productivity, using the same healthcare workforce with only the addition of a small operational team, supplemented by volunteers acting as Patient Navigators. Constructed using repurposed material from the Nightingales, it uses extant public transport networks and is integrated into the wider green agenda for Poole. Co-deigned with clinicians, Live Well and Active Dorset, and working with Social Prescribing partners and the academic community, it focuses on the holistic approach to people centric care. In addition, it supports the healthy high street agenda, using the NHS as anchor institution to create the high street as a destination and increase footfall. The first of its type, it is setting the benchmark for other system in the UK to build the hospital from the outside and is truly collaborative in its approach.</p>
Recommendations	That the Committee note and comment on the Report.

Reason for recommendations	To give the Committee the opportunity to consider the report.
Portfolio Holder(s):	Councillor Mohan Iyengar (Portfolio Holder for Tourism and Active Health) Councillor Karen Rampton (Portfolio Holder for People and Homes)
Corporate Director	Senior Responsible Officer Mark Mould UHD – Senior Lead for CCG Ashleigh Boreham Deputy Director Design and Transformation
Contributors	Ashleigh Boreham Deputy Director Design and Transformation
Wards	All Wards
Classification	For Update and Information

Background

1. Prior to the COVID-19 pandemic, the NHS in Dorset experienced demand for services which far outweighed capacity. This was exacerbated by the pandemic; hospitals were often running at near 100% capacity and were forced to further reduce their diagnostic and outpatient activity to reduce the spread of COVID-19. Hospitals were unable to cope with the insurmountable pressure of a pandemic - high volumes of patients were being placed onto ever growing waiting lists for relatively routine appointments, and the workforce was exhausted. We knew the situation was untenable, and we needed to find a way of moving outpatient appointments away from hospitals to help them to cope with COVID-19 and continue to deliver other essential services. Dorset's solution to this problem was to create the Health Villages, a series of Outpatient Assessment Centres (OAC) located within densely populated areas with the greatest level of need for outpatient services. The Health Village needed to be deployed urgently, and we knew we would not have time to build completely new sites, so we would have to find and repurpose suitable locations for two OACs (one in Poole, the other in Dorchester), and to procure the necessary equipment and material for each site. The OAC at Poole opened on the 16 Nov 22. At Fig 1 is an illustration of the road map from inception to completion.

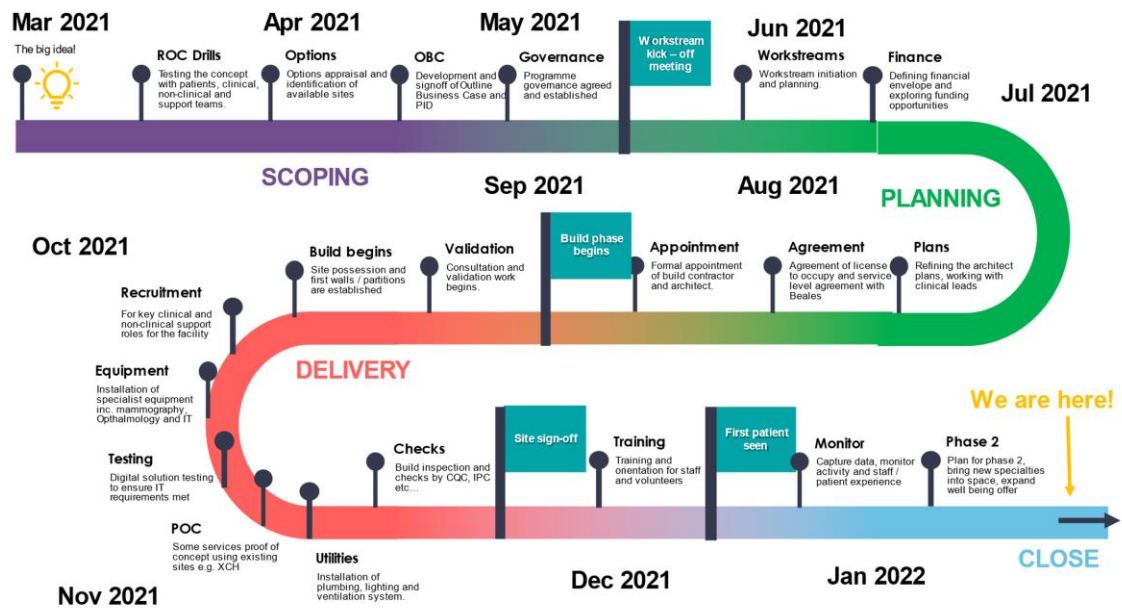


Fig 1

Summary of financial implications and benefits realisation

2. The OAC was delivered from funding received from the Community Diagnostic Centre Programme, Elective Recovery Funding and Voluntary Sector Funding from the NHSE. Legal and General the Landlords of the site contributed to some of the building validation costs. No BCP resources were used on the delivery of the OAC. The benefit of putting the OAC on the high street is increased footfall, making the site Dolphin and the wider Poole High Street a new destination, with the second order effect on the business community including increased revenues. This is also supporting cross departmental activity on bringing new purpose to the High Street Community (Fig 2) and supports placed based partnerships. A total of 6039 patients have been through the facility in the 4 months since opening (up to 18th April 2022). This is phase 1 of our approach – currently operating at 36% utilisation and forecasted to increase to 56% in June 22. Once at full utilisation is achieved, up to ~1300 patients will be able to be seen per week (Phase 2). Data from the patients who have attended the facility so far:

Mode of transport

Bike- 1%

Bus- 13%

Car- 80%

Train- 2%

Walk 4%

Plans whilst at Dolphin Centre

Shopping – 37%

Refreshment break – 18%

Other – 2%

Only attending OAC – 43% (but some of these patients are accompanied by family and friends who do visit retail/cafes/library whilst waiting).

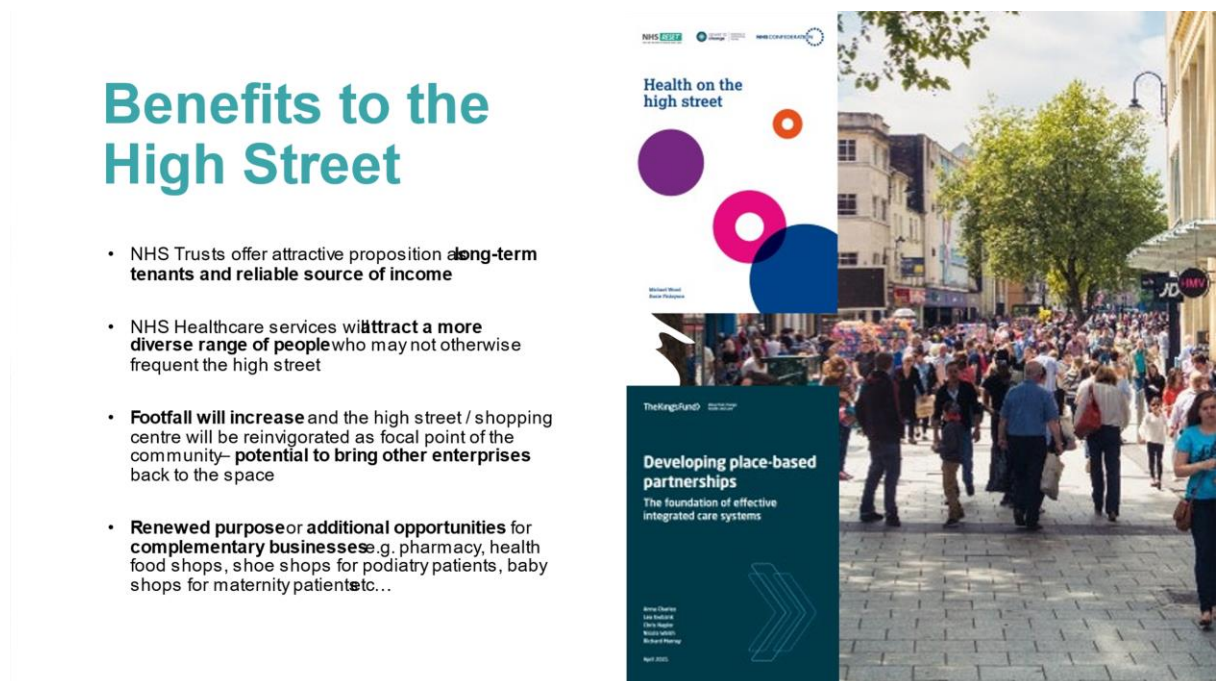


Fig 2

Summary of legal implications

3. N/A

Summary of human resources implications

4. The site uses existing workforce from the NHS (lift and shift), the additional workforce is focused on an Operational Site Manager and 2 supporting staff. The Volunteer workforce delivers Patient Navigators, who are recruited from the existing volunteer pool and are inducted and provided with additional training to work with

Active and Live Well Dorset (Fig 3) and social prescribers. This will extend to working with the VSCE in Dorset, who are active partners and with Legal and General creating a community space in the Dolphin Centre, signposting to the wider communities groups in Poole to tackle inequalities with a strong reference to the Health Foundation commissioned the Institute of Health Equity to examine progress in addressing health inequalities in England, 10 years on from the landmark study *Fair Society, Healthy Lives (The Marmot Review)*.

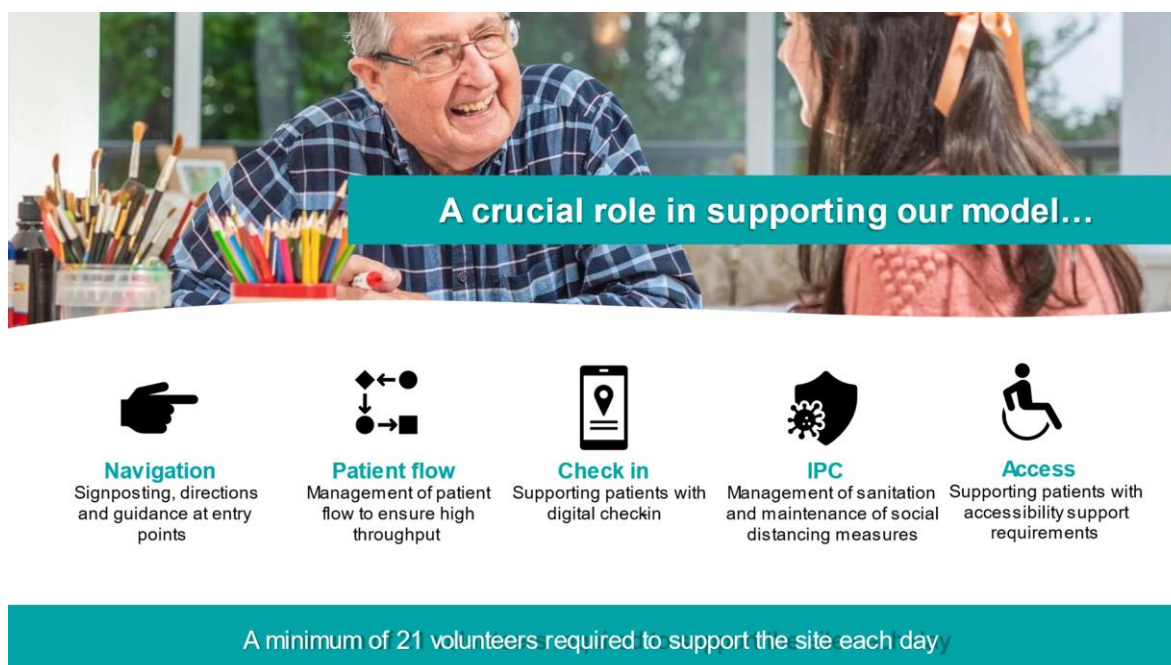


Fig 3

Summary of environmental impact

5. The procurement teams engaged and collaborated with clinicians, national and local suppliers, and volunteers to ensure the successful delivery of the projects. Patient engagement groups and patient representatives were also heavily involved in the process of design and delivery of the Outpatient Assessment Clinics in Poole. The site on the second floor of Beales Department Store, within the Dolphin Centre was created using repurposed material from Nightingale sites, the only additional material that was purchased from new was additional IT, some wiring and trucking. The site was constructed whilst the Dolphin and Beales remained operational and its location utilised existing infrastructure whilst being hard wired into the extant transport networks that support the Dolphin Centre (Fig 4).

Strategically located to support patients in the East and West

Distance to Dolphin Centre from:

- Poole Hospital, < 1 mile
- Bournemouth Hospital, 8.3 miles
- Christchurch Hospital, 11 miles
- Dorset County Hospital, 24 miles

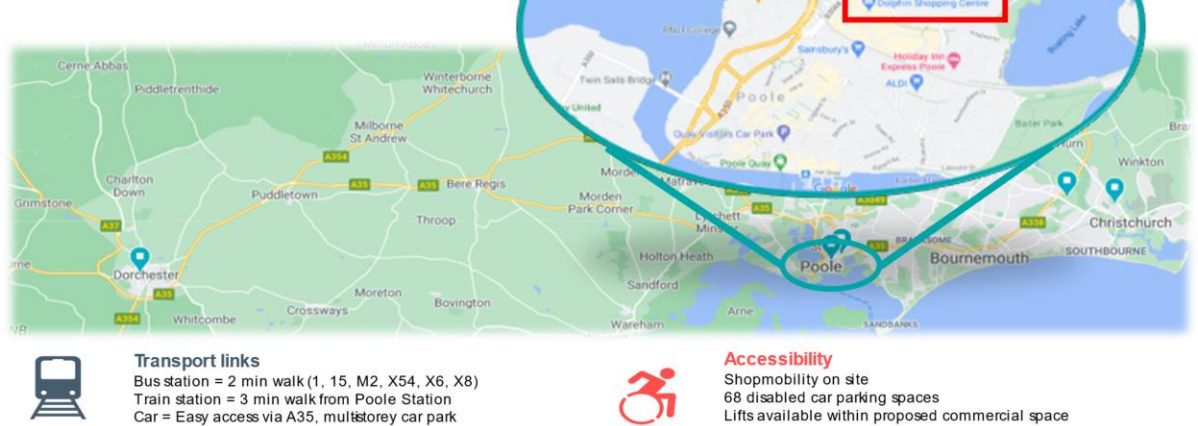


Fig 4

Summary of public health implications

6. Incorporation of Live Well and Active Dorset (Fig 5) into the team approach to patient assessment, increases the activation of the patients and signposts them to health and wellbeing support to improve health outcomes. The incorporation of a monography suite and ophthalmology lane into the site as part of health screening will have a direct impact on the Dorset population of as part of early detection and prevention of ill health and wider health education.

0800 840 1628
01305 233 105
 Monday - Friday 9am - 6:30pm

GET ACTIVE **LOSE WEIGHT** **STOP SMOKING** **DRINK LESS** **SUCCESS STORIES** **HOW WE'RE DIFFERENT**

LIVEWELL DORSET?

By [registering with us](#), we'll help you get active and break bad habits. Your My LiveWell profile provides you with personalised tips, tricks and tools for your LiveWell journey. Track your progress; access free guidance and support from our expert team and discover resources to help you achieve a healthier lifestyle. If you want to talk to someone about getting active, our health coaches offer one-to-one telephone coaching.

READ STORY

Our Dorset

Fig 5

Summary of equality implications

7. The OAC Poole is by its design is now part of the community, it has been co-designed by all partners (patient, health and social care providers, industry, local authority and the VSCE) and then read back via Patient Engagement Groups, ensuring that we meet the needs of the people of Dorset. The feedback cycle is vital and to date we have 98% positive rating, this is matched with a qualitative element allowing us to conduct an assessment on inequalities and working with academia (an active partner at the OAC Poole) to undertake research and influence future sites, as system approach (Fig 6).

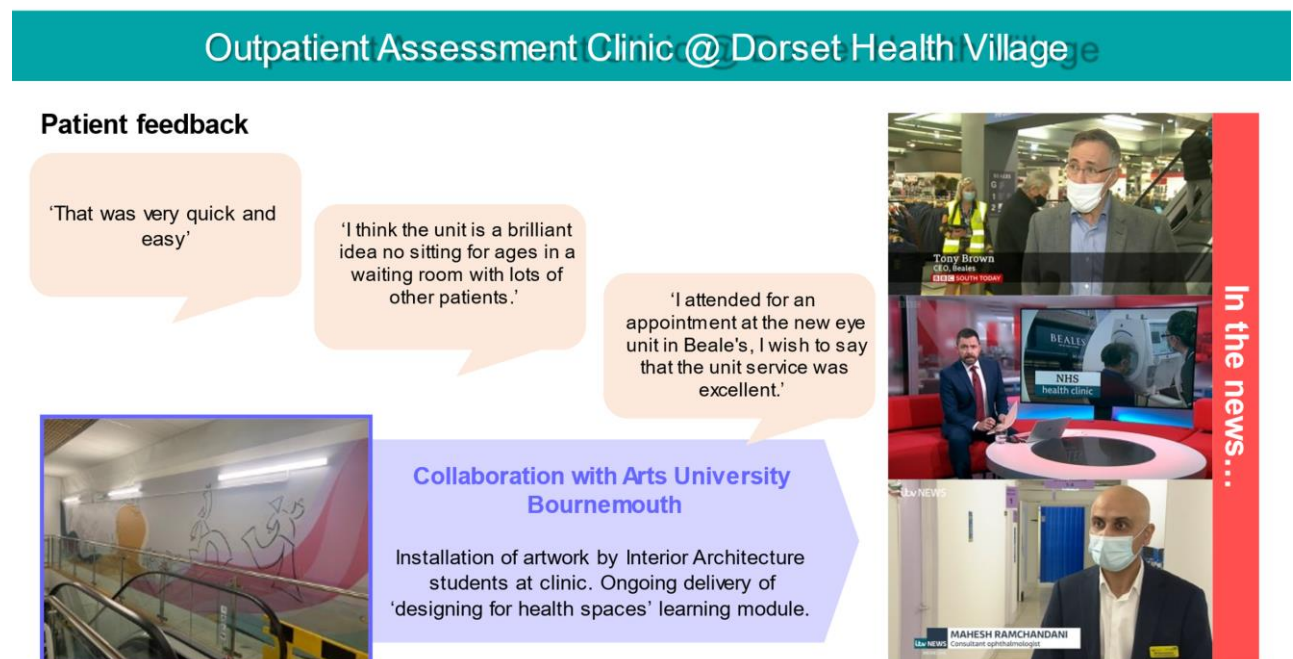


Fig 6

Summary of risk assessment

8. Within the Governance of the Project as full risk assessment was carried out this was handed over to the Operations Team at UHD including any residual risk and shared risk with the Beales and Legal and General.

Background papers

None.

Appendices

There are no appendices to this report.

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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Suicide Prevention Plan, Progress Report 2022
Meeting date	23 May 2022
Status	Public Report
Executive summary	<p>In 2020 both BCP Council and Dorset Council, Partners, Public Health Dorset and the Dorset Clinical Commissioning Group established a multi-agency Pan Dorset suicide prevention programme (SP) as part of the national SP programme.</p> <p>This report provides an update on the six key workstreams within the pan-Dorset programme and also progress on BCP Council's own Suicide prevention plan, one year since publication.</p> <p>Overall, there has been significant progress in promoting suicide prevention and wider mental wellbeing agendas through communications, training and support services.</p> <p>Some areas of work have been hampered by the pandemic and other factors. A new national strategy is anticipated later this year and plans locally will need to be reviewed in light of these through the Suicide Prevention Steering Group and Council's Corporate Management Board.</p>
Recommendations	<p>It is RECOMMENDED that:</p> <p>(a) Councillors are invited to comment on and scrutinise the content of this progress report.</p> <p>(b) To note that a new national strategy is expected this year and that plans will need to be reviewed once published.</p>
Reason for recommendations	To enable Members to review the progress to date by BCP Council and the wider system.

Portfolio Holder(s):	Councillor Mohan Iyengar Portfolio Holder for Tourism and Active Health
Corporate Director	Sam Crowe, Director of Public Health Dorset Phil Hornsby, Director of Commissioning for People
Report Authors	Jonathan O'Connell – Director of Adult Social Care Commissioning (Interim) Elaine Hurl, Principal Programme Lead, NHS Dorset Clinical Commissioning Group Sophia Callaghan, Assistant Director of Public Health
Wards	Council-wide
Classification	For Update and Information

Background

- 1.1 In 2020 both councils, Partners, Public Health Dorset and the Dorset Clinical Commissioning Group established a multi-agency pan-Dorset suicide prevention programme (SP). The programme has a shared vision that “no one will reach the point where they feel or believe that they have no other choice but to attempt suicide or to end their life by suicide”. The overriding ambition is to prevent death by suicide.
- 1.2 The councils and partners led by Public Health and the Clinical Commissioning Group worked together to develop this programme, which consists of six key workstreams based on the national suicide prevention strategy.
- 1.3 To support the wider programme, BCP Council published its own Suicide Prevention Plan in 2021.
- 1.4 Men are more likely to end their lives by suicide than women nationally and in the BCP area. Data from 2016-2018 identified the highest group was aged 45 - 59 years, making them a key target group across Dorset within the SP programme. Recognising the lag in available national data the programme aims to use real time surveillance intelligence to monitor current trends and target interventions.
- 1.5 This report provides an update on progress both on the six key workstreams within the pan-Dorset programme and BCP Council's plan.

Pan Dorset Strategy Workstream Update

- 2.1 The governance for the strategy is through a Steering Group and wider partnership groups. All the partners work together to ensure that the group is kept up to date with progress and challenges. Partners work together to ensure the strategy aligns with national developments.

- 2.2 A new national strategy is due to be published later in the year and the pan-Dorset Strategy will be reviewed at that point.
- 2.3 Progress across the workstreams has been generally really positive, although with some challenges in key areas.

Workstream 1 - Developing focused communication and media campaigns

- 2.4 Communications Leads from Public Health Dorset, other provider organisations and Local Authorities have been working to ensure that when suicide is being discussed in the media, or other forums, that the reporting is helpful, factual and not unhelpfully emotive.
- 2.5 The work has been recognised nationally as good practice and the team have been asked to present their work at national conferences.

Workstream 2 - Improve access to wider community mental wellbeing and suicide prevention skills and training

- 2.6 During 2021/22 the skills and training task group coordinated a pilot of the Suicide Prevention training courses available and following feedback from Partners, implemented:
- Levels one and two suicide awareness training
 - A bereavement training offer
 - A Mental Health First Aid (MHFA) training offer for both adults and young people
- 2.7 This year, a second programme is in place with 25 courses available to December 2022.
- 2.8 Evaluation reports are available for the skills development programmes. A training feedback video is being developed by Public Health Dorset's Communications Team and will be available in due course. A suicide first aid course feedback presentation has been completed and is available on request.
- 2.9 Last year the Task group set up a network for MHFA trainers and the group plan to develop a suicide first aid network this year.
- 2.10 Bournemouth University are being commissioned to evaluate the impact of the Suicide First Aid year one rollout, to inform our 23/ 24 programme planning.

Workstream 3 - Establish local support from Community Partnership Groups led by VCSE organisations

- 2.5 **MH Alliance** – This is a collaborative partnership of VCSE organisations that work in mental health and other areas and have an interest in suicide prevention.

- 2.6 The long-term aim is to ensure that the VCSE partnership can respond to local need. The first example of this is related to the fact that most confirmed suicides are male.
- 2.7 The group created [Light On](#) which is a campaign to get men talking about how they feel. It is important to note that no workstream is a silo and all rely on each other so this one relied on lived experience and comms.

Workstream 4 - Establish local guidance from Suicide Prevention Champions and Lived Experience specialists

- 2.8 Peer specialists have been trained to deliberately use their lived experience of suicide or attempted suicides to support other people and they are now working in various areas related to Mental Health and Suicide Prevention.

Workstream 5 - Improving bereavement support and access to local services

- 2.9 **Open Door** – is a collaborative partnership between Dorset MH forum and other VCSE partners to support people who have been bereaved due to suicide and other complex trauma such as experienced through the pandemic.
- 2.8 To some extent this was driven by Covid but primarily supporting people who have lost someone due to suicide.
- 2.9 The service is fully operational and accepts calls then triages and warm transfers to other partners in the group to ensure the best support for the person in need.

Workstream 6 - Improving data and intelligence through access to real time surveillance data

- 2.10 Real time surveillance (RTS) data is crucial to the strategy enabling focused energy on the areas of present need in BCP and wider Dorset, reducing reliance on out-of-date ONS data, which may or may not be relevant to the BCP or Dorset context.
- 2.11 The initial work on this was seen as an exemplar for other areas around the country.
- 2.12 Unfortunately, at present key parties are unable to share this information with partners. The issues are being worked through currently between Dorset Police, Public Health Dorset and the NHS Dorset Clinical Commissioning Group.
- 2.13 Hopefully the approach can return to being the exemplar in terms of real time information driving strategy.
- 2.14 Despite the current challenges to re-establish data flows, the suicide prevention network has developed some insight for RTS with experimental data from May 2020-21. The data that we have suggests that there were no large increases during that time in lockdown.

- 2.15 The majority of suspected suicides are male, white, although there are some younger men, the main age group is 46-56 years and then 56+. The main method is hanging, in the home more than outside. Themes that emerge suggest that people had a mental health history, with some already known to mental health services, or suspected suicides due to relationship issues, or a bereavement.
- 2.16 This reinforces the continuing need to focus on this population group.

Pan Dorset Focus for 2022/23

- 2.17 The Pan Dorset Focus for the next year will be to:
- Continue to coordinate the Network and share good practice
 - Work with Partners to support availability of RTS data
 - Deliver a targeted media and Communication Programme to support vulnerable groups
 - Improve skills and understanding through delivering of Suicide First Aid (SFA) and Mental Health First Aid (MHFA) training programmes year two and evaluate the Impact of year one delivery to inform future planning

BCP Suicide Prevention Plan Update

- 3.1 The BCP Suicide Prevention Plan spans service areas across the council and aligns to the six workstreams within the Dorset wide plan. A review of the action plan has been completed. Please refer to Appendix 1.
- 3.2 A key focus the Council has been promoting all the positive training and support opportunities developed pan Dorset for internal staff, contracted services and the wider community, including children, young people and adults requiring support, local businesses and the general public.
- 3.3 The BCP plan includes wider wellbeing objectives and activities to reduce social isolation and loneliness. This is also reflected within BCP Council's own staff's People Strategy.
- 3.4 Campaigns have been shared across multiple communication channels, covering topics such as:
- Domestic Abuse
 - Light On - Men's mental health campaign across Dorset
 - Support for people experiencing poor mental wellbeing, linking to relationships, housing, finance and unemployment
 - Promoting national campaigns
 - Every Mind Matters – Children and young people
 - Get Britain Talking – MIND
 - Real Stories, Real People – The Samaritans.
 - Open Door - Bereavement support

- 3.5 Some actions within the plan have been delayed due to the pandemic and require reviewing as part of Year 2 work, this includes working with the Portfolio Holder for Tourism and Active Health who has taken on responsibility for Public Health.

Summary of financial implications

- 4.1 Both plans remain wide reaching with a high degree of employee engagement to be effective. The wider pan-Dorset suicide prevention plan has NHS England funding, some of which supports delivery of elements of the BCP Council plan.
- 4.2 There is also an enhanced wellbeing offer being developed as a system approach with NHS England. This offer is in addition to the existing BCP Council staff wellbeing offer and will be accessible to any employees in health and social care teams requiring support.
- 4.3 For BCP Council most projects continued to be managed within existing resources. The main financial implications remain officer time and commitment to support plan delivery.

Summary of legal implications

- 5.1 There are no legal implications, however the national strategy outlines that all council areas should have a suicide prevention strategy headed up by public health. The BCP Council plan is jointly led by Public Health and BCP Council Officers.

Summary of human resources implications

- 6.1 For BCP Council most project areas have been built into existing portfolios. The financial implications relate to officer time and commitment to support plan delivery and staff time to engage in training.

Summary of environmental impact

- 7.1 There are no negative environmental impacts associated with this work.

Summary of public health implications

- 8.1 Please refer to the original report in background papers.

Summary of equality implications

- 9.1 Please refer to the original report referenced in background papers.

Summary of risk assessment

- 10.1 The key risk identified in the original report related to lack of engagement by staff. However, staff engagement has been positive, although with some actions hampered as staff were diverted to responding to the pandemic.

Background papers

[Health and Adult Social Care Overview and Scrutiny Committee – 18 January 2021](#)

Appendices

Appendix 1 BCP Suicide Prevention Plan Y1 Progress Update

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Lead Area	Objective	Lead	By when	Shorter Term Output Measures	Year 1 Update
Councillors	To raise awareness about suicide prevention planning, skills development and resources among BCP Councillors.	Previously- Cllr Greene/ Now - Cllr Iyengar	March 2021 with annual refresh	share overview of plans share mental wellbeing offer and Bereavement offer available now	To discuss at SP Leads recognising that the Portfolio Holder has changed and there is a need to re-engage to review these actions post Covid.
	To ensure Councillors have access to the right resources to signpost their residents for support.	Previously- Cllr Greene/ Now - Cllr Iyengar	March - June 2021	resources in place and resident signposting details shared with members	See above.
	To ensure Councillors have access to resources to enable them to use their own communication channels to raise awareness.	Previously- Cllr Greene/ Now - Cllr Iyengar	March 2021	Members have communication channels in place	See above.
Children & Young People	To develop, sign-off and embed the Pan-Dorset Post Suicide Intervention Protocol for children and young people.	Sue Jones, Pan-Dorset Safeguarding Children Partnership	Signed off and published by 1st December 2020	Integrated plan in place. Protocols established. Young people identified as vulnerable are safeguarded. Reduction in Children and young people who attempt suicide following the traumatic death of a peer.	Completed
	To set up and deliver training for school staff (counsellors/wellbeing workers/pastoral leads) in early intervention (Tier 2)– Train the Trainer approaches.	Vanessa Grizzle	September 2021 with annual refresh	Percentage school staff trained. Increased awareness of suicide prevention and spotting the signs Reduction in reported self-harm	Staff training identified - ZSA Suicide Awareness Training (frank-cdn.uk) There are also some very moving and inspirational real life stories of hope, which may be useful for some older students to watch: https://shiningalightonsuicide.org.uk/stories-of-hope/ Will produce a flyer with training and resources for secondary and college settings for September. Will promote & monitor take up annually e.g. via SEND Forum & DSL Network
	To set up and deliver training in Restorative methods.	Amanda Gridley	September 2021 (delayed due to COVID-19) with annual refresh	Percentage of training delivered, and number of staff trained.	Update unavailable at present.
	Implementation of Trauma Recovery Model: Dorset Combined Youth Justice	David Webb, Dorset	September 2021 with	Percentage staff trained.	All YJS practitioner staff completed 3-day Trauma Recovery Model training in 2020. Staff joining since then

Lead Area	Objective	Lead	By when	Shorter Term Output Measures	Year 1 Update
	Service to train all staff in trauma-informed practice and implement the Trauma Recovery Model with psychologist-led formulations to guide work with young people recovering from past trauma’.	Combined Youth Justice Service	annual refresh	Positive outcomes in trauma recovery.	have received training from the YJS Psychologist and YJS Trauma Lead. Complex case formulations are led by the Psychologist, working with and guiding multi-agency professionals who work with that child. Trauma perspectives are included in all YJS casework, with consultations available from the YJS CAMHS nurses and using assessments by the YJS Speech and Language Therapist.
	To support implementation and further development of the Children and Young People Emotional Health and Wellbeing Strategy. Recognise local examples of good practice for getting advice & getting help.	Elaine Hurll, BCP Council	March 2021 and ongoing	Strategic objectives/planned outcomes delivered. Recognised examples of good practice as evidence for impact that can be scaled.	<p>Pan-Dorset CYP campaign has been developed to run summer and Autumn months - A campaign to promote ‘R;pple’, youth mental health skills training has been developed for those working with young people in CYP clubs and societies. A further media campaign will run Sept/Oct to raise awareness about accessing support for young people</p> <p>SHARPS and FLASH training has been developed for the PCN and CYP Workforce</p> <p>EHWB Strategy Steering Group has undertaken a deep dive on CYP with THRIVE and “Getting Risk Support”, may highlight gaps and opportunities including prevention of self-harm and suicide</p>
Adult Social Care	To promote better understanding and best practice across all ASC commissioned services in respect to SP.	Jonathan O’Connell	With all existing and new contracts each year	Providers have good awareness of SP and advice and training opportunities available.	Information on free online SP awareness training has been shared with providers across ASC sector. A wider wellbeing support offer has also been offered supported by Partners in care and Dorset Healthcare in response to pressures due to the pandemic.
	BCP social care staff are aware of all training available corporately and via PHD. SP awareness to be incorporated within existing related ASC training and through workforce events to promote greater awareness.	Melissa Tettenborn	March 2021 and refresh each year	Numbers trained SP skills development established within workforce Improved general awareness of SP across ASC workforce	<p>Staff training identified - ZSA Suicide Awareness Training All contact centre staff trained in Tier 1 SP. Training available on Corporate HR intranet.</p> <p>Links with corporate HR L&D established.</p> <p>Tier 2/3 SP - out for procurement. Dates and providers to be confirmed.</p> <p>Improved awareness of SP across ASC workforce.</p> <p>PAN Dorset SP offer- work being undertaken across workforce.</p>

Lead Area	Objective	Lead	By when	Shorter Term Output Measures	Year 1 Update
	Information is available to ASC staff and the wider public through My Life My Care on a range of emotional support services, including specialist bereavement services for families.	Nicky Mitchell	February 2021	My Life My Care website has a comprehensive offer with links to other relevant partner sites.	Completed. Relevant links to information in place. x
	ASC staff are confident in knowing what services are available to sign post people and their families to for support.	Betty Butlin	By June 2021	Increased staff awareness, including through the newly established Adult Social Care Contact Centre.	all the ASC Contact Centre staff have completed Level 1 Suicide Awareness training, with plans for some staff to access Level 2 training as well. Training available as part of the pan Dorset strategy is available for the wider ASC workforce.
	To provide emotional support to all Carers accessing the Carers Resource Information and Support Partnership (CRISP).	Zena Dighton	Available now	Number of people receiving support.	Support is being provided and a review is currently underway of all carers services. A survey has been sent out to carers and focus groups are currently taking place.
	To provide additional support to older male carers at risk of suicide following bereavement through CRISP and the Good Life Project.		Available now	Number of contacts with bereaved male carers.	All carers continue to receive support from the CRISP for 12 months following the bereavement of their cared for person. The carers services review will look at the support provided following a bereavement
	To reduce social isolation and loneliness through the Good Life Project, thus reduce risk of suicide across all client groups.		November 2020	Increased number of people engaged in community interaction (COVIDsafe).	The Good Life Project has increased the number of people engaged in community interaction, with 209 people participating in Telephone Friendship Groups and 27 people receiving letters through the Yours Sincerely project
	Substance misuse services proactively risk assess people and make appropriate referrals to suitable services/arrange MARM ¹ .	Karen Wood	In place	People with substance misuse receive appropriate support in crisis.	It is a mandatory requirement for BCP DACT commissioned drug and alcohol services staff to attend Suicide Prevention training and Risk training. Compliance is audited annually. Risk Action Plan review compliance is audited monthly. Individuals with significant risks are discussed in weekly internal safeguarding meetings. Individuals with complex needs can be discussed at fortnightly Panel meetings with senior reps and commissioner present. There are pathways in place to consult with and refer directly to CMHT. Near Misses are recorded and collated with actions the service has taken to support individuals included. Plan moving forward: <ul style="list-style-type: none"> • Include Near Miss reporting as part of the pan Dorset Drug Related Death quarterly meeting. • New post 2022 – 1 x FTE Dual Diagnosis homeless drug and alcohol worker in post.

¹ MARM = Multi-Agency Risk Meeting

Lead Area	Objective	Lead	By when	Shorter Term Output Measures	Year 1 Update
					<ul style="list-style-type: none"> New post 2022 – 2 x FTE mental health and housing posts within drug and alcohol services.
	To ensure Drug & Alcohol Services are now also present at the High Intensity Suicide Prevention Meeting.			Providers have clear policies in place relating to SP.	The We Are With You Operational Manager remains on the invite list. However, meetings are not regularly taking place. Pan Dorset guidance had been drafted for the drug and alcohol workforce, along with referral procedures – this has not yet been signed off by the group members and to date drug and alcohol services are unable to nominate cases to be heard at the meeting. Plan moving forward: New post – 1x FTE DACT Clinical Commissioner to be involved strategically with the Suicide Prevention meeting.
	ASC staff within the integrated CMHT continually risk assess people at risk and ensure the appropriate support is provided working with health colleagues.	Jen Collis Heavens	Available now	TBA with Dorset Healthcare	ASC staff within integrated CMHT's continue to risk assess people at risk and provide appropriate support.
Communities and Domestic Violence	To review Communities and DV and develop plan to support SP.	Kelly Ansell	September 2021	Review undertaken and plans in place to support vulnerable groups. To undertake a review into a domestic abuse suicide and develop action plan.	The DA work within Community Safety is now complete in the sense that we have a BCP CSP and Council adopted Preventing Domestic Abuse Strategy which was approved in September last year. There is a 3 year action plan attached to this which includes the action noted here
Media & Communications	<p>To enhance at a local level the overarching system wide communication strategy for mental wellbeing and SP</p> <p>Four areas:</p> <ul style="list-style-type: none"> support for people experiencing financial difficulties young people and parents (have conversations and listening skills) people who are socially isolated bereavement support offer women who have experienced domestic abuse 	Julie Munson, BCP Kirsty Hillier, ICS/PHD	November 2020 - January 2021 ongoing social media January - April 2021	<p>Increased mental health and suicide prevention communication plans in place and delivered.</p> <p>Increased awareness and metrics showing penetration of targeted media information.</p> <p>Numbers taking up offer (finance and together we can programme).</p> <p>Numbers of young people using chat health and KOOTH.</p> <p>Numbers accessing the open door offer.</p>	<p>BCP comms are represented on the multi-agency suicide prevention comms group and feed into the system wide forward plan. The group have identified a number of key areas to work on as a collective and have developed a suicide prevention comms action plan should an incident arise that needs a system response.</p> <p>A number of campaigns were shared across multiple communications channels reaching a variety of audiences including:</p> <ul style="list-style-type: none"> Support for domestic abuse Light On encouraging men specifically to open up and talk about issues along with tips on effective listening and signposting to support options Support for people experiencing poor mental wellbeing linking to relationships, finance, housing, unemployment

Lead Area	Objective	Lead	By when	Shorter Term Output Measures	Year 1 Update
					<ul style="list-style-type: none"> Community radio campaign focused on mental wellbeing and accessing support Amplified national campaigns including Every Mind Matters and support for children and Young People, Get Britain Talking with Mind, Real Stories Real People Samaritans Bereavement support available through the open door offer
	To roll out the Together We Can - programme. As a social media and community radio campaign. For Councils to support those shielding in BCP and sign post to provide wider community support links for those who may be struggling.		In place and ongoing	Monitor welfare calls and access to wider community support through volunteers.	<p>Together We Can was widely promoted through BCP social media channels and via the council's website, to ensure those who needed support knew how to access it.</p> <p>Communications were also shared at key stages during the roadmap out of lockdown to remind local residents that support was still available via the TWC scheme.</p>
	To ensure both generic and targeted comms plans are coordinated with the wider community suicide prevention and mental health skills and training development offer.		By February 2021	Feedback on increase skills, knowledge and awareness developed with key support groups.	BCP comms are represented on the multi-agency suicide prevention comms group to ensure comms re. suicide prevention/mental health training are co-ordinated. Information on training opportunities is regularly shared via this group.
Human Resources Learning and Development Team	To develop a key stakeholders workshop to roll out sustainable Mental Health First Aid training across BCP Council.	Melanie Jardine/Sophie Rowson	MHFA instructors in place expand group by June 2021	Increased percentage of instructors trained aware. Percentage people trained in MHFA skills.	<p>MHFAider numbers have been increased to 35 trained, with plans to train a further 12 in September 2022. High risk groups have been targeted and Mental Health First Aid England half day training is being delivered to those groups with more sessions scheduled during 2022</p> <p>One day Suicide First Aid training has been delivered to our Community Safety team and is being rolled out to our Housing colleagues April 2022 onwards</p>
	To ensure that those trained in MHFA are supported in their roles and receive up to date information and resources.		On-going and run bi-monthly virtual networks	Increase access to resources. Increased support for MH First Aiders, and network model established.	The MHFAid network continues to run quarterly, with a dedicated Teams channel to share resources and information.
	Implement Health & Wellbeing plan for BCP Council, as part of people strategy, which will support mental health and wellbeing for staff.	Mel Jardine	June 2021	Decreased sickness absence.	This is still in progress and will be developed fully after the results of the engagement survey and Mind Workplace Wellbeing Index are available (July 2022).

Lead Area	Objective	Lead	By when	Shorter Term Output Measures	Year 1 Update
				Increased staff engagement via staff survey.	
	To ensure best practice as an organisation in offering support to staff at greater risk of mental/emotional health problems. E.g. when managing staff performance; going through significant organisational changes; or linked to significant life changes (illness, bereavement, relationship breakdown).		On-going but refresh with new enhanced wellbeing offer January - March 2021	Increased wellbeing input to the appraisal process. Decreased sickness. Increased awareness and access to staff support. Increased staff engagement via survey results.	Links between the wellbeing lead in HR and the HR Advisory (HRA) team are strong so that when the HRAs are supporting managers with organisational change, employee relations matters like absence, disciplinary etc the right support is put in place for employees and they are signposted to the wellbeing offer. Ongoing work to continually improve our practice overall alongside the training offer as detailed above.
Public Health	Continue to lead Suicide Response Team (SRT) until step down agreed by SRT.	Vicki Fearne Nicky Cleave	In place	Step down agreed. Future processes in place	SRT now stood down as system measures embed
	To coordinate and Chair Suicide Prevention Steering Group.	Sophia Callaghan Elaine Hurl	In place restart September 2020	Coordinated steering group in place with annual plan and monitoring systems in place.	Group established with action plan in place and task groups for each programme including communication, skills development and partnership working.
	Lead the identified work streams for wider skills development.	Sam Crowe Sophia Callaghan	January 2021	Increased access to skills, information and support for key vulnerable groups. Numbers of skills development delivered	Task group in place MHFA and PFA courses running with offers to BCP staff. 11 instructors delivering across the system 2 in BCP. A total of 824 people training across the system 93 BCP staff have attended MHFA skills courses. PFA courses planned throughout this year and open to BCP staff.
	Promote better understanding and best practice through PHD commissioned services.	Sam Crowe Sophia Callaghan Mel Jardine	October 2021 with annual refresh	Best practice established in PHD commissioned services.	Wellbeing established in some contracts.
	Incorporating mental health professional development requirements in service specifications as services are commissioned.		March 2021 and as services are reprocured	Percentage of CPD plans in place. Changes identified in specifications for new contracts.	Commissioning group committed to put plans in place for any new contracts and will review as part of COVID recovery planning.
	To ensure focus on areas that include groups at higher risk of suicide or self-harm e.g. people identified through safeguarding, people relapsing from making behavioural changes, clients of substance misuse services.		June 2021	Percentage of contracts with identified mental health and suicide prevention focus.	Review to take place for existing contracts TBA

Lead Area	Objective	Lead	By when	Shorter Term Output Measures	Year 1 Update
				Numbers of people with LTC accessing LWD coaching and behaviour change support	
	Supporting health and mental wellbeing of staff through the People Strategy related programme developments.		December 2020 - March 2021	Number of programmes in place. Decreased sickness absence. Increased awareness and engagement via survey results.	As above the specific wellbeing strategy linked to our people strategy will be defined with a clear action plan when we have the final results from the recent MIND index wellbeing survey. We aim to have the strategy developed by end of Q2, 2022
	To ensure Mental Health First Aid (MHFA) skills development and training opportunities are available for BCP managers and staff.		In place and to be refreshed annually	Percentage trained as MHFA staff.	As above 35 trained to date with plans to train a further 12 in Sep 2022.
	To support development of increased awareness of resources available including promotion of counselling, occupational health services.		In place and to be refreshed annually	Numbers accessing counselling and occupational health services.	Quarterly reviews with our EAP provider gives us MI around numbers accessing counselling which has averaged at about 12% of the workforce. This also provides themes and trends which gives insight so that we can develop further initiatives linked to these trends. A procurement exercise is underway for both EAP & OH providers as contracts cease in June 2022. A quality service and cost-effective provision is being sought. More work to do regarding trends from OH referrals and the wellbeing lead will work closely with the HR advisory team to identify how we can more effectively capture these as part of our 2022 action plan.
	To support development of an induction and new starter pack which will include mental wellbeing support and resources		January - March 2021	Starter pack designed and available and the numbers downloaded.	Information is included within our induction around wellbeing support and resources. The L&D team in HR are currently reviewing this to ensure it is fit for purpose and will look to improve this if needed in 2022.
	To support development and availability of information to support staff bereaved by suicide including details of individuals/organisations that can support them.	Sam Crowe Sophia Callaghan	August 2020	Co-ordinated open door bereavement offer in place. Increased availability of resource and support for staff. Percentage of staff accessing services. Mapped support details completed.	Dorset 'Open Door') and recovery centre have been running ongoing introductory training open to a range of organisations Resources in place and available TBA

Lead Area	Objective	Lead	By when	Shorter Term Output Measures	Year 1 Update
	Promoting the children's and young people (CYP) access to digital self-help services, e.g. Chat health, KOOTH, NHS quality assurance apps.	PHD Comms	Completed Ongoing monitoring of access to meet targets in contract KPI	Digital offer for CYP in place. The number of CYP accessing the offer.	Ongoing signposting to digital self-help services via appropriate channels at key points during the year – eg Children's Mental Health Week, February 2022. Information and signposting also shared in response to incidents such as suspected suicides. Further activity planned as part of a targeted campaign in 2022, including the creation of a graphic signposting to self-help support, which children and young people can screenshot and keep on mobile phones.
	Republicising local CYP resources on self-help, not self-harm.		Completed Summer 2020 in advance of exam season	Increased access to resource via school feedback (contractual).	Ongoing signposting to relevant resources and support such as R:ppl tool, which designed to reach young people who might be searching for online content relating to self-harm or suicide. Further activity planned in 2022, including a targeted campaign to schools and education providers to encourage wider take up of the R:ppl tool.
Economic Development	To coordinate and engage businesses with the suicide and self-harm prevention toolkit for businesses. https://www.bitc.org.uk/toolkit/suicide-prevention-toolkit/	Adrian Trevett	in place	The numbers using the toolkit.	Toolkit sent out via BCP newsletter in Jan 2020.
	To ensure suicide and self-harm prevention toolkit for businesses is circulated and discussed via the following channels: Dorset Engineering and Manufacturing Cluster www.dorsetemc.com ; BCP business newsletter (reach ~6000 businesses); BCP Council business pages social media. COS has sent toolkit to AT.		Jan 2020 annual update March 2022	Toolkit Circulation complete. Toolkit sent to DEMC and to other businesses in the newsletter. Annual update complete Increased feedback via communication channels with BCP.	PHD to draft refreshed comms to be sent to 9000 local businesses, including Free on line MH Training and a survey to understand if any of the original businesses targeted in 2020 have made use of the toolkit.
	To develop a plan for suicide and self-harm prevention to be addressed through Health theme of Smart Places programme.	Adrian Hale	March 2022	Task group set up Plans in place. Number of projects developed relevant to	Funding now secured for Boscombe Digital Connectivity. As part of Phase 1 we are about to launch the 'MyBoscome' community app, which has a dedicated

Lead Area	Objective	Lead	By when	Shorter Term Output Measures	Year 1 Update
				mental health and suicide prevention.	<p>section on wellbeing including mental health.</p> <p>MyBoscombe</p> <p>The ambition is to roll different versions of the app across all BCP communities. As part of the 3-year Boscombe programme we will also looking at what other technology interventions can be introduced to improve mental wellbeing with a view to extending elsewhere.</p>
	To work in partnership with SP Steering Group to develop guidance for developers engaged in regeneration programmes for BCP and to encourage application where possible.	Chris Shephard Sarah Longthorpe	March 2022	Guidance developed and shared Engagement with developers established, Increased knowledge and awareness. evidence of measures put into place.	Awaiting Update
Communities	Ensure that BCP Council area included in plans underway via Farmers Mental Health Groups (Dorset Council and the voluntary sector (Dorset Mental Health Forum and Farming Community Network).	Hayley Browning Bernadette Jones Dorset Mind	Agreed that BCP should be included in plans being developed by Dorset Council. Any services offered to be rolled out county wide.	Understanding of local need in BCP. Support services in place for key groups. Number of key risk groups accessing support and services.	<p>Contact with Dorset Council who do not have anything official set up.</p> <p>FCN are in the process of setting up a scheme of 'look outs' in the rural community who will be mental health first aid trained. This will hope to have people in most rural communities who can keep an eye on their local farmers and offer help and support if they notice a decline on a farm.</p> <p>FCN may attend local agricultural shows this coming year but this has not yet been confirmed.</p>
	To set up and develop a Community Task Group as part of Suicide Response planning.	Cat McMillan	In place	Task group and action plan in place. SR actions delivered	The group was established prior to the pandemic but has not progressed due to teams being redirected to focus on Covid response work.

Lead Area	Objective	Lead	By when	Shorter Term Output Measures	Year 1 Update
	To develop ASIST training (2 days) for professionals.	Public Health Dorset	Q4 20/21 FIN year	Increased training offered. Increased professionals trained. Evidence of impact	Trials took place in 2021/22 with staff across BCP, Dorset and the Community and Voluntary Sector and the feedback is being reviewed.
	To deliver Samaritans training in the community; community wellbeing events.	Jack Blankley	Q2 22/23 FIN year	Increased community skills.	Covid restrictions during 2020/21 prevented most community events from taking place. A range of events are being planned for the 2022/23 FIN year which will provide opportunities for awareness raising with partners such as the Samaritans and Dorset MIND.
	To ensure bereavement support partnership programmes.			Increased access to bereavement support	Dorset 'Open Door' and recovery centre have been running ongoing introductory training open to a range of organisations.
	To promote Small Talk Saves Lives.	Cat McMillan	In place	Access Small Talk Saves Lives. Improved awareness and knowledge	Training promoted to frontline staff and available on ilearn including bite small 'Small Talk Save Lives' training and a more in depth NHS Suicide Awareness training. Promotion targeted at frontline workers.
	To raise awareness of programmes with Friends of Railways groups.	Cat McMillan	Q4 20/21 FIN year	Increased communication of programmes for mental health and suicide prevention.	The Mind the Gap project has continued to operate throughout the pandemic. Hamworthy station has a new mural painted by young people to brighten up the area and volunteers tend to flower planters at the site. Further details can be found here along with full project details: HOME It's Your Station (mindthegapproject.co.uk)
	To work with media and communications teams to raise awareness of mental health with key vulnerable groups.	Cat McMillan	Ongoing	Increased awareness with key groups through feedback.	Joint communications have taken place across the BCP and Dorset authority areas with Dorset Council/Public Health Dorset leading on drafting of materials and BCP promoting collateral.
Planning	Ensure that the BCP Council Local Plan incorporates policy for the inclusion of suitably designed suicide prevention measures in designs for all new public buildings, multi-story car parks, bridges and other infrastructure projects.	Nick Perrins Mark Axford Laura Bright		Numbers of reducing the means to access measures in place.	BCP Local Plan at Issues and Options consultation closed 25 th March 2022. The draft of the BCP Local Plan will be prepared during the course of the remainder of 2022 and can incorporate the necessary policy requirements.
	Any necessary suicide prevention measures for new buildings, multistorey car parks, bridges and infrastructure projects and are incorporated into approved planning drawings.			Number of successful planning consent conditions which have suicide prevention measures in place.	Continues to be considered on a case-by-case basis as relevant projects come through the application process. Policy inclusion within the BCP Local Plan will help to ensure such measures can be incorporated at the application stage.
	Provide financial/debt counselling for vulnerable individuals.	Tracey Kybert, Housing, Health &	March 2023	further review of service offer to take place	Services commissioned by Housing and Adults Commissioning are in place and now managed by the central Contracts team. The services have been extended

Lead Area	Objective	Lead	By when	Shorter Term Output Measures	Year 1 Update
Housing		Social Care Manager		Numbers accessing services.	to 31-03-23 to allow for a review and procurement process.
	To review the current support available to vulnerable individuals in housing associations.	Tracey Kybert	January - March 2021	Review complete and resources in place.	Work to be identified through the Registered Provider Forum 22/23.
	Identify gaps in terms of financial/debt counselling or other support needs and develop a plan of action to address these gaps.		March 2023 September 2022	Review complete and resources in place.	Financial/debt services to be reviewed and tendered by March 2023 Re-organisation of Housing Support and Inclusion service area underway incorporating our single homeless pathway and Housing Landlord services.
	To coordinate and embed suicide awareness training for frontline service providers.		January - March 2021 with annual refresh	Number of frontline staff trained. Number of community staff trained.	Registered Provider Forum work delayed owing to the pandemic. Now back up and running and plans in place for 22/23. New contracts to be issued to support providers to reflect requirements for suicide prevention training and resources made available.
	To deliver ASIST two day training https://www.prevent-suicide.org.uk/training-courses/asist-applied-suicide-interventions-skills-training/ or Samaritans (bespoke half day) training and liaise with Community Development lead.		September 2022 with annual refresh	Increased staff use via staff appraisal feedback.	Review of training offers underway to roll out for 22/23.
	To identify CAB support service for clients making Universal Credit applications will continue for 2020 and identify future support roles.		Ongoing	Number of future support roles.	Service in place and work now amalgamated with the current service delivery under our CAB financial/debt service. Our Support and Inclusion offer includes budgeting support and support to access debt advice.
	To raise awareness and engage with staff teams about Help is at Hand resources http://supportaftersuicide.org.uk/support-guides/help-is-at-hand/ .		March 2021	Increased awareness and access to resources.	Support and resources made available by managers. Resources to be reviewed and rolled out to staff by September 2022.
Parks and bereavement services	To ensure support for those who are bereaved to support grieving. To ensure families who have no funeral have appropriate support in place.	Andy McDonald, Head of Parks & Bereavement Services	Offer developed September 2020 roll out support January - March 2021	Needs identified. Offer developed and access to support for families in place.	Awaiting Update

Lead Area	Objective	Lead	By when	Shorter Term Output Measures	Year 1 Update
	Ensuring information and support is readily available to those bereaved by suicide.		January - March 2021	Numbers accessing support, information and resources.	Awaiting Update
	The Council to work with funeral directors across BCP to map bereavement and support services and ensuring that the information is readily available to those bereaved by suicide. Promotion of Help is At Hand http://supportaftersuicide.org.uk/support-guides/help-is-at-hand/ .		Ongoing but will link to the new open door offer as well	Service mapping complete.	Awaiting Update
Armed Forces	BCP Council continued support for the Dorset Armed Forces Covenant programme.	Graeme Smith Policy and Performance Officer Insight, Policy and Performance		Coordinated programme in place to support key groups.	Awaiting Update
Suicide Response	To advise appropriate Heads of Service/officers of any relevant actions from the Suicide Response Team.	Vicki Fearne Nicky Cleave	Ongoing	BCP Suicide response action plan in place.	Plan in place
	To embed the Pan-Dorset suicide response protocol.		A response is in place	Protocol and response plan in place.	Plan in place
	To keep a monthly SRT meeting until other prevention group established.		Ongoing		Meetings took place monthly and stood down December 2020 Reports now to the SP groups
	To develop a process of stepping down from Suicide Response work.		November 2020	Process identified and implemented. Currently in the process of stepping back from the SRT.	SRT now stood down as system measures embed
	To set up and establish a surveillance group.		In place	Monitor and review at surveillance meetings.	Surveillance groups have been established. Data flow for Real time surveillance for suspected suicides started in April/May 2020. An analysis of the first years' worth of data has been undertaken. Some data is currently available for high intensity presenter group. Discussions are ongoing about re-establishing RTS data flows.
	To ensure that a pan-Dorset suicide cluster response plan is in place for related stations.		Now established	Plans signed off and established	Plan still current
	To set up real time surveillance for suspected suicides.		May 2020	Real time surveillance in place.	Surveillance groups have been established. Data flow for Real time surveillance for suspected suicides started in

Lead Area	Objective	Lead	By when	Shorter Term Output Measures	Year 1 Update
					April/May 2020. An analysis of the first years' worth of data has been undertaken.
	To set up a suicide surveillance group for suspected suicides and to identify clusters now in place.		In place	Monitor rise in numbers and report to the multiagency suicide prevention steering group.	Surveillance groups have been established. Data flow for Real time surveillance for suspected suicides started in April/May 2020. An analysis of the first years' worth of data has been undertaken. Some data is available for high intensity presenter group.
	To ensure rapid response to future indications of increased suicide frequency		In place	Future rapid response protocol and process agreed.	Future rapid response protocol and process agreed.

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

Updated 12/5/2022

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
23 May 2022					
1.	Suicide Prevention Plan Progress Report – 2022	For the Committee to receive a progress update on the Suicide Prevention Plan at an appropriate time during 2022.	Report.	Jonathan O'Connell Director of ASC Commissioning (Interim).	Requested by Committee.
2.	Think Big Project update	The Committee will be updated on the progress of the Think Big Project in BCP Council.	Report.	Ashleigh Boreham, Deputy Director Design and Transformation Community Diagnostics – Health Villages – Dorset Innovation Hub.	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
3.	Integrated Care Strategy Development Update	To provide the Committee with a chance to input in the Integrated Care Strategy Development and to involve Members at an early stage in the principles, approach and timelines for developing the strategy.	Verbal update.	Sam Crowe, Director of Public Health Dorset	Suggested for overview by Sam Crowe in May 2022.
4.	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.	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.
25 July 2022					
5.	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.	Committee Report	TBC	Requested by the Chair and Vice-Chair in consultation with the Corporate Director for Adult Social Care – May 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
6.	Day Opportunities Strategy	To seek views of the Committee on the engagement process with results coming back Winter 2022/23	Committee report	TBC	TBC
7.	Carers Strategy	To provide the Committee with an update following a tba informal briefing in June	Committee report	Jonathan O'Connell Director of ASC Commissioning (Interim).	Chair requested Cllr Fear be invited for this item
DATE to be allocated					
8.	Adult Social Care Contact Centre	To provide an update to the Committee to include details on the methodology Partners4Change	Committee Report	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	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	

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
	members. The next steps would also be highlighted				
10.	Structural Review of Safeguarding Adult Board	To ensure the Committee are informed of any changes to the arrangements.	Committee Report	Independent Chair of Bournemouth, Christchurch and Poole Safeguarding Adults Board.	Autumn/Winter 2022
11.	Liberty Protection Safeguards.	For the Committee to be informed on the guidance provided and implementation of Liberty Protection Safeguards.	Committee Report.	David Vitty, Director of Adult Social Care	Awaiting implementation guidance.
12.	Dentistry Provision	For members to receive an informative update on NHS dentistry provision.	TBC	TBC	Requested by Committee members at 8 March meeting.
13.	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.

	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.	Access to GP practices and appointment waiting times	TBC	Check with Healthwatch	TBC	TBC
15.	Dorset Care Record Update	TBC	Report?	Phil Hornsby, Director of Commissioning for People David Vitty, Director of Adult Social Services	Autumn 2022
16.	Think Big Project update	The Committee will be updated on the progress of the Think Big Project in BCP Council.	Verbal update	Ashleigh Boreham, Deputy Director Design and Transformation Community Diagnostics – Health Villages – Dorset Innovation Hub.	Requested by Committee at their meeting on 27 September 2021.
17.	Safeguarding Adults Board Annual Report	The Committee will be updated on the work undertaken by the BCP Safeguarding Adults Board	Report.	Siân Walker Independent Chair, Bournemouth,	Annual standing item; added to Forward Plan in consultation with

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
	(2022/23) and Business Plan (2022/23) To receive an update on the progress of objectives in 2022-23 and the Board's Business Plan (2022-2023).	during the last year as well as the Board's Business Plan for 2022/2023. The 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.		Christchurch and Poole Safeguarding Adults Board.	Corporate Director for Adult Social Care and Chair of the Committee – November 2022.
18.	Healthwatch Dorset Young Listener's Project– Update on the implementation of recommendations	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.
19.	Bournemouth Birth Centre 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	
20.	All-Age Autism Project				Requested by the Chair at Committee in November 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
21.	<p>BCP Carers Strategy Update</p> <p>To receive For the Committee to receive an update on the progress of the strategy.</p>	To enable the Committee to monitor and input into the development of the strategy.	Report.	<p>Emma Senior, Commissioning Manager: Prevention and Wellbeing.</p> <p>Tim Branson, Head of Access and Carers.</p>	Requested by Committee at their meeting in November 2021.
22.	<p>Joint scrutiny on 'substantial variations to health services'.</p> <p>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 Joint Health Scrutiny Protocol.</p>		Report.	Karen Tompkins, Deputy-Head of Democratic Services.	Suggested by the Deputy-Head of Democratic Services for Committee's consideration.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
23.	Health and Wellbeing Board update 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. Autumn 2022? TBC
24.	Tricuro update To receive a report on the position of Tricuro in respect of the management and status of services provided on behalf of BCP Council, including quality improvement, safety and safeguarding.	The requested report will enable members to monitor and scrutinise the management and status of services provided by Tricuro	Report.	Phil Hornsby, Director of Commissioning for People. Commissioning BCP Graham Wilkin, Tricuro.	Requested by Committee at their meeting in March 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
25.	Health Inequality report For the Committee to receive a report on health inequality concerned with provision of health services.	For Members to be updated on the findings of the health inequalities group; following the progress of the ICS strategy.	Report.	Sam Crowe, Chief Executive of Public Health Dorset.	Requested by Committee at their meeting in March 2022.
26.	Home First Review Update For the Committee to receive a report on the Home First system.	For the Committee to scrutinise the development and progress since implementation of the full Home First approach across the Dorset Integrated Care System.	Report.	Betty Butlin, Director of Operations Adult Social Care Services.	Requested by Committee at their meeting in March 2022.
Information Briefings					
Commissioned Work 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.					

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
27.	The South West Ambulance Service Trust Improvement and Financial Investment Plan	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.		
28.	The implementation and performance of NHS Dorset Urgent Integrated Care Services Committee to agree enquiry session.	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.		
29.	External Scrutiny – Quality Accounts.	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).
Update Items The following items of information have been requested as updates to the 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
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.					

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