

Notice of Health and Adult Social Care Overview and Scrutiny Committee



Date: Monday, 28 November 2022 at 6.00 pm

Venue: Committee Room, First Floor, BCP Civic Centre Annex, St Stephen's Rd, Bournemouth BH2 6LL

Membership:

Chairman:

Cllr J Edwards

Vice Chair:

Cllr L-J Evans

Cllr D Butler
Cllr L Dedman
Cllr B Dion

Cllr C Johnson
Cllr C Matthews
Cllr S Phillips

Cllr M Robson
Cllr A M Stribley

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=5038>

If you would like any further information on the items to be considered at the meeting please contact: Louise Smith, louise.smith@bcpcouncil.gov.uk or email democratic.services@bcpcouncil.gov.uk

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

18 November 2022

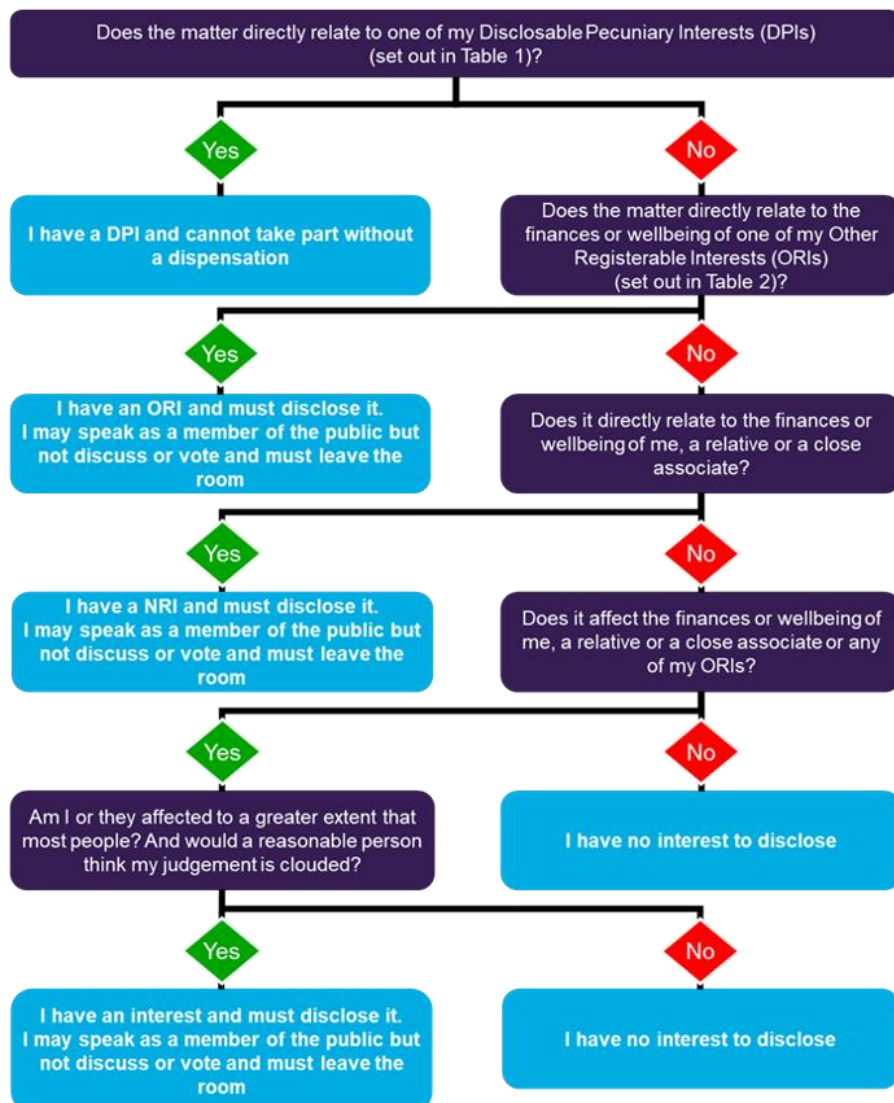


Maintaining and promoting high standards of conduct

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. Declarations of Interests

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

Declarations received will be reported at the meeting.

4. Minutes

To confirm the Minutes of the meeting on 26 September 2022.

5 - 14

a) Action Sheet

15 - 20

5. Public Issues

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

<https://democracy.bcpccouncil.gov.uk/ieListMeetings.aspx?CommitteeID=151&Info=1&bcr=1>

The deadline for the submission of a public question is 4 clear working days before the meeting.

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

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

6. Dorset and Bournemouth, Christchurch & Poole Safeguarding Adults Boards Annual Report 2021-2022

21 - 48

It is a statutory requirement for the Dorset Safeguarding Adults Board (SAB) to publish an Annual Report each year and to present that report to the Council's Health & Wellbeing Board. Many Councils also request that

the report is presented to Scrutiny as the report enables a discussion on the work of the Safeguarding Adults Board

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|--|---------|
| 7. Annual Compliments, Complaints and Comments report | 49 - 70 |
| <p>Adult Social Care has a statutory responsibility to produce an annual report on complaints received, issues that have been raised and any action that has been taken to improve services. Adult Social Care encourages feedback from a range of sources including complaints, compliments, comments.</p> <p>This report provides a summary of complaints and compliments, including learning, for BCP Council Adult Social Care from 1st April 2021 to 31st March 2022.</p> | |
| 8. Adult Social Care Contact Centre | 71 - 78 |
| <p>This report provides a further update to Committee about the transformation of the Adult Social Care Contact Centre which launched in October 2020.</p> <p>This paper focuses on recent initiatives to embed a new practice model at the adult social care 'front door' and test different ways of working from those that have been traditionally used over recent years.</p> | |
| 9. Healthwatch - Young Listeners Project Update | |
| <p>To receive a verbal update from Healthwatch.</p> | |
| 10. Portfolio Holder Update | |
| <p>To receive verbal updates from the Portfolio Holders.</p> | |
| 11. Forward Plan | 79 - 86 |
| <p>To consider the Committee's Forward Plan.</p> | |

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

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

Minutes of the Meeting held on 26 September 2022 at 6.00 pm

Present:-

Cllr J Edwards – Chairman

Cllr L-J Evans – Vice-Chair

Present: Cllr D Butler, Cllr L Dedman, Cllr C Johnson, Cllr A Jones,
Cllr C Matthews and Cllr T Trent (In place of Cllr M Robson)

Also in Cllr K Rampton
attendance: Remotely - Cllr J Kelly, Cllr L Fear (for Agenda Item 9) and Cllr S
Phillips

28. Apologies

Apologies had been received from Councillor Robson and Dion. Councillor Stribley was absent.

Councillor Phillips attended remotely forgoing any voting rights.

29. Substitute Members

Councillor Trent substituted for Councillor Robson.

30. Declarations of Interests

Councillor L-J Evans declared a personal interest as a bank employee for University Hospitals Dorset NHS Foundation Trust, Councillor C Johnson declared a personal interest as a Staff Nurse employed by the University Hospitals Dorset NHS Foundation Trust and Councillor C Matthews declared a personal interest as a Governor of Dorset Healthcare University NHS Foundation Trust and in relation to Agenda Item 9 as a carer.

31. Confirmation of Minutes

RESOLVED that the Minutes of the Health and Adult Social Care Overview and Scrutiny Committee held on 25 July 2022, having previously been circulated, be confirmed as read and accurate and signed by the Chairman, subject to Councillor Rampton and Councillor Kelly being marked as in attendance remotely.

32. Public Issues

There were no public issues received on this occasion.

33. Action Sheet

The contents of the action sheet were noted.

34. Maternity services update and Clinical Service Review update including building works at Poole Hospital and Royal Bournemouth Hospital

The Chief Strategy & Transformation Officer at UHD NHS FT and Head of Midwifery provided an update PowerPoint presentation which detailed the following:

- Dorset Clinical Services Review (CSR) progress update on emergency and planned hospitals
- The benefits of the CSR
- Then and now update – planned openings in 2023
- The end states of Poole Hospital and the Royal Bournemouth Hospital
- UHD Maternity Department Update
- Maternity measurements
- National Policies
- Maternity challenges
- Single antenatal service to improve safety and avoid delays, especially when urgent care is needed.
- Came together this month, at Poole, offering greater continuity of care for mums. Moving into new building in 2024.

The Committee discussed the update and comments were made, including:

- In response to a query regarding national and local shortages of midwives, the Committee was advised of the detailed work ongoing nationally and locally to promote recruitment and retention of all midwives to help address this issue, which included an excellent support programme for newly qualified midwives, legacy midwife roles to encourage senior midwives to continue working in the profession and a dedicated midwife advocate
- The Committee was advised that a review needed to be completed to identify adequate staffing levels, but there was currently an 18% vacancy rate, however it was noted that this did not consider the new starters who would be in position soon. It was hoped that the service would recruit twelve internationally educated midwives and six full time equivalent nurses to reduce that figure. The support that would be provided to any internationally educated midwives in terms of accommodation and peer support was detailed
- A Committee member congratulated the service on the high level of breast feeding take up and the Baby Friendly Accreditation was detailed, including the high standards required to gain it and the challenges faced in doing so

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- The change of work location for some staff was discussed including the support which had been put in place to support them, including individual transport plans for the staff who were required to move their place of work.
- In response to a query about how maternity services were currently, the Committee was advised that a lot of work had been undertaken to make the waiting area welcoming
- The advantages of putting the two antenatal clinics together were highlighted including greater resilience and increased physical space, until the move to the permanent maternity unit in 2024.
- The Committee was advised on the positives the final move would have including enabling post-natal mothers to have more space and to enable partners to stay overnight, which regrettably could not currently be offered
- In response to a query regarding the theatres at Poole Hospital, the Committee was advised four theatres which would house the trauma service would open next April, with the next phase being completed by the end of 2024. It was highlighted that staffing was an issue in this area and recruitment and retention were being focused on. It was hoped the state-of-the-art theatres and support space for staff would be enticing when recruiting.
- In response to a query regarding nurses studying and qualifying as midwives, it was noted that retention rates after completing the 18 month course was very low which meant it was not supported by many trusts. It was highlighted that there was a move towards recruiting nurses to undertake some of the roles within maternity units, which was proving successful and relieved some staffing pressures
- In response to a query about ensuring the right capacity to support the residents of BCP when the remodelling was complete, the Committee was advised that the basic premise of separating emergency and elective care was the right decision. In terms of capacity, it was noted they had worked on 88% occupancy in the remodelling and hospitals were currently running at 98%, which was far too high and the reasons for that and consequences were highlighted.
- The changes to the food offer were highlighted which included a new kitchen facility and batch cooking to enable wider choice from a fresh frozen menu which should help reduce waste.

RESOLVED that the Committee note the update.

35. Business Case for the Future of Care Technology within Adult Social Care

The Commissioning Manager – Prevention and Wellbeing presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'A' to these Minutes in the Minute Book. In

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addition, the Committee was provided with a PowerPoint presentation which detailed the following:

- Care Technology (CT) and what it means - monitoring, alert and smart equipment
- The three options appraised
- What it could mean for people living in BCP
- How the CT could help improve lives today, tomorrow and in the future
- Case studies detailing how CT could help setting out the situation, solution and benefits
- Users stories to bring CT use to life!

A diagnostic review and options appraisal was carried out on the future of care technology within adult social care at BCP Council. Officer recommendation was for a full-service transformation, providing a single care technology offer across Bournemouth, Christchurch and Poole at the forefront of adult social care services. This option mainstreams care technology through a sustained programme of culture change, enabling more people to access care technology and delay, reduce or prevent the need for costly, long-term care and support.

The Committee discussed the Report and comments were made, including:

- In response to a query regarding funding streams and resources available, the Committee was advised if the preferred option got recommended by the Committee and approved at Cabinet then further work would be undertaken to source companies to provide the technology
- It was highlighted that a lot of the technology was used by people daily and could be used to support users to increase their independence
- It was highlighted that funding had become available for councils and health partners who wanted to drive smart technology forward and if approved the service could engage in some wider national programmes
- In response to a query, the Committee was advised that the financial modelling included ongoing maintenance. It was noted that additional staff would be needed to deal with the initial assessments and maintenance of the smart technology. The recycling model was highlighted that around 70-80% would come back and could be reloaned two or three times within its life cycle
- In response to a query, the Committee was advised that the modelling and financial assessment focused on those with adult social care eligible care needs but could be offered to self funders in the future.

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- In response to a concern regarding data protection and targeted adverts and marketing, the Committee was advised this would be a service provided by the Council working with strategic partners and would abide by the Council's rules and policies
- In response to a query regarding users not being connected to the internet possibly being a barrier to receiving smart technology, the Committee was advised that the Service would ensure that any equipment needed to facilitate use would be provided. The Director – Commissioning for People advised they would check whether possible internet provision was included in the costings and let the Committee know. **ACTION**
- The Committee discussed the usages, benefits and possible disadvantages of some of the technology detailed including the 'Canary' and 'Oysta' GPS tracker and were reassured about how the items would work in practice and how the assessments and monitoring would ensure the appropriate technology was provided dependant on the users needs
- A Committee Member expressed concern about the cost of option three in the current financial climate and in response the Committee was advised of the wider benefits of the transformation including addressing the workforce issues.
- Both Portfolio Holders were very supportive of the transformation and the demonstrated positive impact it would have on users and carers.

RESOLVED that the Committee support the recommendation to Cabinet for the full-service transformation of care technology within adult social care to maximise benefits for both the public and the Council.

36. BCP Carers Strategy

The Commissioning Manager, Prevention and Wellbeing presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'B' to these Minutes in the Minute Book. Councillor Fear joined the Committee for this item as the Lead Member for Wellbeing.

The BCP Carers Strategy (2022-2027) set out 5 key strategic priorities to support carers and recognised the valuable contribution they make to our community. At least 39,000 people in Bournemouth, Christchurch and Poole were carers and they played a vital role in sustaining our health and social care system by enabling the people they cared for to live safely in their own homes for longer. The strategy had been shaped by the views and experiences of local carers and aimed to support them to look after their own health and wellbeing, to enable them to stay in their caring roles and prevent, reduce, or delay the need for health and care services for the people they cared for.

The Committee discussed the report and comments were made, including:

- The Chairman emphasised carers were often overlooked and not recognised for the work they did, and gratitude and thanks should be given
- The Chairman also expressed concern about a financial implication of needing to increase the number of staff, which could have a negative impact in respite care for carers and the need to push Government to ensure respite care was not reduced
- There was clarification given to the Committee why neither of the considered changes to the term carer of inserting 'unpaid' and 'recognised' before carer were used within the strategy.

RECOMMENDED that the Committee agree to support the recommendation to Cabinet to approve the BCP Carers Strategy, contained in Appendix 1 to the Report.

37. CQC Assurance Process

The Director of ASC Commissioning (Interim) provided a power point presentation which detailed the following:

- Some background which detailed the challenging programme of mandatory and legislative transformation in the Adult Social Care sector over the next few years
- CQC Assurance (from 2023)
- What they know so far regarding inspections and the framework for them
- The CQCs Single Assessment Framework
- The scope of the CQCs assessment of the Local Authorities Adult Social Care function
- Government intervention and support
- Working with the regional ADASS group
- Details of internal preparatory work and the next steps

The Committee discussed the presentation and comments were made, including:

- In response to a query, it was noted that some local authorities including Hampshire had been testing out the new assurance framework
- In response to a query about challenging a rating given, the Committee was advised that it was expected to be a similar process to that of an education setting inspection where an opportunity would be given to respond and challenge if felt appropriate. It was however

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noted that challenge could be allowed on factual evidence rather than the judgment

- The Director – Commissioning for People advised that the Committee should have an overview of the self-assessments with the first update in early 2023. **ACTION – Add to Forward Plan**

RESOLVED that the Committee note the presentation.

38. Health and Wellbeing Board update

The Chief Executive of Public Health Dorset provided a verbal update which included:

- Details of the Health and Wellbeing Strategy developed 2019 which included three priority areas for the Board's work: Empowering communities; priority neighbourhoods and supporting healthy lives.
- Themes from the strategy ran for 15 months at a time and the next theme was supporting the launch of a new Physical activity strategy working with Active Dorset
- Support and challenge to enable services to work better together
- Improving SEND support by ensuring best outcomes from local NHS changes following the clinical services review, and integration of health and social care including the Better Care Fund
- Details of the Priority neighbourhoods were detailed including access to food partnerships and winter resilience and the need to raise awareness of the support available
- The Together we can Steering Group was working on a set of proposals to help BCP communities in the cost-of-living crisis with five identified work streams as follows:
 1. developing a network of 'warm welcome' spaces across BCP
 2. A Wellbeing network to support mental wellbeing
 3. A Fuel and energy workstream
 4. The existing Access to Food Partnership
 5. A cross-cutting communications workstream to support promotion of the activity.
- The Physical Activity Strategy called 'Movement for Movement' was highlighted with a planned launch in October 2022
- The ongoing work supporting integration and services working better together strengthened by the launch of the Integrated Care System (ICS), Integrated Care Board (ICB) and Integrated Care Partnerships (ICP) and the Health and Wellbeing Boards' role in place-based partnerships

The Committee discussed the update and comments were made, including:

- The Chairman enquired whether there was a place they could direct residents to regarding locations for warm banks and food banks and

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the Chief Executive of Public Health Dorset advised he would circulate a note with all the information to the Committee. **ACTION**

RESOLVED that the update be noted.

39. Portfolio Holder Update

The Portfolio Holder for People and Homes advised the Committee of the difficulties of providing a financial update at this time but wanted to reassure that Cabinet and the Corporate Management Board were working on a financial strategy however the impact it would have on the service was not yet known.

The Committee was advised that Job Centres Plus was working in partnership with Adult Social Services and Commissioning and were supporting care providers with recruitment events at the three Job Centre Plus sites across BCP by hosting recruitment events and inviting providers to attend and promote their businesses and vacancies.

In response to a question regarding an item on the action sheet regarding writing to Government about the national living wage for carers and carers allowance, the Committee was advised that although it was discussed at Cabinet, there did not appear to be a formal recommendation. The Committee was reassured that this would be progressed with a letter being sent to the new Health Minister. **ACTION**

The Portfolio Holder for Communities, Health and Leisure advised the Committee that she attended the first Combatting drugs partnership meeting, the three main objectives were highlighted: to prevent demand for drugs, improve outcomes for people in treatment and recovery, and ensure effective enforcement against criminal gangs responsible for the drug supply lines and it was advised that the partnership brought together multi agency services as well as people with lived experience. It was noted that the partnership was supported by sub working groups focusing on each objective and was meeting in November to review the work completed.

The Committee was advised that the Portfolio Holder had also attended the first Poverty Truth Commission which met monthly to hear directly about poverty issues, circumstances, and experiences and consider what more could be done to support people in poverty.

The Chairman advised the Committee would be interested in hearing more about the Poverty Truth Commission as it progresses.

40. Forward Plan

The Forward Plan was noted.

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The meeting ended at 8.15 pm

CHAIRMAN

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DRAFT ACTION SHEET FOLLOWING 26 SEPTEMBER 2022 – BOURNEMOUTH, CHRISTCHURCH AND POOLE HEALTH AND ADULT 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: 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.	
Actions arising from Committee meeting: 17 January 2022				
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 – update briefing note expected by November Committee.	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>Actioned: Portfolio Holder for People and Homes sent letter to the Minister for Health and Social Care</p>	To champion carers across BCP and to contribute to the shape of the BCP Adult Social Care service.	

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
Actions arising from Committee meeting: 23 May 2022				
7 12	Action Sheet Portfolio Holder update	<p>In relation to the Action under Minute 182 above:</p> <p>Vice Chair requested an update on writing to MPs and Cabinet discussions relating to carers</p> <p>Chair enquired whether a letter had been drafted to local MPs asking them to review the informal carers allowance</p> <p>Actioned: Portfolio Holder for People and Homes sent letter to the Minister for Health and Social Care</p>	To champion carers across BCP and to contribute to the shape of the BCP Adult Social Care service.	
10	Suicide Prevention Plan, Progress Report	<p>Decisions Made:</p> <ul style="list-style-type: none"> In response to which real time surveillance data could be shared, the Committee was advised that there was some data available until November last year which could be shared if helpful <p>Actioned: added to forward plan to provide update on data when national strategy</p>	To ensure Committee is fully informed on data, support mechanisms available and national strategy	

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
		<p>comes out and we agree to come back to OSC with an update.</p> <ul style="list-style-type: none"> • Share further information with the Committee on the Talk for All skills development <p>Action: request sent to PHD to provide info</p> <ul style="list-style-type: none"> • Send link for Zero Suicide Alliance to Committee members <p>Actioned: Link circulated to Committee on 17 November 22</p> <ul style="list-style-type: none"> • Add new National Strategy to Committee's Forward Plan for later in 2023 with plans needing to be reviewed once published. <p>Actioned: Added to the Forward Plan</p>		

Actions arising from Committee meeting: 25 July 2022				
20	Covid Update	<p>Decision: Director of Public Health to circulate latest information from studies on flu vaccinations with Covid-19 booster vaccinations.</p> <p>Actioned – update to be provided at Committee on 28 November 22 and links circulated to Committee on 17 November 22.</p>	To respond to Committee request for information	
24	Day Opportunities	<p>To receive an update once the view seeking exercise has been completed and the case for change report has been drafted – timescale likely to be end of 2022</p> <p>Actioned: Added to Forward Plan for 7 March 23 Committee</p>	To enable Committee to input as Strategy develops.	
Actions arising from Committee meeting: 26 September 2022				
35	Business Case for the future of Care Technology within Adult Social Care	<p>The Director – Commissioning for People advised they would check whether possible internet provision was included in the costings and let the Committee know.</p> <p>Actioned – email sent to Committee on 17 November 22</p>	To answer questions which could not be answered at Committee	

38	Health and Wellbeing Board Update	<p>Decision: Chief Executive of Public Health Dorset to circulate a note with all the information regarding warm banks and food banks to the Committee.</p> <p>Actioned – email sent to Committee on 17 November 22</p>	To respond to Committee request for information	
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Health and Adult Social Care Overview and Scrutiny Committee



Report subject	Dorset and Bournemouth, Christchurch & Poole Safeguarding Adults Boards Annual Report 2021-2022
Meeting date	28 th November 2022
Status	Public Report
Executive summary	<p>It is a statutory requirement for the Dorset Safeguarding Adults Board (SAB) to publish an Annual Report each year and to present that report to the Council's Health & Wellbeing Board. Many Councils also request that the report is presented to Scrutiny as the report enables a discussion on the work of the Safeguarding Adults Board</p> <p>The attached report is for the year April 2021 to March 2022 and represents a full year under the governance of the current Chair – the report was agreed at the September meeting of the Safeguarding Adults Boards (SABs).</p> <p>During this year the Board has agreed to join together with the Dorset Safeguarding Adults Board for meetings and sub groups. This has enabled a more efficient governance structure as many of the statutory and other partners cover both local authority areas. However, each Board is still separately constituted and in September 2021, it was agreed that Board meetings would have a single agenda and joined reports; though retaining the ability for place-based separate meetings, should the need arise.</p> <p>This year we agreed to publish one Annual Report for both Dorset and BCP SABs. Throughout this year we have delivered against all of our priorities which are set out in the annual work plan; this Annual Report summarises what the Board has achieved.</p>
Recommendations	<p>It is RECOMMENDED that:</p> <p>Members note the report which informs committee about how the SAB has carried out its responsibilities to prevent abuse and neglect of adults with care and support needs during 2021-2022.</p>

Reason for recommendations	<p>1. Report</p> <p>1.1 In setting out how the SABs have delivered against the strategic plan during the year, this Annual Report also acknowledges the contribution each of the board partners has made to implementing its strategy. The Strategic Plan for the next (current) year is set out on Page 6.</p> <p>1.2 The safeguarding data for Bournemouth, Christchurch & Poole is shown on Pages 8 and 9.</p> <p>1.3 It is a statutory requirement that the Annual Report provides a summary of any Safeguarding Adult Reviews (SARs) – these are statutory reviews commissioned by the Board, where someone with care and support needs has died and because of those care and support needs they were unable to protect themselves from abuse neglect or harm.</p>
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Portfolio Holder(s):	Cllr Karen Rampton, Portfolio Holder People and Homes
Corporate Director	David Vitty, Director of Adult Social Services
Contributors	Siân Walker-McAllister Independent Chair, Bournemouth, Christchurch & Poole Safeguarding Adults Board
Wards	All
Classification	For Recommendation

Background

1. It is a statutory requirement for the Bournemouth, Christchurch & Poole Safeguarding Adults Board to publish an Annual Report each year and to present that report to the Council's Overview and Scrutiny Committee. The presentation of the report enables a discussion on the work of the Safeguarding Adults Board.
2. The Annual report is for the year April 2021 to March 2022 and represents a full year under the governance of the current Chair – the report was agreed at the September meeting of the Safeguarding Adults Boards (SABs). During this year the Board has agreed to join together with the Dorset Safeguarding Adults Board for meetings and sub groups. This has enabled a more efficient governance structure as many of the statutory and other partners cover both local authority areas. However, each Board is still separately constituted and in September 2021, it was agreed that Board meetings would have a single agenda and joined reports; though retaining the ability for place-based separate meetings, should the need arise. This year we agreed to publish one Annual Report for both Dorset and BCP SABs. Throughout this year we have delivered against all of our priorities which are set out in the annual work plan; this Annual Report summarises what the Board has achieved.

The SAB works closely with the pan-Dorset Safeguarding Children Partnership and the Bournemouth, Christchurch & Poole Community Safety Partnership, especially in relation to statutory reviews e.g., SARs, Domestic Homicide Reviews (DHRs) and the learning deriving from them. This ensures efficient working of the statutory boards and where there is an overlapping agenda for example, where other reviews have identified a need for adult safeguarding, we are able to ensure there is joined up work and importantly joined up learning across professional disciplines.

The Board has a duty to publish any safeguarding adult reviews, completed and published during the year and Members will note SAR Katherine (A Dorset SAR) was the only review published in this year.

3. Summary of financial implications

The budget for the Board is shown on Page 11 of the Annual Report – it shows contributions made by each Council and the partners. During this current financial year (2022/2023), the Board is progressing a single business unit/ team and proposals for more equitable budget contributions are being considered

4. Summary of legal implications

As set out in the Care Act 2014, it is a statutory requirement for the Bournemouth, Christchurch & Poole SAB to publish an Annual Report each year and to present that report to the Council's Health & Wellbeing Board. The Annual Report must also include details of any Safeguarding Adults Review (SAR) which has been commissioned by the Board. SAR Katherine is included but this SAR relates to the Dorset Safeguarding Adults Board

5. Summary of human resource implications

None applicable

6. Summary of environmental impact

Not applicable

7. Summary of public health implications

None applicable

8. Summary of equality implications

None identified

9. Summary of risk assessment

None applicable.

Background papers

None

Appendices

Dorset and Bournemouth, Christchurch & Poole Safeguarding Adults Boards Annual Report 2020/2021

Dorset and Bournemouth, Christchurch & Poole Safeguarding Adults Boards

Annual Report 2021-2022



The Safeguarding Adults Boards bring together all public, voluntary and community sector agencies across BCP and Dorset with the aim of working together to protect adults at risk from abuse, harm, or neglect. We achieve this through joined up strategic leadership and collective accountability.



It is with great pleasure that I introduce the 2021/ 2022 Annual Report of the Dorset and Bournemouth, Christchurch & Poole Safeguarding Adults Boards. Appointed as Independent Chair of both Boards in April 2022, together with partners and the Business Team, I have been working to ensure that governance of both boards is simplified, efficient and enables everyone to have a clear understanding of the assurance work which we undertake. We have always ensured that the Boards' Subgroups are joined together as there is so much work in common. In September 2021, we agreed that Board meetings would have a single agenda and joined reports; though retaining the ability for place-based separate meetings, should the need arise. Throughout this year we have delivered against all of our priorities and this Annual Report summarises what the Board has achieved.

The primary role of a safeguarding adults board is to ensure that all public sector agencies work together to ensure that adults with care and support needs in the area, are protected from abuse, harm, and neglect; where because of their care and support needs they are unable to protect themselves. The Care Act 2014 sets out that Safeguarding Adults Boards (SABs), should agree a local safeguarding strategic Business Plan and set out in the Annual Report how it has delivered that plan. The Boards also, in commissioning a Safeguarding Adults Review, should ensure that partners demonstrate how they work together so that lessons learned impact the future delivery of services to those with care and support needs.

We have all had to adjust our lives owing to the ongoing issues following the Covid-19 pandemic with patterns of daily life still significantly affected during this year. We have continued to meet virtually to safely deliver and discuss our priorities. The adult safeguarding duties within the Care Act 2014 have remained in place and the Dorset & BCP Safeguarding Adults Boards have continued to seek assurance that adult safeguarding has remained "everyone's business" and that statutory, voluntary and community services have worked together effectively to prevent and/or protect individuals from abuse and neglect. The Board is concerned to ensure that cooperation and collaboration; working together across agency and organisation boundaries, is maintained. We have seen increased demand for care and support with rising referrals of adult safeguarding concerns, particularly for those people who have suffered self-neglect. We continue to commission Safeguarding Adults Reviews and concluded and published one review 'Katherine', during this year.

We have changed a number of sub groups and have developed a new subgroup concerned with engaging better with people living in our many communities, in particular giving us the opportunity to learn from those with lived experience of safeguarding interventions. We have developed new pan-Dorset Safeguarding Adults Procedures and have started to post regular '7-Minute' learning briefings on our websites.

Finally, I want to thank all those who have contributed to safeguarding adults at risk of or experiencing abuse and neglect, with dedication, hard work and strong leadership. I would also like to thank Karen Maher, Glynis Greenslade and Fay Ware, the Boards' Business Team, who have each contributed significantly to delivery of the Board's work.



Siân Walker-McAllister, Independent Chair



Safeguarding Adults

Safeguarding adults is about protecting the rights of people with care and support needs to live in safety, free from abuse, harm and neglect.

If you are concerned about a person who is over the age of 18 years, who has care and support needs, and you feel they are being abused or at risk of abuse from another person, you should seek help for them.



To report a safeguarding concern in the BCP Council area contact:

01202 123654

During evenings and weekends, telephone 0300 1239895



To report a safeguarding concern in the Dorset Council area contact:

01305 221016

During evenings and weekends, telephone 01305 858250



In an emergency dial 999. If the person is not in danger now, dial 101.

If you are not sure what to do, or need some advice, there are people who can help. You can talk to your GP or nurse, a social worker, a police officer or your key worker. They will help you to respond to the concerns.

About the Dorset and BCP Safeguarding Adults Boards

The Care Act (2014) states that every local authority must have a Safeguarding Adults Board (SAB). Each SAB has 3 core duties –

- Develop and publish a strategic plan setting out how they will meet their objectives and how member and partner agencies will contribute.
- Publish an annual report detailing how effective their work has been.
- Commission safeguarding adults' reviews (SARs) for any cases which meet the criteria for these.

The Dorset and Bournemouth, Christchurch & Poole (BCP) Safeguarding Adults Boards work closely together and share subgroups. The Boards retain the ability to meet separately, but generally meet together once a quarter.

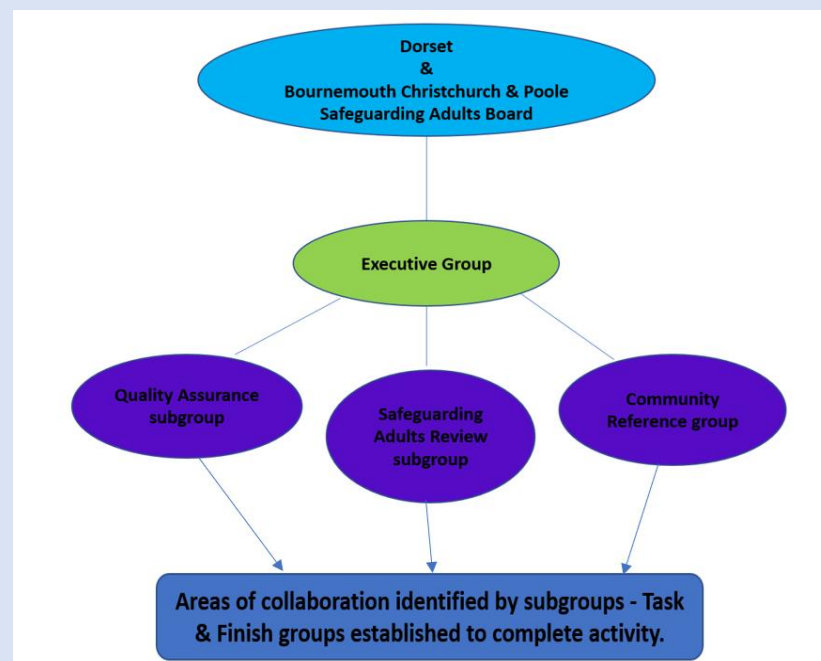
The overarching purpose of a Safeguarding Adults Board is to help and safeguard adults with care and support needs, who, because of their care and support needs are unable to protect themselves from the risk of or experiencing abuse, neglect and harm. The Board works with all partners who consider how to address the causes of abuse, neglect and harm. We aim to raise awareness about safeguarding issues so these can be identified.

The Board is not responsible for the delivery of services, though those who plan and make decisions about services across Dorset and BCP Councils are represented on the Board. The Boards have 3 statutory partners: Local Councils Adult Social Care, NHS Clinical Commissioning Group (now the Integrated Care Board or ICB) and the Police. Other Board members are detailed on page 13.

The Boards seek assurance on how services respond to adults at risk of abuse, neglect and harm and what partner organisations do to prevent abuse and harm occurring.



The Boards have a joint meeting 4 times a year. There is a joint Independent Chair, Siân Walker-McAllister. There are 3 subgroups which support the delivery of the strategic plan objectives.









How well did we do during 2021-2022?

A 3-year strategy was developed by all DBCP Safeguarding Adults Board Partners in consultation with members of the Boards' subgroups and this has been developed by considering key strategic challenges being faced locally and nationally.

https://www.bcpsafeguardingadultsboard.com/uploads/7/4/8/9/74891967/dbcp_statagic_plan_2021_vs7.1_final.pdf

The strategic plan will ensure everyone - Board Members, all professionals, and importantly the public is clear about what we want to do and how we can work together to make it happen.

	Plans for 2021-22	What we achieved during 2021-22
	Continue to support and challenge DBCPSAB member organisations in their work	<ul style="list-style-type: none"> ➤ Quality Assurance Subgroup challenges safeguarding data from Statutory Partners ➤ MARM Audit theme provided learning which will be converted into actions for 2022-23 ➤ Independent Chair has met with all Statutory Partners
	Be flexible as necessary as the Covid-19 pandemic evolves	<ul style="list-style-type: none"> ➤ An exceptional Board meeting held November 2021 considered an 'Insight Report' about safeguarding during the Pandemic and how organisations were working together. ➤ Meetings being held virtually have attracted an increase in attendance, however face to face meetings are being included where appropriate. ➤ The Pandemic still impacts on practice; however, this is returning to new 'normal' ways of working. ➤ This is monitored as part of the Strategic Plan for the SAB 2021-2024
	Publish updated Safeguarding Procedures	An electronic version of these procedures is available: https://creativestudios.myzen.co.uk/bcpsab/BCP-Dorset-procedures/
	Publish updated Safeguarding Adult Review (SAR) Policy	This has been updated and can be accessed via the following link: https://www.bcpsafeguardingadultsboard.com/uploads/7/4/8/9/74891967/dbcpsab_sar_policy_updated_september_2021.docx
	Continue to review the Boards governance to ensure the Boards run efficiently so we can maximise opportunities to work together as partners	<ul style="list-style-type: none"> ➤ Carry out service audits and training events, i.e., reviewing the multi-agency risk management procedures (MARM), to ensure that all partner organisations work together well ➤ Boards Constitution is being reviewed and this will be concluded in late 2022. ➤ Developed the Strategic Plan for 2021-2024 see link below: https://www.bcpsafeguardingadultsboard.com/uploads/7/4/8/9/74891967/dbcp_statagic_plan_2021_vs7.1_final.pdf
	Ensure we are engaging with health and care providers and the Voluntary & Community Sector	<ul style="list-style-type: none"> ➤ We held a 'virtual' Independent Social Care Provider Event in February 2022 ➤ The Community Engagement Subgroup was set up to provide an opportunity for those with 'lived experience' to come together and support the Board. This group has met 3 times, and dates for regular meetings are set. The group is chaired by Dorset HealthWatch.

Our Strategic Plan for 2022-23

The Board has agreed that the following priorities will be worked towards during 2022-2023

The Boards will work closely with the Pan-Dorset Safeguarding Children's Partnership and both Community Safety Partnerships to ensure that young people in transition from Children's service intervention are recognised when safeguarding concerns are considered by adult services. We aim to be assured that there is good information sharing between services.		Involve people and communities in the work of the board to ensure we listen to their voices and enable them to contribute to the design and delivery of our strategic aims and planning processes.	
Preventative safeguarding work will continue to be developed with all our partners	Work within the new NHS Integrated Care system/ Integrated Care Board in the context of safeguarding assurance framework	Ensure there is good preventative multi-agency working using a contextual safeguarding approach to support individuals who are homeless.	
Continued assurance of the application of learning from Safeguarding Adult Reviews (SARs) and also, where appropriate, from Domestic Homicide Reviews (DHRs) through multi-agency audits		Enhancing understanding and recognition of domestic abuse and coercive and controlling behaviour and its impact on people with care and support needs.	
Develop assurance on the delivery of the new Liberty Protection Safeguards.	Better understand the significant impact and pressures on commissioning services within health and social care.	Seek Assurance that 'Making Safeguarding Personal' (MSP) is understood and the principles are consistently applied.	
Improve assurance on delivery of safe practice in private mental health hospitals		Continue to embed 'Think Family' into practice	

Prevention



Partnership



Collaboration



Making Safeguarding Personal



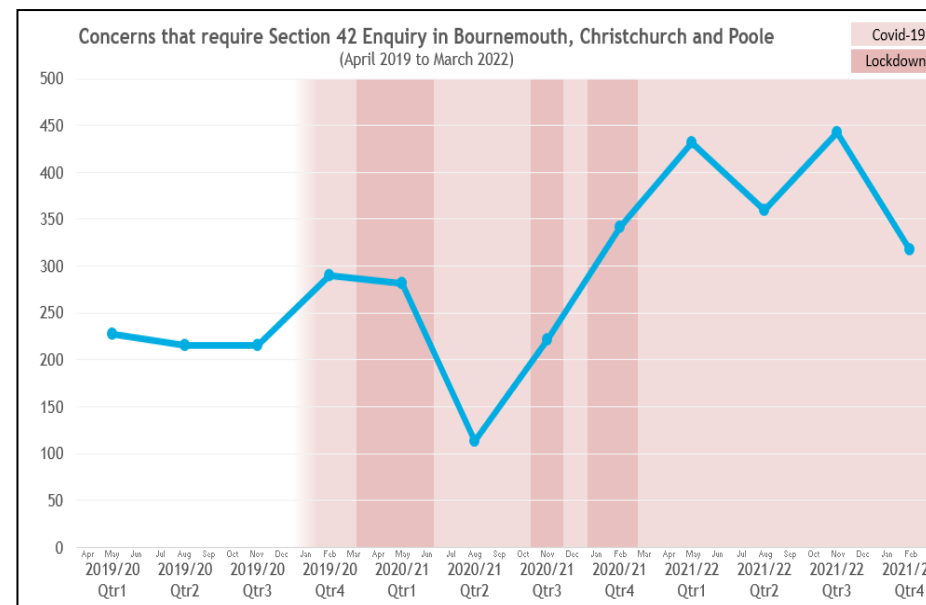
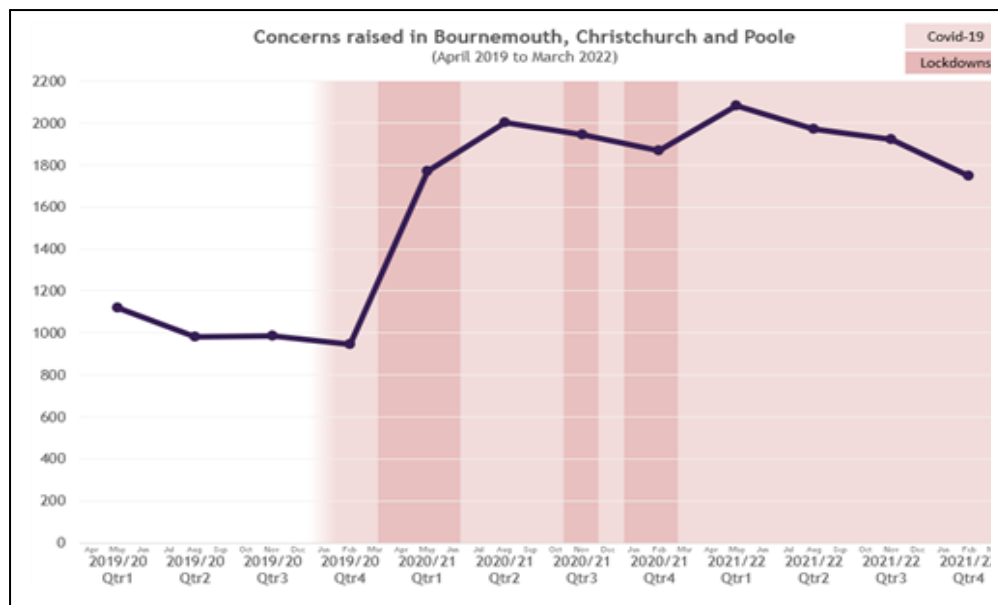
Learning Together



Reports from the Chairs of the Sub-groups for 2021-2022

Safeguarding Adult Review (SAR) Subgroup	<p>The Safeguarding Adult Review (SAR) subgroup met on 6 occasions in the year 2021-2022. A new subgroup chair was appointed from within Dorset Police at the start of 2022.</p> <p>Safeguarding Adult Review (SAR) Katherine was completed and published, this can be found on the Boards' website at https://www.bcpsafeguardingadultsboard.com/learning--development.html along with a '7-Minute Learning Document'. The Action Plan arising from this SAR will continue to be monitored by this group.</p> <p>The SAR subgroup remains very busy, considering 8 referrals over 2021-2022. Of these, two have been identified as meeting the criteria for statutory Safeguarding Adult Reviews - the person concerned had care and support needs and that more than one organisation was involved; that learning will be shared across partner organisations. In respect of referrals to this group, which did not meet the criteria for a SAR, learning will be developed within partner organisations with a completed Action Plan submitted to this group for final 'sign-off' where appropriate.</p> <p>The Board's SAR Policy was updated and can be accessed via the following link: https://www.bcpsafeguardingadultsboard.com/uploads/7/4/8/9/74891967/dcpsab_sar_policy_updated_september_2021.docx</p>
Quality Assurance (QA) Subgroup	<p>The Quality Assurance (QA) Sub-Group met on 4 occasions, in the year 2021-22. The Group is now co-chaired between NHS Dorset and Dorset Council.</p> <p>The focus for this year has been on developing a dataset determined by the workplan which is in line with the Board priorities. Analysis of the data will inform the annual audit cycle. Neglect and Self-Neglect have been identified as the most common reason for referrals into adult safeguarding and the first audit for 2022 – 23, will be based on better understanding neglect and self-neglect across Dorset and BCP.</p> <p>The QA subgroup is aligning its work with the 'Learning' from Safeguarding Adult Reviews and will ensure learning is embedded in practice. The subgroup will be measuring the impact on improved outcomes. The group is also working closely with both Community Safety Partnerships to join up understanding of domestic abuse and in particular of coercive and controlling behaviour.</p> <p>The Care Quality Monitoring Group that was suspended during the Covid 19 pandemic, has now re-established and reports into the QA subgroup.</p>
Community Engagement Group (CEG)	<p>The 'Community Engagement Subgroup' was first formed in January 2022. This subgroup has started well and has regular attendance from partners with a wide representation across the voluntary and community sector. The CEG subgroup finalised its Terms of Reference, which are on the Board's website. https://www.bcpsafeguardingadultsboard.com/uploads/7/4/8/9/74891967/ceg_terms_of_reference.pdf</p> <p>There have been some challenges and the group has acknowledged that there are barriers to be considered for the future. Primarily the group needs to maintain a level of group participation and a need to encourage members to identify areas of interest for the sector. The group is particularly interested to involve and extend membership to those with lived experience of safeguarding intervention and plans to invite guest speakers who can inform members about key safeguarding issues. The CEG is working towards achieving the priorities outlined in the Safeguarding Adult Boards' 2021/24 Strategic Plan and has a focus on preventative work with safeguarding. This will involve talking to various groups about how to ensure that people with care and support needs are kept safe.</p>

BCP Council Safeguarding Data and the Impact of the Pandemic



Safeguarding Concern – is referred when a person reports they are worried someone is being abused, harmed or neglected.

Safeguarding Enquiry – where concerns are screened to decide whether a Statutory Enquiry should happen and how it should be progressed. These may be referred to as a Section 42 Enquiry. An Enquiry may be closed at any stage, depending on the risks, and whether the person is deemed to be safe from harm.

There is no prescribed way of how a Section 42 Enquiry should be progressed; the local authority has a duty to ensure that enquiries are made.



Numbers of concerns rose sharply during lockdown due to:

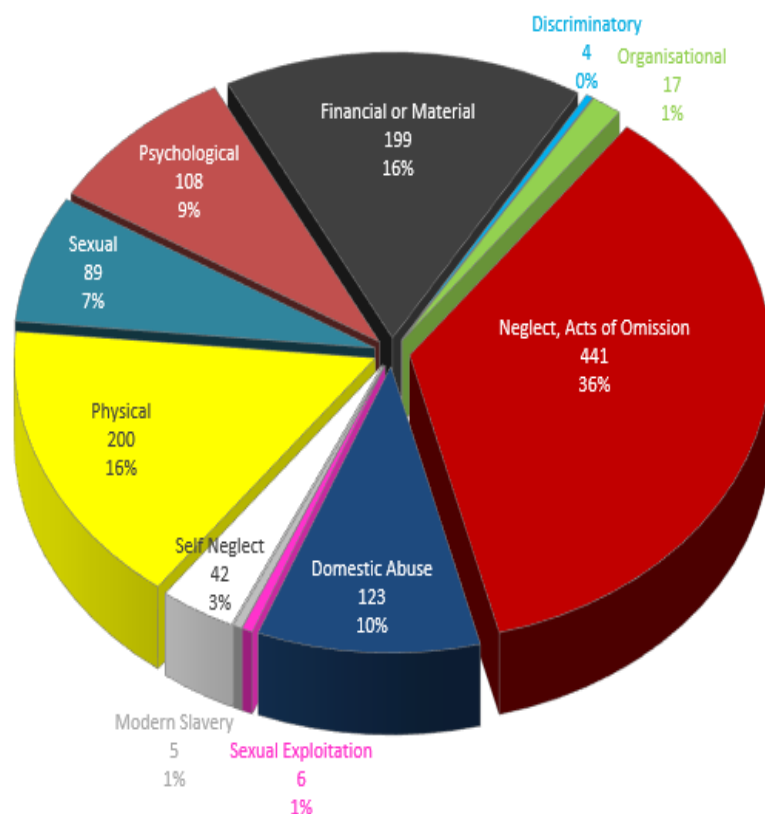
Better consistency in how we collect data

Covid restrictions making it more difficult to prevent harm, i.e., missed care calls due to staff sickness or fewer face to face visits.

Higher number of referrals from volunteers supporting people who were shielding, but Concerns did not meet criteria for an Enquiry.

Numbers of Concerns appear to be falling slightly now that Covid-19 lockdowns have ceased and more preventative work possible.

BCP Council Safeguarding Data and the Impact of the Pandemic



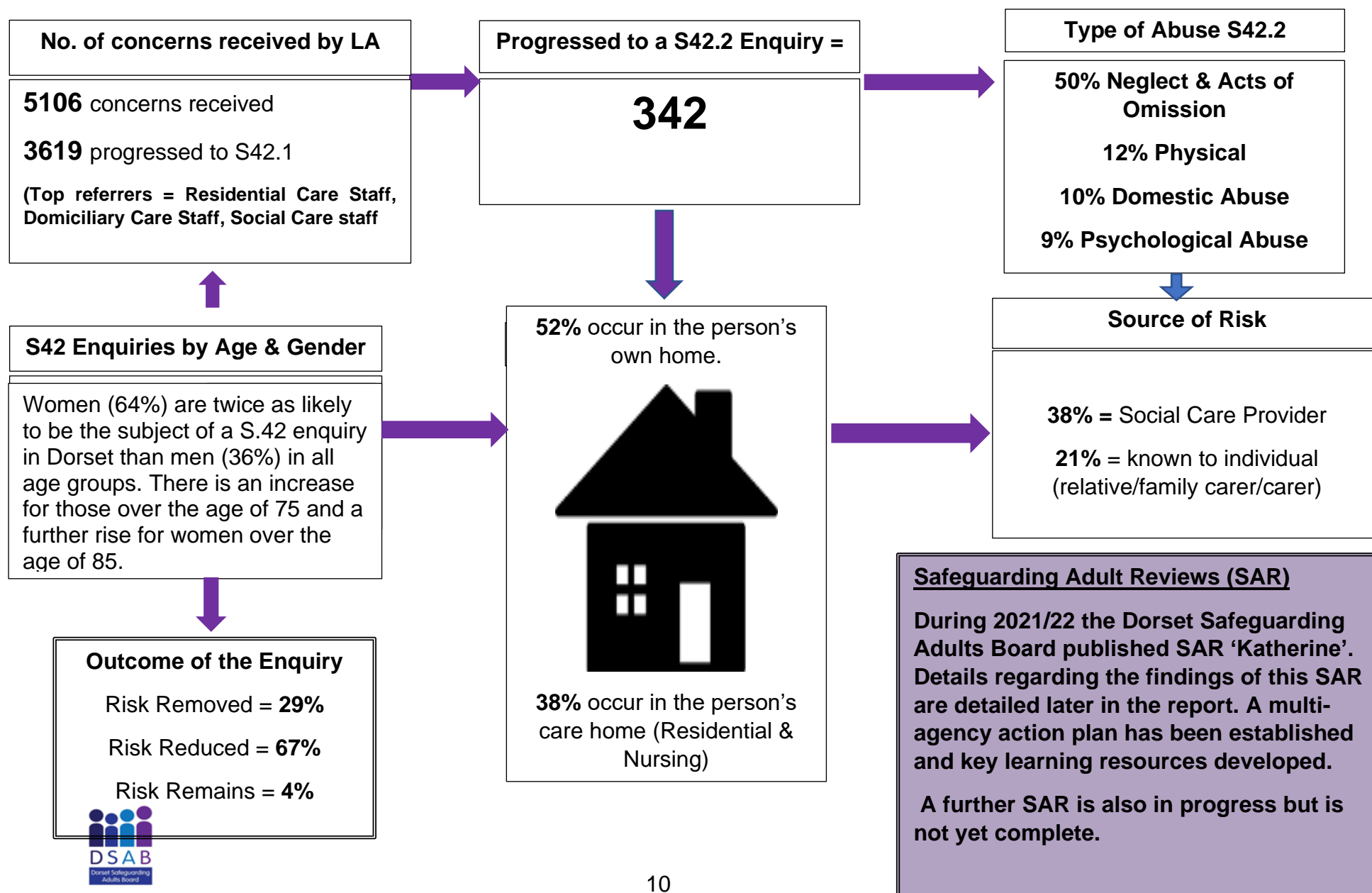
Neglect, Acts of Omission reasons...

		- SOURCE OF RISK -			TOTAL	
		Service Provider	Known to individual	Unknown to individual		
Missed Visits	14	14	0	0	14	3%
Medication error	55	55	9	0	64	15%
Provider not following CP	44	44	2	0	46	10%
Pressure sores	33	33	7	3	43	10%
Carer not following prof. adv/CP	23	23	5	1	29	7%
Carer stress	6	0	6	0	6	1%
Other	180	180	40	19	239	54%
		75%	17%	8%		

Neglect and Acts of Omission continue to be the largest proportion of all types of harm. Ongoing challenges in the social care provider market such as staff sickness and recruitment and retention of staff is a contributing factor, particularly with high levels of demand for care services. Safeguarding operational services and the 'Service Improvement Team' work together to identify areas of care quality that may need addressing

Dorset Council Safeguarding Activity & Performance Information 2021/22

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Dorset and BCP Safeguarding Adults Board Budget 2021-2022



The Dorset and BCP SABs maintain a working budget to enable them to undertake their work and the priorities identified in the business plan. Each year, contributions are received from partners to support this work.

The budget funds the roles of the Independent Chair, Board Managers and Administrators who coordinate the work of the Boards and the subgroups. These roles are presently hosted by Dorset and BCP Councils on behalf of the Boards.

The Dorset and BCP SABs are grateful for the financial support of our partners which enables us to carry out our work.

BCP Council	£70,000
Dorset Clinical Commissioning Group	£20,000
Dorset Police	£9,000
Dorset HealthCare	£2,000
University Hospital Dorset	£4,000
Total	£105,000

Dorset Council	£38,095
Dorset Clinical Commissioning Group	£17,500
Dorset Police	£9,000
Dorset HealthCare	£2,000
University Hospital Dorset	£3,000
Total	£69,595

Safeguarding Adult Reviews

Under the Care Act 2014, Dorset and BCP SABs are responsible for commissioning and coordinating the delivery of Safeguarding Adults Reviews (SARs). These are statutory independent reviews where there has been an incident of serious harm or death involving an adult with care and support needs, who because of their care and support needs was unable to protect themselves from abuse, harm or neglect.

SARs are commissioned to produce learning and not to apportion blame. SARs set out to establish what may have gone wrong and to identify where agencies or individuals could have acted differently or worked better together. SARs take account of the complexity of safeguarding work and identify areas of good practice as well as learning. Key recommendations are made at the end of each SAR, and this will often include the learning needed to prevent future incidences of serious harm or death from happening again. This learning is shared across all partners and is usually published on the Boards' websites.

Only one SAR - SAR 'Katherine' was completed and published during 2021/22.

SAR Katherine-System Learning Finding: https://www.bcpsafeguardingadultsboard.com/uploads/7/4/8/9/74891967/sar_katherine-7_golden_rules_of_information_sharing.pdf

SAR Katherine-7 Golden rules of information sharing: https://www.bcpsafeguardingadultsboard.com/uploads/7/4/8/9/74891967/sar_katherine-system_learning_findings.pdf

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Katherine was a white British woman in her 80's who was admitted to hospital following a reported assault by her husband. She later died in hospital. Katherine had been married for over 60 years. Both she and her husband held strong religious beliefs. These beliefs informed Katherines decision making throughout her life.

Throughout her contact with services Katherine described a married life in which she had experienced domestic abuse and coercive and controlling behaviour over many years. As her husband's health deteriorated with age, this further increased the demands he placed upon her. Katherine was not only his wife but became his carer also. This ultimately placed more strain upon her physical, emotional and mental wellbeing as his demands upon her increased.

Learning identified

Enable practitioners in all agencies to have a role in 'sowing the seeds' with an older age victim of domestic abuse, of being able to do something about the abuse.

If a long-term relationship is marked by domestic abuse and coercive and controlling behaviour, opportunities to leave the home and see other people can further reduce as age impacts on mobility and physical health.

Ensure the availability of specialist domestic abuse support to all practitioners working with victims.

Improve understanding and clarity about use of different multi agency meetings.

Enable confidence across agencies to engage with individuals about their abusive behaviour particularly in lifelong relationships.

Engagement with faith groups as important safeguarding partners.

Dorset and Bournemouth, Christchurch and Poole Safeguarding Adults Board Membership

The Dorset and BCP Safeguarding Adults Board is made up of senior representatives from the following agencies –

- Bournemouth, Christchurch and Poole (BCP) Council
- Dorset Council
- Dorset Police
- NHS Dorset (Previously Dorset Clinical Commissioning Group)
- Age UK
- BCP Community Action Network
- BCP Council Elected Member
- Department of Work & Pensions
- Dorchester County Hospital
- Dorset Council Elected Member
- Dorset & Wiltshire Fire & Rescue
- Dorset HealthCare NHS Foundation Trust
- Dorset National Probation Service and for part of the year Dorset, Devon & Cornwall Community Rehabilitation Company
- Dorset Volunteers Centre
- Dorset Healthwatch
- HM Prison Service
- NHS England & NHS Improvement – South West
- South West Ambulance Service NHS Foundation Trust
- University Hospitals Dorset NHS Foundation Trust



What has your organisation achieved in respect of the priorities outlined in the SABs strategic plan during 2021/22?

Delivered over 45 safeguarding learning events reaching over 1180 people from across health and social care sector and partners.

Extensive learning and development programme including specific bitesize webinars led by the service expert practitioners on key areas of safeguarding practice, including S42 guidance, Modern Slavery and Contractures. Other masterclass sessions with externally commissioned national experts on self-neglect and hoarding; *Homelessness and Safeguarding*; *Working with people experiencing controlling and coercive behaviour* and family focussed sessions around *Transitional Safeguarding*).

13th Annual MCA Conference took place in March 2022 and with over 400 people in 'virtual' attendance with focus on equality and diversity and how the MCA can be used to promote and support people from diverse backgrounds and cultures.

During 21/22 the Domestic Abuse offer has been enhanced to include e-learning, classroom-based training, and a series of 4 virtual web-based workshops to compliment the core training. These focus on Complicated matters – domestic abuse, substance misuse and mental health; risk assessment and referral pathways; controlling and coercive behaviours; identifying and supporting adults at risk.

An agile and motivated workforce has enabled us to develop an enhanced weekend social work team to facilitate hospital discharges and people in need of care and support, working closely with the voluntary and community sector.

Good pan-Dorset system partnership and established project approach working in preparation of the Liberty Protection Safeguards.

Development of the Safeguarding dashboard has led to a greater level of oversight and ability to investigate performance, to enhance practice and provide a range of quality reporting.

Making Safeguarding Personal audit highlighted the need to improve obtaining feedback from people about their safeguarding experience. There is now improved understanding with recording of 77% of adults now feeling safe as a result of the safeguarding involvement and has shown the power of focused and targeted interventions to support practice improvement.

An audit by the Southwest Audit Partnership around section 42 decision making in response to increase in safeguarding concerns has been helpful to validate the current working arrangements and suggest areas of improvement.

Developed Safeguarding Practice Peer Forums within the safeguarding team to discuss complex cases, and support CPD and enhance quality of practice. Regular monthly meetings with Quality Improvement Team and Safeguarding team to share intelligence and information about provider concerns or trends.

Continuing to support High Risk Domestic Abuse (HRDA) process and chairing of monthly meetings, involvement with DRIVE (pilot perpetrator programme).

What have the challenges been?

Workforce capacity and staff wellbeing impacted by increasing demand for services across the social care sector, particularly within the pandemic. This has affected the availability of 'Best Interest Assessors' and Deprivation of Liberty Safeguards (DOLS) authorisations.

The availability of local care provision to support people in the community has been significantly impacted by the pandemic, with some providers no longer able to provide care which has been commissioned by the council. This impacts on people staying longer in hospital. There have been significant challenges in recruiting and retaining staff in adult social care and in social care provider settings e.g., residential and home care.

Covid-19 has continued to present an organisational and system wide challenge to respond to, with continual waves of infections, but without the testing or regulatory framework within which to work. Recovery from Covid has also been a challenge of deconstructing what was in place and moving back to a place of business as usual.

What are you doing to achieve the priorities outlined in the SABs new strategic plan in 2022/23?

There is a 'Transformation programme' in the Council's Adult Social Care and Housing service to deliver reforms, including the new 'Liberty Protection Safeguards' and Mental Health Act Reform, as well as the associated workforce planning strategy.

Launching Commissioning Strategies covering all areas of 'A Better Life' and set out the framework for provision of care and support and the offer to our residents for excellent and safe care & support in Dorset.

The Director of Adult Services and Director of Children's Services jointly lead the 'Birth to Settled Adulthood' Programme to include transitional safeguarding, mental health and health pathways.

Apply learning from national safeguarding events and Safeguarding Adult Reviews (SARs), and implement actions plans arising from Learning Disability Mortality Reviews (LeDeR) programme, Safeguarding Adult Reviews (SAR's) and Domestic Homicide Reviews (DHR's).

Ensure effective transition from the previous company delivering care (Tricuro) to a new care company 'Care Dorset' to meet local residents' needs for care and support.

What has your organisation achieved in respect of the priorities outlined in the SABs strategic plan during 2021/22?

- Reviewed a new Safeguarding Model which has proven successful in managing a significant increase in Safeguarding Concerns, robustly.
- Creation of the Homelessness Social Work team, which focuses on prevention and a multi-agency risk management approach to supporting people.
- Improved performance and outcome data reporting.
- Assertively monitoring Care Provider Concerns and taking quick action to support care providers, to avoid the need for Large Scale Enquiries, working jointly with the NHS where required. This includes a proactive and preventative support in relation to infection control and outbreak management.
- Partnership working across the local authority (including Public Health and the NHS in relation to quality and safeguarding issues).
- Continuing to complete actions related to SARs/DHRs, undertaking internal audits and disseminating learning.
- Positive engagement with the Multi-Agency Risk Assessment Conference (MARAC) process, providing consistent attendance and information.
- Worked with the NHS to deliver the 'Safe & Wellbeing' reviews for people with a Learning Disability and/or Autism (Nov 2021 – April 2022). Work commissioned by NHS England & Improvement in the wake of the Cawston Park Safeguarding Adults Review (Norfolk) into the deaths of three young adults at this independent Hospital. Reviews took place for 26 Dorset adult patients placed in a mix of Independent and NHS Hospitals across the UK. Dorset CCG led this piece of work and findings were scrutinised and signed off by an 'Integrated Care System Oversight Panel'. A comprehensive report and thematic analysis has been produced and associated actions are being followed up.
- Ongoing partnership working across the local authority (LA) and local NHS in relation to quality and safeguarding in preparation for the implementation of NHS restructure to 'Integrated Care Systems'.
- Strong partnership work in respect to Infection, Prevention and Control in response the pandemic.

What have the challenges been?

- Impact of COVID on carrying out development work and causing higher demand across all teams.
- Staff burnout caused by above in both the Council and with care providers
- Recruitment and retention across the adult social care sector, impacting on availability of services and quality.

What are you doing to achieve the priorities outlined in the SABs new strategic plan in 2022/23?

- Creation of an 'Assertive Engagement Team' in April 2022, which will focus on developing good practice around self-neglect and aid the development of a Transitional Safeguarding Strategy which will focus on supporting young people to move from children's into adult's services.
- Robust project plan in progress for the implementation of Liberty Protection Safeguards in 2023



What has your organisation achieved in respect of the priorities outlined in the SABs strategic plan during 2021/22?

Dorset Police has successfully reshaped its operating model so that response policing and investigations are now coterminous with each local Council. This has enabled improved allocation of resources to manage the demand across both BCP and Dorset Council areas and ensure that those who are unfortunately the victims of crime receive a more seamless and holistic service from the first call through to the completion of an investigation. In addition to these changes, Dorset Police now also has a dedicated 'Adult's desk' situated within the Multi Agency Safeguarding Hub (MASH). This means that other agencies referring in concerns to the Police are able to be signposted to the right department promptly and those matters that require police attendance and safeguarding are routed correctly.

Dorset Police has continued its roll out of 'Domestic Abuse Matters' training through the charity 'SafeLives', this involved training 75% of our workforce to understand coercive and controlling behaviour, identify and investigate it. In addition to the training, we have trained 16 'train the trainers' to ensure that the roll out continues to newly recruited officers under the Government's current plan. Dorset Police has also recruited dedicated 'Vulnerability Lawyers' to progress Domestic Violence Protection Orders from the court, recognising that these orders are important to give victims of domestic abuse time and space to seek advice and specialist support about their abuse. Dorset Police has also continued to run annual 'vulnerability training' for all officers and staff, this training covers a blend of both adults and children safeguarding, recognising the need for a whole family approach. Dorset Police has also continued to develop and support the Multi Agency Risk Management process (MARM) with partners to ensure that those adults with the most complex needs receive a response from all agencies that are involved in their lives and to ensure that no opportunity to offer care and support is missed.

What have the challenges been?

The main challenge is resourcing and funding. With the increase in demand, it is inevitable that this can sometimes create delays to service for those incidents that do not present an immediate threat to life. Unsurprisingly, Covid has also seen both increases to police demand but challenges to our workforce in terms of isolation periods and those that are clinically vulnerable having to work remotely and not deploy as they previously would.

What are you doing to achieve the priorities outlined in the SABs new strategic plan in 2022/23?

The Chief Constable's Vision and Purpose is very clear - they want to make Dorset a safe county for everyone. This means being tough on crime, keeping people safe and putting victims first. The Police has developed specialist 'Neighbourhood Exploitation Teams' who pursue those who continually target vulnerable adults in their homes for the purpose of criminality. Dorset Police is also transitioning safeguarding services from a central department to local hubs in the community to improve partnership working and ensure that resources are allocated in accordance with demand. This ensures that victims receive a timely and good quality service when they need it most. Dorset Police has created a specialist 'Missing Person Team', recognising the vulnerability of those who regularly go missing and the impact that this can have on both the missing person, their family, the community and agencies working with that person. Dorset Police will continue to evaluate these changes in light of all strategic plans, including at the Safeguarding Adult Board (SAB), to ensure that our work continues to reflect both police priorities and those of partners. Dorset Police will continue to be a supportive to partners in relation to the commissioning of Safeguarding Adult Reviews (SARs) and in ensuring that learning from these reviews is embedded within the police to ensure that agencies work together well to prevent future harm. Dorset Police will also continue to work with the partners of the SAB to ensure that police training meets the priorities of this strategy, especially in relation to identification, detection and pursuit of those who offend against people with care and support needs.

What has your organisation achieved in respect of the priorities outlined in the SABs strategic plan during 2021/22?

- Anonymous 'tracker' developed to identify learning and themes from Safeguarding Adult Reviews and other reviews.
- Health data has been refreshed to better reflect a health service response to safeguarding, and this data will inform reporting 2022/23.
- A domestic abuse toolkit has been developed specifically for those working in Primary Care.
- Health summaries are provided electronically for Multi-Agency Risk Assessment Conference (MARAC / High Risk Domestic Abuse (HRDA) meetings.
- Safeguarding communications have been proactive to minimise any potential risks of harm identified e.g. exploitation, Covid, Fraud etc.
- There has been improved communication and alliance between the two Community Safety Partnerships and Safeguarding Adults Boards.
- A 'Safeguarding and Inequalities dashboard' is in development to identify population-based safeguarding trends to support commissioning and enable more proactive safeguarding practice.

What have the challenges been?

- Impact of Covid on the workforce.
- Training compliance in adult safeguarding dipped because of the inability to deliver training face to face.
- Ability to measure the impact of learning from Safeguarding Adult Reviews.

What are you doing to achieve the priorities outlined in the SABs new strategic plan in 2022/23?

- The CCG has developed their internal 'Safeguarding Intranet site' to allow relevant information to be shared within the wider organisation.
- The Adult Safeguarding lead actively promotes 'Safeguarding Adults Week' with an internal blog highlighting the importance of safeguarding in commissioning. This includes promotion of the Boards' work.
- A review of CCG safeguarding policies has been taking place ahead of the transfer from CCG to NHS Dorset ICB (Integrated Care Board) on 01 July 2022.
- There has been improved engagement from people who use services across health with the NHS Communications department leading on '100 interviews' with users of services and increased cultural awareness of diversity across the population.
- Findings from the Safeguarding Adult Review of Cawston Park Hospital (Norfolk SAB) will inform future care of Dorset and BCP patients needing specialist support.
- The implementation of Liberty Protection Safeguards has been and remains a priority for all health providers and CCG.

Key Achievements during 2021/22

NHSEI Regional Safeguarding Team successfully completed meetings with safeguarding professionals and senior leaders from each of the 7 Integrated Care Systems (ICSs) with a focus on system governance and readiness for ICS transformation.

We support succession planning and professional development of our safeguarding workforce and have funded three training and development opportunities. This included an opportunity for a small number of safeguarding health staff employed by Local Authorities i.e., Public Health Nurse Safeguarding Leads to access training. This offer comprised two University level courses (a safeguarding module funded by a successful bid to Health Education England and the second module with a focus on supervision). The third is a wider flexible continued professional development opportunity.

The Regional Data Set & Information Governance Reference Group completed its main task and has developed and published the South West Regional Serious Violence and Contextualised Safeguarding Information Governance Framework 2021

What have the challenges been?

The delays in the Liberty Protection Safeguards (LPS) consultation and lack of communication by government about the revised timeline and implementation posed a real challenge to planning and resource management.

Ensuring the South West region maintained a good oversight of safeguarding statutory reviews to ensure we are maximising learning opportunities from themes arising whilst working national colleagues to implement a new information technology solution.

Maintaining momentum on regional safeguarding work programmes requiring collaboration with local NHS systems during period of extreme operational pressure where frontline services and Covid vaccination programmes were a national and local priority.

What are your priorities for 2022/23?

Supporting the transformation of NHS Clinical Commissioning Groups (CCGs) to Integrated Care Boards (ICBs) ensuring safeguarding statutory functions remain central with good governance arrangements. Alongside this, strengthening safeguarding assurance in line with a new national assurance tool and framework.

We have appointed a NHSEI Regional LPS Clinical Lead for 18 months. They will develop a detailed implementation plan for the NHS to work in collaboration with other system partners to deliver a successful implementation of LPS for the South West.

Evaluation of the various multiagency projects we have financially supported in 21/22, in conjunction with our multiagency partners to measure impact and monitor outcomes for the Southwest population and its workforce.

Key Achievements during 2021/22

The Trust vision as outlined in the People/ Place/ Partnership Strategy is that work with our health and social care partners, is at the heart of improving the wellbeing of communities, demonstrating continued commitment to collaboration and partnership, which will also be key to the further development of the Dorset Integrated Care System.

The Trust aims to move away from services wrapped around institutions to those that are human centred, co-designed with communities with citizenship at their heart.

This aligns with the safeguarding objectives for the Board with the recognition of a person-centred approach, with a whole family lens always considered, but also our acknowledgement of contextual issues that may affect a community or societal issues that will impact on an individual keeping themselves safe.

As a Health Trust the priorities to safeguard, span both those adults with care and support needs, and also others, for example domestic abuse, carers and preventive work through early recognition of people's possible support needs that may require partner agencies intervention or advice through agencies or voluntary/ community sector organisations.

The Trust is committed to ensure that all Dorset County Hospital NHS Foundation Trust employees and volunteers have an awareness of safeguarding adults, and to that end has delivered specific training to all (including internationally recruited) staff, to address their concerns and understanding safeguarding. This includes learning about the Care Act & Mental Capacity Act and involves improving staff understanding of how important it is for them to think about the individuals' beliefs and wishes when considering the person they are caring for.

What have the challenges been?

Through 2021- 2022 the Covid 19 pandemic has impacted on the delivery of services at Dorset County Hospital NHS Foundation Trust, with a high percentage of staff isolating in 2022 combined with a very high admission / attendance rate at the hospitals. However, this has not obstructed the Trust's ability to ensure all employees have had access to Safeguarding advice, support, training and supervision.

University Hospital Dorset NHS Foundation Trust (UHD)

What has your organisation achieved in respect of the priorities outlined in the SABs strategic plan during 2021/22?

- Aligned safeguarding policy and practice across the newly merged organisation.
- Strengthened working practice with the maternity and children's safeguarding teams, supporting the 'Think Family' agenda.
- The role of the 'Domestic Abuse Advocate' has been embedded across the organisation. This is a key role that supports both staff and patients.
- Created a new University Hospital Dorset Safeguarding Newsletter incorporating maternity, children's, and adult safeguarding. The newsletter further supports embedding learning from safeguarding enquiries across the Trust. One example of learning is the updating the 'transfer of care' letter for discharge and use of body mapping as appropriate to practise. This change arose from formal concerns raised with the Trust around hospital discharge communication.
- As part of rebuilding and reflecting on learning from the pandemic the team has strengthened working relationships with other members of the Integrated Care System.
- Mandatory and bespoke training content for the organisation was reviewed and updated to reflect the changes in adult safeguarding practice
- Maintained a personalised approach to safeguarding by remaining accessible and where possible visible to all colleagues, patients and their families.

What have the challenges been?

- Maintaining strong working relationships during the restructure of the Bournemouth Christchurch and Poole local council safeguarding team
- Working within Covid legislation and in particular the change to virtual working for Social Workers.
- Challenges associated with the pandemic including high bed occupancy, reduced staffing levels and the impact of restricted patient visiting.
- The creation of the new University Hospitals Dorset Foundation Trust during the pandemic added an extra layer complexity to working practice.
- Impact of short and long-term staff changes during a period of operational challenge and change.
- Preparing for the implementation of Liberty Protection Safeguards.

What are you doing to achieve the priorities outlined in the SABs new strategic plan in 2022/23?

- The further development of a homelessness team on site across the organisation.
- Work to support the process of transition from children to adult's services within the organisation.
- Work to support 'Adult Safeguarding Week' with partner agencies providing the opportunity for staff patients and the public to gain a better understanding of adult safeguarding resources and support available.
- The restructure of the safeguarding team across University Hospitals Dorset to become an integrated team incorporating maternity, children and adults.
- To implement the use of the adult safeguarding learning tool.



What has your organisation achieved in respect of the priorities outlined in the SABs strategic plan during 2021/22?

We have a key role in safeguarding those most at risk in our communities and fully recognise our duty to protect adults and children at risk.

Following a Domestic Homicide Review we made a national fire and rescue recommendation for a paragraph on safeguarding to be added to community leaflets.

We have ensured all our staff are trained to understand their responsibilities in relation to safeguarding and continually exceed training targets.

We undertook a very successful internal audit which evidenced safeguarding is embedded into the organisation.

What have the challenges been?

Staffing resources and capacity have and continue to be an issue as there is a marked increase in referrals.

Getting safeguarding support from partner agencies for individuals who are self-neglecting and hoarding.

What are you doing to achieve the priorities outlined in the SABs new strategic plan in 2022/23?

Fire and Rescue Service governance is consistent with local authority governance, with quarterly reporting cycles and Fire Authority scrutiny of Key Performance Indicators against local priorities, including those of our partners. Dorset & Wiltshire Fire and Rescue Service (DWFRS) are also subject to bi-annual 'Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) inspections which benchmark performance against national objectives. DWFRS received a "Good" assessment in the last review, and we are currently in the middle of the current inspection,

We have:

- Invited a third party to undertake an external audit of our safeguarding processes and resourcing, which was very positive, and which gave some areas of improvement which will form part of our internal plan and aligns to those of the SAB
- We have launched a monthly hoarding drop-in session in the Poole area, which if continues to show success, we hope to offer in other areas.
- We have drafted community leaflets containing information on safeguarding which we intend to launch in September 2022. This aligns with the National Fire Chiefs Council 'person-centred framework' and a review of 'Safe and Well' training and questionnaire.
- We have joined monthly DRIVE meetings to offer Fire perspective on risk.

What has your organisation achieved in respect of the priorities outlined in the SABs strategic plan during 2021/22?

Age UK North and Southwest Dorset (NSWD) has continued to train its staff and volunteers in the identification of safeguarding issues and the methods by which issues should be reported. The independent living team has increased in size and reach. The reduction in restrictions, previously imposed during the pandemic, has enabled us to return to visiting and supporting the most vulnerable people in their own homes.

With the oversight of our Trustees, any safeguarding issues are examined in detail and lessons captured and communicated. Safeguarding is a standing agenda item at all Trustees' meetings.

Through the pandemic, it became apparent that our teams needed support when dealing with difficult issues such as safeguarding. We have therefore introduced a new People Strategy, with support and wellbeing at the heart of our approach.

What have the challenges been?

Lockdowns prevented our teams from seeing and visiting clients. The return of face-to-face meetings has been warmly welcomed by our teams and those we support. However, the numbers of older people we now support has increased, and we are therefore having to prioritise our work carefully. We have identified a clear need for expansion of service in north Dorset and have been concentrating on developing into this area. This involves a work to develop relationships with organisations and groups that are already present in the area.

Demands on our teams have increased hugely in areas such as the cost-of-living crisis. We will continue to deliver to the highest standards but acknowledge that this area of work is likely to increase further.

What are you doing to achieve the priorities outlined in the SABs new strategic plan in 2022/23?

- We are expanding our teams to provide greater support to those older people most in need.
- We will continue to provide regular and frequent safeguarding training and information updates to all our staff and volunteers.
- We will continue to expand our partnership working to ensure further reach is achieved with those who are most vulnerable.
- We are expanding our services which can provide support to older people who want to remain safe in their homes.
- We will continue to review each safeguarding issue through our Trustees board

Department for Work and Pensions



Department for
Work & Pensions

DWP in Dorset continues to train staff on safeguarding awareness in particular:

- identifying customers, their families or members of their household at risk of abuse, harm and neglect;
- referral procedures to statutory agencies for safeguarding
- general signposting support to non-statutory agencies for help
- training of Dorset DWP colleagues to understand and support vulnerable people through domestic abuse, gambling and radicalisation problems
- working with SABs by participation in Boards and the subgroups and contributing to SARs and DHRs

Top Ten achievements for the Dorset and BCP SABs	
1	The Dorset and BCP SABs welcomed a new Independent Chair, Siân Walker-McAllister in April 2021. Siân is driven by a passion for excellence, ensuring all services to vulnerable people are person-centred, easy to access and more importantly promote independence, while making sure people are safe.
2	The structure of the new Board Business Team was confirmed during the year and these changes will ensure that as partner organisations update, the Board is ready to meet the future demands in a pro-active way.
3	<p>Board Policies have been updated and two key policies in particular:</p> <ul style="list-style-type: none"> • Safeguarding Adults Review Policy • Multi-Agency Safeguarding Procedures. <p>The Multi-Agency Safeguarding Procedures were updated as an electronic document accessible for i-Pads and other suitable electronical devices following requests from professional and practitioners. These documents can be accessed via the following link:</p> <p>https://www.bcpsafeguardingadultsboard.com/learning--development.html</p>
4	The Boards' subgroups have been refreshed and the Board introduced a new 'Community Engagement' subgroup alongside existing Quality Assurance and SAR subgroups. The Community Engagement subgroup provides a platform for people whose 'voices are seldom heard' to share their concerns. This group includes representatives from independent and voluntary groups and welcomes those with 'lived experience of safeguarding'. In 2021/22 the subgroup was chaired by Dorset Healthwatch.
5	The Boards' published their 3 year Strategic Plan in September 2021. Developed and agreed by all partner agencies, the plan sets out twelve priorities over the 3 years. Each of the subgroups has a delivery plan which sits within the overarching Board strategy and sets out at the end of each year what has been delivered against the strategy. https://www.bcpsafeguardingadultsboard.com/uploads/7/4/8/9/74891967/dbcp_strategic_plan_2021_vs7.1_final.pdf
6	SAR Katherine was published in October 2021. The report offering 'Systems Learning provided learning around domestic abuse and discriminatory practise. A '7-Minute Learning document was also published for partner agencies to use. https://www.bcpsafeguardingadultsboard.com/uploads/7/4/8/9/74891967/sar_katherine-system_learning_findings.pdf
7	The Training Strategy for Partner Organisations who deliver Safeguarding Adults Training has been updated. This can be found using the following link: https://www.bcpsafeguardingadultsboard.com/uploads/7/4/8/9/74891967/dbcp_safeguarding_adults_training_strategy_june_2022.pdf
8	An Exceptional Board Meeting was held to consider the impact of the Covid-19 Pandemic following the release of national 'Insight Reports' by the Local Government Association.
9	Multi-Agency Risk Management (MARM) Guidance and Summary documents were produced. This followed a comprehensive audit the previous year amongst all partner agencies. This document can be accessed at: https://www.bcpsafeguardingadultsboard.com/uploads/7/4/8/9/74891967/marm_guidance_-_final_-_november_2021.docx
10	<p>7 Minute Learning documents have been produced on the following themes:</p> <ul style="list-style-type: none"> ➤ Professional Curiosity ➤ Understanding Homelessness ➤ 7 Rules of Information Sharing ➤ Making Safeguarding Personal

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Annual Compliments, Complaints and Comments report
Meeting date	28 November 2022
Status	Public Report
Executive summary	<p>Adult Social Care has a statutory responsibility to produce an annual report on complaints received, issues that have been raised and any action that has been taken to improve services. Adult Social Care encourages feedback from a range of sources including complaints, compliments, comments.</p> <p>This report provides a summary of complaints and compliments, including learning, for BCP Council Adult Social Care from 1st April 2021 to 31st March 2022.</p>
Recommendations	<p>It is RECOMMENDED that:</p> <p>i) Committee consider and scrutinise the information contained in this report.</p> <p>ii) Committee consider any actions or issues for inclusion in the forward plan</p>
Reason for recommendations	<p>Adult Social Care has a statutory responsibility under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 to report complaints and other representations about Health and Adult Social Care. Councils and NHS bodies are required to produce an annual report about complaints received, issues that have been raised and any action that has been taken to improve services.</p>

Portfolio Holder(s):	Councillor Karen Rampton People and Homes
Corporate Director	David Vitty – Director of Adult Social Care Services Phil Hornsby – Director of Commissioning for People
Report Authors	Nicky Mitchell – Quality Assurance Team Manager
Wards	Not applicable
Classification	For Recommendation

Background

- 1.1 Adult Social Care has a statutory responsibility to produce an annual report under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 to report on complaints received, issues that have been raised and any action that has been taken to improve services.
- 1.2 This report provides a summary of the feedback and learning from BCP Council Adult Social Care annual report covering the period 1st April 2021 to 31st March 2022 included at appendix 1.

2. Summary of Key Findings

- 2.1 In 2021/22 the total number of complaints for BCP Council Adult Social Care was 172.

In 2020/21 the total number of complaints received was 149. This number was significantly lower due to the impact of Covid-19 lockdowns on complaints numbers and this was a national picture.

16 complainants referred their complaint to the Local Government and Social Care Ombudsman (LGSCO) for an independent review. The Ombudsman chose not to investigate 7 of the 16 referrals due to either; a premature referral, the complainant did not have the authority to make the complaint, the length of time it had taken for the complainant to raise the referral, or the Ombudsman felt that the council had already done all they could to rectify the situation and an investigation would not change the outcome.

- 2.2 Complaint themes highlighted communication, perceived standard of service and professional practise as being the most common concerns. Trends around finance and charging were also highlighted. Nationally the LGSCO reported assessment and planning, charging and safeguarding were their most common themes for complaint.

- 2.3 Organisational learning has been developed from customer feedback where possible. Details of learning from feedback can be found in the annual report at appendix 4.
- 2.4 By comparison, in total, **232** compliments and messages of thanks were received.
- 2.5 This year, a Quality Board has been developed to give governance to learning and quality assurance as a whole. This has meant complaint themes and learning are now triangulated with other quality assurance findings, performance measures and stakeholder feedback, allowing more evidence-based decisions to be made about how to improve services. The findings from other stakeholder feedback and engagement activity is being developed and this report focuses on compliments and complaints.

3. Summary of financial implications

- 3.1 Financial payments can be made as a result of a complaint if this redress is considered appropriate. Any costs in this respect are accepted as the responsibility of the Social Care service. Financial redress can be offered at any point within the process if relevant or can be recommended by the LGSCO. In 2021/22, and based on recommendations from the LGSCO, a total of £2000 was paid as financial redress. This was an increase from £1050 from 2020/21 and £700 in 2019/20. Again this rise in redress payments and recommendations has been seen by Councils across the country.
- 3.2 There are costs of employing independent investigators for complaints however they are only used in exceptional circumstances. The use of any independent investigators are always agreed by the service prior to commencement.

4. Summary of legal implications

- 4.1 The statutory framework for complaints about adult services are:
- the NHS and Community Care Act 1990
 - the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
- 4.2 Alongside this, government guidance are also relevant including Getting the Best from Complaints (DfES 2006).
- 4.3 The guidance requires the complaints function for Social Care to be at 'arms length' from the operational delivery.

5. Summary of human resources implications

- 5.1 Not applicable

6. Summary of sustainability impact

6.1 Not applicable

7. Summary of public health implications

7.1 Not applicable

8. Summary of equality implications

- 8.1 Many of the service users of adult services will be vulnerable, or from potentially disadvantaged groups. The complaints process is a vital part of the Council's quality assurance function to ensure all service users receive fair treatment and reasonable adjustments.
- 8.2 The Complaints Service will ensure complainant's individual requirements are supported, for example through interpreting services or by advocacy services.

9. Summary of risk assessment

- 9.1 The Complaints Service manages complex, high risk complaints which if not effectively managed could result in scrutiny by the Local Government and Social Care Ombudsman, Central Government, CQC or through the courts via judicial review. The implications of this scrutiny could negatively affect the Council's reputation and result in major financial costs.
- 9.2 Practice issue complaints can include elements of safeguarding which require effective management and proactive action. The Complaints Service must be able to recognise these issues when they arise within a complaint context and action them appropriately.

Appendices

Appendix 1 – BCP Council, Compliments, Complaints and Comments Report Adult Social Care, 2022/22

Compliment, Complaints and Comments report Adult Social Care

Annual Report
2021/2022

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Introduction

Feedback from customers is vital to any organisation in making improvements. BCP Council Adult Social Care (ASC) welcomes and encourages feedback by any means including complaints, compliments, comments, surveys, consultation, engagement and audits and uses this feedback systematically to make improvements.

Local authorities have a statutory responsibility to report complaints and other representations about health and adult social care under the Local Authority Social Services and National Health Service (NHS) Complaints (England) Regulations 2009. These require councils and NHS bodies to produce an annual report about the complaints they have received, issues that have been raised and any action that has been taken to improve services.

This annual report covers compliments, complaints and related learning for the period 1 April 2021 to 31 March 2022. It aims to review the management and performance of the statutory complaints and representations process in 2021/22 (including statistics, the nature of complaints and compliments received, and how the learning from these has been used to improve services).

Executive Summary

In 2021/22 the total number of complaints for BCP Council Adult Social Care was **172**. This compares to a total of **149** in 2020/21. It should be noted that in 2020/21, fewer complaints were received nationally, as during the Covid-19 pandemic lock downs, numbers fell dramatically.

Communication, professional practice and financial issues have been highlighted as the most common themes from complaints:

- Communication was raised in 83 complaints
- Concerns around professional practice was the reason for 39 complaints
- Issues around finance were highlighted in 55 complaints
- 40 complaints related to assessment and eligibility

A total of **110** individual concerns and general enquiries were managed outside the complaints process. The individuals involved not wishing to pursue a complaint despite being offered the service, but feeling they needed support to resolve a situation. These cases were dealt with in conjunction with Adult Social Care operational teams or signposting to the correct service, such as Safeguarding services. In order to understand these concerns in more depth, during 22/23 the Complaints Team will re-evaluate their recording of complaints, concerns and enquiries so that constructive learning may be taken from these.

In addition to the complaints and concerns received, a further **19** representations were received from MPs and Councillors on behalf of their constituents and residents.

It is important to note that BCP Council Adult Social Care also received **232** compliments and messages of thanks during 2021/22. 219 compliments were recorded in 2020/21.

Adult Social Care alone serves around 4400 adults and 3000 carers, out of a local population of 350000. Therefore, less than 0.02% of our users have sought to make a complaint about the services they receive.

Over the year, feedback and lived experience has also been sought via other Quality Assurance tools such as consumer surveys, staff surveys, consultations, and stakeholder engagement activity. These findings feed into quality assurance reporting to senior leaders for direction and to influence future planning.

Complaints

It is stated in legislation that most complaints should be resolved by local resolution. This means trying to resolve complaints at the earliest opportunity and as close to the point of service delivery as possible. An in-depth investigation may be carried out if it is judged by the Complaints Manager to be the best way to respond to the issues raised, usually in complex cases. The complainant can also approach the Local Government and Social Care Ombudsman (LGSCO) at any stage of the complaints process. Read more about the statutory process at [Appendix 1](#).

Summary of complaints activity in 2021/22

	2021/22	2020/21	Comments
Complaints received	172	149	There was an increase in complaints this year, and our figures are comparable to volume received pre pandemic (2019/20 - 178 complaint were recorded). Neighbouring authorities and health complaints partners also experienced a national trend of an increase in complaints, post the Covid-19 pandemic lockdown periods.
Complaints acknowledged within 3 days	99% (170)	98% (147)	Two complaint acknowledgements were delayed due to unexpected staffing absence
Resolved at local resolution	95% (163)	93% (137)	The percentage of complaints resolved at an early stage through local resolution remains high, with only 9 complaints from this reporting year going on to the ombudsman for review
Resolved within 20 days	65% (111)	71% (106)	It was recorded by the council that complaint responses may continue to be delayed in 21/22, due to the councils need to respond to the Covid-19 pandemic and support vulnerable adults during this time.

	2021/22	2020/21	Comments
Resolved within 20 days (continued)			Where delays were unavoidable, complainants were kept informed and updated of when they could expect a response by.
Formal/in-depth Investigations	2	0	In 21/22, two cases were investigated independently of ASC due the complex nature of the complaints.
The Unreasonably Persistent Complaints process	1% (2)	2% (3)	This year we have had to invoke the Unreasonably Persistent Complaints process on 2 occasions due to the protracted nature of these complaints.

Complaints made to the Local Government and Social Care Ombudsman (LGSCO)

16 complainants referred their complaint to the ombudsman for an independent review during 21/22. Common themes were around charging for care, assessed needs and charging within extra care housing.

The Ombudsman chose not to investigate 7 of the 16 referrals as either they had not yet gone via the councils complaint processes or the Ombudsman could not find fault with the investigation undertaken by the Council and that everything had already been done to remedy the situation.

Therefore, **9 complaints** from reporting year 21/22 were investigated this year, compared to 10 investigations in 20/21.

It should be noted, that from 20/21, 7 complaint referral investigations were carried into 21/22, one of which was reopened after a decision was already reached and additional information provided.

At the end of this reporting year (from complaints referred in 20/21 and 20/22):

- 6 decisions have been received that were upheld
- 3 decisions have been received that were not upheld
- 1 decision was not to investigate further due to concerns the complainant was not acting in the person's best interest
- 6 are currently still under investigation and are awaiting decision

Details of the referrals where there has been a decision can be found in [Appendix 2](#).

Complaint themes

To enable detailed recording and identification of key areas of learning and improvement, complaints may have more than one theme recorded.

Complaint theme	2020/21	2021/22
Communication (perceived inadequate communication, information and advice)	68	83
Finance (decisions around funding, invoice disputes/delays, self-funders approaching the council for funding, financial assessment)	48	55
Decision around assessment and eligibility	34	40
Professional practice (level of support and guidance, feeling involved/ empowered in assessment process)	38	39
Delay in providing a service	20	22
Policy or process	17	21
Quality of domiciliary provision	9	15
Quality of residential or nursing home	15	11
Hospital discharge process – with Health partners	NA	9
Safeguarding process	8	4
Extra Care Housing	7	4
Commissioning	5	3
Respite	1	3

Communication

Many of the complaints around communication relate to providing information in a timely manner and families not feeling as involved as they would have liked to have been. Adult Social Care Practice Standards will be introduced in April 2023 which will clearly define the expectations for our colleagues around communication.

Financial (funding issues, charges or fees)

Individual complainants have challenged national and local policy decisions in terms of funding eligibility.

Decision regarding assessment and eligibility

Difficult conversations are being held around what services can or cannot be provided in line with Care Act 2014 eligibility criteria.

The lessons we have learnt from customer feedback

In year the main learning points have focussed around:

- Ensuring that adults and carers are informed from the beginning that they may need to contribute to the cost of their care. This has included training for social care practitioners and the introduction of a new Charging Declaration form.
- Training and information delivered via staff networks to ensure that robust risk assessments are completed when an adult declines to engage with a service or package of care despite practitioner advice.
- Improving information and advice for those who need to contact and seek support from Adult Social Care including factsheets and letters.

Desired outcomes to complaints are often specific to the case, but when there are organisational learning points that influence policy or procedure, they are acted upon. Individual case learning is dealt with directly with the complainant and more general issues are managed through supervision with team managers and reminders at team meetings.

This year, a Quality Board has been developed to give governance to learning and quality as a whole. This has meant we are now triangulating complaint themes and learning, with other quality assurance findings and performance measures, allowing more evidence-based decisions to be made about how to improve services.

Please see a full table of learning, including organisational learning, being rolled out across the BCP Council area in [Appendix 4](#).

Monitoring the effectiveness of the complaints procedure

A routine online feedback survey is sent to complainants after the process has closed, response rates tend to be variable with not everyone wishing to engage further with the process after their issues have been resolved. However, complimentary feedback has been received by the team, thanking them for their support and facilitation in managing complaints both by complainants and by managers responding to complaints.

Staffing of the complaints service

Currently there are two full time officers in post who manage the day-to-day statutory complaints process. This includes acknowledging complaints, recording and documenting details, tracking and monitoring each case and quality assuring responses to make sure all elements of the complaints are answered. The team also ensure that complainants are kept up to date with progress on their complaints and facilitate meetings where requested.

Work has now completed to align the three predecessor authorities complaint processes and the service now operates as one including contact details, guidance and reporting.

Training

There is now an online complaints training module for practitioners to use across the whole of social care. This course is intended to be used as an induction and refresher. Since being rolled out at the beginning of 2020, however, take up has been limited and consideration is being given as to how to increase this.

Bespoke workshops and team-focused complaints training has been delivered online by the complaints team. This training has been well received and strengthened the working relationship between the complaints staff and operational teams and creating a more robust service. This programme of training will continue through 2022/23.

An online staff complaints toolbox has been developed to provide support; the tool kit includes staff guidance, documents such as letter templates, language checklists, legislative information and LGSCO information.

Compliments

Service users and staff are encouraged to report feedback about services. Compliments are vital because they help to give us a complete picture of opinions about services. In addition to complaints, they can help us make changes to improve services further by identifying good practice.

In total, **232** compliments and messages of thanks were received.

Areas where the highest numbers of compliments have been received	2021/22
Locality Teams	71
Learning Disability	26
Hospital Social Work Team	21
Carers Services	17
Preparing for Adulthood Team	10

Compliments and positive feedback are shared with staff on a regular basis through the staff newsletter and Team Brief. At the same time, teams are reminded to feedback comments from adults and carers and many teams now have a systematic way of doing this.

A small selection of compliments are detailed below:

“ I would like to take this opportunity to thank you all for your team effort to get this house ready for X. You have all shown great sensitivity to X's needs. It has been well planned and executed from start to finish, thank you BCP. It has been a long journey and you have all made it possible for today (moving in day) to happen. It is very much appreciated. NB; Thank you for putting up with my last minute demands and rectifying things so quickly. ”

“ You will probably never know how much this means to us all – thank you so much from the bottom of our hearts. ”

“ Thank you so very very much for all the support you have given us to help C have as good a life as they are able to have in their own home. You have gone far beyond our hopes and expectations, and we are so very grateful. I never imagined when they left hospital last November that they would be in this position now....genuine continuous care, purpose built equipment and all in his chosen environment. I had hoped to thank you personally at some point but we remain in the ether. Perhaps our paths will cross again in the future ... in the meantime I send you a very big virtual hug. ”

“ I don't know where to start. ”

You have been my support, listening to me warble on, being a shoulder to cry on, sorting out my issues, not telling me I'm a pain. I have never been on this side of the care system and it's been the most difficult thing I have ever had to deal with. If I've left a message you call me back, the problems I have had and there have been many, you have dealt with straight away. In this world where you hear so many negatives about social services you have been my rock.

You have guided and informed me of the paths I needed to take. Thanks to you X is safe and hopefully so are the other people who don't have someone to stand up for them. Every time I've come to you about X you've also thought about these people too. It's been a privilege having you by my side and I'm going to miss your support and our chats. Thank you with all my heart. ”

Appendix 1 – the Joint Adult Social Care and Health Complaints Procedure

What is a complaint?

An expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a local authority's adult social care services provision which requires a response.

What is a representation?

A comment, suggestion or compliment made about the service provided. Legislation states that if it is possible to resolve a lower level matter immediately or within 24 hours, there is no need to engage the complaints process.

Who can complain?

An adult who is entitled to, or has a possible need for, a personal social service at any stage in their contact with the service. They also qualify if they are acting on behalf of the adult as their representative and acting in their best interests.

How the procedure works

a) Local resolution

In the majority of cases, a problem-solving approach will be adopted to resolve complaints as close to the point of service delivery as possible. Most complaints are resolved using this approach and typically by the operational manager. Timescales for responding to complaints are agreed between the complainant and the Complaints Officer. Locally, complaints are normally responded to within 20 working days. If the complainant is not satisfied with the outcome of their complaint they have the option to ask for their complaint to be formally investigated or to request a further meeting, or they can ask the Local Government and Social Care Ombudsman to consider their complaint.

b) Formal investigation

In discussion with the complainant and Complaints Officer, an investigation can be invoked rather than using local resolution. The risk, complexity and seriousness of the complaint will be considered when making this judgement.

An in-depth examination of the complaint is completed by an investigating officer who is independent of the service area. A report will be compiled and forwarded to the Director of Service who acts as an adjudicator and will identify the Service Unit's response/decision on each point of complaint and any actions with timescales for implementation. Timescales are agreed between the complainant, the responding manager and the investigating officer.

c) Local Government and Social Care Ombudsman (LGSCO)

The complainant can approach the LGSCO at any time during the procedure or if they remain unhappy after the local authority's efforts at resolution have been exhausted. However, if the ombudsman considers that issues could be resolved at a local level, they will refer the complaint back to the local authority.

Complaints that have both health and social care elements

There may be some occasions when complaints have elements of both health and social care services. If so, the Complaints Officer will look at the issues and decide whether the Protocol for Dealing with Joint Complaints needs to be adopted and the complaint progressed in accordance with this route.

Appendix 2 – Local Government and Social Care Ombudsman (LGSCO) decisions received.

Date of complaint referral	Complaint summary	Complaint themes	Decision	Remedy/Learning
2021/22	Complaint around professional practice	Communication – Information Professional Practice	Not Upheld	The Ombudsman could not find fault in the way that the Council managed an investigation and communicated the process to the complainant. There were also no issues with the support provided during this time.
2021/22	Complaint around the provision of a direct payment and claims regarding professional practice	Professional Practice Decision around funding	Not Upheld	Complaint around withdrawal of direct payments in 2015 and a care assessment in 2020. The Ombudsman did not investigate matters dating back to 2015 as they said they were too long ago to be properly considered. The decision found no issue with the Council's actions in 2020 as it could not complete a care assessment because the complainant disengaged.
2021/22	Complaint around assessment after the individual moved into the BCP area, and ongoing support.	Decision around assessment and eligibility Professional Practice	Upheld	The ombudsman advised the Council could have better planned for needs and there was a delay in providing some of the care. The complainant's contact was managed by the Council due to the disproportionate amount of time that was being expected for the social worker to meet with them, however the ombudsman recommended that this plan was reviewed as they stated it was not properly communicated. A further recommendation of a financial remedy of £200 was also given.
2021/22	Complaint around actions taken to support a mother	Safeguarding	Not investigated	The Ombudsman did not investigate the complaint because they felt the complainant was not a suitable person to complain on behalf of their mother.

Date of complaint referral	Complaint summary	Complaint themes	Decision	Remedy/Learning
2020/21	A complaint around monitoring and service improvement processes for domiciliary care providers	Home care	Upheld	The Ombudsman found issues with the way the Council monitored a care provider and the quality of care from that provider. The Council was recommended to apologise, to make a payment of £300 to reflect the distress and inconvenience caused and provide evidence of revised service improvement processes.
2020/21	Complaint around charging for care and risk assessing a reduction in a care package	Decision around assessment and eligibility Invoice dispute or delay	Upheld	The complainant stated that they were not advised that they would have to contribute to the cost of their care. They also refused the level of care that was advised by the social worker however the Council did not reduce the package of care due to risks. The recommendations were that; the Council apologised, waived an amount of the outstanding bill, made a remedy payment of £200, improved processes to ensure conversations around risks and financial payments are better documented.
2020/21	Complaint around delays to a care act assessment	Delay	Upheld	The council had offered signposting to other services when the complainant made a referral for an assessment which the Ombudsman said was incorrect. A financial remedy of £1000 was recommended.
2020/21	Complaint around a social worker raising a safeguarding alert	Professional Practice	Not upheld	The Ombudsman did not find fault with the actions of the Council and the Social Worker had acted correctly.

Date of complaint referral	Complaint summary	Complaint themes	Decision	Remedy/Learning
2020/21	Complaint around the financial assessment for contributions towards the cost of a care package	Decision around funding Policy Invoice dispute or delay	Upheld	The Ombudsman stated the Council did not arrange care and support for the complainant after the Direct Payment was stopped. It was recommended that the Council pay a financial redress of £300. The Ombudsman did not find any issues with the Council's financial assessment or request for the complainant to pay the assessed contributions.
2020/21	Daughter complained of the quality of care for her late mother	Professional Practice Residential care Safeguarding	Upheld	Concerns around fluid management recording and seeking emergency treatment at the home. The home had taken appropriate action to address these issues after the original safeguarding investigation however the Ombudsman recommended the home again apologises for the uncertainty caused to the complainant.

Appendix 3 – Equalities information

Primary Support Reason	2021/22
Physical support - personal care support	22% (37)
Physical support - access and mobility only	19% (32)
Not known - not a service user	15% (25)
Support with memory and cognition	12% (20)
Learning disability support	9% (16)
Mental health support	6% (10)
Not recorded	5% (9)
Physical Support (non specific)	3% (6)
Not recorded – corporate	3% (5)
Social support - Support for social isolation / other	2% (4)
Sensory support - support for visual impairment	2% (4)
Social Support – support for carers	2% (3)
Physical and Sensory Disability	1% (1)

Gender	2021/22
Female	58% (100)
Male	39% (67)
Corporate	3% (5)

Ethnicity	2021/22
White - English/Welsh/Scottish/Northern Irish/British	68% (117)
Not recorded	24% (42)
Corporate	3% (5)
White - Any other White background	3% (5)

continued/...

Ethnicity	2021/22
Black/African/Caribbean/Black British - Any other Black/African/Caribbean background	1% (1)
Other ethnic group - Other	1% (1)
Other ethnic group - Arab	1% (1)

Appendix 4 – Learning from customer feedback

NB - Below is a summary of learning which is measured and reviewed as part of the quality assurance framework.

Origin of learning and issues raised	Learning improvement identified	Measure/outcome of learning
Complaint referred to the LGSCO where the outcome was a recommendation to strengthen the process for letting a client know that they may need to contribute to their care costs.	A practise briefing was distributed explaining the importance of case recording conversations around client contribution and how to complete a new charging declaration form that was introduced.	Review of complaints and comments in 22/23
Complaint referred to the LGSCO where they recommended that we review procedures for monitoring commissioned care providers.	Where concerns have been identified in a provider service, new processes ensures the required improvements have been made and are being maintained.	Review of complaints and comments in 22/23
A complaint was received around charges for Extra Care Housing.	A review of the charges was completed and fees brought into line with other facilities. Further work is ongoing to engage with residents to understand how the service can best support them.	Review of complaints and comments in 22/23
Complaint around a delay in receiving care and support due to the Care Act easement for OT work and adaptations, as a result of COVID pandemic.	Practitioner communication was reviewed for this case and learning addressed with the team.	NA
Complaint around information and advice for Direct Payments.	A review of information and advice for Direct Payments is being undertaken	Review of complaints and comments in 22/23

Origin of learning and issues raised	Learning improvement identified	Measure/outcome of learning
A complaint was received around a SAR given out in error.	An error in the system was reviewed, now all case documents are able to be viewed by the IG team.	NA
Complaints received regarding the contact centre call waiting times.	This issue is being addressed within the Front Door project including the design and implementation of a webform to field irrelevant referrals/contact. When further corporate IT systems are in place this will extend to telephone operating systems. The team are now also asking a series of questions when answering the phone to shorten conversations that need to be signposted to other parts of the council.	Less complaints received of this nature in the 2 nd half of 20/21
A number of complaints around the hospital discharge process – joint complaints with Health partners	Work continues with partners to agree a way forward with managing these complaints and how to progress the learning. The QA manager will be working with the project lead to better understand what is needed from the system.	Review of complaints and comments in 22/23
A complaint was received around communication and language.	Reminder for the team around use of language when communicating and new Practice Standards are being implemented in April 2022.	Review of complaints and comments in 22/23
Complaints received around care from an agency.	A review of the factsheet Care in the Home in order to manage expectations and support relationships	NA
Complaint around Direct Payments letters.	A standard letter asking for repayment was reviewed and changed accordingly	No further complaints received of this nature
Ombudsman decision around adults wanting to reduce their POC despite SW advice and risk assessment.	Practice Briefings designed around Risk Assessments, delivered via staff networks.	Review of complaints and comments in 22/23

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Adult Social Care Contact Centre
Meeting date	28 November 2022
Status	Public Report
Executive summary	<p>This report provides a further update to Committee about the transformation of the Adult Social Care Contact Centre which launched in October 2020.</p> <p>This paper focuses on recent initiatives to embed a new practice model at the adult social care 'front door' and test different ways of working from those that have been traditionally used over recent years.</p>
Recommendations	<p>It is RECOMMENDED that:</p> <p>a) Committee note and comment on the content of this report.</p>
Reason for recommendations	<p>Without continuing to develop the Adult Social Care Contact Centre and provide early intervention and preventative responses to customer contacts, demand for long-term adult social care services, and associated costs, will continue to grow.</p> <p>Central to achieving this objective is the adoption of suitable strengths-based practice models.</p>

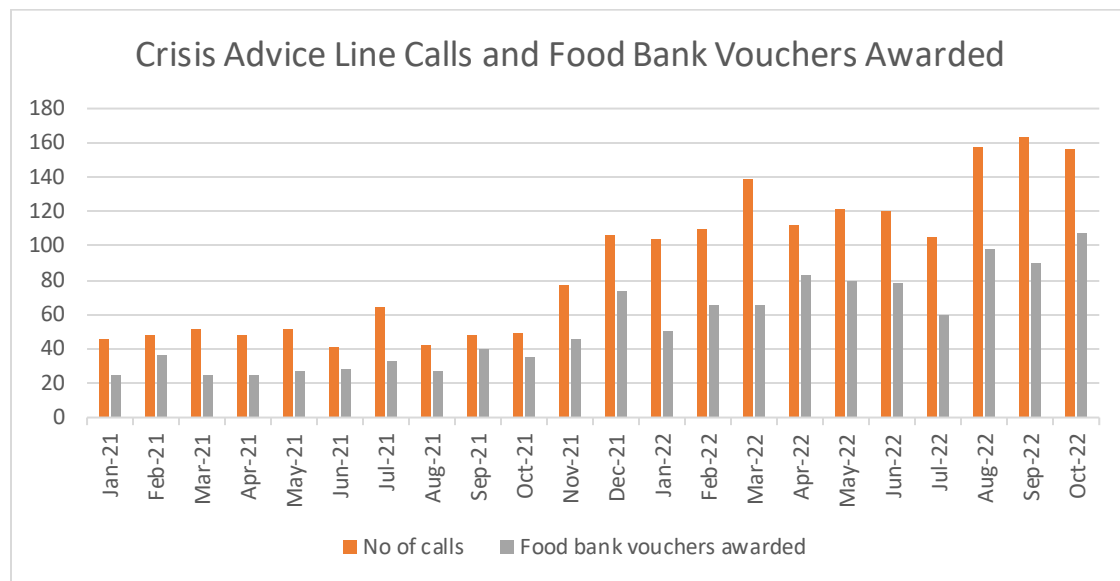
Portfolio Holder(s):	Councillor Karen Rampton, Portfolio Holder for People and Homes
Corporate Director	David Vitty, Director of Adult Social Care
Report Authors	Tim Branson, Head of Access & Carer Services, Adult Social Care Betty Butlin, Director of Operations, Adult Social Care
Wards	Council-wide
Classification	For Information

Background

1. The purpose of this paper is to provide a general update to Committee about the Adult Social Care Contact Centre (ASCCC), and a specific initiative to develop a strengths-based practice model known as The Three Conversations®
2. The ASCCC launched on 1 October 2020 to provide a single point of access for BCP residents seeking adult social care support, advice and information. A single telephone number 01202 123654 and Contact Us form —available at [Services · BCP Council Online](#)— are the main access points, with additional video facilities available for people who are deaf or hard of hearing and need to use British Sign Language. Interpreters can be arranged for those whose first language is not English. Where required, in-person contact for people who are unable to use telephone or online facilities is available at local customer hubs. Video conferencing is offered as an alternative option to a home visit.
3. The primary function of the ASCCC is to ensure that people receive the appropriate information and advice to help them find solutions to their queries or situations, and ensure they are connected to the appropriate support from their personal, family or community networks. Where necessary and appropriate, queries and referrals will be forwarded for involvement of another ASC Team.
4. The ASCCC is also the first point of contact for other professionals such as GPs, NHS 111, Community Nurses, care provider agencies and the emergency services wishing, for example, to raise safeguarding concerns or request assessments under the Mental Health Act.

Update

5. Since last reporting to Committee, a permanent Contact Centre Manager was appointed in March 2022, which has helped to embed a commitment to new ways of working and consistency in future business planning.
6. Demand has continued to increase steadily due to the impact of cost-of-living pressures and pent-up demand that is now surfacing following the various Covid-19 lockdown periods of the last two years. Calls to the Crisis Advice Line, which is staffed by members of the ASCCC, have doubled in recent months compared to the same period in previous years.



7. Many of the planned next steps, as previously reported, have either progressed or completed. These include:
- a) Enhanced working with voluntary sector partners and colleagues in Community Development in support of initiatives to support people facing fuel, energy and food crisis
 - b) Embedding a community sector pathway coordinator colleague from Community Action Network within the ASCCC to specifically link with Outreach Officers and connect people to community-based solutions and support.
 - c) Recruitment of an Occupational Therapist, jointly funded with Housing, to provide early interventions to requests for housing needs adaptations assessments
 - d) Closer working with carer support services to facilitate prompt access to carer assessments
 - e) Further Implementation of call data software—Anywhere 365—to provide additional call classification functionality which will help to better understand and analyse customer demand.
 - f) Addition of the Crisis Advice Line to the Anywhere 365 system to more accurately analyse call volume and call nature.
 - g) Development of strengths-based practice models by the creation of a second Contact Centre Innovation Site (see para. 15 below)
8. Other areas of work, that will positively contribute to the ASCCC, are due to progress or reach completion over the next few months. These include:

- a) Consolidation of the two legacy council Case Management Systems into a single system, planned for winter 2022/23
- b) Service redesign work, commencing early in 2023, to develop digital functionality for customers to resolve their simpler or more routine enquiries without the need to speak to a Contact Officer.
- c) Further update of ASCCC website content, including the transfer of content from the online information service My Life My Care.
- d) A project to test allowing access to Integrated Personal Budgets (NHS and Social Care)

Performance data 2022/23 Q2

9. Capturing and reporting on performance data continues to be a complex process whilst both legacy case management systems remain in use. It is, however, possible to report the following headlines for Quarter Two (July to September):
 - a) A total of 12745 contacts were received.
 - b) 49% (6284) of these were resolved at first point of contact, whilst 51% (6461) proceeded to further case work.
 - c) Of the 6461 that needed further case work
 - i. 25% related to safeguarding
 - ii. 24% were case note updates
 - iii. 3% related to Deprivation of Liberty or Mental Health Act assessments
 - iv. 48% related to case management
 - d) Of the 6461 needing further case work
 - i. 57% related to people already known to ASC
 - ii. 43% related to people with no previous ASC involvement.

Call data

10. Whilst technical constraints mean that a fully comprehensive set of call performance data is still a work-in-progress, test reports have provided 2022/23 Q2 data:
 - a) 9921 calls received, of which 73% (7203) were accepted
 - b) Average call queue time of just under 10 minutes
11. As referenced in paragraph 8(b), future service redesign is aimed at creating alternative contact methods and processes to provide improved customer convenience, reduce call waiting times and enhance staff availability for those people who can only resolve their query with a phone conversation.

Email demand

12. Email demand has, unsurprisingly, also increased. Comparative data for the period April to July in Bournemouth and Christchurch areas shows an increase of

127% between 2019 and 2022, with 6890 emails received in the first quarter of 2022/23, compared to 3032 in Q1 2019/20. **Appendix 1**

13. An analysis of email content following a recent manual audit over 10 days in the Bournemouth & Christchurch area appears at **Appendix 2**
14. A 'Contact Us' online form is currently being trialled to deal with some of the inefficiencies inherent in the use of emails. This method ensures that as much relevant information is captured in the first instance, so that queries can be resolved faster or redirected promptly to the most appropriate service area within Adult Social Care.

Strengths-based practice innovation

15. In February 2022, BCP ASC contracted with an organisation, Partners4Change (P4C), to help test and implement a particular model of strengths-based practice known as The Three Conversations® Model (3Cs Model) – see infographic at **Appendix 3**.
16. In simple terms, the 3Cs approach aims to focus on what matters most to people by connecting them to personal and community resources to promote their independence and prevent the need for long-term support (Conversation One). For people in a crisis, the model promotes working closely with individuals by avoiding hand-offs or referrals to others, drawing in additional support as necessary, and staying with the person until their crisis has passed (Conversation Two). Only when Conversations One and Two have been exhausted will discussions about an individual's longer-term support to build a good life be had (Conversation 3)
17. Over a trial period of 13 weeks the team have responded to 61 people where 93% of interventions were completed at Conversation One and 7% completed at Conversation Two. A further 30 people that started involvement during the 13 weeks are continuing to be supported with 90% in Conversation One and 10% in Conversation Two. This means that, so far, there has been no need for a Conversation Three with any of those individuals presenting at the ASCCC.
18. Prior to the new model these individuals would have been passed to a Locality Team for assessment, which might have taken several weeks before it started. Of all the completed interventions to date, the average completion time was 22.6 days.
19. A successful bid, via the Social Work Teaching Partnership, for Continuous Improvement funding from the Department for Education, has enabled a further 6-month extension to the contract with Partners4Change.

Summary of financial implications

20. £2.5m per annum has been identified as cost efficiencies from the home care and direct payments budgets since 2020/21 because of the overall Contact Centre approach to demand management.
21. The new 3 conversation model, which is a key part of the wider approach, and targets packages of care between 0 and 10 hours per week, has since 2021/22

reduced the total amount of care by approximately 950 hours (31%), at an annual value of approximately £1m, substantially contributing to the wider cost savings.

Summary of legal implications

22. The Adult Social Care Contact Centre provides services compliant with the underpinning legislation for adult social care; principally, the Care Act 2014, Mental Health Act (1983) and Mental Capacity Act (2005).

Summary of human resources implications

23. The ongoing development of the ASC Contact Centre, and subsequent service redesign work in adult social care services, may in future require transfer of staff from long-term social care teams. Successes in early intervention work will reduce long-term demand, creating capacity to further invest in preventative initiatives.

Summary of sustainability impact

24. The ASC Contact Centre now has a base within the new BCP Civic Centre building in Bournemouth, however staff are still encouraged to work flexibly and remotely, where possible, and utilise facilities available in community hubs and other customer touchpoints.
25. Historically, most of the customer contact has been made by phone and email, with only a small number of personal visits to Council premises. Where individuals are signposted toward opportunities and services closer to their home, and improved self-service options such as websites and mobile apps are used, there will be even less need for face-to-face visits and the associated journeys in future. The environmental impact will be evaluated by the implementation project team and measures taken to minimise any adverse environmental impact.

Summary of public health implications

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

Summary of equality implications

27. A full equality impact assessment has been undertaken as part of designing the structure and operating model for the new Front Door service. There are, however, some broad principles which should help to mitigate any adverse equality impacts, including:
- a) Maintaining an opportunity for face-to-face contact where necessary.
 - b) Simplified methods of contacting adult social care so that people who find communication difficult are not disadvantaged.
 - c) An approach to co-production with service users and carers which will help the implementation project team to better understand the needs of BCP residents and inform the service design.

- d) Providing support to residents to use the council's digital front door
- e) Adopting a "Tell us once" approach so that residents do not have to repeat personal details on numerous occasions.
- f) Ensuring that regardless of the method of contact, the advice and service given is equitable.

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

Summary of risk assessment

29. The project management approach to developing the ASC Contact Centre includes risk management overseen by a project governance board.

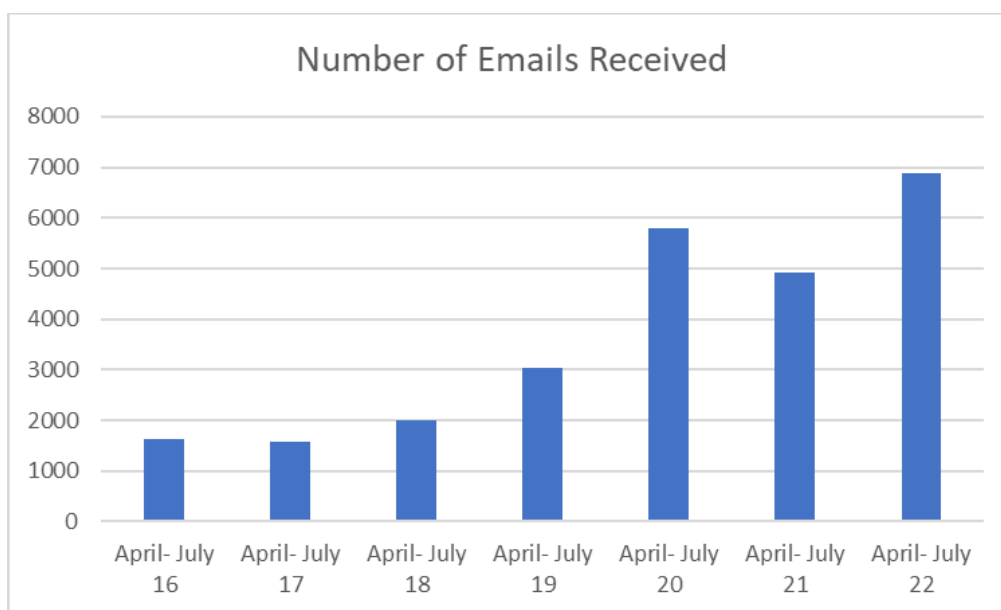
Background papers

30. There are no background papers to this report.

Appendices

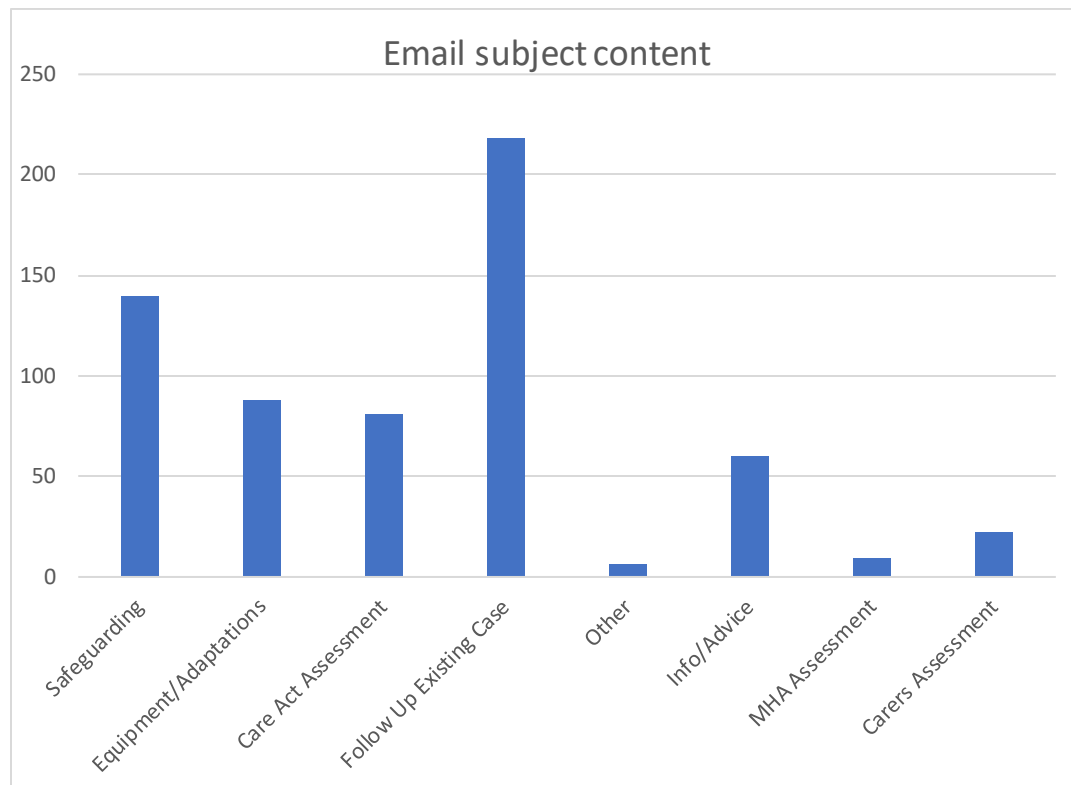
Appendix 1

Emails received (Bournemouth, plus Bournemouth & Christchurch from 01/04/2019)



Appendix 2

Analysis of email content following a recent manual audit



Appendix 3

The Three Conversations® Infographic

Our new approach

Conversation 1: Listen & Connect

Conversation 2: Work intensively with people in crisis

Conversation 3: Build a good life



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

Updated 17/11/2022

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
28 November 2022					
1.	ASC Annual Complaints Report	To provide annual update as per	Committee Report	Nicky Mitchell	
2.	Adult Social Care Contact Centre	To provide an update to the Committee to include details on the methodology Partners4Change	Committee Report	Tim Branson/Betty Butlin	
3.	SAB Annual report & Structural Review (once approved by Board.)	To provide an annual report	Committee Report	Siân Walker-McAllister	
4.	Healthwatch – Young Listeners Project update	To provide an update to Committee	Verbal Report	Louise Bate – Dorset Healthwatch Manager	
5.	Portfolio Holder Update	To receive an update from the PFHs and Lead Member for Homelessness.	Verbal update	Cllr Jane Kelly Cllr Karen Rampton Cllr Hazel Allen	

	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.	Winter Plan (ICS)				Report not ready for Committee – briefing note to be sent out early December to Committee to consider how to proceed
6 March 2023					
7.	Healthwatch – Access to GP and Project Plan	To receive an update	TBC	Louise Bate	
8.	ASC Market Sustainability Plan	To be given an opportunity to scrutinise BCP's plan for managing the care market from April 2023	Committee Report	Jonathan O'Connell	
9.	Liberty Protection Safeguards	To provide members with an update on the position on the national introduction of LPS, what this means and how it will impact	Committee Report	Sarah Webb and Betty Butlin	
10.	CQC Assurance – BCP Self Assessment	To enable the Committee to monitor progress	Committee Report	Phil Hornsby	Add by PH at Committee on 26/9/22 for late 23

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
11.	Day Opportunities	To receive an update once the view seeking exercise has been completed and the case for change report has been drafted – timescale likely to be end of 2022 and any recommendations around future scrutiny of this	Committee Report	Jo O'Connell	Added at Committee on 25 July 22
12.	Tricuro update	To receive an update on Tricuro following the transition away from Dorset.	Committee Report.	Phil Hornsby, Director of Commissioning for People. Commissioning BCP Graham Wilkin, Tricuro.	Requested by Committee at their meeting in March 2022.
DATE to be allocated					
13.	Update on Housing for Homeless	To enable the Committee to be kept informed	Committee Report	Ben Tomlin	
14.	National Suicide Strategy	To enable the Committee to consider the strategy once published	TBC	Jo O'Connell	Added at Committee on 23/5/22
15.	Dentistry Provision	For members to receive an informative update on NHS dentistry provision.	Committee Report	David Freeman – LS to contact to see if update possible.	Requested by Committee members at 8 March meeting.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
16.	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.	Committee 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.
17.	Access to GP practices and appointment waiting times	TBC	Check with Healthwatch	David Freeman – LS ask if able to provide.	TBC
18.	Dorset Care Record Update	To enable the Committee to receive an update on the Dorset Care Record	Committee Report	Katie Lacey	TBC – early 2023
19.	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. Keep on FP to receive updates at appropriate intervals?
20.	Safeguarding Adults Board Annual Report and Business Plan To receive an update on the progress of objectives	The Committee will be updated on the work undertaken by the BCP Safeguarding Adults Board during the last year as well	Committee Report.	Siân Walker Independent Chair, Bournemouth, Christchurch and Poole	Annual standing item; added to Forward Plan in consultation with Corporate Director

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
	and the Board's Business Plan	as the Board's Business Plan. 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.		Safeguarding Adults Board.	for Adult Social Care and Chair of the Committee – Next date to be considered - November 2023.
21.	BCP Carers Strategy Update	For the Committee to receive an update on the progress of the strategy.	Committee Report.	Emma Senior, Commissioning Manager: Prevention and Wellbeing. Tim Branson, Head of Access and Carers.	Requested by Committee at their meeting in November 2021. Add to Committee around November 23 for update
22.	Joint scrutiny on 'substantial variations to health services'. To consider the criteria that has been proposed to be added to the constitution, setting out what constitutes a	Check with Chair and Vice Chair if still needed,	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
	'substantial variations to health services' in the Joint Health Scrutiny Protocol.				
23.	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.
24.	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.
25.	Dorset Clinical Commissioning Group (CCG) – Mental Health Rehabilitation Service	The information provided will ensure that Councillors are aware of the proposals in this respect, and the	Presentation and report.	Mark Harris, Head of Mental Health Dorset CCG	Rec to remove as the supported Housing paper for MH is not ready to come forward and might be

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	That an update on the strategic business case, including the financial details of the service would be provided to members. The next steps would also be highlighted	views of the next stage of the process to be undertaken by the CCG.		Elaine Hurl, Principal Programme Lead for Mental Health at Dorset CCG	part of a wider paper on work we are doing with Housing around specialist supported accommodation. But not ready to add to forward plan at this stage.
Information Briefings – none currently planned.					
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.					
1.	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 – need to contact Dorset		

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
2.	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.	David Freeman – LS to Contact.	
3.	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.	Pete Courage? Possibly done at corporate level and could be removed? LS checking.	(Item has been postponed due to COVID19). LS emailed PC to see if this was still done 17/11
Update Items The following items of information have been requested as updates to the Committee. 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.					
None currently requested.					