

Notice of Health and Adult Social Care Overview and Scrutiny Committee



Date: Monday, 6 March 2023 at 6.00 pm

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

Membership:

Chair:

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
Vacancy
Vacancy

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

The press and public are welcome to view the live stream of this meeting at the following link:

<https://democracy.bcpCouncil.gov.uk/ieListDocuments.aspx?MId=5040>

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

24 February 2023

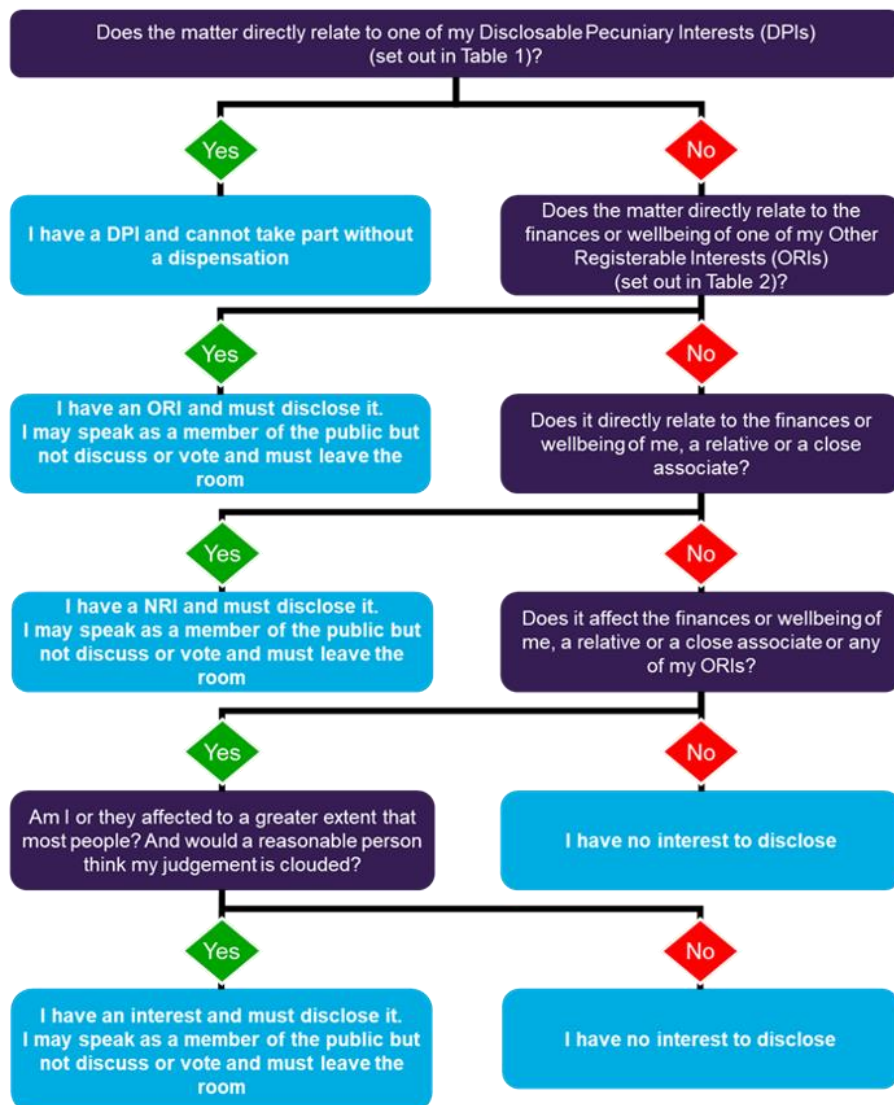


Maintaining and promoting high standards of conduct

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

7 - 16

To confirm the minutes of the Health and Adult Social Care Overview and Scrutiny Committee held on 28 November 2022.

a) Action Sheet

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5. Public Issues

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

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

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

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

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

6. Preparation for CQC Assurance

21 - 28

The Health and Care Act 2022 creates a new duty for the Care Quality

Commission to review local authorities' performance in discharging their adult social care functions under the Care Act 2014.

This report sets out the work that has been undertaken to date and further work that is planned to ensure the Council is best placed to achieve a positive outcome from any review of the Council's services.

7. Liberty Protection Safeguards Briefing Report	29 - 34
To provide Councillors with an update on the position on the national introduction of Liberty Protection Safeguards (LPS) what this means and how it will impact the Council.	
8. Day Opportunities Strategy - Case for Change	35 - 140
The Day Opportunities Project has developed a 'Case for Change', working in co-production with people with lived experience, their families and carers, members of the public and a range of wider stakeholders. Evidence to support the Case for Change has been gathered through a strategic needs assessment, a review of best practice and innovation, and a public view seeking exercise. This has led to the formulation of 6 key priorities to underpin the future strategy, including 25 proposals for implementation over a period of the next 5 years 2023-2028.	
9. Tricuro Update	141 - 144
This report provides information to members of the Committee on the position of Tricuro in respect of the management and shareholder arrangements.	
10. BCP Council Adult Social Care Market Sustainability Plan	145 - 160
A draft Market Sustainability Plan has been produced, which was submitted in October 2022 as required. The plan includes work planned or underway across Adult Social Care Commissioning to help reduce the reliance on long term care, as well as action underway to support the local care sector with recruitment, skills development, and fees.	
Provider engagement workshops are planned for 21 and 22 February after which a final version of the plan will be produced for publication by 27 March in accordance with government requirements.	
11. Portfolio Holder Update	
To receive a verbal update from the relevant Portfolio Holders.	
12. Forward Plan	161 - 168
To consider the Committee's Forward Plan.	
13. Date of next meeting	
To note the date of the next meeting as 5 June 2023.	

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

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

Minutes of the Meeting held on 28 November 2022 at 6.00 pm

Present:-

Cllr J Edwards – Chair

Cllr L-J Evans – Vice-Chair

Present: Cllr D Butler, Cllr L Dedman, Cllr C Johnson, Cllr S Phillips,
Cllr M Robson and Cllr S C Anderson

Also in attendance: Cllr H Allen, Leader Member for Homeless
Cllr J Kelly, Portfolio Holder for Communities, Health and Leisure
Cllr K Rampton, Portfolio Holder for People and Homes
Louise Bates, Healthwatch Dorset Manager

41. Apologies

Apologies were received from Councillor Dion.

42. Substitute Members

Councillor S Anderson substituted for Councillor Dion.

There was a request from the Chair that the Conservative vacancy be filled.

43. 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 H Allen declared a personal interest as an employee of University Hospitals Dorset and one of her roles was the strategic lead for the Homeless Health Service.

44. Minutes

RESOLVED that the Minutes of the Health and Adult Social Care Overview Scrutiny Committee held on 26 September 2022, having previously been circulated, be confirmed as read and accurate and signed by the Chair.

45. Action Sheet

The Chair advised that the action relating to Suicide Prevention would be moved to the Forward Plan to be heard when the National Strategy for Suicide was in place.

In response to a query about the Dementia Services Review, the Committee was advised that an update had been circulated to the Committee.

46. Public Issues

There were no public issues received on this occasion.

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

The Independent Chair, Dorset and Bournemouth, Christchurch & Poole Safeguarding Adults Boards presented the Boards Annual Report (2021/22), 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.

It was a statutory requirement for the Dorset & BCP Safeguarding Adults Boards (SABs) to publish an Annual Report each year and to present that report to the Council's Health & Wellbeing Board. Many Councils also requested that the report was presented to Scrutiny as the report enabled a discussion on the work of the Safeguarding Adults Board.

The report was for the year April 2021 to March 2022 and represented 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 had agreed to join together with the Dorset Safeguarding Adults Board for meetings and subgroups. This had enabled a more efficient governance structure as many of the statutory and other partners cover both local authority areas. However, each Board was 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 it was agreed to publish one Annual Report for both Dorset and BCP SABs. Throughout this year the SAB had delivered against all its priorities which were set out in the annual strategy and work plan; this Annual Report summarised what the Board had achieved.

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

- In response to a query regarding violence against woman and girls, the Vice Chair highlighted that BCP Council was shortly going to

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debate whether it should become 'White Ribbon accredited', which the Chair of the SAB praised as a positive step to raising awareness of domestic abuse across BCP.

- In response to a query regarding financial implications and the proposal for equitable contribution from both Councils, the Committee was provided of the historic stance when both boards were separate, information regarding BCP hosting the joint business team, and an increase in contribution from Dorset Council to match BCP's contribution together with possible increased contributions from statutory partners.
- In a response to the Dorset Safeguarding Adult Review (SAR) detailed and the coercive and controlling behaviour which occurred, a Committee Member advised of the need to raise awareness in the older community and the Committee was informed it was being highlighted and promoted in the safeguarding partnerships.
- The Committee was advised of the meaning of Section 42.1 in the Care Act and how it was the process for referring concerns about safeguarding (neglect, abuse and harm) against adults with care and support needs. The process it instigated was detailed.
- The Director - Commissioning for People advised that a training session on safeguarding could be arranged if the Committee were interested, however it was highlighted that Member training had recently been provided which had received reasonable attendance.
- In response to a query regarding transitional safeguarding work, the Committee was advised of the focused work between Children's and Adults social care. The remit of the Chair of the Board was highlighted as a leadership role and it was noted that transitional safeguarding was a key strategy of the Board, about which the Board seeks assurance.
- In response to a query about liaising with multi-faith leaders, the Committee was advised that work had commenced with the local Christian based charities and further work reaching out to smaller faith communities was currently being mapped out. A Committee Member advised of a contact who could be instrumental in helping bring faith communities together which could be passed to the Chair to make contact. **ACTION.**
- It was confirmed that Adult Safeguarding commenced at age 18 and the age brackets where data was collected were 18-64 (classed as working age) and 65 and over. It was noted that most referrals were for those aged 65 and over.
- In response to connections with the Police, the Committee was advised that Adult Social Care was the lead and that the Police were a statutory partner. There was an increase in referrals for Adult Safeguarding Reviews and the Police co-chaired the Boards' Safeguarding Adult Review sub group. It was highlighted there were very clear processes in place regarding information sharing and working together.
- In response to a query regarding neglect, the Committee was advised that self-neglect made up a higher percentage of the data

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which was detailed within the Annual Report. The different types of neglect were discussed and the follow up work which would be undertaken was detailed including investigating and addressing the cause and ensuring an appropriate level of support continued.

- An outreach team was highlighted which was doing excellent work in reaching out to vulnerable individuals and their work was explained to the Committee.
- In response to a query from the Chair regarding dementia and any safeguarding concerns, the Committee was advised that it was an issue across all areas of safeguarding and the need to ensure appropriate support and advice was provided. The responsibility of the Board was detailed within this area which included seeking assurance about preventative support.

RESOLVED that the Committee note the report which detailed how the SAB had carried out its responsibilities to prevent abuse and neglect of adults with care and support needs during 2021-2022.

The Chairman advised that Agenda Item 10 Portfolio Holder Update would be considered next by the Committee.

48. Portfolio Holder Update

Councillor H Allen and the Principal Programme Lead Mental Health from NHS Dorset presented a verbal update around the positive work around Homeless Health which included the following:

- That there was good services, charities and voluntary organisations already supporting the homeless, however partnership working had been strengthened and progressed to ensure all stakeholders worked together collaboratively to deliver an integrated, system wide model and pathways including Multi-Disciplinary Team working (MDT).
- The Committee was advised of the ongoing and extensive work around the Hub at St Stephens and the MDT in addition to other projects.
- The partners who contributed to the MDT were detailed including mental health services, drug and alcohol services, advocacy and housing.
- The extensive work being undertaken in the Out of Hospitals model was highlighted to the Committee.
- The Principal Programme Lead Mental Health detailed her joint role across NHS Dorset and BCP Council which included focus on homeless and the formalisation of the MDT offer.
- It was noted that the MDT had started to meet in July with a Memorandum of Understanding and currently focused on rough sleepers using a share point system to ensure each individual had a personalised plan.

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- The Committee was advised of a couple of examples of the good work the MDT was undertaking relating to specific individuals.
- The Committee was advised that since Covid awareness of homelessness had been raised with the difficulties and challenges highlighted and the need to bring together a strategic document which would be Pan Dorset was detailed.
- A Committee Member was grateful for the ongoing work and update and highlighted the issues of self neglect amongst the homeless community and the possible reasons for it were detailed.
- In response to a query about whether a Housing First model was being used, the Committee was advised that there was one in place, but it was not being used in all cases. It was noted that it would be beneficial to use the housing first model for all rough sleepers however cost implications could be preventing this.
- In response to a query whether the target of ending all rough sleeping by 2024 would be met, the Committee was advised that realistically, this probably would not be achievable.
- In response to a query regarding the Health Bus, the Committee was advised that it started as a charity and offered gaps in the health responsiveness for clients. It was noted that there was currently a governance issue which was trying to be resolved as it had negatively affected the timeliness in which healthcare could be offered to those in need.
- The Director of Operations advised of the homeless intervention team and their work which was embedded within the MDT and the housing colleagues and social work teams identifying people at front door which was ensuring a much stronger visible profile and work in those areas.
- The Lead for Homelessness advised of the good data gathering which demonstrate positive outcomes including holistic patient centred care and cost effective care.
- The Chair concluded by thanking everyone involved for all the work that had been detailed in the presentation.

The Portfolio Holder with responsibility for People and Homes provided an update on the following:

- The Proud to Care Campaign, which was BCP Council supporting care provider recruitment via promotional videos, had been well viewed and received.
- The financial support, including a grant from central Government being provided to care providers to recruit from overseas to increase the numbers of posts and hours for carers was detailed.
- Work was also highlighted around the winter discharge grant to enable people to be discharged from hospital and remain in their homes.

The Committee discussed the difficulties experienced with recruitment and retention in the social care workforce. The Committee was advised that

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delay in the introduction of social care reform had meant that funding would be received from Government. The Committee was advised of the ongoing work with NHS Dorset to employ people through the NHS with a training package to provide a better offer. The Committee was advised that more detail could be provided on this at a future date.

The Portfolio Holder for Communities, Health and Leisure advised of the following:

- That infection rates for Covid were continuing to fall with fewer hospital patients testing positive and the autumn booster programme was continuing.
- The Committee was advised of the concerns with public sector finances meaning that National Public Health had moved away from primary prevention such as sugar tax to secondary prevention in NHS settings which was more of a physical prevention campaign.
- The agreed underspend of £610k public health grant from the Joint Public Health Board was being returned to BCP and how it would be used was being considered.
- The Health checks programme was being relaunched in April 2023 with a targeted approach in areas of higher deprivation and was progressing in an community engagement model with Livewell Dorset
- Drug and Alcohol Performance would in the future be via the Combating Drugs Partnership which was detailed

The Chairman requested a message be passed back to Dorset Healthcare regarding providing the urgent need to provide the Covid booster vaccine to the home bound elderly. **ACTION.**

In response to a query about younger people and children being offered the vaccine, the Committee was told this could be investigated and reported back. **ACTION.**

49. Annual Compliments, Complaints and Comments report

The Quality Assurance Team Manager 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.

Adult Social Care had a statutory responsibility to produce an annual report on complaints received, issues that had been raised and any action taken to improve services. Adult Social Care encouraged feedback from a range of sources including complaints, compliments, comments.

The report provided a summary of complaints and compliments, including learning, for BCP Council Adult Social Care from 1st April 2021 to 31st March 2022.

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

- In response to a query regarding the training model and low uptake, the Committee was advised that historically it was mandatory however the issues which were encountered and the way in which the team were working to ensure managers were trained to ensure robust responses to any complaints were detailed. The training offered was around case learning and relevant to teams and areas which had resulted in a decrease in number of complaints.
- In response to a query regarding the complaints process, it was noted that it was available on the website and information about the fact sheet given to users wishing to complain was provided
- The Chair praised the number of compliments received and enquired about the complaints relating to the hospital discharge process, the Committee was advised that many of those complaints were when a new discharge process was introduced during the pandemic possibly with reduced care and choice as well as other reasons for complaining.
- In response to a query about Appendix 3 and the breakdown of equality information and proportions to reference the split within BCP, the Quality Assurance Team Manager advised that is something they could consider in future reports. **ACTION.**
- The Committee was advised that a lot of work was undertaken with the Dorset Race Equality Council to promote Adult Social Care Services and increase engagement.

RESOLVED that the Committee consider and scrutinise the information contained in this report and consider any actions or issues for inclusion in the forward plan.

50. Adult Social Care Contact Centre

The Head of Access & Carer Services presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'C' to these Minutes in the Minute Book.

The report provided a further update to Committee about the transformation of the Adult Social Care Contact Centre which launched in October 2020.

The paper focused 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 had been traditionally used over recent years.

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

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- In response to a query from the Chair, the Committee was advised that a queue was in place and callers were informed of their position in it when on hold. The possible reasons for people hanging up were provided including alternatively accessing the required information online or calling back later in the day.
- The Contact Us webpage was detailed which ensured the relevant information was being provided to ensure more effective and efficient responses.
- The Vice Chair thanked the team for the amazing work in place, the positive case studies provided and the savings to the Adult Social Care budget detailed in the report.
- In response to a query regarding community hubs, the Committee was advised that the two principal hubs would be at Christchurch library and in Poole Dolphin Centre, however most of the teams' activity was at BCP Town Hall.
- In response to a query regarding follow ups on existing care, the Committee was advised of the process including being worked through to a locality team. It was noted that the 3 Conversations model being introduced should reduce the amount of work being passed to localities teams and reduce the need for follow up emails.

RESOLVED that the Committee note and comment on the content of the report.

51. Healthwatch - Young Listeners Project Update

The Healthwatch Dorset Manager provided a verbal update on the Young Listeners Project which included the following:

- The Committee was advised that Healthwatch had supported eleven young volunteers to carry out a peer-led engagement project. The recommendations from the report were detailed including clearer communication, that young people wanted to feel listened to and heard, clearer language, staff training and awareness and waiting times for young people services.
- The follow up work with NHS Dorset and both Councils regarding communication and language was detailed which included Special Education Needs Offer language which had been informed by young listeners report.
- The Committee was advised of the 100 conversations for the Integrated Care System and the next stage was focused on training young people to go out and talk with other young people.
- The Committee was advised of the GPs enhanced access plans who were tasked with providing better access to communities and particularly reaching out to young people and involvement in patient groups.
- The Committee was advised that the volunteers were aged between 17 to 25 and those talked to were approximately aged 16 to 25.

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- The Committee was advised that educating young people on how to access services would assist in the future and that some of the young volunteers were now working within health and social care settings following their involvement with the project.

52. Forward Plan

In response to a query regarding the Winter Plan, the Committee was advised that the plan would be available to share in December.

The Chairman advised that of the Memory assessment service update which had been circulated and if any Committee Members had any queries, please email them through Democratic Services and that it was hoped the information regarding the NHS readmission rates would also be circulated when available.

The meeting ended at 8.45 pm

CHAIR

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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: 23 May 2022				
10	Suicide Prevention Plan, Progress Report	Decisions Made: <ul style="list-style-type: none">Share further information with the Committee on the Talk for All skills development Action: request sent to PHD to provide info	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)
Actions arising from Committee meeting - 28 November 2022				
47	Dorset and BCP Safeguarding Adults Board Annual Report 2021-22	<p>Decision Made –</p> <p>Faith Leader who could be instrumental in helping bring faith communities together which could be passed to the Chair to make contact.</p> <p>Actioned – Clerk passed name and contact number to Chair of Board</p>		
48	Portfolio Holder Update	<p>Decision Made:</p> <p>The Chairman requested a message be passed back to Dorset Healthcare regarding providing the urgent need to provide the Covid booster vaccine to the home bound elderly</p> <p>Action – PFH aware</p> <p>Decision Made:</p> <p>In response to a query about younger people and children being offered the vaccine, the Committee was told this could be investigated and reported back.</p>		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
		Action – PFH aware		
49	Annual Compliments, Complaints and Comments Report	Decision Made: the breakdown of equality information and proportions to reference the split within BCP Action – Officer aware		

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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	PREPARATION FOR CQC ASSURANCE
Meeting date	6 March 2023
Status	Public Report
Executive summary	<p>The Health and Care Act 2022 creates a new duty for the Care Quality Commission to review local authorities' performance in discharging their adult social care functions under the Care Act 2014.</p> <p>This report sets out the work that has been undertaken to date and further work that is planned to ensure the Council is best placed to achieve a positive outcome from any review of the Council's services.</p>
Recommendations	<p>It is RECOMMENDED that:</p> <p>a) Committee note and comment on the content of this report</p>
Reason for recommendations	The Health and Care Act gives new powers for the Care Quality Commission to conduct reviews of the provision of Adult Social Care

Portfolio Holder(s):	Cllr Karen Rampton, Portfolio Holder People and Homes
Corporate Director	David Vitty, Director of Adult Social Services Phil Hornsby, Director of Commissioning for People
Contributors	Chris McKenzie, Interim CQC Preparation Lead
Wards	All
Classification	For update and information

Background

1. The Government's Adult Social Care white paper "People at the Heart of Care" sets out the Government's vision for Adult Social Care and included new assurance, improvement, and data measures to support local authorities to deliver this vision.
2. The Health and Care Act 2022 puts Care Quality Commission (CQC) assessment of local authorities on a statutory footing. This creates a new duty for the CQC to review local authorities' performance in discharging their adult social care functions under the Care Act 2014. This new duty comes into effect from April 2023.
3. Whilst the review framework is yet to be published, work to co-design the assessment framework has been ongoing, and has included input from the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS). A draft self-assessment workbook has been produced by LGA and ADASS to support local authorities to prepare for CQC assurance.
4. The CQC have advised local authorities that there will be a single assessment framework which will use a consistent set of themes across their assessments of local authorities, integrated care systems and providers. This will ensure an aligned approach and will be based on what people expect and need from the support they receive.
5. The framework is being developed with reference to the national "Making it Real" framework, which is a set of co-produced personalised principles focussing on what matters to people. These are presented as a series of "I" and "We" statements that describe what good looks like from an individual's perspective and what organisations should be doing to live up to those expectations.
6. The CQC have advised local authorities informally that they expect to focus in the first two years on 'baselining' the national position before moving to an agile and responsive model, however this approach is not confirmed, and it is not yet known how CQC would intend to approach this or whether this approach will be agreed by the Secretary of State.

7. The assessment framework will focus on the following key themes with **Choice, control and personalisation** also threaded through the entire framework and approach:
 - a. **Working with people** - assessing needs, supporting people to live healthier lives, prevention, equity in experiences and outcomes, well-being, information, and advice
 - b. **Providing support** - markets (including commissioning), integration and partnership working
 - c. **Ensuring safety** - safeguarding, safe systems, and continuity of care
 - d. **Leadership** - governance, learning, improvement, innovation
8. Evidence will be gathered from the following sources: People's experience; feedback from staff and leaders; feedback from partners; observation; processes, outcomes and performance data.
9. Sources of published intelligence and data will be reviewed by CQC prior to any assurance visit, for example, statutory return data, ombudsman judgements and reports, safeguarding adult reviews etc.
10. There will be new powers of intervention for the Secretary of State where local authorities are failing to discharge their duties under part 1 of the Care Act 2014.
11. The general responsibilities that local authorities have under the part 1 of the Care Act are:
 - a. To promote individual well-being
 - b. To prevent, reduce or delay the development of people's care needs
 - c. To promote the integration of care and support with health and health related services
 - d. To ensure that people can get the information and advice they need to make good decisions about care and support
 - e. To ensure there are a range of high quality, appropriate services to choose from
 - f. To co-operate generally with relevant partners

Summary of preparations to date

12. A summary of the background to CQC assurance and the expected process as known at that time was presented to a meeting of the Health and Adult Social Care Overview and Scrutiny Committee on 26 September 2022.
13. A range of preparatory work has taken place since that presentation including:
 - a. A Quality Board has been established and meets fortnightly to track the progress of arrangements to quality assure the Council's approach.

- b. An Adult Social Care staff engagement event took place in November 2022, during which staff were asked for their feedback on how informed they feel about the CQC assurance regulations and how confident they feel about being involved in a CQC assurance visit.
- c. A CQC Operational Preparation and Planning Group has been established to support the gathering of evidence and to build quality assurance activity in as business as usual
- d. An evidence tracker has been established and teams are linking their own evidence into the tracker
- e. An initial draft of the CQC self-assessment checklist has been completed and is being tested with senior leaders to support completion of a first draft of the self-assessment in order to identify key gaps and areas of focus
- f. Arrangements have been made through the LGA for two external peer reviews, to support preparations for CQC assurance. These are:
 - i. for an independent consultant to lead an independent review of arrangements to safeguard adults in March 2023.
 - ii. for a team working in the sector to assess the Council against the CQC assessment framework in June 2023.

14. An interim CQC preparation lead, Chris McKenzie, has been recruited and has been in post since the start of January 2023. This appointment is bringing greater pace to preparation work and is providing support and challenge to the Council's preparation of a self-assessment.

Next steps

15. The following timeline represents the key activities and milestones that are being worked towards:

Stage 1 – Building the picture – Aim for completion by end Feb 2023

- Initial evidence gathering
- CQC preparation lead to undertake discussions/workshops with key internal stakeholders, lead on completion of self-assessment checklists, and produce early draft of self-assessment based on existing evidence.
- Identification of areas for further engagement with people with lived experience, staff, and partners
- Development and sign off of communications and engagement plan
- Identification of gaps in evidence and development of action plan for gathering additional evidence
- Development of logistical arrangements plan and allocation of resources for CQC assurance visits

Stage 2 – Completing the self-assessment - March to end April 2023

- Report on approach to Health and Adults Overview and Scrutiny Committee

- Alignment of key identified areas for improvement with broader service transformation plan
- Engagement with people with lived experience, staff, and partners to test assumptions and gather further evidence
- Sign off self-assessment
- Internal testing of logistical arrangements

Stage 3 – Ensuring readiness for CQC assurance - May – end June 2023

- Preparation for LGA peer review
- Undertake LGA peer review

Stage 4 – July 2023 - Ongoing

- Report to Health and Adults Overview and Scrutiny Committee on the outcome of the LGA peer review
 - Continuous improvement arrangements firmly embedded building on learning from self-assessment and LGA peer review feedback
 - Key service improvement workstreams embedded into service transformation plan
-

Key priorities based on work to date

16. Whilst preparation for CQC assurance is of itself an important milestone, it is important to see preparations for CQC through a wider lens of continuous service improvement.
17. The CQC framework (once confirmed) will describe the main features of a high performing local authority and system, that achieves good outcomes for its residents, many of whom require support to live an ordinary life.
18. Work to date has identified several key areas of strength as well as some areas where service improvement work may be required to bring the Council's arrangements up to the best practice standard, and work is underway to support service improvement in these areas alongside preparations for CQC visits. The following areas will require additional focus over the coming months.
19. Since the local government reorganisation in 2019 that led to the creation of BCP Council, significant focus has been on harmonising service delivery across the 3 predecessor Council areas. There is a need to build on this work to further transform services to deliver against the Council's Fulfilled Lives priority. An overarching Adult Social Care service transformation plan and programme is being developed and the self-assessment will help to inform the development of a single coherent set of activities to deliver against this Council priority.
20. The Overview and Scrutiny Committee have received reports previously on the programme of work to develop the Adult Social Care Contact Centre, alongside the introduction of a strengths-based model of practice, called 3 conversations. This approach continues to develop, and additional innovation sites have recently been launched. The learning from this approach will feed into the Adult Social Care transformation plan to ensure alignment with wider service transformation work.

21. The migration of social care data onto a single case management system (Mosaic) has recently been completed, and work is now being progressed to develop data dashboards which will provide better visibility of performance data. The governance arrangements for Performance and Quality Assurance are also being reviewed to ensure that there is a clear line of sight of service performance and of activity to address areas where performance needs to improve.
22. A clear set of practice standards have been produced that set out what is expected from staff working in Adult Social Care. Quality assurance tools have been included within the standards to support staff and managers to assess the quality of their practice. These tools and other quality assurance arrangements are being rolled out to ensure that there is a clear picture of the quality of practice that supports a service wide learning culture.
23. Nationally published data shows that the Council's use of Direct Payments is not as high as most other areas of the country. People who draw support and carers have provided feedback that if developed further this is an area that could provide more flexibility, choice and control, and so we intend to develop a strategic plan to develop the Council's approach to Self-Directed Support, including the use of Direct Payments as part of the Adult Social Care transformation plan.
24. The Council provides several services that seek to prevent, reduce or delay the need for long term support, and has plans to further invest in this area, for example, through the recently agreed business case to invest in care technology and joint work with health to develop a Home-First Accelerator. Nationally published data, however, shows that BCP Council spends less per head of population on short term services to maximise independence than other Councils. The Council's spend on long term services per head of population, however, is higher than the England and regional averages.
25. There is a need to do more to maximise opportunities to prevent, reduce and delay need. The establishment of the Integrated Care Board in July 2022, and the development of the Dorset Health and Care Partnership will promote integration and partnership working. This provides further opportunity for the development of a strategic joined up approach to prevention, supporting communities to live more independent, healthier lives for longer.

Summary of financial implications

26. Resources to support preparations for CQC assurance will come from existing budgets.

Summary of legal implications

27. CQC assurance arrangements are intended to provide assurance that Local Authorities are delivering their legal responsibilities under the Care Act and other relevant legislation.

Summary of human resources implications

28. There are no human resource implications arising from this report.

Summary of environmental impact

29. There are no environmental impact implications arising from this report.

Summary of public health implications

30. Effective partnership working with public health is essential to the delivery of effective Adult Social Care arrangements. This is particularly relevant to the Council's responsibilities under the Care Act to promote wellbeing, and prevent, reduce, and delay needs.

Summary of equality implications

31. Anti-discriminatory practice is fundamental to the ethical basis of care provision and critical to the protection of people's dignity. The Equality Act protects those receiving care and the workers that provide it from being treated unfairly because of any characteristics that are protected under the legislation.

32. The most recent draft of the CQC assurance framework includes a new sub-category of the theme "Working with People", which intends to measure "equity in experiences and outcomes".

Summary of risk assessment

33. There is a risk that a poor assessment by CQC of the Council's arrangements could lead to intervention from the Secretary of State.

34. The Council is seeking to mitigate the risk of a poor outcome by preparing for CQC assurance and has appointed a CQC assurance lead to ensure there is sufficient capacity to undertake this work.

35. The preparation work that has been undertaken to date is helping the Council to identify areas of service development that are being prioritised to improve the likelihood of a positive outcome.

Background papers

[People at the Heart of Care: adult social care reform white paper - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/612222/People_at_the_Heart_of_Care_adult_social_care_reform_white_paper.pdf)

[Health and Care Act 2022 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2022/12/section/1)

[Making it Real documents - About - Making it Real - Think Local Act Personal](#)

[Care Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2014/19/section/1)

[Adult Social Care Strategy 2021-25 \(bcpcouncil.gov.uk\)](https://www.bcpccouncil.gov.uk/adult-social-care-strategy-2021-25)

[Carers Strategy 2022-27 \(bcpcouncil.gov.uk\)](https://www.bcpccouncil.gov.uk/carers-strategy-2022-27)

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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Liberty Protection Safeguards Briefing Report
Meeting date	6 th March 2023
Status	Public Report
Executive summary	To provide Councillors with an update on the position on the national introduction of Liberty Protection Safeguards (LPS) what this means and how it will impact the Council.
Recommendations	<p>It is RECOMMENDED:</p> <ul style="list-style-type: none"> • For Members to note the information within this Briefing
Reason for recommendations	To ensure Councillors are fully cited on the implementation of Liberty Protection Safeguards (LPS) and the impact on the Council.

Portfolio Holder(s):	Cllr Karen Rampton, Portfolio Holder People and Homes
Corporate Director	David Vitty, Director of Adult Social Services
Contributors	Betty Butlin, Director of Operations Sarah Webb, Head of Statutory Services
Wards	All
Classification	For Update and Information

Background

1. The Deprivation of Liberty Safeguards (DoLS) are an administrative process for authorising deprivations of liberty in a hospital or care home.
2. In summary, the DoLS provide for a series of professional assessments – conducted independently of the hospital or care home in question – of whether the person lacks capacity to decide whether to be accommodated in the hospital or care home for the purpose of care or treatment, and whether it is in their best interests to be deprived of liberty.
3. Local Authorities are responsible for administering this process and authorising the deprivation (or not) where relevant. The authorisation can be challenged through an administrative review procedure or in the Court of Protection.
4. The Law Commission undertook a review of the existing DoLS process and found it to not be fit for purpose, overly complicated, and too bureaucratic.
5. This led to the drafting of a new piece of law, the Mental Capacity (Amendment) Act, which received Royal Assent in May 2019. It sets out measures to replace the DoLS process.
6. The Government want to ensure that under the new Liberty Protection Safeguards (LPS) scheme there is no outstanding work, so that people's rights are protected in line with Article 5 (Right to Liberty & Security) of the European Convention on Human Rights.

Current Position

7. Due to COVID-19, the new draft Code of Practice, Regulations, and final Impact Assessment were delayed significantly, however, the draft Code of Practice and Impact Assessment were issued, along with the final Regulations on 17th March 2022. This also prompted a 16-week public Consultation phase, which ended on 7th July 2022. BCP Council gave thorough feedback and nationally the consensus is that there are some quite significant changes that need to happen to make the new legislation workable in practice and affordable to administer.

8. We have not had a final Code of Practice or Impact Assessment yet or implementation date set, but the Local Government Association (LGA) have indicated that this is unlikely to be until after Winter 2023.

What will change

9. Responsible Body – The role of supervisory body will no longer exist under LPS. The relevant responsible body will be charged with authorising arrangements. Defining which organisation is the responsible body will depend on where the person is residing and which organisation is funding their care (it is unclear who will be responsible for self-funders, but it is likely to be the relevant LA). This change reduces some of the burden, however, the government have already made it clear that any outstanding work will not be tolerated, as it has been with DoLS. This infers that additional resources may be needed to manage LPS in the future.
10. Authorising Arrangements – The responsible body can authorise a deprivation of liberty if it is satisfied that the person lacks capacity to make decisions about their care & treatment, has a mental disorder and that the arrangements are necessary and proportionate. It is likely that evidencing this will rest with the person arranging and agreeing the care arrangements – so this may increase the burden on our community teams and our providers to undertake additional tasks.
11. Approved Mental Capacity Professionals (AMCP's) – AMCPs will replace Best Interest Assessors – there will be an additional requirement for the local authority to ensure sufficient numbers of AMCP's and approve them to act. We will need to provide initial conversion training, but it is unclear what format this will take, i.e. can it be done in house or via a University.
12. Wider Scope – LPS arrangements will apply in any setting (previously only residential care or hospitals), including domestic settings, i.e. person's home, Extra Care, Shared Lives etc. This increases the number of people who may need to be subject to LPS.
13. Increased Flexibility – An LPS authorisation can cover more than one setting and can travel with the person, however, only if their needs don't change as detailed in their care plan. So, if they require an unplanned admission to hospital, this is likely to require a fresh process.
14. 16/17 year olds – LPS will apply to this age group (recent case law also highlighted the need for applications to be made to the Court of Protection for this age group with immediate effect). This is a big change for Children's services to embed.
15. Role of Care Homes – if the person is residing in a care home, in theory, the responsible body can delegate the assessment process to the care home – however, early indications suggest that the Code of Practice will state that the assessor cannot be 'connected' to the care home, which suggests they need to employ additional staff. It is unclear who will bear the burden of this cost.

16. Renewable and longer lasting – LPS can be renewed after the first year for up to three years – DoLS can only be authorised for 12 months maximum.
17. Advocacy – in the absence of the person having a family member who can represent them, an Independent Mental Capacity Advocate (IMCA) must be appointed.

Impact for the Council

18. In principle, the LPS will enshrine good practice in routine case management for Council staff working with people from 16+ who need care and support and who lack capacity to make decisions about their care. It will streamline the authorising of a deprivation of liberty and reduce the amount of bureaucratic process currently required.
19. However, because the scope of LPS will be wider than DoLS currently is, the number of people needing interventions linked to LPS will increase. There are many impacts for the Council, some greater than others. Below are a couple of examples of the most significant.
20. The draft Code of Practice has indicated that only registered professionals (e.g. Social Workers) can undertake a capacity assessment and best interest decision that leads to a person being deprived of their liberty. At the moment, non-registered, but highly skilled staff undertake this work. The impact will mean that additional demand will be placed on Social Workers, and this may require additional resource to meet the demand.
21. Increased numbers of people subject to a deprivation, caused by the widening of the scope of LPS, will require additional resources to be commissioned and extended to include young people for the IMCA role. It is unknown currently whether the Impact Assessment will be amended to reflect these new demands.

How are we preparing for LPS?

22. Adult Social Care (ASC) are leading the Programme Management for LPS within the Council and we have recruited a dedicated Project Manager to support the wide changes required. Our project plan has been developed jointly with Children's Social Care (CSC) and other stakeholders.
23. Whilst we are still waiting for an implementation date, the LPS Project Team have agreed to work on implementation being 1st October 2023 until we hear different. The Project Team are undertaking as many tasks as possible in advance and preparing 'in theory' approaches, scoping, training plans etc. These 'in theory' plans will be adjusted once the final Code of Practice and Impact Assessment are received and we have a clear implementation timeline.
24. ASC are hosting a Pan Dorset Responsible Body's group, which involves Dorset Council and all local Health Commissioners and Trusts. This group began as a supportive peer discussion group to understand the changes. It is now evolving into a task and finish group, aiming to ensure a consistent approach,

collaborative working and Pan Dorset approach where appropriate. It may evolve further to form a quality assurance or governance group.

25. As part of the preparation for the LPS implementation, Department Health & Social Care (DHSC) are funding a joint national programme of implementation support to local authorities. As part of this programme, the Association of Adult Social Care (ADASS) and the Local Government Association (LGA) have been contracted to provide regional support to councils (both children's and adult's services) to implement the LPS. This has prompted the creation of LPS Local Government Regional Implementation Support Officer.
26. BCP Council ASC are hosting this role for the Southwest ADASS Region. The role works across all our region's Local Authorities, providers and government systems to evaluate readiness and support implementation of LPS. A key function is to liaise with counterparts undertaking a similar implementation role to facilitate future Responsible Bodies to undertake self-assessment stocktakes of their readiness to implement LPS, collate responses and feedback levels of readiness to LGA/ADASS.

Summary of financial implications

27. There are no financial implications related to this report, as it is a briefing paper. It is important to note that a final Impact Assessment has not yet been issued. Due to the broadening of which citizens will be affected by LPS in comparison to DoLS, it is likely that more resources will be required to meet our statutory functions.

Summary of legal implications

28. This is a statutory change to our functions; therefore, it is a change we will need to implement once the timeline is confirmed.

Summary of human resources implications

29. It is likely that we will be able to train our existing workforce to respond to LPS. It is anticipated that we will need to develop a Workforce Strategy which takes account of demand and resource allocation once we have clarity over which professionals need to undertake which tasks. It is likely that there will be greater demands on registered professionals, i.e. Social Workers etc.

Summary of environmental impact

30. There are no environmental impacts that we can identify at present.

Summary of public health implications

31. There are no public health implications.

Summary of equality implications

32. A full equality impact assessment is planned

Summary of risk assessment

33. There are no risks associated with this paper. A full Risk Log is included within the Programme Management tasks.

Background papers

There are no background papers

Appendices

There are no appendices to this report.

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Day Opportunities Strategy - Case for Change
Meeting date	6 March 2023
Status	Public Report
Executive summary	<p>The Day Opportunities Project has developed a 'Case for Change', working in co-production with people with lived experience, their families and carers, members of the public and a range of wider stakeholders.</p> <p>Evidence to support the Case for Change has been gathered through a strategic needs assessment, a review of best practice and innovation, and a public view seeking exercise.</p> <p>This has led to the formulation of 6 key priorities to underpin the future strategy, including 25 proposals for implementation over a period of the next 5 years 2023-2028.</p> <p>This is an ambitious and comprehensive plan, aspiring to ensure there is blended approach to the future provision of day opportunities across BCP conurbation that promotes community presence, access to a wider range of services, personalisation, choice and safety for people who require day opportunities.</p> <p>In acknowledging the aspirations of the proposed strategic design priorities, this will require further co-production engagement to realign services to meet current and future need within the available budget and release funding for the realisation of the key priorities.</p>
Recommendations	<p>It is RECOMMENDED that:</p> <p>Committee scrutinises the report and findings from the review of day opportunities and supports the following recommendations to Cabinet:</p> <ul style="list-style-type: none"> a) The strategic priorities for day opportunities set out in point 61 of this report, which underpin the future strategy and its implementation. b) The mixed model of day opportunities includes community-based activities for people within their local area and hubs that will ensure a safe space for people who require a building-based service as well as broadening the day opportunities offer. c) Officers to work with stakeholders to re-design and

	then re-commission services to meet the new mixed model referred to in Recommendation (b) above.
Reason for recommendations	To meet the needs of local people which enables them to live active, healthy and fulfilled lives as independently as possible. Supports the Council's wider Medium Term Financial Plan (MTFP).
Portfolio Holder(s):	Councillor Karen Rampton – Portfolio Holder for People and Homes
Corporate Director	Phil Hornsby, Director of Commissioning for People
Report Authors	Kevin Gillings, Commissioning Manager – Day Opportunities Siobain Hann, Interim Head of Strategic Commissioning – Disabilities Jonathan O'Connell, Interim Director Adult Social Care Commissioning
Wards	Council-wide
Classification	For Decision

Background

1. Day opportunities can mean different things to different people. They can be about learning new skills, taking part in a wide variety of hobbies and interests, accessing the community, supported employment and volunteering opportunities and developing friendships and support networks.
2. In addition, BCP Council recognises that carers, parents, and guardians of those who access day opportunities rely on these services to reduce the likelihood of carer break down. Day opportunities provide much needed short-term respite for carers to continue their role.
3. The term 'day opportunities' will be used when referring to all potential activities as defined above, as opposed to the terms 'day services', 'day centres' or 'day care' which have an association with the provision of building-based services. Day services/centres/care are included in the term 'day opportunities' but not vice versa for the purposes of clarity.
4. Officers have worked in coproduction with people who use services, their carers and wider stakeholders to undertake a review of current services to inform this Case for Change Report.
5. The findings, if supported by Cabinet, will provide the building blocks for ongoing work to co-produce and implement a new Day Opportunities Strategy to meet the needs of local people which enables them to live active, healthy and fulfilled lives as independently as possible (as identified in the 5 objectives of the BCP Council's Corporate Strategy).

6. This strategy will set the direction for future services, underpinned by a clear set of co-produced design priorities, to support the further development of day opportunities across the BCP conurbation.

National and Local Context

7. The Care Act 2014 has resulted in changes to how care and support is arranged. For the Local Authority this means ensuring that it promotes individual's wellbeing and ensuring that people have greater control over their day-to-day life, including their care and support and how this is provided.
8. Think Local Act Personal (TLAP) "Making it Real Framework" is a personalised approach to care and support for people working across Adult Social Care, Housing and for people who access services. This uses a set of personalised principles which focus on what is important and matters to people, which will be used to underpin the strategy.
9. BCP Council has set out its mission in its Corporate Strategy to have "Vibrant Communities with outstanding quality of life where everyone plays an active role" and has priorities to support residents to live fulfilled lives within communities that they are connected to.
10. The strategy is underpinned by the key themes of co-production, strength based approach, asset based community development, innovation, market development and sustainability.
11. BCP Council is facing increasing demand for adult social care (ASC) services. Currently, residents over the age of 75 account for 75% of requests made to ASC services each year. 2021 Census figures show that the population of Bournemouth, Christchurch and Poole has grown by 5.7% since 2011, with the largest increase being in 70–74-year-olds at 39.6%. There is also increasing demand for support for people with complex needs, which often results in high-cost services.
12. As of May 2022 there were 903 children and young people aged 16+ who have an Education, Health and Care Plan and will require access to future day opportunities. There are approximately 5,500 registered carers across the conurbation in 2022, many of whom will have family members who attend day services.
13. With the projected increase in the demand for social care and pressures on ASC budgets, thinking differently about how to respond to that demand, and how care and support services will be delivered now, and in the future, will be crucial in delivering these priorities. Where appropriate the focus needs to shift away from traditional more expensive forms of building-based services to opportunities within people's communities, maximising the community-based assets available and enabling greater independence.

Methodology for Review

14. The methodology for review has followed the project deliverables of:
 - Stage 1 Project Planning
 - Stage 2a Data and Needs analysis
 - Stage 2b Innovations and Good Practice
 - Stage 3 BCP Council Engagement and View seeking
 - Stage 4 Case for Change

15. The methodology for review is summarised below:

- Review of current service provision.
- Needs assessment and gaps in provision.
- Evidence of national best practice and benchmarking with other authorities.
- Consultation and view seeking with all relevant stakeholders.
- Co-production of options and recommendations for the future model of day services/opportunities.
- A co-produced strategy for day opportunities which identifies options and recommendations for future commissioning of day services/opportunities.
- A cost-effective day opportunities strategy which delivers savings in the context of the Council's MTFP.
- Timescales and draft delivery plan for recommended proposals.
- Initial BCP Council Equality Impact Assessment (EIA).
- Initial Data Privacy Impact Assessment.
- Initial Decision Impact Assessment.

16. To oversee the project a co-production group has been established including people with lived experience, their families and carers, members of the public, a range of advocacy groups, providers of day opportunities, NHS Dorset, BCP Council members and officers, and other local authorities.

17. The project has adhered to the 8 corporate strategy design principles. most notably for this project:

- Design Principle 1 – Empowering communities to co-design and deliver services, with citizens taking responsibility for their own outcomes.
- Design Principle 2 -Putting the customer at the heart of our thinking to provide timely and responsive services.
- Design Principle 8 – Leading and collaborating with partners to deliver better outcomes and efficiencies.

18. Executive Summary of Stage 1 – Project Planning - available on request.

Data and Needs analysis

19. BCP area has an ageing population with a predicted increase by 2028, that 24% of the local population will be aged 65+. Consideration around day opportunities for those 65+ must therefore be factored in.

20. Although there is a projected decrease in the number of 0-15 year olds in BCP by 4,500 (-7%) between 2018- 2028, the numbers of young people with an EHCP¹ (903 in May 2022) and assessed care need is increasing, with more young people with complex needs. Specialist provision around day opportunities for young people and those with complex needs will need to be considered for the future.

21. Adults with a disability have lower levels of feelings of happiness, worthwhile and life satisfaction and higher anxiety levels compared to non-disabled people. Participation for young and working age disabled people in groups, clubs and organisations and sport and exercise is significantly lower than the non-disabled population. Those with a disability are limited a lot in community engagement compared to those who are non-disabled. However, older people with a disability

¹ Education, Health and Care Plan

and those with a health disability and on social welfare, had greater participation levels in groups, clubs and organisations. There are many voluntary groups in the conurbation whose provision is more guided towards older people and may account for these discrepancies.

22. Of the total population of BCP who identify as white British, 22.04% are over the age of 65. Similarly, for the total population of BCP who identify as white Irish, 35.01% are over the age of 65. However, for all other ethnicities the population of over 65s is significantly lower (4.3% on average).
23. Of the total population of BCP who identify as Christian, 22.04% are over the age of 65. For the total population who identify as Jewish, 45.9% are over the age of 65. For all other religions the population of over 65s is significantly lower (6.6% on average).
24. With increased need for support in day-to-day activities correlating with increased age and an ageing population, the offer for these groups will need to be considered. Although we do not have the statistics with current data provision, those from non-white, non-Christian backgrounds are underrepresented in day services even given their lower numbers in the BCP conurbation. The offer from day services to ensure inclusivity for religious and cultural needs also needs to be enshrined in any agreed set of standards around day opportunity provision.
25. Difficulties were faced in acquiring accurate data in terms of specifics about day opportunities provision from the current council case management systems. Consequently, providers were asked to share information about access to their services including those who were council commissioned and wider funded. This enabled the gathering of a more holistic picture of the day opportunities market.
26. There is a clear need to ensure that with the merging of data systems into one system *Mosaic* in January 2023, day opportunities data is effectively gathered. This will also allow bench marking in the future for any agreed strategy, to provide data on improvement or change to the current offer.
27. For all BCP providers involved in the return of information for this project, over half of day opportunities provision is for those with a primary diagnosis of a learning disability (54%).
28. In terms of funding for all BCP day opportunity providers involved in return of information for this project, 67% of the people who accessed their services were directly commissioned by the local authority, with only 11% accessing their services via a direct payment. This should be offset by the fact that lots of small clubs and local organisations who have not submitted data, operate outside of commissioned services and often engage older people due to the sizable older population in the BCP area. However, considerations around the personal budget/direct payment offer need to be factored into this project as BCP Council is significantly under the national average for those taking up direct payments (2021/22 National average of 26.3% compared to BCP's 18.7%).
29. There is a far greater emphasis on commissioned day opportunities for the learning disability population (86%) as opposed to other service user groups such as older people, mental health, etc.
30. Local supported employment/Sheltered Work Opportunities Projects (SWOP) provision, however, is more weighted towards mental health service users (56%).

31. The majority of provision of services and location of service users are in the Bournemouth and Poole areas and cover areas within the most deprived 20% wards in the country. More rural areas to the east of the BCP conurbation, have less services and access by residents, but have a much lower population density.
32. Tricuro, as a Local Authority Trading Company (LATC), operate 8 day services across BCP. As buildings re-opened following lessening of Covid-19 restrictions, a decision was made to use a smaller number of buildings to manage health and business continuity risks. 3 smaller 'Plus' services were provided for in the larger 'Connect' services. There has been a negligible travel implication for users in re-provisioning the 3 services.
33. The average distance travelled to a day opportunity for all services is 5.21km. This is less for Tricuro services (average 3.65km) and greater for other services (average 5.73km). The 3.65km average for Tricuro Day Services is based on 5 currently open services.
34. The average cost across all providers for day opportunities is £11.80 per hour. However, there is huge range of fees dependent on the needs of individuals and the type of provision e.g. social club for people with moderate learning disabilities versus intensive 1:1 or 2:1 support for a person with complex needs in a building-based service. This variation in fees for individual services is mainly staffing related and due to overhead costs of the service. Those providing building-based services are likely to charge more but are also more likely to be able to support people with complex needs. The average community-based services hourly rate (£9.51 per hour) is over 50% less expensive than the average day service hourly rate (£20.21 per hour). See also points 69 and 70 below.
35. Tricuro block contract for day services represents 80% of the total budget for day opportunities. The remaining 20% of spend by BCP Council is on independent day opportunities and is predominantly for those with a learning disability (97% over the period 2019 - 2021). In terms of spend by locality area, this breaks down to Bournemouth 51%, Christchurch 28%, and Poole 21% on average during this 2-year timeframe.
36. There remains existing capacity in the majority of day opportunities who made returns for the project, suggesting that current provision is meeting current demand.
37. In comparison to other local authorities and using data received from the local market:
 - BCP's average spend per person on day opportunities is lower.
 - BCP has a greater number of commissioned services compared to other authorities.
 - The hourly cost of services compares favourably to other authorities who also have a higher number of commissioned services.
 - However, for authorities with a greater number of micro-providers (small organisation community provision) and lesser number of commissioned services:
 - a) There is a higher take up of direct payments.
 - b) Their average cost of services was lower.

38. Consequently, consideration of smaller, local, community-based day opportunities or micro-providers should be further explored.
39. As above, the predominance of access to day opportunities for people with a learning disability is reflected in other authorities but generally to a greater degree. The current offer from BCP compares favourably with other authorities in a wider spread of access to day opportunities across primary support groups. See also Point 67 below.
40. Adult Social Care Outcomes Framework (ASCOF) figures for the employment rate of people with a primary diagnosis of a learning disability show BCP is at 4.1% compared to a national average of 5.73%. The supported employment offer in BCP is limited and for some services is similar to a day service provision rather than a supported employment model. This would suggest a review of the current offer and a more targeted approach to access to employment should be considered.
41. See Appendix 1 - Executive Summary of Stage 2a - Data Analysis Report.

Innovations and Good Practice

42. The consistent messages received across over 20 other local authorities engaged were as follows:
- Planned move away from a reliance on building-based day care centres and create alternative opportunities for people to try out.
 - Increased sustainable opportunities for employment and volunteering for younger adults.
 - New accessible day opportunities to be based in the community.
 - Accessible transport and travel training to be available.
 - Move away from a solely Monday to Friday, 9-5 model and provide support in the evenings and at weekends.
 - Keep all of the different levels of need and support on the agenda to avoid accusation of exclusion and taking “one size fits all” approach.
 - Engage people and carers and providers from the outset.
 - Provide accurate and accessible information and support about personal budgets.
 - Sustainable change takes time. Where successful change had happened, it was over a period of a few years.
43. See Appendix 2 - Executive Summary of Stage 2b - Innovations and Good Practice

Engagement and View Seeking

44. As part of the wider project, two questionnaires were co-produced to capture the views of people about what was important to them about day opportunities and what they would want for the future.
45. Group 1 questionnaire included those who currently use day opportunities and their carers, parents, and guardians and those who may want to use day opportunities in the future. Easy read and standard versions were created and are available on request.

46. Group 2 questionnaire included staff and providers of day opportunities, service user led organisation and staff of BCP Council and NHS Dorset. Group 2 questionnaire is available on request.
47. In total there were 321 questionnaires completed. Of these 234 were for Group 1 and 87 for Group 2.
48. In addition, 7 engagement sessions held November 2022 providing additional data from approximately 75 attendees (people with lived experience and their carers). Engagement sessions feedback available on request.
49. See Appendix 3 - Stage 3 - Day Opportunities Review Engagement Report.
50. Over the course of August 2022 to November 2022, Tricuro organised an engagement exercise, through which, Day Service clients, carers and family members were asked for their feedback and ideas regarding the services they are receiving.
51. This information was gathered specifically by Tricuro and not directly part of this review, but findings have been shared with the Council and project groups to help inform the future direction of services and recommendations within this report.

Conclusions

52. The following are conclusions from the project work and survey engagement information.
53. Key learning from the project work were issues around access to services via available/accessible transport.
54. The costs of day opportunities vary greatly and feedback from survey and engagement sessions would suggest people would like to do more, but cost can be prohibitive.
55. Most people do not associate day opportunities with finding work, including those attending established sheltered work opportunities. The current supported employment offer from BCP Council is limited and does not support enough people to gain employment, as reflected in the Local Authority ASCOF return (see Point 40).
56. There were very divergent views about the use of digital technology for day opportunities with some really valuing this availability especially during Covid-19 lockdown periods and others very much against it, with a general feeling that this does not compare to face-to-face support and interaction.
57. There is a mixed opinion on the value of day service buildings compared to community options and in a whole range of provision e.g. similar/mixed ability, similar/mixed age groups, times of day opportunities provision, availability of food and drink, proximity of the day opportunity etc. These are detailed in the view seeking report but the need for a wider variation of provision and adaptation of the traditional, day service building option was apparent.
58. There was a mixed response to options around accessible information on day opportunities with online, newsletter, hard copy lists in community settings, word-of-mouth, display in existing day opportunities, social worker knowledge, email etc. all cited.

59. There is currently no set of day opportunities standards agreed by all providers and monitoring across services is not consistent. There is also no forum for providers to come together and discuss any issues, ideas and network.
60. See Appendix 4 - Stage 4 - BCP Council Day Opportunities Strategy Priorities from Project View Seeking Work including Co-production Polls results.

Strategy Design Priorities

61. Following all of the project work above, 6 overarching strategy design priorities were agreed through co-production and polls were taken with the co-production group on each of the 25 proposals within these priorities. See Appendix 4. These were endorsed by the day opportunities steering group and project board, and are as follows:
- Transport – to review opportunities to enhance the travel offer including travel training, voluntary schemes and more local services for local people.
 - Cost/Eligibility of day opportunities – consider a framework for day opportunities charging, review of needs assessment for access to day opportunities and facilitating access to personal budgets.
 - Supported Employment – enhance the offer of paid and voluntary work access for people with a disability in partnership with the Communities Teams.
 - Day Opportunities Provision – support a mixed model of day opportunities. This will include community-based activities for people within their local area, hubs that will ensure a safe space for people who require a building-based service as well as broadening the day opportunities offer, including digital options within the available budget.
 - Accessible Information – work with the Information and Advice team and providers to have up to date information on day opportunities available to all in a variety of formats.
 - Day Opportunity Standards/Support – develop a charter of standards, forum for day opportunity providers, quality assurance processes and data held by the authority.

Day Opportunities Options Appraisal

62. Option 1 - Make no changes to current provision. This is not recommended due to not being in keeping with findings from the project, good practice, survey returns and legislation regarding modernising day services and will not meet the necessary MTFP savings identified.
63. Option 2 - Close all Local Authority Trading Company building-based day services and re-provision to community services. This is not recommended due to the significant impact on people with lived experience and carers and is not in keeping with findings from the project regarding survey returns and the value placed on building-based services from 55% of respondents.
64. Option 3 - Endorse recommendations of strategy priorities agreed by project boards, including the co-production group. This will be a mixed model of day opportunities including community-based activities for people within their local area and hubs that will ensure a safe space for people who require a building-based service as well as broadening the day opportunities offer. This is the

recommended option and in keeping with project deliverable information as detailed above.

Summary of financial implications

65. BCP Council spends approximately £6,500,000 on contracted day services. Tricuro day services block contract projected budget for 2022/23 amounts to £5,178,342. Additionally, BCP Council contracts day care from the independent day opportunities provider market.
66. Furthermore, there are a cohort of people that purchase day services through a Direct Payment. It is not known what proportion of this is spent solely on day care, due to the nature of individual choice and flexibility in regard to Direct Payments. However, the majority of this spend is in less expensive 'community support' day opportunities and therefore should be encouraged further.
67. As an indicative comparison with 4 other local authorities (LA) the average spend per day services for BCP compares favourably. However, for LA 2 and LA 3 they have significantly fewer commissioned services, greater community provision than BCP, LA 1 and LA 4, and therefore a lower average hourly cost of day services.

Table 1 - Costs of BCP Day Opportunities compared to 4 other local authorities.

Question	BCP	LA 1	LA 2	LA 3	LA 4
Average spend per person on day opportunities	£119.70pw /£6,224.49 pa	£229 pw /£11,908 pa	£79.91pw /£4,155.32 pa	£221.54pw /£11,552 pa	£219.61 pw /£11,419.94 pa
How many day services do you commission?	30	26	12	6	25
Average hourly cost of day opportunities	£11.80 ph	£14 ph	£7.29 ph	£9.22 ph	£12.99 ph

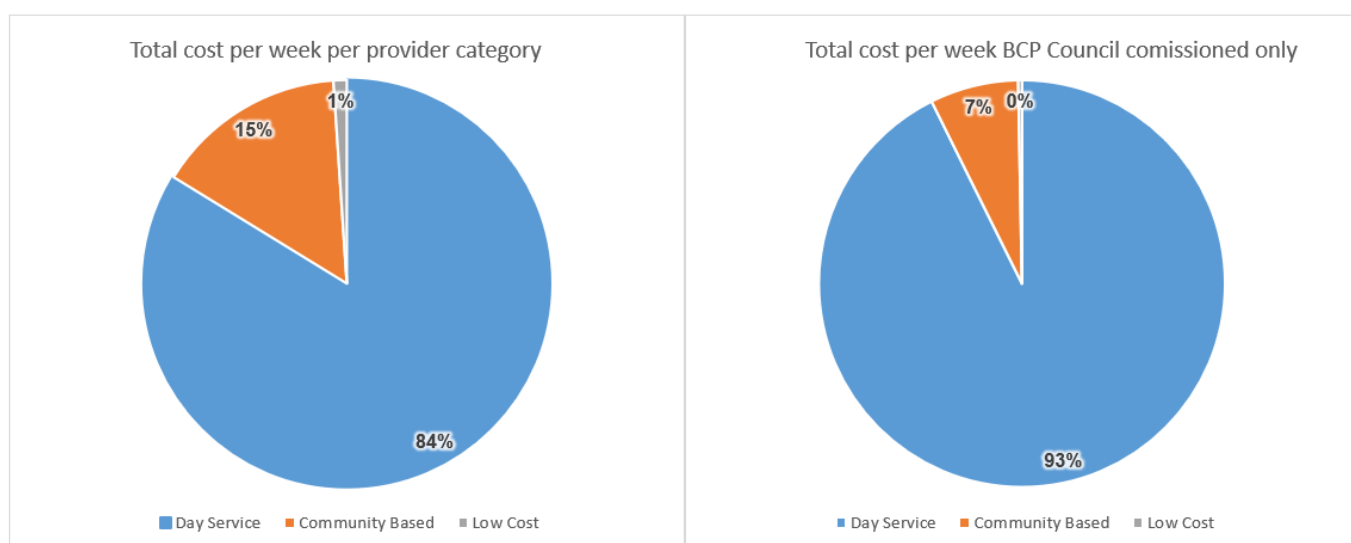
68. The Council has set an ambitious savings target of £1.3m for Day Opportunities Services between 2023-25.
69. Using the information gathered from providers from May 2022 onwards to gain a snapshot week of access to their services in terms of number of users and hours attended, day opportunities were categorised into:
- Low Cost (5 services) – base service level agreement funding of a service or a social club for those with moderate to mild needs.
 - Community Based (19 services) – for services that may or may not still use a building in the community, but are generally smaller, community-based services.
 - Day Services (12 services) – larger, building-based day services which may also have outreach projects in the community and provide for a greater range of needs, including those with complex needs.
70. The average cost for these provisions were as follows:

Table 2 Average Cost of Day Opportunity Provisions

Provision	Average cost per hour
Low cost	£1.99
Community based	£9.51
Day Services	£20.21

71. From the return of information, the percentage spent across all services provisions (including some people who access services via a personal budget) and those that are directly commissioned by BCP Council is as follows:

Figure 1 Percentage Spent per week for all provisions and those commissioned by BCP Council only



72. Adult Social Care will need to work within a budget as part of the MTFP which the strategy will factor in through the design and delivery phase of services.

73. The following table provides information of potential financial implications for each appraisal option. This will require further engagement, reporting and authorisation from committees and the governance structure of the project, notably the co-production group, about any future decisions for specific services:

Table 3 Financial Implications of Options Appraisal

Option	Current Cost	Projected Cost	*Savings against current budget 2022/23
Option 1 – No change	£6,484,457	£6,484,457	0

Option 2 – Close all LATC building based services	£5,138,958	**£3,732,150	£1,406,808
Option 3 – Endorse recommendation s of strategy priorities	£6,484,457	***£4,749,686	£1,734,771

* All options exclude future years inflationary and demographic variances.

**Based on applying the current high need home care hourly fee of £17.90 per hour (1:1 support) to building based services. This rate is applied due to the expectation that current providers should be able to deliver efficiencies on the principle that day opportunities should not cost more than 1 hour of home care. Whilst some individuals will require higher levels of support for health and behavioural needs, others will not, and be able to be part of a group activity with shared costs. Projected cost based on a snapshot week of 487 clients accessing the more expensive service provision with 4,197 hrs for the week for 50 weeks per year (due to bank holiday closures) = 208,500 hours per year.

***Based on applying a reduced average hourly cost of day service buildings at £17.90 per hour (as per high need home care hourly 1:1 fee) and 10% of people moving to a lower cost (average £9.51 per hour as per Table 2 above) community provision.

74. The recommended Option 3 would provide £1,300,000 of savings in line with the MTFP savings identified for 2023-2025 and £434,771 to invest in the strategy future design priorities.
75. Delivery on the future design priorities could potentially yield further savings beyond April 2025 as more people are supported into community based provision.
76. Further development of the day service buildings into community hubs could include health related support and additional funding. This would also enable day service buildings to generate income through a wider community offer.
77. Through work on the strategy priorities during 2023-28, the increase in community provision will facilitate increased savings for those who may have previously considered a building-based service (particularly younger people accessing Adult Care Services for the first time) in addition to others who may wish to access community provision instead of their current day service buildings. This will be reviewed during the lifetime of the strategy to assess progress made and the potential for future savings.

Summary of legal implications

78. The proposal set out in this report are consistent with the key provisions of the Care Act 2014. Section 2 of the Care Act provides that the Council has a duty to provide or arrange for the provision of services which it considered will:
 - Contribute towards preventing or delaying the development by adults in its area of needs for care and support
 - Contribute towards preventing or delaying the development by carers in its area of needs for support
 - Reduce the need for care and support of carers in its area.

79. Section 5 of the Care Act provides a general duty for local authorities to promote diversity and quality in the market of care and support providers for people in their local area.
80. Overview and scrutiny committee is reminded of the requirement under the Public Sector Equality Duty to have due regard to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between those who share a protected characteristic and those who do not. Overview and scrutiny committee must ensure that the necessary regard has been given to equalities considerations before making its decision.
81. Whilst there has been comprehensive engagement with service users in order to formulate the strategic design priorities set out in this report, further proposals in relation to service change arising from the next phase of design are likely to give rise to a duty to carry out formal consultation.

Summary of human resources implications

82. None identified at this stage. BCP Council does not directly operate any day services. There may be human resource implications for providers based on the service design and recommissioning of services at a later stage.

Summary of sustainability impact

83. A draft Decision Impact Assessment has been completed (ID 390) and is available on request. This will be finalised as part of future service design work.

Summary of public health implications

84. It is anticipated that there will be benefits for the health and wellbeing of those who access services and their carers in the BCP area.

Summary of equality implications

85. To be presented to panel on 23rd February 2023. The project lead has been advised to attend an EIA panel when potential case for change options are apparent and this has now been booked to present this information to the EIA panel on 23rd February 2023.

Summary of risk assessment

86. Pending potential case for change agreement, the key risk will be regarding any objections about changes to services. Through co-production with a wide range of stakeholders, and formal consultation with people using services, it is planned that this risk will be mitigated.
87. There is a risk that if we do not implement changes to the current model, the existing available budget for day opportunities will not meet ongoing and future need in the BCP area.
88. Interdependencies with other strategies and projects, as well as unprecedented levels of demand and business as usual. Constraints regarding how much staff resource can continue to support this project as it moves into the implementation phase.
89. Time pressure on the project, whilst achieving meaningful co-production.

90. Achieving MTFP savings on the Day Opportunities budget whilst still working in co-production for Stage 5 service design work and implementation, recognising effective co-production takes time.
91. Risk log for project available on request.

Background papers

Published works – [Corporate Strategy \(bcpcouncil.gov.uk\)](http://bcpcouncil.gov.uk)

Published works - [Six themes of Making it Real - About - Making it Real - Think Local Act Personal](#)

Published works - [Proportion of people using social care receiving direct payments in Bournemouth, Christchurch and Poole | LG Inform \(local.gov.uk\)](#)

Appendices

Appendix 1 - Executive Summary of Stage 2a - Data Analysis Report

Appendix 2 - Executive Summary of Stage 2b - Innovations and Good Practice

Appendix 3 - Stage 3 - Day Opportunities Review Engagement Report

Appendix 4 - Stage 4 - BCP Council Day Opportunities Strategy Priorities from Project View Seeking Work including Co-Production Polls Results

Executive Summary of Data Analysis Report for BCP Council Day Opportunities Strategy

Introduction

As part of the Day Opportunities Strategy Project, Workstream 2a is tasked with providing data and needs analysis of current provision of day opportunities across Bournemouth, Christchurch and Poole (BCP) Council to inform the strategy development. This includes the following sections in this report:

- Needs analysis report
- Demand mapping of services
- Financial analysis
- Bench marking data with other local authorities

Methodology

Initially requests were made to the data team for current information on day opportunity provision. It became apparent that there were several factors that impacted provision of a complete picture of current provision. These were as follows:

- The ongoing impact of Covid-19 on services affecting attendance and provision of services.
- Attendance from previous years 2020–2022 was significantly affected by lockdown periods due to central and local government guidance in regard to Covid-19 infection.
- The merging of BCP Council in 2019 has led to the need for significant overhaul and merging of systems across the three authorities and data is not compatible.
- Direct payment information not available due to the nature of independence of using a personal budget and accessibility of this information from returns of users.
- Inconsistencies across teams and systems around current charging rates for services. The project lead has worked with these teams to update current charging rates.

Given the above concerns it was deemed appropriate to engage with providers directly to request current information on their services. See Appendix 1 - BCP Council Day Opportunities Strategy Information Request - available on request.

This request and subsequent follow up, enabled more accurate data for the purposes of mapping, capacity assessment and charging rates across the majority of commissioned services and some entries from services that are non-commissioned.

The return of information was as follows:

Table 1: Provider Information Return

Type of Provider	Number of services	Number of service returns	Percentage return	Total number of clients
Local Authority Trading Company <i>Tricuro</i> Day Services	8	8	100%	487
Commissioned Providers	29	20	69%	389
Supported Employment/Sheltered Work Opportunities (SWOP)	6	5	83%	326
Other providers	Unknown	4	N/A	77
Total	N/A	37	N/A	1,279

In addition, working with financial departments across BCP Council enabled acquisition of data on expense of services currently and in previous years to assist in informing the project. Desktop research for local and national data was carried out and other authorities were asked to respond on 7 key questions (see data below) to benchmark against BCP Council's current day opportunities provision.

Conclusion

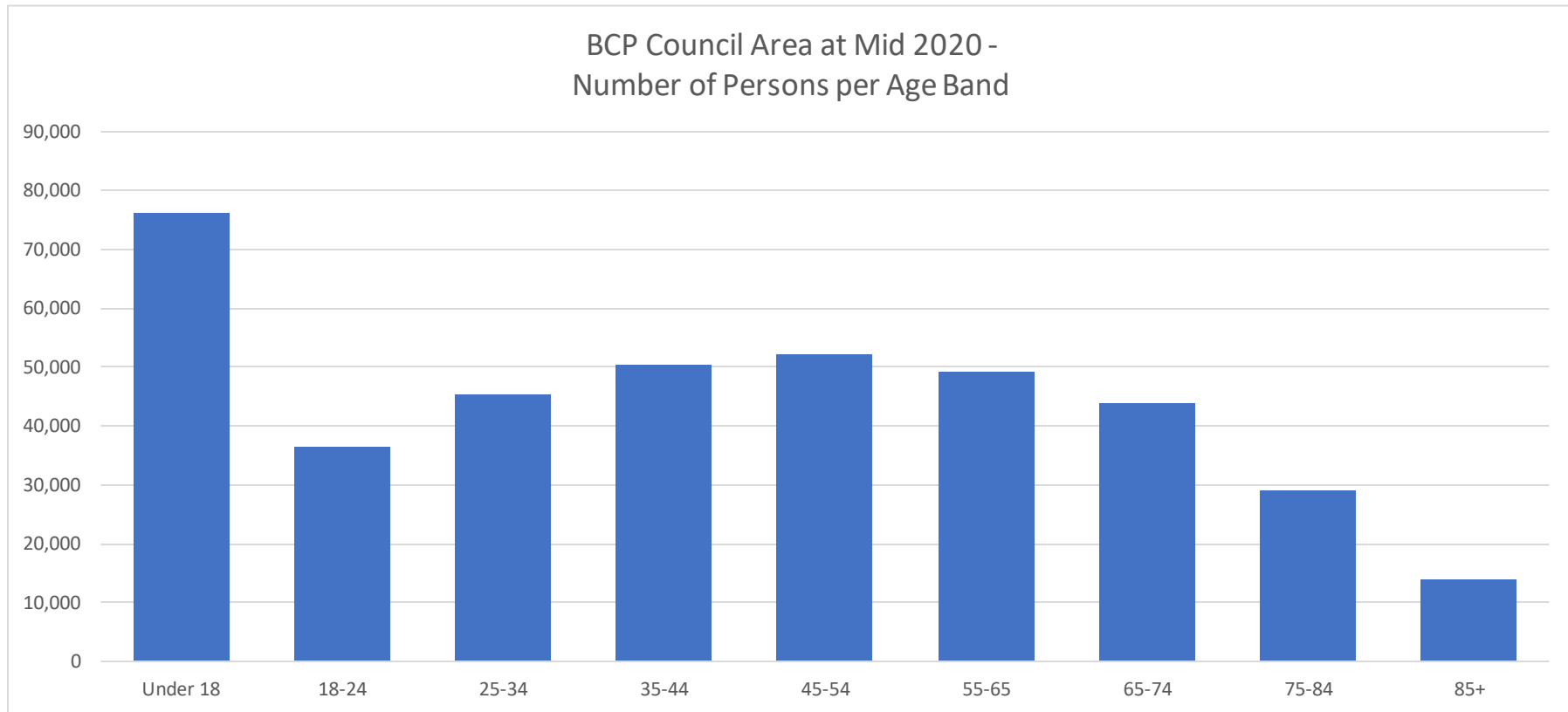
The following is a summary of conclusions from the information gathered in the full report and considerations for the project:

Needs Analysis

BCP area has an ageing population with a predicted increase by 2028, that 24% of the local population will be aged 65+. According to the *State of Bournemouth, Christchurch and Poole Report 2021* there is a large resident population with a total population of around 395,300... BCP's population is predicted to grow to 403,600 by 2028, a growth of 2%...

The number of residents aged 65 and over is set to increase by 15% between 2018-2028. By 2028, 24% of the local population will be aged 65+.¹

Figure 1



There are 68,100 young people aged 0-15 living in BCP. This represents 17% of the local population compared to a national figure of 19%. There are 86,300 people aged 65 and over living in BCP. This equates to 22% of the local population and compares to a national figure of 18%.

Consideration around day opportunities for those 65+ must therefore be factored in.

¹ Page 3, *State of Bournemouth, Christchurch and Poole Report 2021*

Although there is a projected decrease in the number of 0-15 year olds in BCP by 4,500 (-7%) between 2018- 2028, the numbers of young people with an EHCP (903 in May 2022)² and assessed care need is increasing, with more young people with complex needs. Specialist provision around day opportunities for young people and those with complex needs will need to be considered for the future.

Table 2: Primary need for people aged 16-25 with an Education and Health Care Plan

Primary Need	Total number of people
Autistic Spectrum Disorder (ASD)	253
Hearing Impairment (HI)	14
Mild Learning Difficulties (MLD)	161
Multiple Sensory Issues (MSI)	1
Other	11
Physical Disability (PD)	51
Profound and Multiple Learning Disabilities (PMLD)	11
Social and Emotional Mental Health Difficulties (SEMH)	252
Speech Language and Communication Needs (SLCN)	101
Severe Learning Disabilities (SLD)	22
Specific Learning Difficulties (SPLD)	19
Visual Impairment (VI)	7

³Adults with a disability have lower levels of feelings of happiness, worthwhile and life satisfaction and higher anxiety levels compared to non-disabled people. ⁴Participation for young and working age disabled people in groups, clubs and organisations and sport and exercise is significantly lower than the non-disabled population. ⁵Those with a disability are limited a lot in community engagement

² BCP Council Children's Services data, Quality and Commissioning, May 2022

³ Office for National Statistics – Annual Population Survey, Figure 1, Released 10th February 2022. In these reports, “disabled people” refers to people with different impairments, aged 18 years and over, who took part in this research.

⁴ Department for Digital, Culture, Media and Sport – Community Life Survey, Figure 4, Last updated 29th July 2021

⁵ Department for Digital, Culture, Media and Sport – Community Life Survey, Figure 5, Last updated 29th July 2021

compared to those who are non-disabled. However, older people with a disability and those with a health disability and on social welfare, had greater participation levels in groups, clubs and organisations. There are many voluntary groups in the conurbation whose provision is more guided towards older people and may account for these discrepancies.

Figure 2: Disabled people report lower well-being levels than non-disabled people



Figure 3: Participation in groups, clubs and organisations varies between disabled and non-disabled people for certain categories

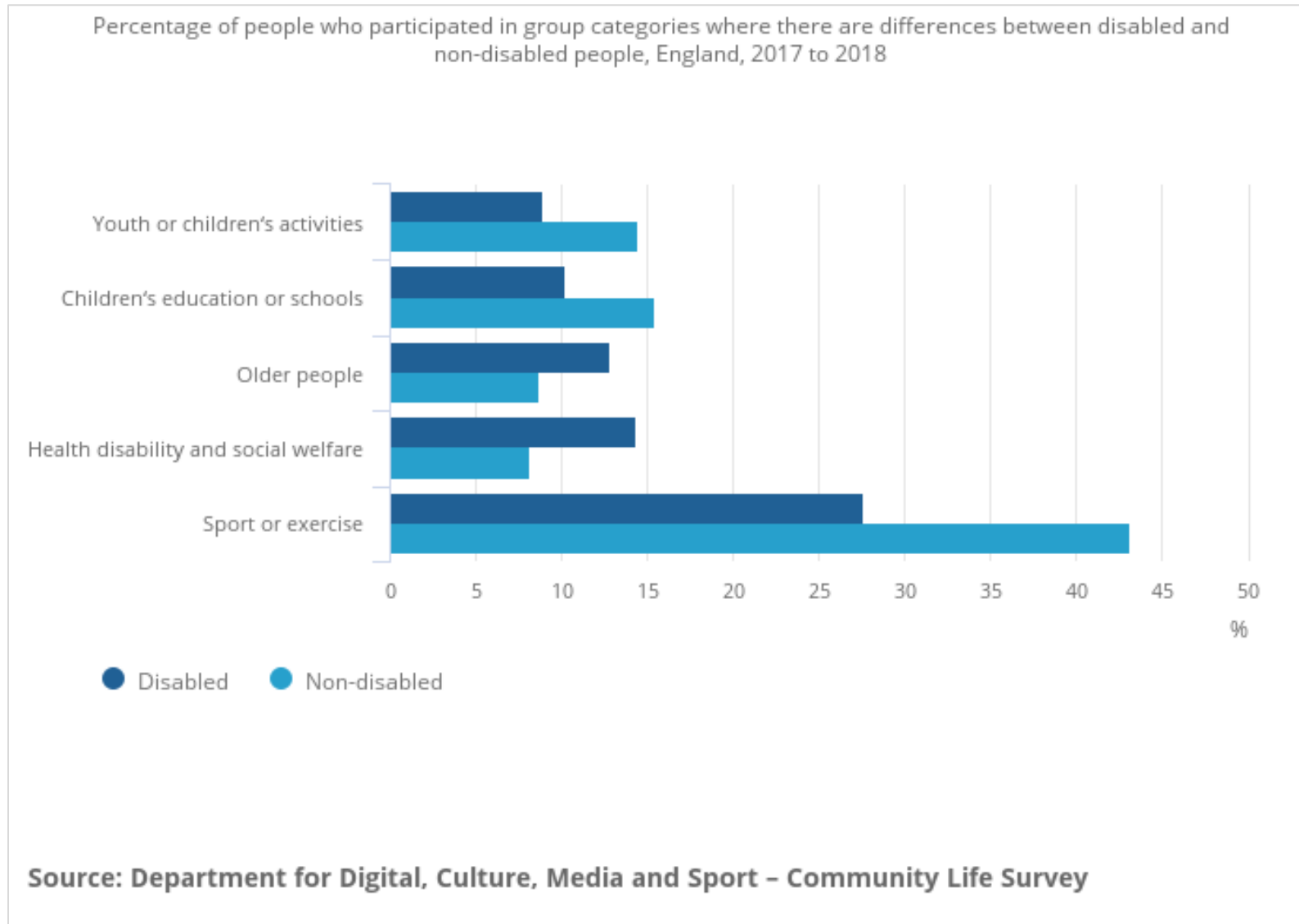
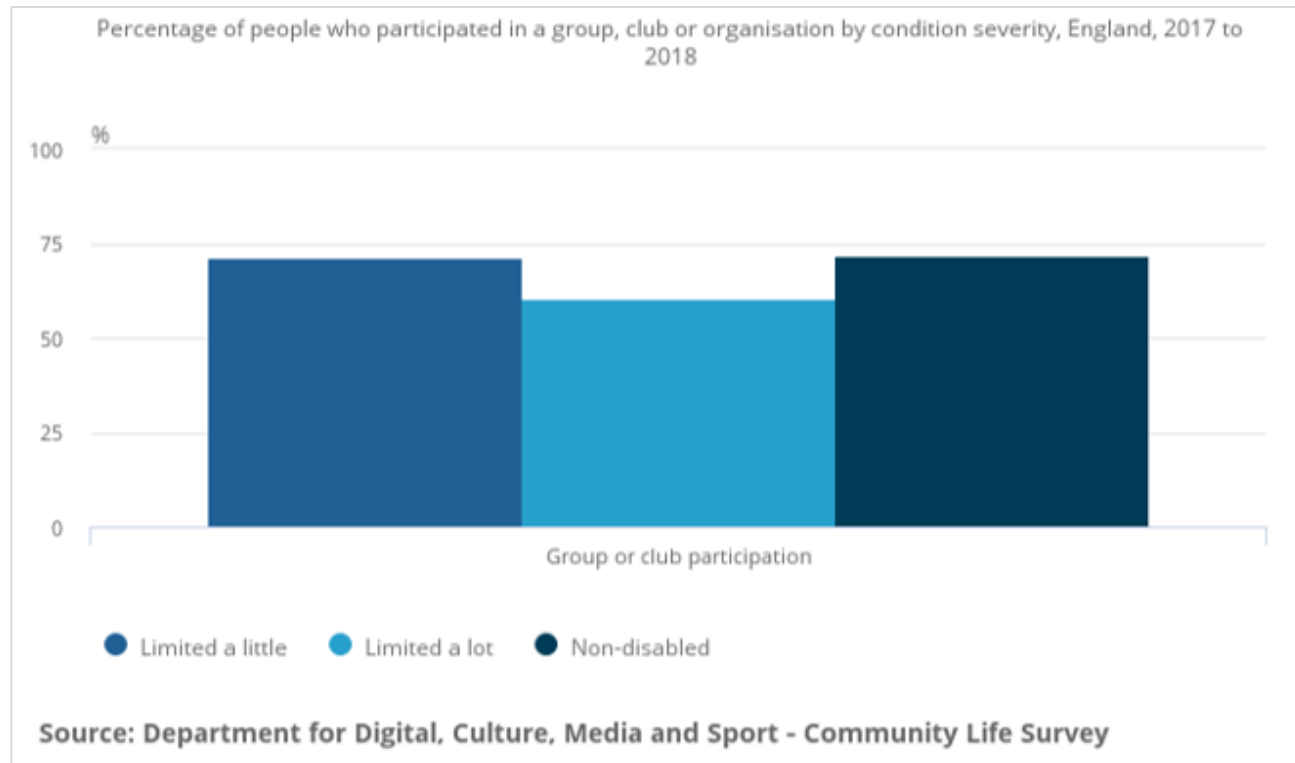


Figure 4: Disabled people who are “limited a lot” by their condition are less likely to have participated in a group, club or organisation than non-disabled people



⁶Of the total population of BCP who identify as white British, 22.04% are over the age of 65. Similarly, for the total population of BCP who identify as white Irish, 35.01% are over the age of 65. However, for all other ethnicities the population of over 65s is significantly lower (4.3% on average). Of the total population of BCP who identify as Christian, 22.04% are over the age of 65. For the total population who identify as Jewish, 45.9% are over the age of 65. For all other religions the population of over 65s is significantly lower (6.6% on average). With increased need for support in day-to-day activities correlating with increased age and an ageing population, the offer for these groups will need to be considered. Although we do not have the statistics with current data provision, those from non-white, non-Christian backgrounds are underrepresented in day services even given their lower numbers in the BCP conurbation. The offer from day

⁶ BCP Diversity by BCP Research and Consultation published November 5th 2018 and last updated November 21st 2022

services to ensure inclusivity for religious and cultural needs also needs to be enshrined in any agreed set of standards around day opportunity provision.

Figure 5: Day to day activities limited by long term illness or disability (2011 Census data for Bournemouth, Christchurch and Poole)

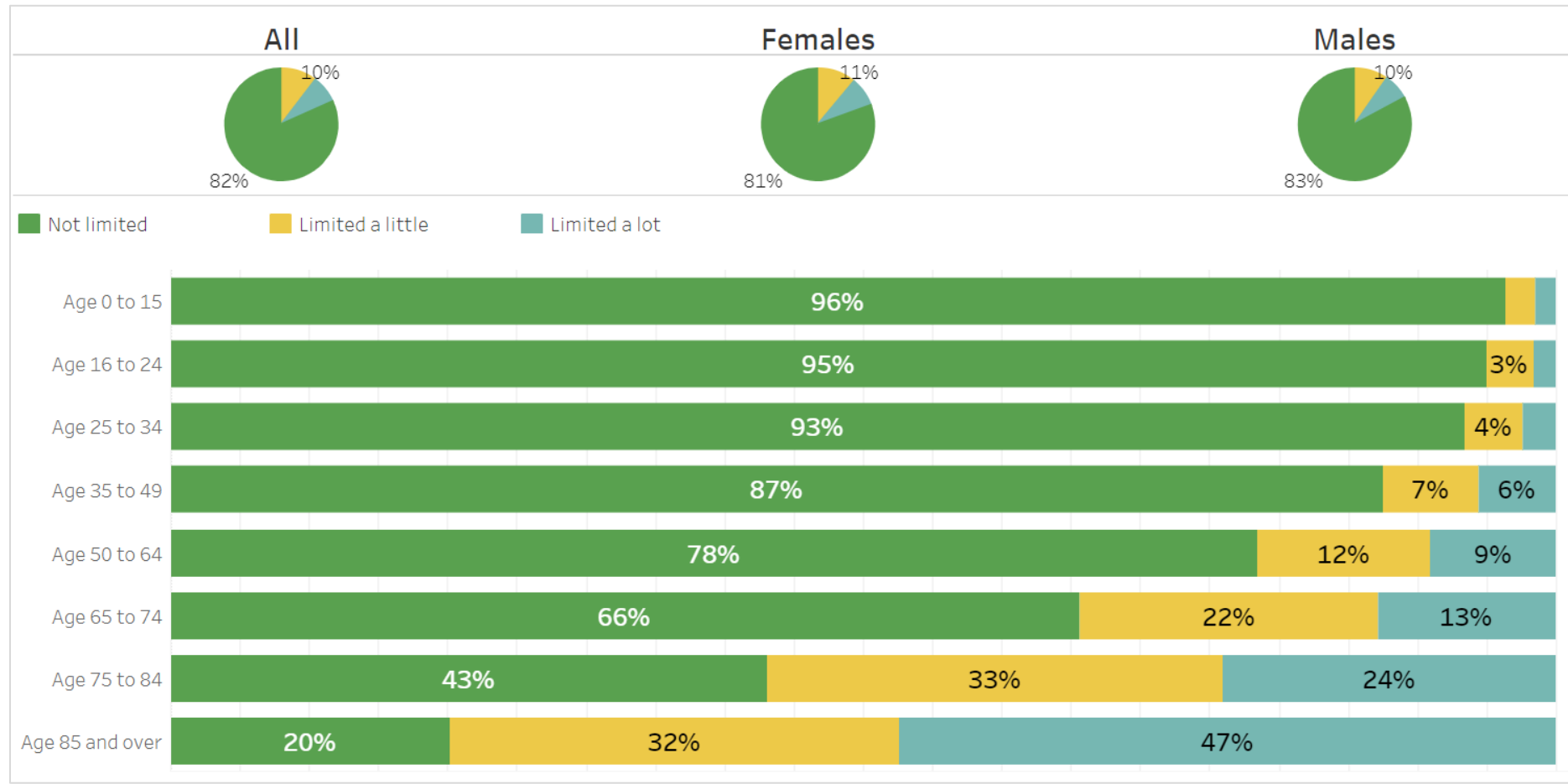


Figure 6: Ethnicity (2011 Census data for Bournemouth, Christchurch and Poole)

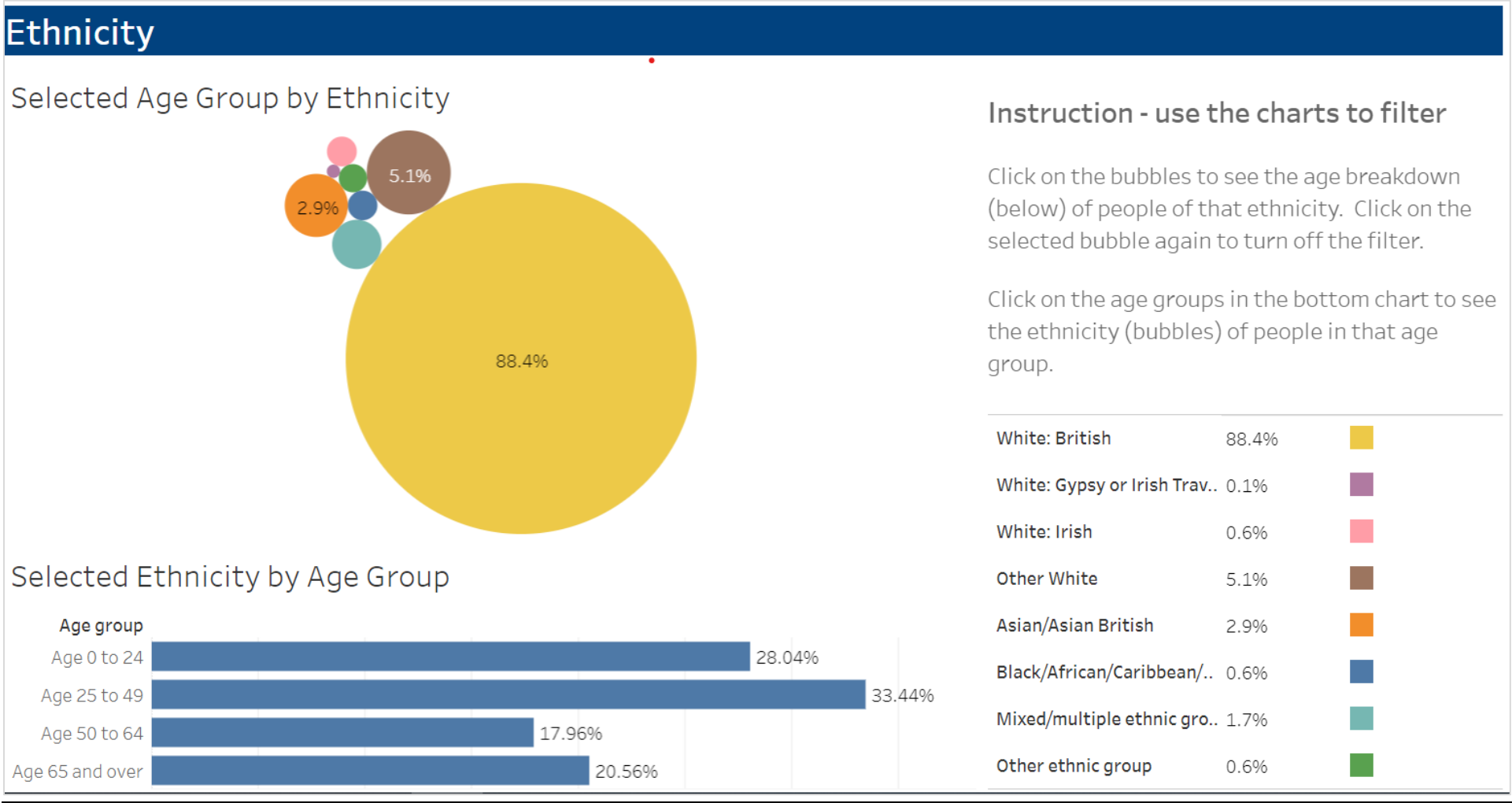
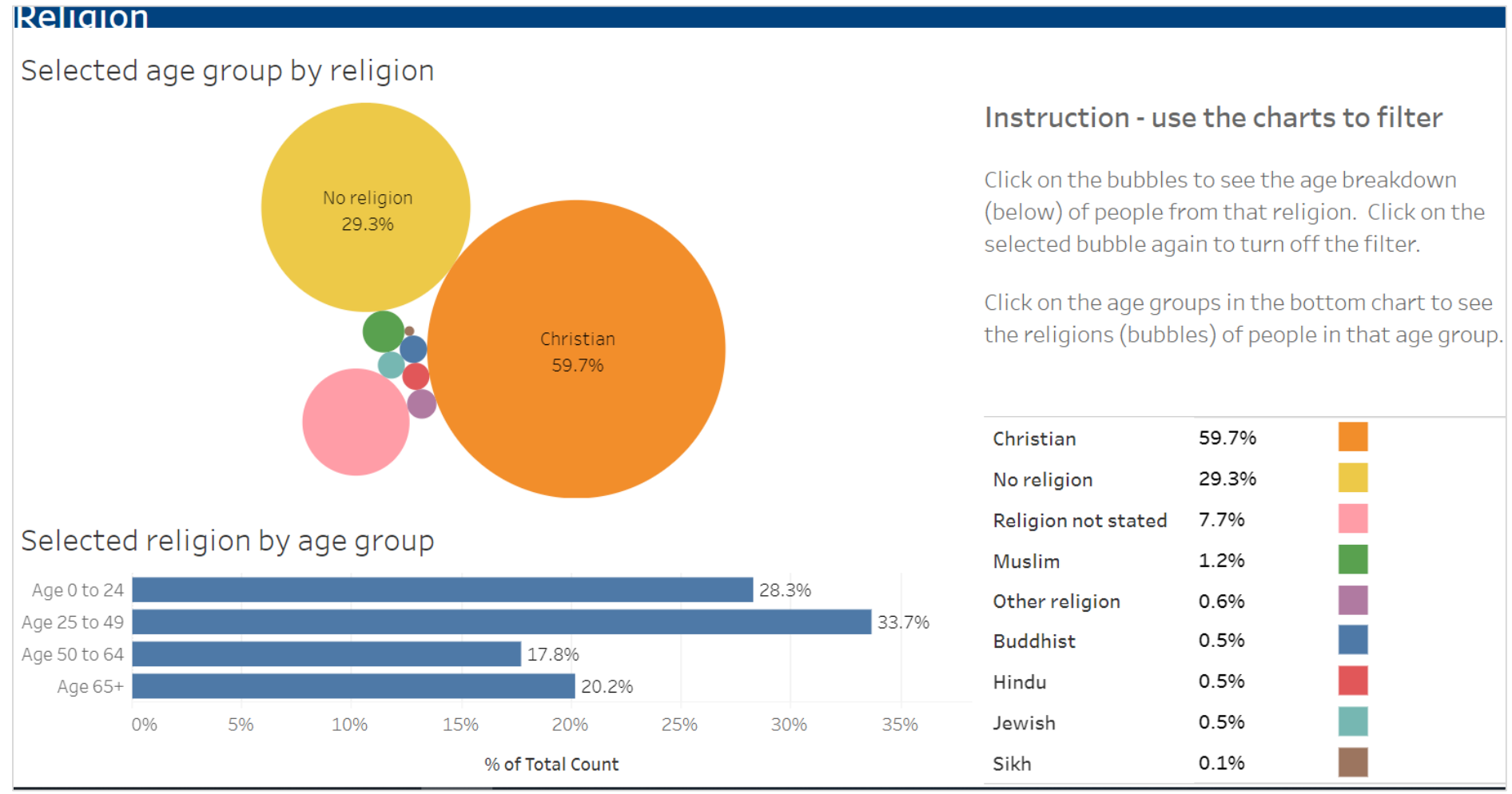


Figure 7: Religion (2011 Census data for Bournemouth, Christchurch and Poole)



Difficulties were faced in acquiring accurate data in terms of specifics about day opportunities provision from the current council case management systems. Consequently, providers were asked to share information about access to their services including those who were council commissioned and wider funded. This enabled the gathering of a more holistic picture of the day opportunities market.

Demand mapping of services

For all BCP providers involved in the return of information for this project, over half of day opportunities provision is for those with a primary diagnosis of a learning disability (54%).

Figure 8: All Types of Providers - Percentage Pie Charts of Service User Profiles (1279 clients)

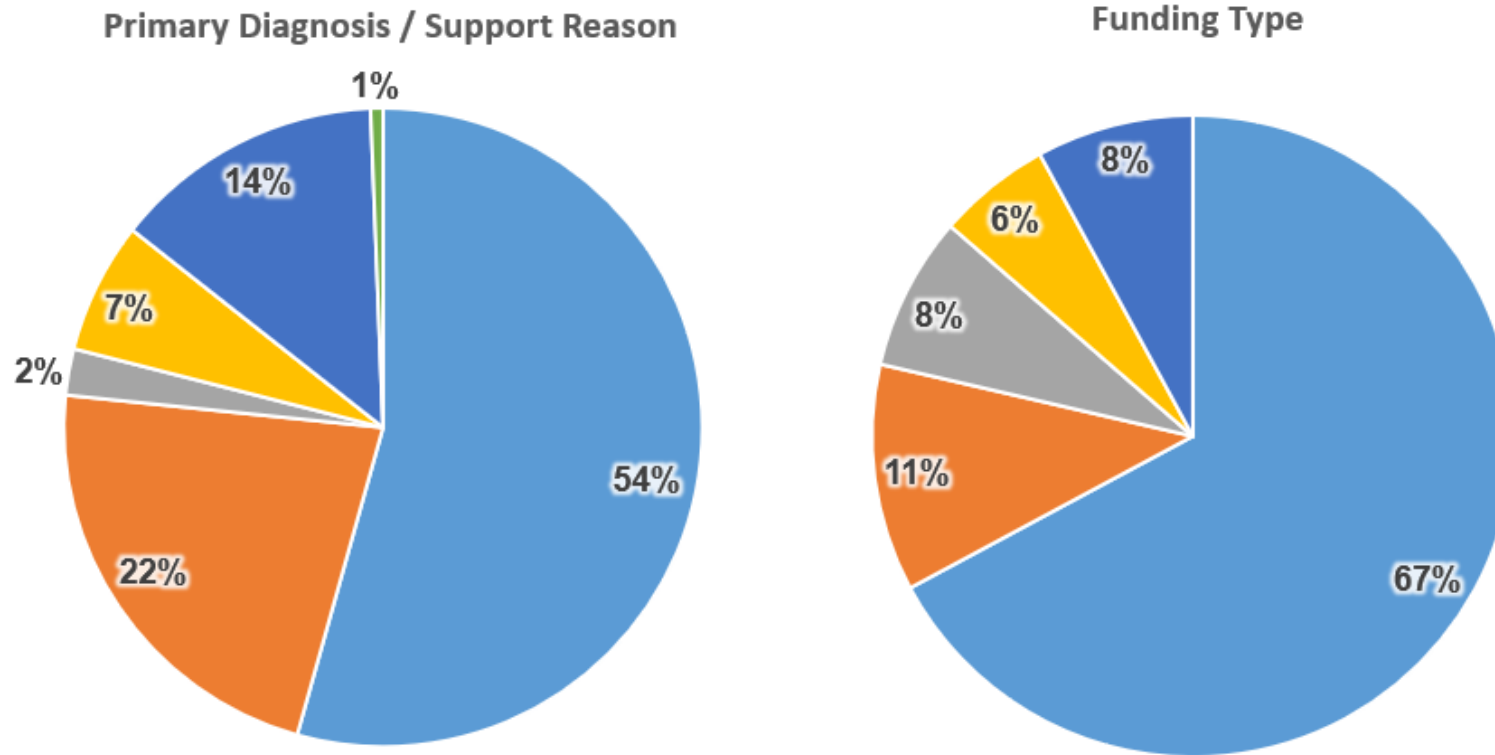


Table 3

	Learning Disability	Mental Health	Sensory Support	Physical Support	Older Person	Other	BCP Council Commissioned Service	Direct Payments	Self-funded	Other	Not Known
Clients	695	285	30	85	176	8	857	146	99	73	101
Percentage	54.34%	22.28%	2.35%	6.65%	13.76%	0.63%	67.01%	11.42%	7.74%	5.71%	7.90%

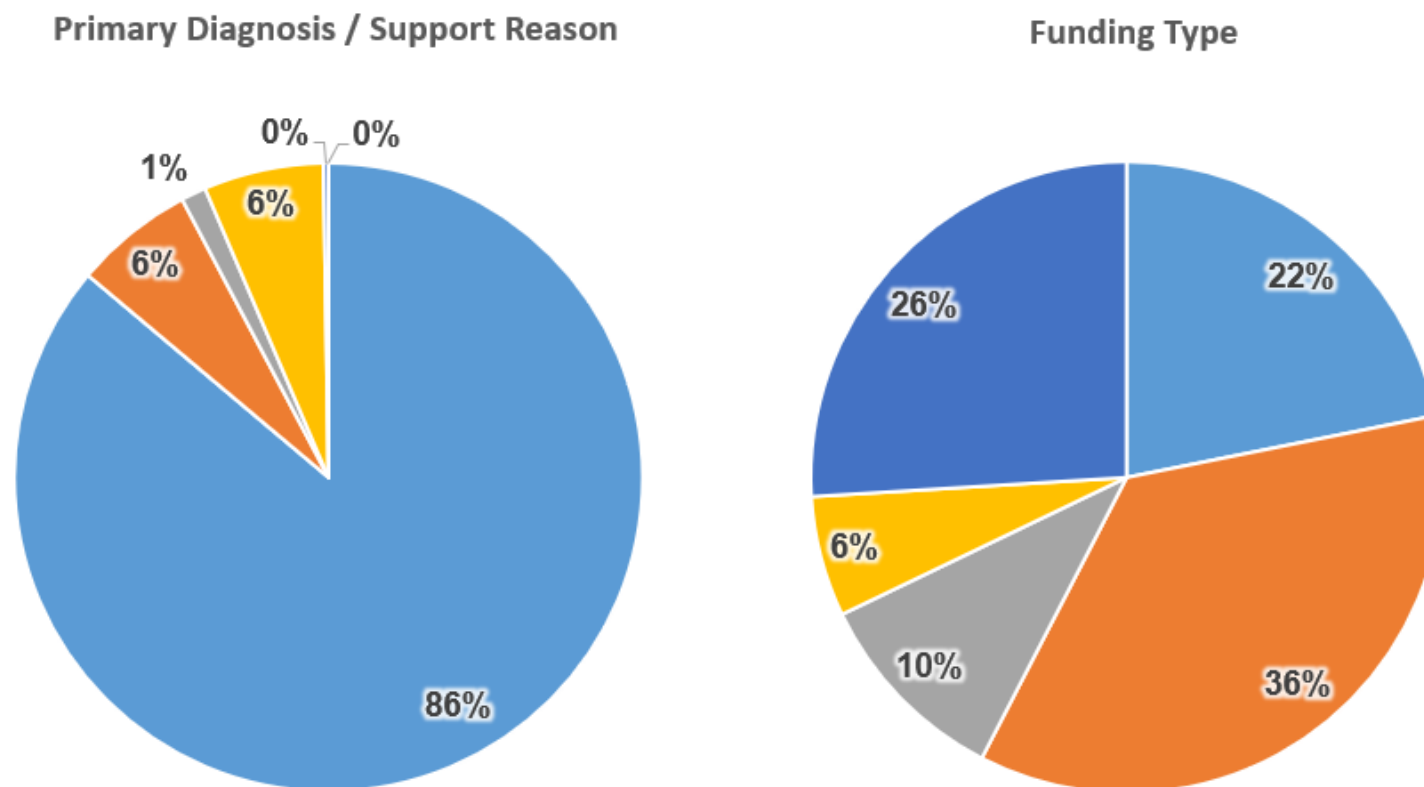
In terms of funding for all BCP providers involved in return of information for this project, 67% were commissioned services with only 11% of the total accessing direct payments. This should be offset by the fact that lots of small clubs and local organisations who have not submitted data, operate outside of commissioned services and often engage older people due to the sizable older population in the BCP area. However, considerations around the personal budget/direct payment offer need to be factored into this project as BCP Council is significantly under the national average for those taking up personal budgets. The average proportion of people using social care receiving direct payments for all authorities in 2021/22 was 26.3%⁷. BCP Council's proportion of people using social care receiving direct payments in 2021/22 was 18.7%. In 2020/21 this figure was 20.2% and in 2019/20 was 20.5% for BCP Council. The trend of people moving away from direct payments in preference for commissioned services at BCP Council is counter to legislation and good practice around greater independence in individual's personal budgets and will be further explored in the view seeking section. Making the process easier for users, promoting take up of personal budgets and providing accessible information will be key in assisting BCP Council to reverse this trend in respect to day opportunities access and will be important for people to be able to exercise choice and control of their social care payments.

⁷ Proportion of people using social care receiving direct payments in Bournemouth, Christchurch and Poole | LG Inform (local.gov.uk)

***BCP Council Funded Providers - Percentage Pie Charts of Service User Profiles (389 clients)**

There is a far greater emphasis on commissioned day opportunities for the learning disability population (86%) as opposed to other service user groups such as older people, mental health, etc.

Figure 9



*Note that PrimaryDiagnosis/Support Reason pie chart totals 99% due to rounding of figures to nearest whole number with 0% entries accounting for missing 1%.

Table 4

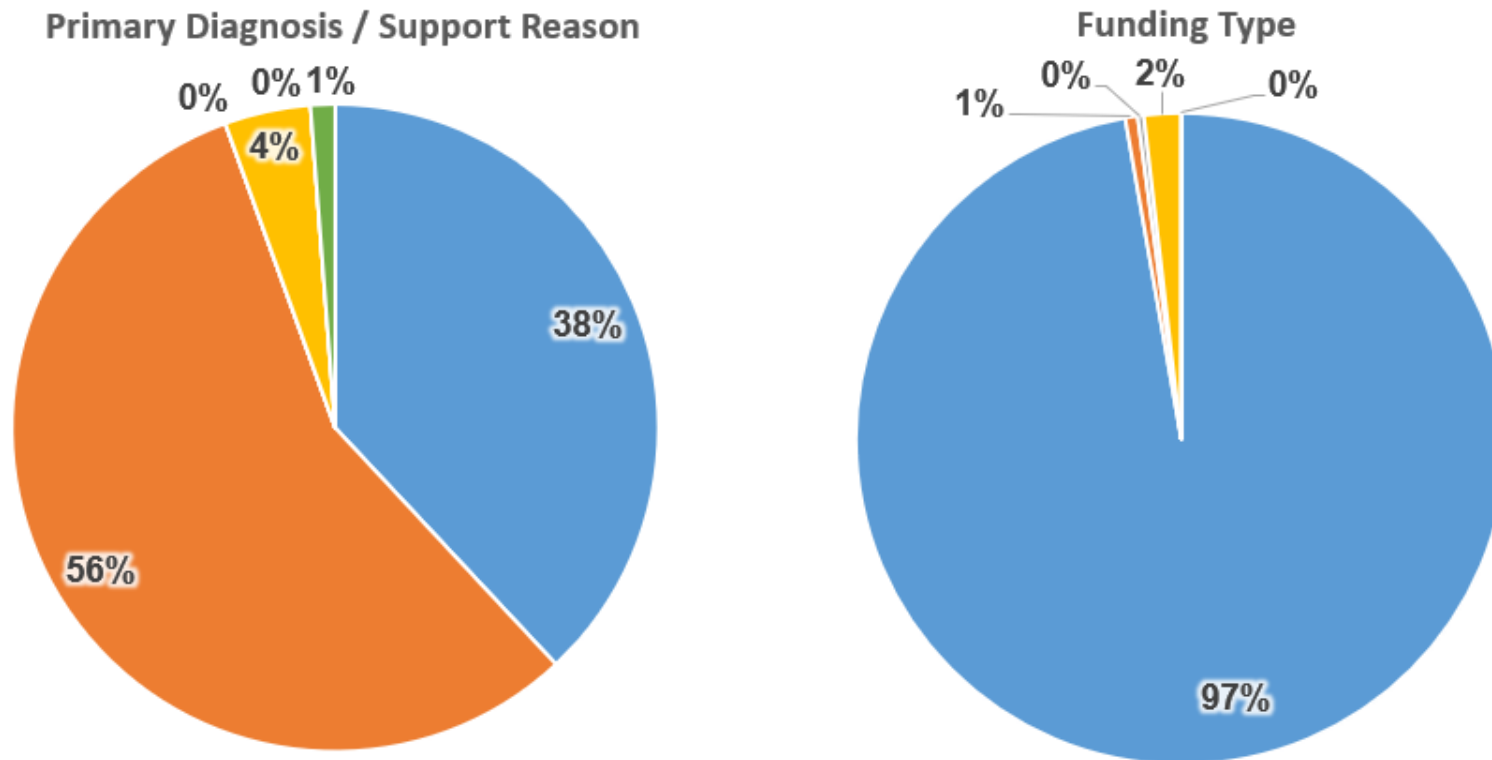
	Learning Disability	Mental Health	Sensory Support	Physical Support	Older Person	Other
Clients	335	24	5	24	1	0
Percentage	86.12%	6.17%	1.29%	6.17%	0.26%	0.00%

BCP Council Commissioned Service	Direct Payments	Self-funded	Other	Not Known
85	139	40	24	101
21.85%	35.73%	10.28%	6.17%	25.96%

***Supported Employment/SWOP Providers - Percentage Pie Charts of Service User Profiles (326 clients)**

Local supported employment/sheltered work opportunities (SWOP) provision, however, is more weighted towards mental health service users (56%).

Figure 10



*Note that PrimaryDiagnosis/Support Reason pie chart totals 99% due to rounding of figures to nearest whole number with 0% entries accounting for missing 1%.

Table 5	Learning Disability	Mental Health	Sensory Support	Physical Support	Older Person	Other
Clients	124	184	0	14	0	4
Percentage	38.04%	56.44%	0.00%	4.29%	0.00%	1.23%

BCP Council Commissioned Service	Direct Payments	Self-funded	Other	Not Known
317	2	1	6	0
97.24%	0.61%	0.31%	1.84%	0.00%

Geographic Information System (GIS) Mapping

All of the above data was mapped on GIS to visually represent the spread of day opportunities across BCP and other factors such as distance travelled to day opportunities and support time for groups. The following are stills of selected data, but this will also be able to provide a benchmark for analysis post strategy, of any changes of provision with these services.

The following is a key to symbols on the maps:

- Triangles for provider locations
- Circles with a number inside for number of clients in this location, primary support reason, funding etc as detailed in individual maps

NB Non numbered dots denote 1 client; The bigger the circle the larger the number of clients represented.

The following colour coding denotes the four different types of provisions:

Table 6

Colour code	Provider Type
Blue/Purple	BCP Council Funded
Red/Pink	Other Providers
Yellow/Orange	SWOP Providers
Green	Tricuro

The majority of provision of services and location of service users are in the Bournemouth and Poole areas and cover areas within the most deprived 20% wards in the country. More rural areas to the east of the BCP conurbation, have less services and access by residents but have a much lower population density.

Figure 11 Locations of all providers across the BCP conurbation and borders

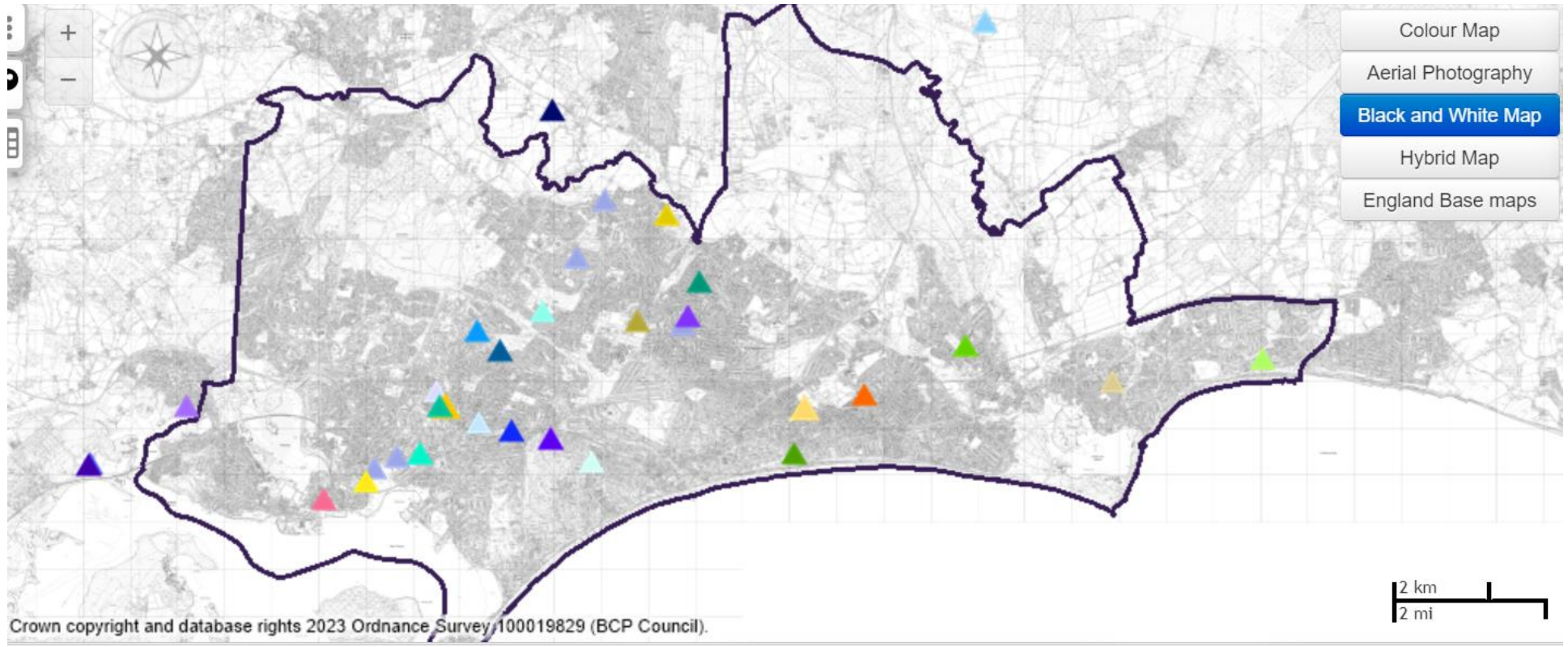
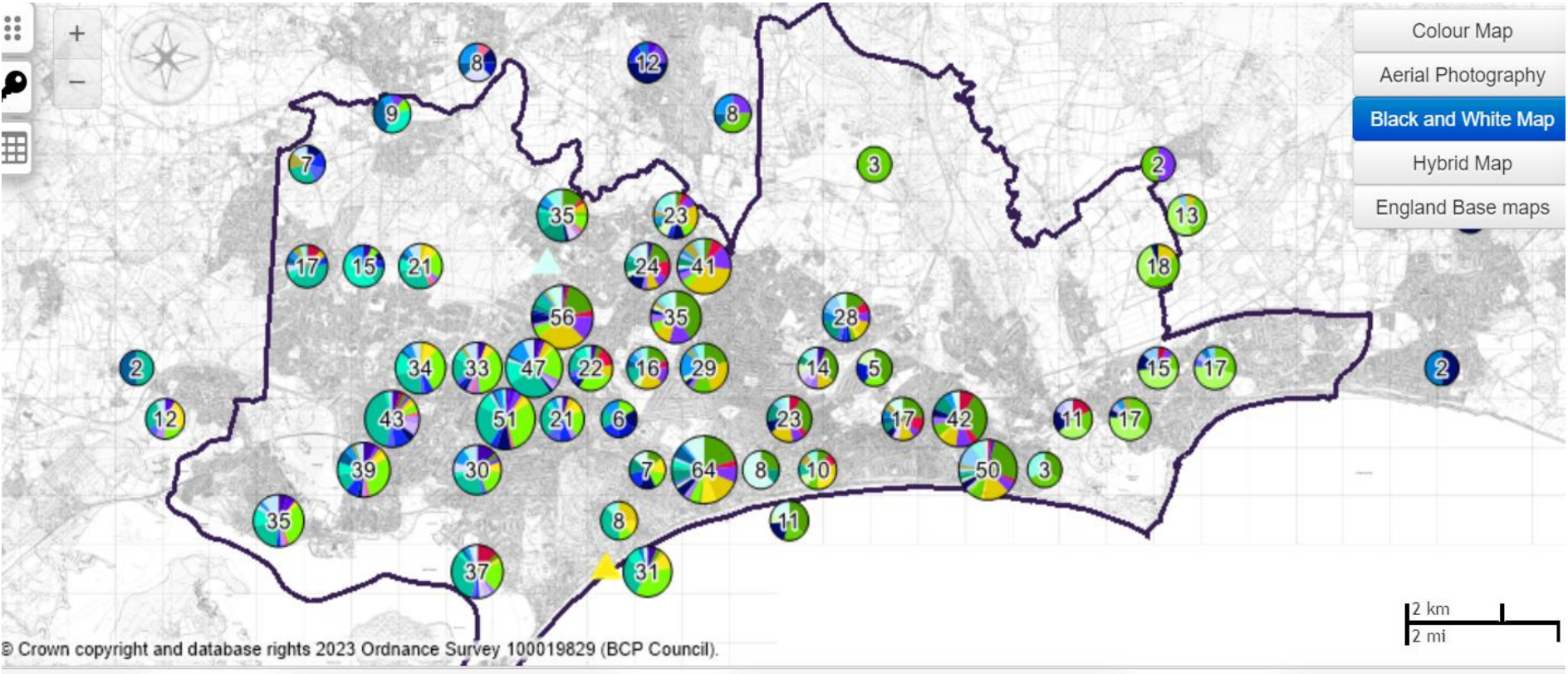


Figure 12 Location of all clients across all service provisions (Total 1279 clients)



Distances travelled to Day Opportunities

The average distance travelled to a day opportunity for all services is 5.21km. This is less for Tricuro services (average 3.65km) and greater for other services (average 5.73km). This is likely due to the provision of 5 open Tricuro Day Services across the conurbation and other services catering for specific needs/client groups leading to a wider catchment area.

Table 7

Provider Type	Average distance in km of client to their provider location	Max distance in km of client to their provider location
BCP Council Funded	8.37	19.90
Other Providers	4.51	10.14
SWOP Providers	4.30	13.54
Tricuro	3.65	8.72

66

For Tricuro day services there has been a negligible travel implication for users in re-provisioning the 3 services that have not re-opened during the Covid-19 pandemic.

Table 8: Change in average and maximum distances travelled for service users who were re-provisioned in other Tricuro services

	Tricuro Service - Original location	Average distance in km of client to their service location	Max distance in km of client to their service location	Tricuro Service - New location	Average distance in km of client to their new location	Max distance in km of client to their new location	Location change	Difference in Average distance in km between original and new location	Difference in Maximum distance in km between original and new location
A - Services that have not changed location	Boscombe Connect	3.82	9.33	No change of location	3.82	9.33	No change	0.00	0.00
	Christchurch Connect	4.16	9.96	No change of location	4.16	9.96	No change	0.00	0.00
	COAST	2.91	10.36	No change of location	2.91	10.36	No change	0.00	0.00
	Kitchen Project	3.38	5.45	No change of location	3.38	5.45	No change	0.00	0.00
	Moordown Plus	3.68	8.98	No change of location	3.68	8.98	No change	0.00	0.00
	Parkstone Connect	2.91	10.45	No change of location	2.91	10.45	No change	0.00	0.00
	Poole Plus	3.57	7.97	No change of location	3.57	7.97	No change	0.00	0.00
	Overall Average	3.49	8.93	Overall Average	3.50	8.93	Total change in km to overall	0.00	0.00
B - Services that have changed location	Highcliffe Plus	3.40	5.29	Christchurch Connect	3.57	4.54	Highcliffe to Christchurch	0.17	-0.75
	Wallisdown Plus	3.95	10.56	Parkstone Connect	5.55	12.28	Wallisdown to Parkstone	1.60	1.72
	Westbourne Plus	3.73	7.22	Boscombe Connect	3.67	7.63	Westbourne to Boscombe	-0.06	0.41
	Overall Average	3.69	7.69	Overall Average	4.27	8.15	Total change in km to overall	1.72	1.38
A & B - Overall Average		3.59	8.31	A & B Overall Average	3.88	8.54			

There remains existing capacity in the majority of day opportunities who made returns, suggesting that current provision is meeting current demand. However, this may be due to some people not returning to day opportunities due to Covid-19 concerns.

Financial analysis

The average cost across all providers for day opportunities is £11.80 per hour. However, there is huge range of fees dependent on the needs of individuals and the type of provision e.g. social club for people with moderate learning disabilities versus intensive 1:1 or 2:1 support for a person with complex needs in a building-based service. This variation in fees for individual services is mainly staffing related and due to overhead costs of the service. Those providing building-based services are likely to charge more but are also more likely to be able to support people with complex needs.

In order to qualify the above, the providers were categorised into 3 areas:

- Low Cost (5 services) – for example service level agreement funding of a service or a social club for those with moderate to mild needs.
- Community Based (19 services) – for services that may or may not still use a building in the community, but are generally smaller, community-based services.
- Day Services (12 services)– larger, building-based day services which may also have outreach projects in the community.

The average cost for these provisions were as follows:

Table 9

Provision	Average cost per hour
Low cost	£1.99
Community based	£9.51
Day Services	£20.21

The average community-based services hourly rate (£9.51 per hour) is therefore over 50% less expensive than the day service hourly rate (£20.21 per hour).

From the return of information, the amount and percentage spent across all services provisions (including some people who access services by a personal budget) and those that are directly commissioned by BCP Council are as follows:

Figure 13 Amount spent per week for all provisions and those commissioned by BCP Council only

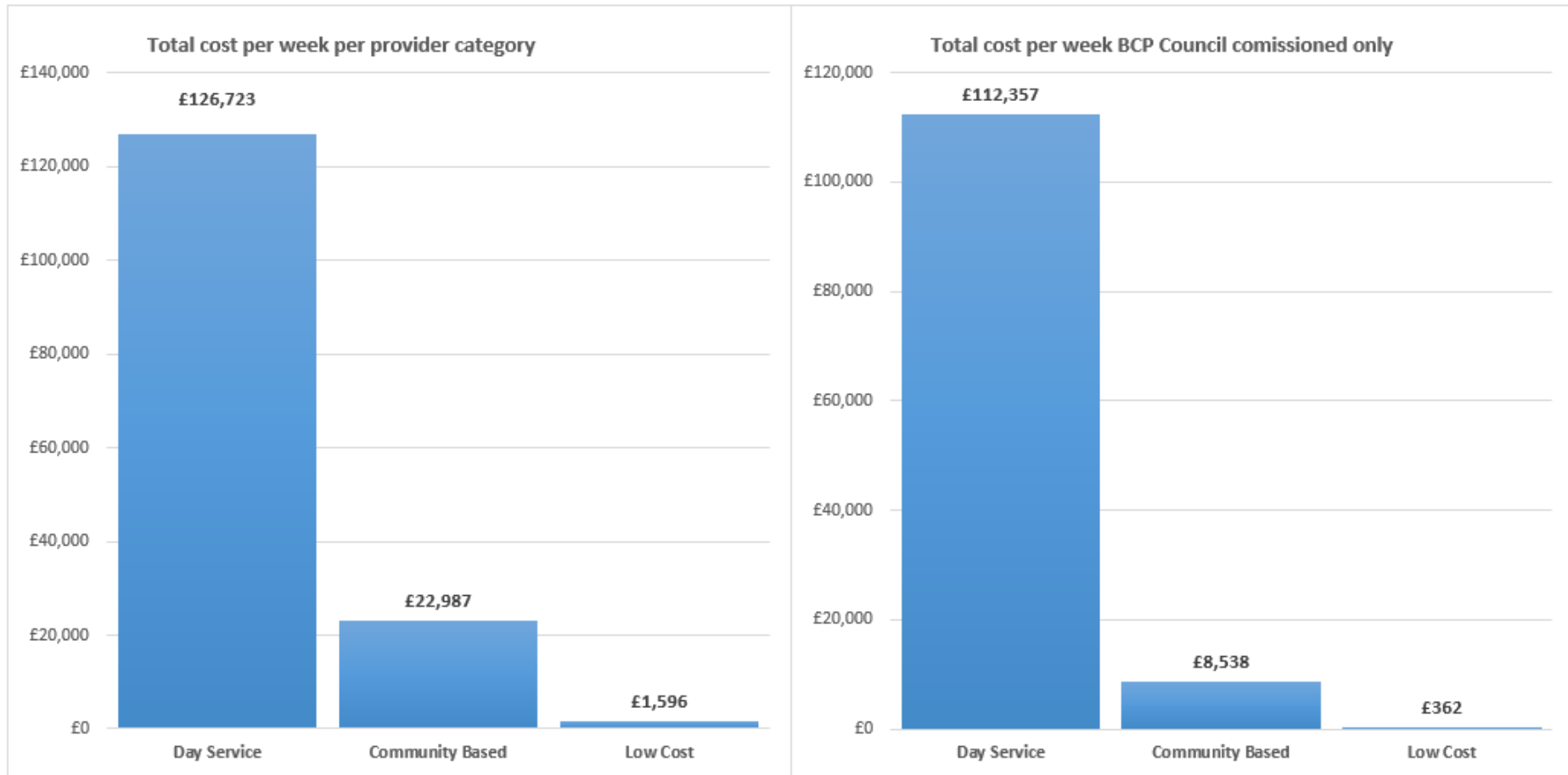
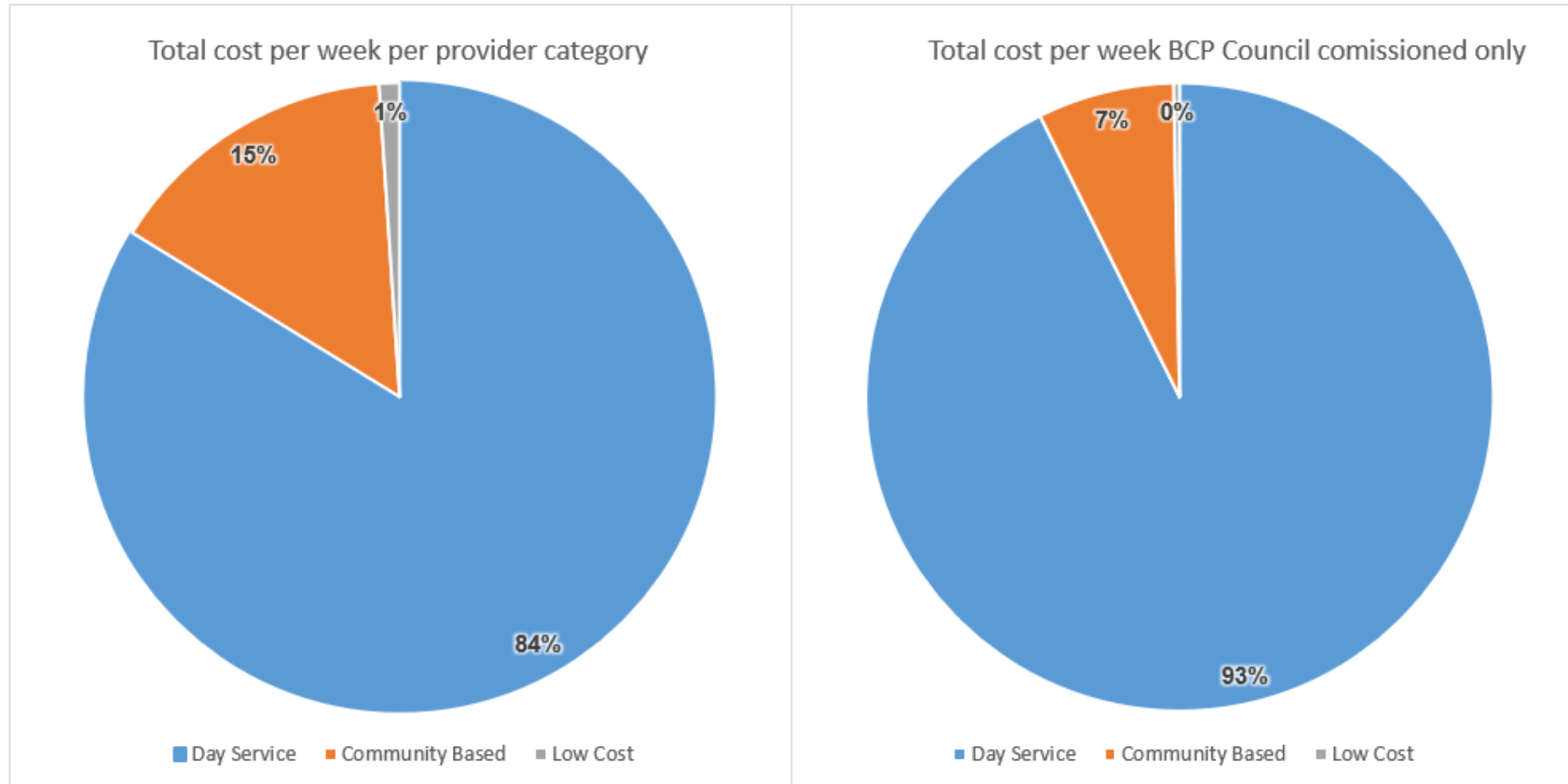


Figure 14 Percentage spent per week for all provisions and those commissioned by BCP Council only



Tricuro block contract for day services represents 80% of the total budget for day opportunities. The vast majority of spend by BCP Council on independent day opportunities is for those with a learning disability (97% over the period 2019-2021). In terms of locality, this breaks down to Bournemouth 51%, Christchurch 28% and Poole 21% on average during this 2 year timeframe.

Table 10

Primary Support Reason	Proportion of Actual Spend 2019/20	Proportion of Actual Spend 2020/21
<i>Learning Disability</i>	96%	97%
<i>Mental Health</i>	1%	0%
<i>Physical Disability</i>	3%	3%

Patch / Locality commissioning	Proportion of Actual Spend 2019/20	Proportion of Actual Spend 2020/21
Bournemouth	49%	57%
Christchurch	26%	26%
Poole	25%	17%
Total LD	100%	100%

Bench marking data with other local authorities

In comparison to other local authorities and using data received from the local market:

- BCP's average spend per person on day opportunities is lower.
- BCP has a greater number of commissioned services compared to other authorities.
- The hourly cost of services compares favourably to other authorities who also have a higher number of commissioned services.
- However, for authorities with a greater number of micro-providers (small organisation community provision) and lesser number of commissioned services:
 - a) There is a higher take up of direct payments.

b) Their average cost of services was lower.

Consideration of smaller, local, community-based day opportunities or micro-providers should be further explored.

Table 11

Key for Primary Diagnosis: LD – Learning Disability; MH – Mental Health; OP – Older People

Question	BCP Council	Local Authority 1	Local Authority 2	Local Authority 3	Local Authority 4
Average spend per person on day opportunities	£119.70 pw/£6,224.49 pa	£229 pw /£11,908 pa	£79.91 pw/£4,155.32 pa	£221.54 pw /£11,552 pa	£219.61 pw/£11,419.94 pa
Average spend per person on supported employment/SWOP	£20.31pw/£1,056.04 pa	£198 pw /£10,296 pa	N/A	N/A	N/A
How many day services do you commission?	30	26	12	6	25
How many supported employment/SWOP do you commission?	6	3	2	N/A	N/A
Average hourly cost of commissioned day services	£11.80 ph	£14 ph	£7.29 ph	£9.22 ph	£12.99 ph
Average hourly cost of commissioned supported employment/SWOP	£5.82 ph	£13 ph	£7.71 ph	N/A	N/A
Percentage breakdown of primary support reasons for people who access commissioned day opportunities	LD – 54% MH – 22% OP – 13% Physical – 7% Sensory – 2% Other – 2%	LD - 56.01% Physical – 25.32% MH – 6.01% Memory – 6.01% Sensory – 3.48% Social – 3.16%	LD – 89.1% Physical – 7.8% MH – 3.1%	LD – 72% Physical – 15% MH – 6% Memory – 5% Sensory – 1% Carers – 1%	Working age – 66% OP – 34%
ASCOF average of the employment rate for Adult Social Care service users for a primary reason of a learning disability	4.10	5.54	5.99	5.33	5.76

As above, the predominance of access to day opportunities for people with a learning disability is reflected in other authorities but generally to a greater degree. The current offer from BCP compares favourably with other authorities in a wider spread of access to day opportunities across primary support groups.

⁸Adult Social Care Outcomes Framework (ASCOF) figures for the employment rate of people with a primary diagnosis of a learning disability show BCP is at 4.1% compared to a national average of 5.73%. The supported employment offer in BCP is limited and for some services is similar to a day service provision rather than a supported employment model. This would suggest a review of the current offer and a more targeted approach to access to employment should be considered.

⁸ An average of Adult Social Care Outcomes Framework (ASCOF) measure 1E from 2014-2021. England average is 5.73.

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Executive Summary of Innovations and Good Practice Report for BCP Day Opportunities Strategy

Introduction

The day opportunities strategy for BCP Council workstream 2b was tasked to focus on innovations and good practice in England to help inform the Day Opportunities Strategy Project and promote innovation in our practice regarding the provision of these services.

This executive report is a summary of conversations and desk top internet research into the general direction of travel for day opportunities across both young adults and the wider working age cohorts and response to the impact of the pandemic on the provision of support and services across other local authority areas in England.

Methodology

The research initially started as a desk top activity looking at the online information across other local authorities:

Birmingham, Bristol, Camden, Cornwall, Dorset, Durham, Essex, Hampshire, Haringey, Leeds, Liverpool, Manchester City, Newcastle, Nottingham, Rotherham, Sefton, Sheffield, Somerset, Southampton, Wigan.

The second stage of the benchmarking activity involved gathering information via meetings and e-mails. Active engagement took place with colleagues from Birmingham, Dorset, Hampshire, Somerset, and Southampton local authorities.

Regular attendance at monthly Self-Directed Support (SDS) Networks - Developing Micro-providers also enabled access to other local authorities across England. Additional desk top research was used to follow up about information gained from the above. Meetings were arranged to visit a range of local day opportunities.

The full report details information from all the above local authorities and providers who were engaged. For the purposes of this report, the following summarises the key findings from this engagement.

Resistance to change

Across the communication there was discussion about challenges to the transformation programmes coming, generally, from a position of mistrust, anxiety, and fear of the unknown. Carers, and particularly working carers, were nervous about how changes to the established

daily routine would impact on their ability to maintain regular working patterns (this applied to parents of younger adults more) and impact on stable state benefits arrangements. Concern was expressed about the need to keep their family members safe as day care staff were known and trusted, so concern was about new providers guaranteeing the same level of experience. Access to reliable and safe transport was often referred to, as was the issue of finding and keeping personal assistants when required.

From the local authority perspective there are the issues of encouraging people to join them on the journey, how to manage the pace of change, manage the political appetite (or lack of it) for change, how to address carer reliance on day care as respite and to promote day opportunities as a people focused/centred support. In addition, whether day opportunities are commissioned by the local authority or individuals with a personal budget, there is a need to consider how to shape and engage with the market and to be able to assure levels of quality and pricing.

Conclusion

The consistent messages received across authorities were as follows with mitigations for BCP Day Opportunities Strategy suggested in italics:

- Planned move away from a reliance on building-based day care centres and create alternative opportunities for people to try out. *To be determined through consultation with all stakeholders October – November 2022.*
- Increased sustainable opportunities for employment and volunteering for younger adults. *Planned review of Supported Employment in 2023.*
- New accessible day opportunities to be based in the community. *To be determined through consultation with all stakeholders October - November 2022. If so, consider how these will be established e.g. directed via BCP Council engagement or an outside organisation such as Community Connections.*
- Accessible transport and travel training to be available. *Identify need through engagement exercises and focus on travel training schemes if greater community access is desired. Consider the logistic impact on BCP Council transport services.*
- Move away from a solely Monday to Friday, 9-5 model and provide support in the evenings and at weekends. *Some BCP providers already have this provision in place, and this will be needs led. Included in the consultation exercise.*

- Keep all of the different levels of need and support on the agenda to avoid accusation of exclusion and taking “one size fits all” approach. *Reflected in membership of all groups established for the BCP Day Opportunities Strategy review.*
- Engage people and carers and providers from the outset. *Co-production group has been established and engaged at the outset of the project with a wide range of stakeholders and a mailing list set up to keep all updated. A Communication Plan for the project is in place.*
- Provide accurate and accessible information and support about personal budgets. *All documents provided in easy read version for the co-production group. Established work with Direct Payments and Personal Budget manager regarding personal budget access and inclusion in the steering group for the project. Attendance at the Self Directed Support Network where this is a focus across authorities on how ease of access to personal budgets can be achieved.*
- Sustainable change takes time. Where successful change had happened, it was over a period of a few years. *Timeline for project has been revised to provide more time for the work to be carried out and co-production to be meaningfully achieved.*

The aspiration nationally was to harness the changes brought about by the pandemic and move forward with increased community based and virtual activity. Logistically, there will be different challenges across the different local authorities, but the commitment to continue with, or start, the process of change was clearly demonstrated.

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DAY OPPORTUNITIES REVIEW 2022

February 2023

Research and Consultation Team

Executive Summary

Background

A report on engagement activities relating to the review of Day Opportunities in Bournemouth, Christchurch and Poole.

Two surveys were carried out simultaneously in **October and November 2022**. The first survey (Group 1) was aimed at service users and their carers and the second (Group 2) was aimed at staff and professionals whose work brings them into direct contact with service users.

The Group 1 survey received 234 responses and the Group 2 survey received 87 responses.

Analysis

Almost three quarters of Group 1 respondents were service users, 16% were potential future service users and 13% were family / carers of service users.

Around a quarter of Group 2 respondents worked for a service provider and around a fifth were BCP Council staff and another fifth worked for a council commissioned provider. Voluntary / community sector organisations accounted for 16% of Group 2 respondents while others work for Dorset Healthcare, NHS Dorset or in education / SEND settings.

Accessing day opportunities

Of Group 1 respondents that attend day opportunities:

- 51% are paid for by the council or NHS
- 16% are fully self-funded
- 14% pay some of the cost themselves
- 18% were not sure how they pay

When asked how they get to their day opportunities the main answers were:

- 37% said that they travel by car
- 25% travel by public transport
- 19% said that they use a council or day opportunity accessible minibus
- 18% pay for their own taxi

When travelling to their day opportunity, 35% were able to travel without support and 30% were supported by a member of staff or a paid carer.

What is important about day opportunities?

Group 1 respondents were asked what is important about day opportunities and were asked to indicate whether various features were important, not important or in

the middle. The most important things were feeling safe, choice of activities and meeting / making friends.

Table 1: What is important to you about day opportunities? (% Important)

A day opportunity where I can feel safe	94%
The choice of activities available to me	86%
A day opportunity where I can meet friends and make new friends	85%
A place where I can learn skills to do more things for myself	66%
A day opportunity where I can go on days out	63%
A day opportunity where I can take part in physical activities	59%
Providing a break for my carer, parent or guardian	57%
I can use places or services in the local community when I use my day opportunity	55%
How close the day opportunity is to where I live	53%
Food and drinks available to me	46%
A day opportunity where I can take part in education and training courses	35%
A place where I can learn skills to find a job	32%
I can get help like physiotherapy, counselling, seeing a nurse	30%

Group 2 respondents were also asked what is important to those who need day opportunities support. To be able to use the facilities or services in the local community (95%), a place where people can meet new and old friends (93%), helping people to be more confident talking to people about their needs (92%) and giving carers a break (92%) were the four most important features.

Availability of day opportunities

Group 1 respondents were asked which things are important to them when choosing a day opportunity and were asked to say whether the things listed were important, not important or in the middle. This question focused on things to do with the availability of day opportunities.

The three most important things were:

- Day opportunities to be on the same days and at the same time each week (79%)
- To be able to try a new day opportunity before I decide if I want to go to it regularly (69%)
- To have the choice of using different day opportunities (60%)

Other factors influencing choice of day opportunity

Group 1 respondents were asked about a number of other factors that might influence their choice. The three most important factors were:

- I can meet people with the same interests (64%)
- I can meet people of about the same age (61%)
- I can go to a day opportunity in a building like a day centre rather than meeting in the community (55%)

About day opportunities

Group 1 respondents were asked to tell us about the day opportunities they use and could say that they agree, in the middle or do not agree with a list of statements.

The highest level of agreement was with:

- I have activities I am interested in (87%)
- I have a choice of activities (81%)
- I am helped to do more things for myself (72%)

When asked about the times that day opportunities are available, 87% said that they are happy, 31% would like to do more in the evenings and weekends, 27% would like them to be available at the weekend and 25% would like them to be available in the evenings.

Overall satisfaction with day opportunities

85% of Group 1 respondents said that they are happy with their day opportunities

Group 2 respondents were asked to rate the current day opportunities provision on a scale of 1-5 (where 1 is very poor and 5 is excellent). 45% gave a score of 3.

More about day opportunities

Group 1 respondents were asked to tell us more about how they feel about their day opportunities in their own words.

Around half of respondents stated that they were generally happy with their day opportunities, with many mentioning particular activities that they enjoy and that they enjoy meeting and making friends. Some concerns were raised about availability of services.

Next, Group 1 respondents were asked what could make day opportunities better. Responses to this questions were often very specific to the individual or to the activities they undertake so themes were harder to identify. 28 respondents said that day opportunities did not need improving, 14 would like to take more trips out, including in the evening and at the weekend, and 14 more suggested a wider range of activities. Other themes include choice / awareness of opportunities, transport, timings, cost and the size / nature of the groups.

Group 2 respondents were asked about gaps in provision. 82% thought that there are gaps in provision and when asked to elaborate, the most common theme was lack of suitable provision (not enough places, not appropriate for all disabilities, hard to find / access provision, etc.)

When asked how important a list of suggested improvements are to improve day opportunities across BCP Council area, the majority of Group 2 respondents stated that all the suggestions were important. More than 90% of respondents said that increased funding / personal budgets, better training of staff, more availability of staff and a greater variety of provision were important.

Barriers to using day opportunities

Group 1 respondents were asked if there is anything that makes it difficult to use day opportunities. Of those that highlighted difficulties, availability / choice, transport, cost and accessibility / specific needs were the main themes.

Group 2 respondents were asked to score a number of possible barriers on a scale of 1-5, where 1 is no barrier and 5 is a major barrier. All items listed saw more respondents consider them a barrier (score of 4 or 5) than not (score of 1 or 2). Cost (82%), staffing (77%), transport (69%) and variety of provision (67%) were all considered a barrier by more than two thirds of respondents.

Finding out about day opportunities

Group 1 respondents were asked how they would like to find out about new day opportunities. Responses can be grouped into the following themes:

Table 2: How would you like to find out about a new day opportunity?

Newsletter	52
Website	37
Other	34
Email	30
Carer / social worker / etc	28
Printed directory / leaflets / library	20
Post / letter	13
Social Media	6
Phone / text	6
Notice board	5

Interests

Meeting friends and new people was important to 78% of Group 1 respondents and activities that are fun, interesting or helpful are important to 76%. Least important interests are activities to help me into education / training (34%), volunteering opportunities (31%) and activities to help me into work / employment (26%).

Digital / online services

Just over a third (35%) of Group 1 respondents said that they have used online video calls to access their day opportunity or to contact other people.

Respondents were then asked if anything prevents them from using online video calls. 48% said no, 23% said their disability makes it difficult, 22% don't know how, 14% do not have the right equipment and 12% do not have internet access.

When asked what support, if any, would help them to use online video sessions the most common themes were need for specialist support and technological support / equipment.

When asked for ideas about how technology could be used to provide day opportunities, more than half of the comments received either said that they were not interested in online services or that they preferred face-to-face interaction.

Group 2 respondents had quite different views with 43% of respondents saying that digital access is important or very important for the future of day opportunities provision and only 26% saying that it is unimportant.

Other comments

Group 1 respondents were asked if they had any other comments to make and 89 responses were made with the following themes.

Table 3: Additional comments (Group 1)

Grateful to service and/or staff	16
Improved services	11
Importance of Day centres	10
Activities	8
Importance of human interaction	5
Volunteering	3
Don't know	3
Criticism	2
General	2
Communications	2
Future engagement process	1
Need support	1

Group 2 respondents provided 25 additional comments with quality of service being the most common theme

Table 4: Additional comments (Group 2)

Quality of service	7
Concerns	4
Ideas	4
Service delivery	4
Engagement	3
Collaboration	1
Community care	1
Need a vision	1

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1 Introduction and background

Day Opportunities refers to a range of services and activities available to adults with an assessed care need. They can include a wide variety of activities such as arts and crafts, cookery, sport and exercise, as well as somewhere to socialise, learn skills and get help with personal care. Day opportunities can be delivered in a day centre building or in a range of settings in the community. Some services may also be delivered online.

Some services are provided by BCP Council through a Local Authority Trading Company and some are delivered by independent providers. Places can be funded directly by BCP Council or can be paid for by service users, either using Personal Budgets received from BCP Council or self-funded.

BCP Council is reviewing its Day Opportunities Strategy and has set up a co-production group which includes service users and providers. As part of this process, an engagement exercise took place to ask both service users and professionals working with them what works well and what could be improved.

1.1 Methodology

A number of stakeholders were identified including:

- Current service users
- Young people potentially taking up day opportunities in the near future
- People who have previously used Day Opportunities but no longer do so
- Carers / parents / guardians of the above
- BCP Council social workers
- Paid care workers
- Providers of day opportunities and their staff
- NHS staff working with service users

Two surveys were developed. The Group 1 survey sought the views of current / future / lapsed service users and their carers / families. The Group 1 survey was available in two formats: an Easy Read version was aimed particularly at those with learning disabilities and a text version for anyone else. The question wording was the same for both versions but the Easy Read version used images and was formatted to be more accessible to the target group. The Easy Read survey was developed for use in a print format although a simpler version was available online. The text version was developed primarily for online delivery though paper versions were available on request.

The Group 2 survey sought the opinions of those working with service users. This was delivered primarily online with printed copies on request.

The Group 1 survey was promoted through service providers, via groups representing service users and using the council's social media. Online respondents were directed to an Engagement HQ page which provided background information and links to the surveys.

The survey was open for eight weeks, from 5 October to 30 November 2022.

In all there were 234 responses from Group 1 (of which 128 used the Easy Read version) and 87 responses from Group 2.

The following report outlines the results of those surveys. Results from the Group 1 survey have been cross-tabulated against the personal characteristics of the respondents and any differences are tested for statistical significance. Where the differences are statistically significant, these have been noted in the narrative. Note that due to relatively small base numbers, these differences should be treated with some caution. Where the base number for a particular group is less than 10, the results are not reported. This is to protect the privacy of individuals in very small groups.

Not all percentages shown will add to 100%. This can be due to rounding or it can be because the question allowed more than one response.

Where appropriate, open responses have been grouped into themes and a table is presented showing the number of responses in each theme. These numbers are intended to indicate the frequency of responses but should not be used to imply any weight of importance to some themes over and above others.

2 Analysis and results

The Group 1 survey was completed by 234 respondents of which 128 completed an Easy Read survey and 96 completed the text version. For simplicity the question wording was the same for both versions, with the Easy Read version having pictures to illustrate the questions. Responses have been merged and are analysed together.

The Group 2 survey was completed by 87 respondents.

2.1 Group 1 Respondent type

Half (50%) of those responding to the Group 1 survey were filling in the questionnaire on behalf of someone else and the remaining half filled it in for themselves.

Almost half (49%) of those completing the survey for someone else were staff or paid carers. Nearly three in ten (28%) were family carers and a similar number (29%) were a parent or guardian. (Respondents could choose more than one option so results add to more than 100%).

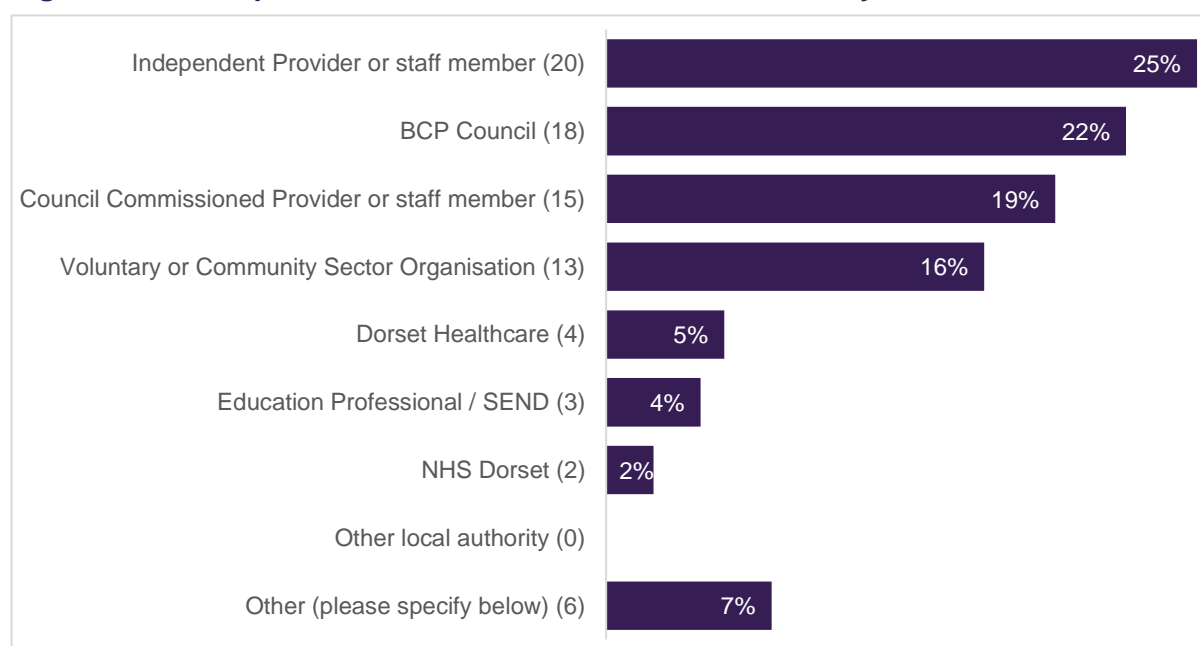
Those who were responding on behalf of someone else were instructed to answer question from the point of view of the person they were responding on behalf of. Carers could complete a second survey from their own perspective if they wished to do so.

Almost three quarters (72%) of responses were made by people who use a day opportunity, 16% were made by people who may want to use them in the future and 13% by people who care for someone that uses a day opportunity. For brevity, throughout this report these groups will be referred to as 'service users', 'non-users' and 'carers'.

2.2 Group 2 Respondent type

A quarter (25%) of those responding to the Group 2 survey work for an Independent Provider. Just over a fifth (22%) work for BCP Council whilst just under a fifth (19%) work for a Council Commissioned Provider and 16% for a voluntary or community sector organisation. The remaining respondents work for Dorset Healthcare (5%), an education professional/SEND (4%), NHS Dorset (2%) and 'Other' (7%).

Figure 1: In what part of the health and social care sector do you work?



Base: 81 respondents

Where respondents selected 'other' they were asked to specify their answer. Responses to this question included Tricuro, Independent Health Care Practitioner, Skills and Learning Adult Community Education and support worker in supported living house.

For 99% of Group 2 survey respondents their work brings them into direct contact with people who need support.

2.3 Accessing day opportunities

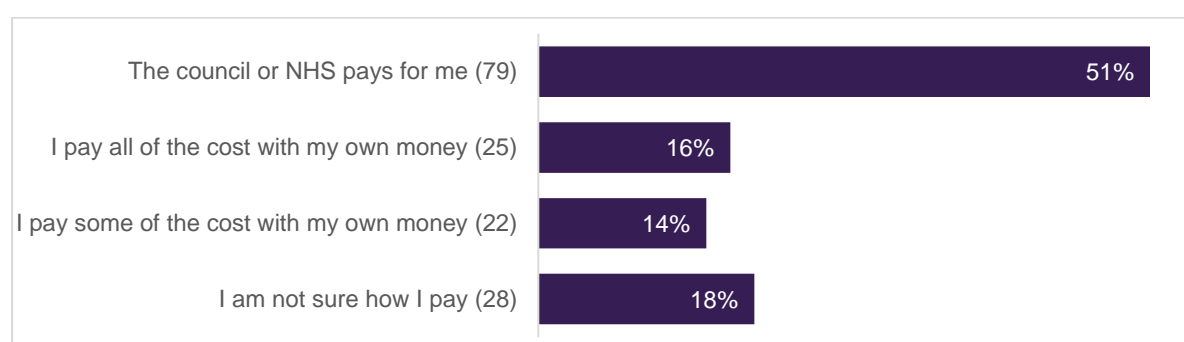
The first section of the survey asked service users questions about paying for and getting to their day opportunities.

2.3.1 Paying for day opportunities

Service users were asked how their day opportunities are paid for.

Just over half (51%) said that the council or NHS pays for them. Around one in six respondents (16%) said that they pay all of the cost with their own money and a similar number (14%) pay some of the cost themselves. Just under a fifth of respondents said that they are not sure how their day opportunities are paid for.

Figure 2: How do you pay for day opportunities?



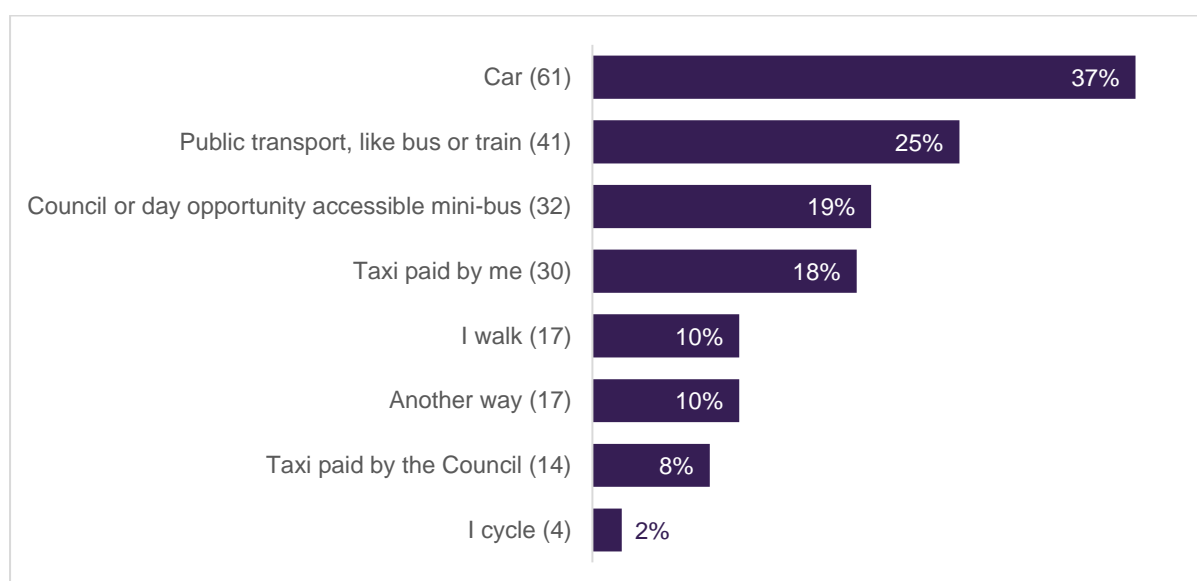
Base: 154 respondents

There were no significant differences between any of the protected characteristic groups; younger age groups were slightly less sure about how their day opportunities are paid for.

2.3.2 Travelling to day opportunities

When asked how they get to their day opportunities, more than a third of service users (37%) said that they travel by car. A quarter (25%) said that they travel by public transport, almost one in five (19%) said that they use a council or day opportunity accessible minibus and a similar number (18%) pay for their own taxi.

Figure 3: How do you get to your day opportunity?

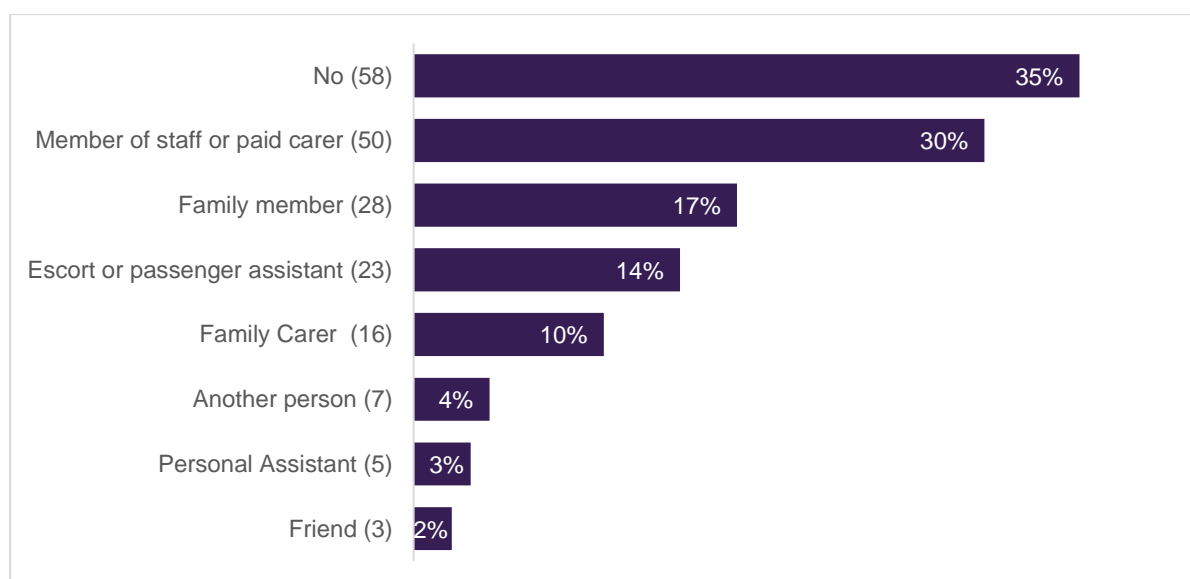


Base: 166 respondents

Seventeen respondents who said they travel another way gave more details about how they travel. Five respondents said that they are transported by staff or support workers, five use a taxi but not self-funded, three are transported by family members or carers, one access their day opportunity on Zoom and one travels by wheelchair.

Service users were then asked if they have support to get to their day opportunity. More than a third (35%) said no. Three in ten (30%) have support from a member of staff or paid carer.

Figure 4: Do you have support to get to your day opportunity?



Base: 164 respondents

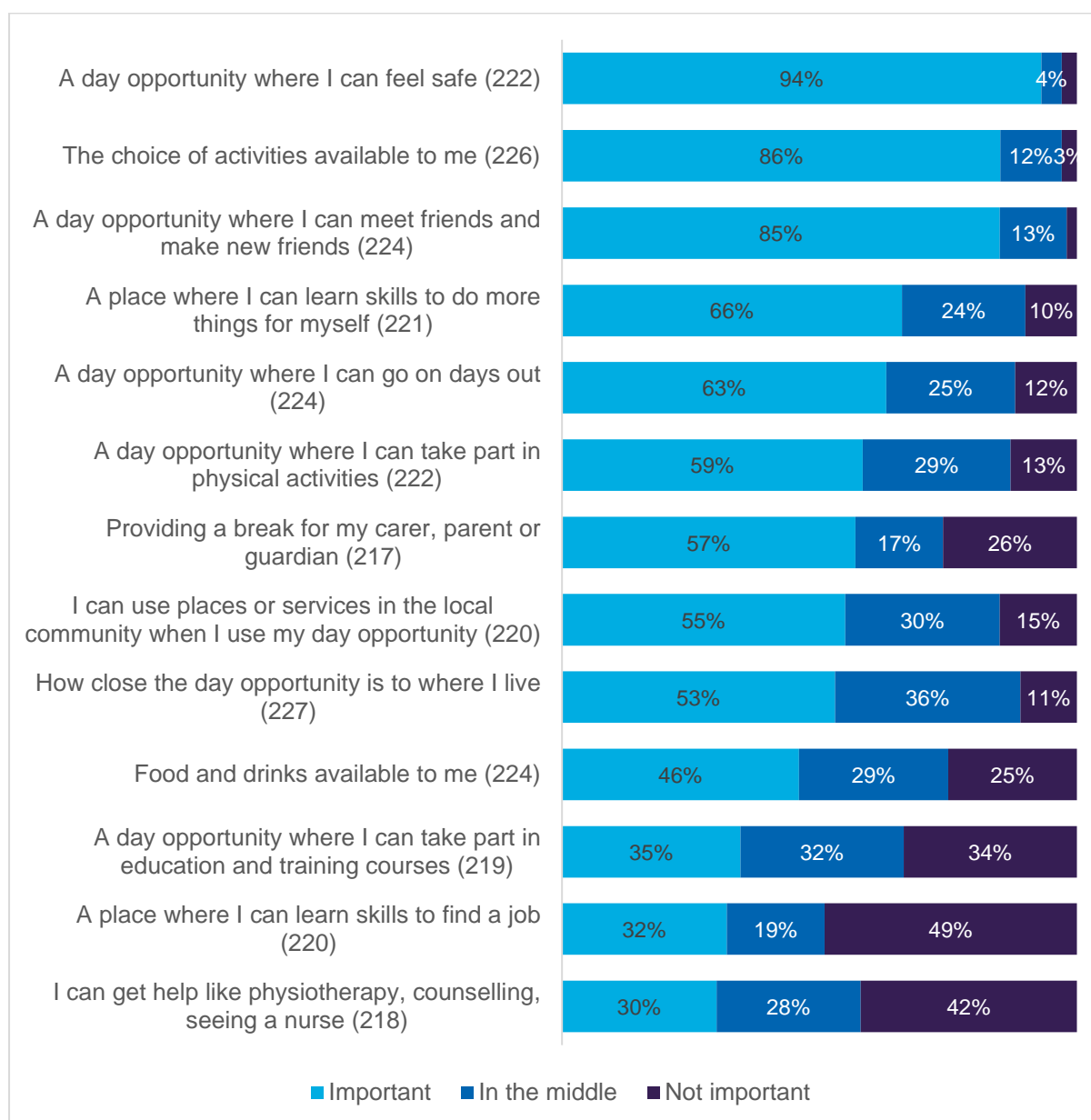
Those who said they were helped by another person were asked what that person's role or relationship is. Most were family members or paid carers. The most common 'other' answer was taxi driver / community transport driver.

2.4 What is important about day opportunities?

Respondents were asked what is important about day opportunities. The question showed a list of features and/or benefits of day opportunities and respondents were asked if they were important, not important or in the middle.

Feeling safe (94%), choice of activities (86%) and meeting friends or making new friends (85%) were the three most important features and were said to be important by considerably more respondents than the other items on the list.

Figure 5: What is important to you about day opportunities?



2.4.1 Differences by protected characteristics

- Getting help with physiotherapy etc is more important to respondents aged 25-34 (41%) compared to those aged 55-64 (16%)
- Job skills are very unimportant to respondents aged 65+ (84% not important compared to 49% overall)
- Skills to do things for myself are less important to respondents aged 65+; only 31% said this was important compared to 66% overall while 47% were in the middle compared to 24% overall)
- Using places in the community is less important as people get older – older age groups are more likely to be in the middle than middle age groups.
- Meeting or making friends is more important to 35-44 year olds (93%) compared to those aged 65+ (74%)
- Physical activities are more important to respondents aged 25-34 and 35-44 (68%) than those aged 65+ (44%)
- Days out are less important to respondents aged 65+ (39%)
- Education and training is less important to respondents aged 65+ (5% important, 54% not important)
- Males are more likely to say physio etc. is not important (50%) compared to females (36%)
- People with physical / mobility disabilities are more likely to say job skills are not important (73%) compared to those with other types of disability.

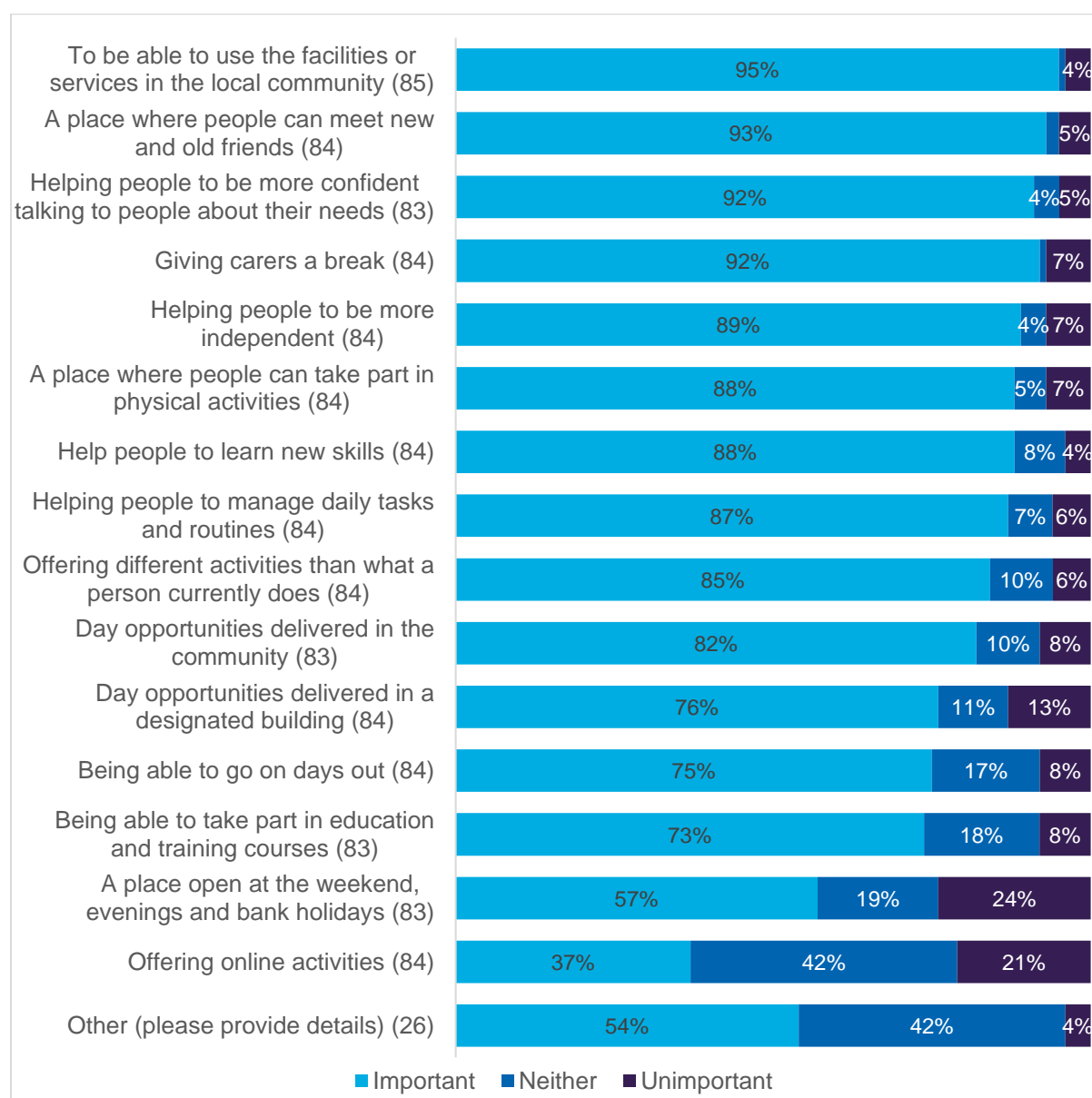
2.4.2 Group 2 – What is important to those who need day opportunities support?

Respondents from the Group 2 survey were asked what is important to people who need day opportunities support and provided with a list of features to vote on.

To be able to use the facilities or services in the local community (95%), a place where people can meet new and old friends (93%), helping people to be more confident talking to people about their needs (92%) and giving carers a break (92%) were the four most important features.

The features with the highest proportion of votes as unimportant – chosen by more than a fifth of respondents – were a place open at the weekend, evenings and bank holidays (24% unimportant) and offering online activities (21% unimportant).

Figure 6: What do you think is important to people who need day opportunities support?



Bases as labelled

18 respondents who replied 'Other' gave a variety of reasons for their response which are outlined below.

Table 5: 'Other' factors that are important to those who need day opportunities support

Person-centred planning	8
Community activities	4
Consistency	1
Flexible systems	1
General	1
Holidays	1

Safety	1
Service delivery	1

The most common theme mentioned was 'person-centred planning' (8 comments)

If they would like to change what they currently do. People with more complex and sensory needs require careful consideration and individual adjustments to their specific needs/wants. More person centred planning. As a person working for [provider] with complex needs and sensory processing issues, going out in the community presents extreme difficulties for some



Day opportunities can only be delivered in the community for individuals with low care/support needs. Many people who attend day opportunities require personal care and physiotherapy that can't be done in the community.

The need for specialist support for all people with complex needs including dementia, building based . The need for a [provider] which is a special centre for people with profound multiple learning disabilities - person centred - a mixture of building, online or community activities but what is best for the individual [and] affordable

Some respondents also highlighted the importance of community-based activities (4 comments)

At present we have a good mix of building-based services and going out into the community. We are soon going to change to a new timetable and our clients will be going out into the community less. Going to the local park, swimming, sailing and having a coffee in the community is very important



The previous statements are not equally important to everyone who needs day services e.g., access to education and training may not be important to someone with dementia or other complex needs. However regularly (daily) access to meaningful community activities, such as a local walk, going to the library, shopping, swimming, access to exercise or wellbeing classes/groups or trips out should be on offer to everyone regardless of the support they require

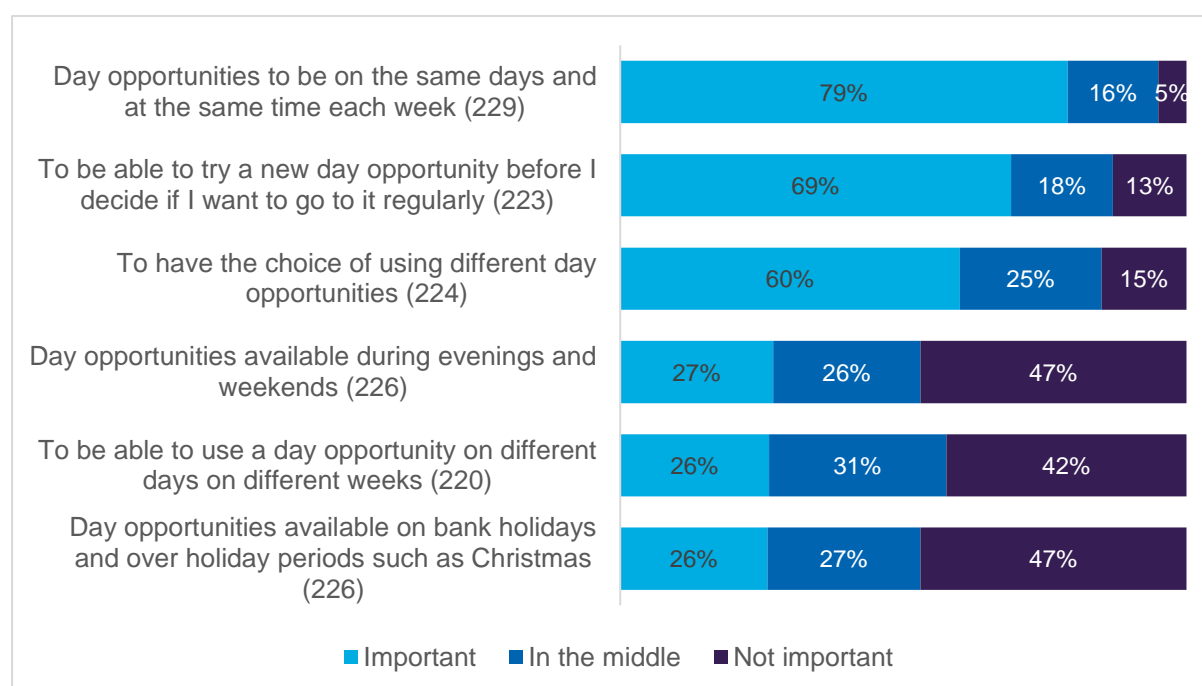
Day opportunities can create a new community that provides support. I like seeing all my friends there and socialising. My day service helps me to learn new skills and be more confident to express myself and in my day to day life

2.5 Availability of day opportunities

Respondents were asked which things are important to them when choosing a day opportunity. This question focused mainly on things to do with the availability of day opportunities.

Regular days / times, being able to try before choosing and a choice of different day opportunities were all considered to be important by more than twice the number of respondents as availability at weekends and bank holidays and flexible days / times.

Figure 7: Which of these is important to you when choosing a day opportunity?



Bases as labelled

2.5.1 Differences by protected characteristics

- Having the choice of using different day opportunities is more important to 45–54-year-olds (70%) compared to those aged 65+ (45%).
- Those aged 35-44 are more likely to say having the choice of using different day opportunities is not important compared to those aged under 25 (30% compared to 0%)
- Those aged 35-44 are more likely to say being able to use a day opportunity on different days on different weeks is not important (62%) compared to those aged under 25 (30%), 25-34 years old (34%) and over 65 (29%)
- Those aged under 25 are more likely to fall in the middle when considering how important day opportunities available on bank holidays and over holiday periods are (45%) compared to those aged 35-44 (18%) and aged 45-54 (16%)

- Those who have a physical/mobility disability are more likely to find having the choice of using different day opportunities unimportant (29%) compared to those with sensory impairment (4%) and those with no disability (6%)
- Day opportunities being on the same days and at the same time each week is unimportant to those from all minority ethnic groups (27%)
- Day opportunities available on bank holidays and over holiday periods is more important to those who are Christian (27%) compared to those who have no religion (13%)

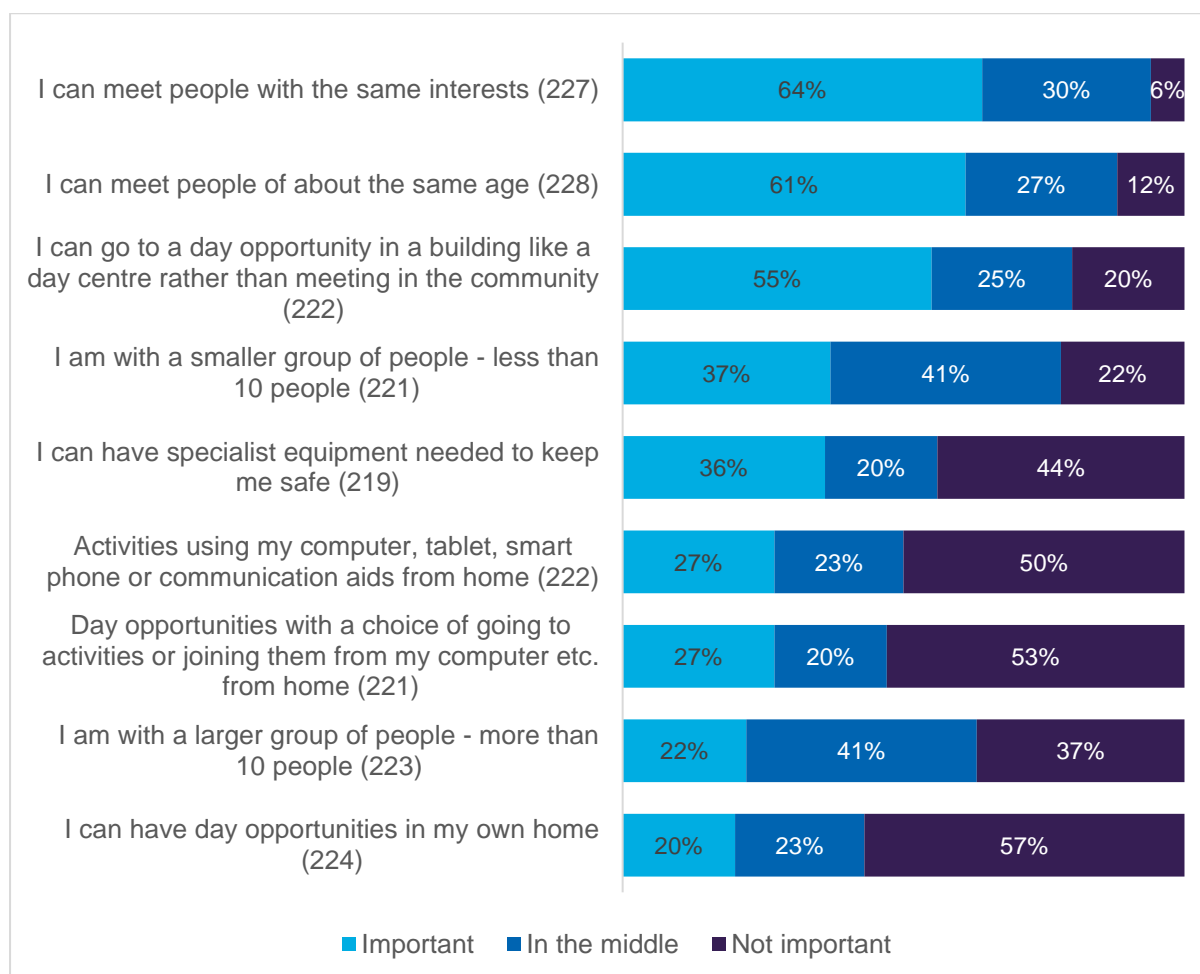
2.6 Other factors influencing choice of day opportunity

Respondents were asked about the importance of other elements of day opportunities that might be important when making a choice.

More than half of respondents said that meeting people with the same interests (64%), meeting people of about the same age (61%) and going to a day opportunity in a day centre rather than in the community (55%) were important.

More than half said that day opportunities in their own home (57%), day opportunities of attending or accessing online from home (53%) and activities accessed online from home (50%) were not important.

Figure 8: How important are the following things when you choose your day opportunities?



Bases as labelled

2.6.1 Differences by protected characteristics

- Those aged 55–64 year olds (30%) are more likely to say meeting people of about the same age is not important compared to those aged 45-54 (19%) and 35-44 (4%).
- Meeting people with the same interests is more important to 35-44 year olds (74%) compared to those aged 65+ (53%) and under 25 (48%).
- Going to day opportunities in a building like a day centre rather than meeting in the community is more important to 35-44 year olds (64%) compared to those aged under 25 (33%).
- Those aged 55-64 years old (74%) are more likely to say having day opportunities in their own home is not important compared to those aged under 25 (45%).
- Those aged 55-64 years old (68%) are more likely to say activities using their computer, tablet, smartphone, or communication aids from home is not important compared to those aged 65+ (65%) and 35-44 (53%).

- Those aged 55-64 years old (71%) are more likely to say day opportunities with a choice of going to activities or joining them from their computer, tablet, smart phone or communication aids from home is not important compared to those aged 25-34 (41%).
- Those aged 45-54 years old (64%) are more likely to say having specialist equipment needed to keep them safe is not important compared to those aged 35-44 (41%) and 65+ (32%).
- Those aged under 25 years old (50%) are more likely to say being with a larger group of people - more than 10 people, is not important compared to those aged 45-54 (49%), 55-64 (44%) and 25-34 (22%).
- Meeting people with the same interests is more important to 35-44 year olds (74%) compared to those aged 65+ (53%) and under 25 (48%).
- Those aged under 25 years old (57%) are more likely to say they are in the middle about being with a smaller group of people - less than 10 people, compared to those aged 65+ (50%) and 45-54 (28%).
- Males (33%) are more likely to say they are in the middle about meeting people of about the same age than females (22%).
- Those who are straight/heterosexual (31%) are more likely to say they are in the middle about going to a day opportunity in a building like a day centre rather than meeting in the community compared to those who are gay/lesbian/bisexual/other (14%).
- Those who are straight/heterosexual (60%) are more likely to say having day opportunities in their own home is not important compared to those who preferred not to tell us their sexual orientation (38%).
- Being with a smaller group of people - less than 10 people is more important to those who preferred not to tell us their sexual orientation (67%) compared to those who are gay/lesbian/bisexual/other (35%) and straight/heterosexual (33%).
- Meeting people about the same age is more important to people without a disability (73%) compared to those with mental health/learning/neurological (54%) and physical/mobility (53%) disabilities.
- Those with a physical/mobility disability (60%) are more likely to say having specialist equipment needed to keep them safe is important compared to those who have mental health/learning/neurological (33%) and sensory impairment (visual/hearing/speech) (30%) disabilities and those who have other (21%) and no disabilities (29%).
- Those with a sensory impairment (visual/hearing/speech) (63%) are more likely to say being with a smaller group of people - less than 10 people, is important compared to those who have mental health/learning/neurological (32%) and other (27%) disabilities.
- Those from all other ethnic backgrounds (91%) are more likely to say meeting people of about the same age is important compared to those from a White British background (58%).

- Those from all other ethnic backgrounds (64%) are more likely to say being with a smaller group of people - less than 10 people, is important compared to those from a White British background (33%).
- Those with no religion (18%) are more likely to say meeting people of about the same age is not important compared to Christians (7%).
- Christians (43%) are more likely to say being with a smaller group of people - less than 10 people, is important compared to those with no religion (25%).

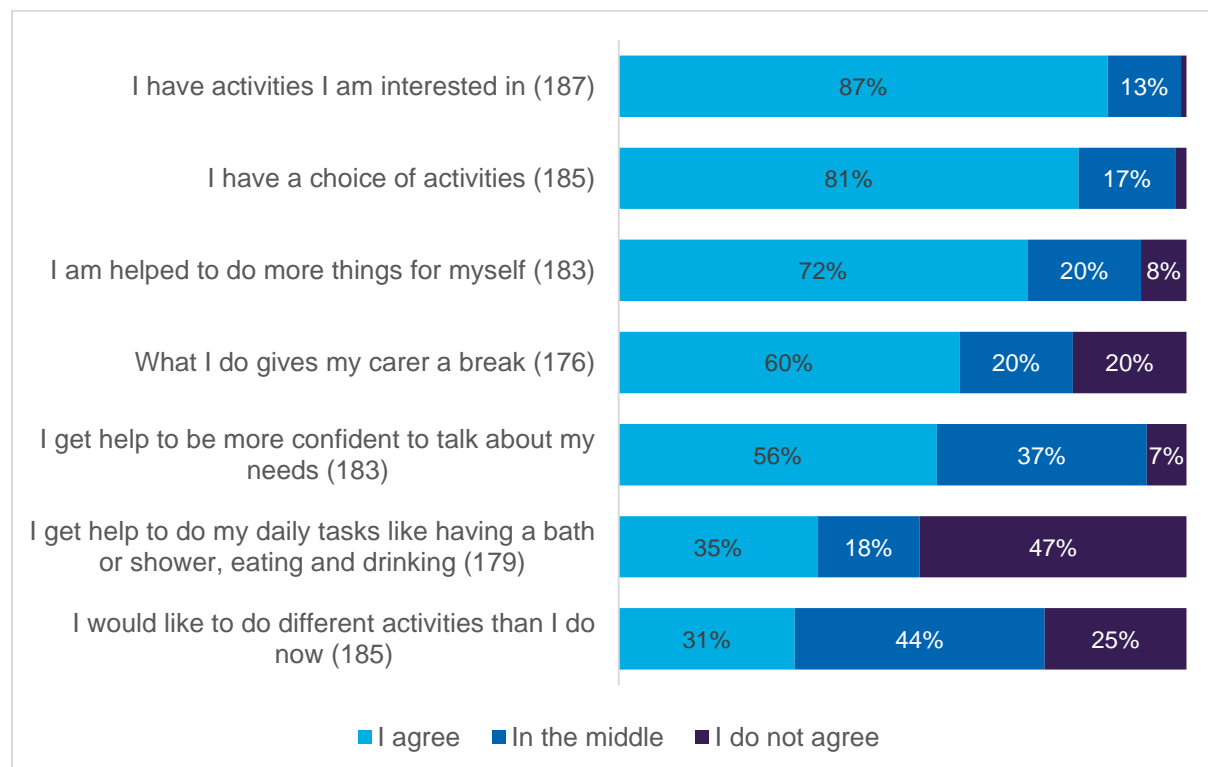
2.7 About day opportunities

Respondents were asked to tell us about the day opportunities they use. This question provided a list of statements that respondents rated as 'I agree', 'in the middle' or 'I do not agree'.

Over three-quarters of respondents have day opportunities that they are interested in (87%) and have a choice of activities (81%). Just under three-quarters of respondents (72%) are helped to do more things for themselves. Less than a third of respondents (31%) agree with the statement "I would like to do different activities than I do now".

The statement with the highest proportion of disagreement was regarding getting help to do daily tasks like having a bath or shower, eating and drinking – just under half (47%) selected 'I do not agree'.

Figure 9: Tell us about day opportunities you use



Bases as labelled

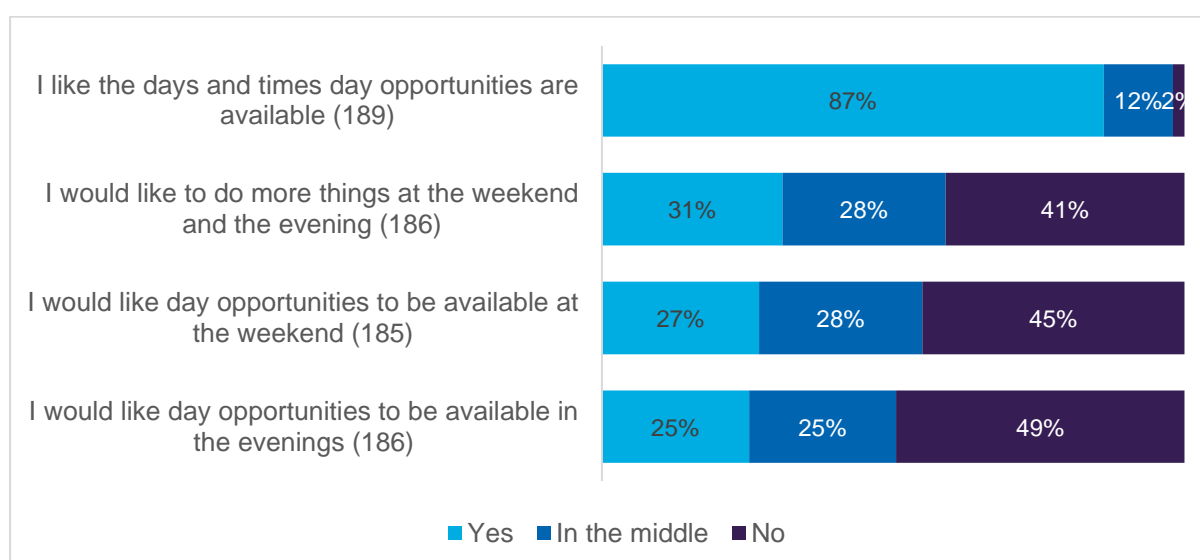
2.7.1 Differences by protected characteristics

- Those aged 45-54 are more likely to disagree that they get help to do daily tasks (71% disagree) compared to those aged 25-34 (39%)
- Those aged 55-64 are more likely to agree that they have a choice of activities (100% agree) compared to those aged under 25 (76%), 35-44 (74%) and 65+ (67%)
- Those with no disability are more likely to disagree that they get help to do daily tasks (61% disagree) compared to those with physical/mobility disability (32%)
- Those with no disability are more likely to disagree that they get help to be more confident to talk about their needs (22% disagree) compared to those with a mental health/learning/neurological disability (6%)
- Those who are in the 'all minority ethnic' group are more likely to disagree that 'What I do gives my carer a break' (57% disagree) compared to those who are White British (18%)
- Christian respondents are more likely to agree that they are helped to do more things for themselves (85%) compared to those with no religious belief (64%)

Respondents were next asked what they think about the times that their day opportunities are available.

A clear majority of respondents said that they like the days and times their day opportunities are available. Around three in ten respondents (31%) said that they would like to do more things at weekend and in the evening, around one in four (27%) said they would like day opportunities to be available at the weekend and one in four (25%) said they would like them to be available in the evenings.

Figure 10: What do you think about the times your day opportunities are available?



Bases as labelled

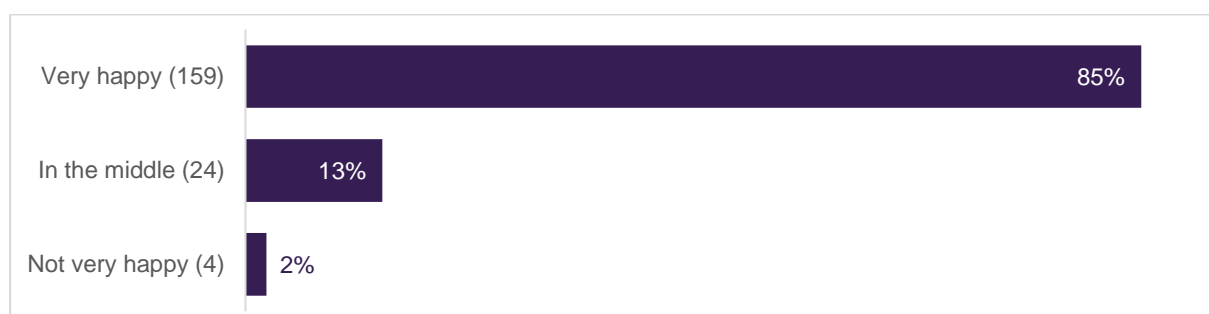
2.7.2 Differences by protected characteristics

- Those aged 25-34 are more like to say 'No' regarding wanting more things at the weekend and evening (51%) compared to those who are 55-64 years old (22%)
- Those aged under 25 are more likely to sit in the middle with regards to wanting day opportunities to be available in the evenings (44%) compared to those aged 25-34 (14%)
- Those with a mental health/learning/neurological disability are more likely to agree to liking the days and times day opportunities are available (90%) compared to those who have sensory impairment (68%)
- Those with no disability are more likely to dislike the days and times day opportunities are available (8%) compared to those with a mental health/learning/neurological disability (0%)
- Those with no disability are more likely to sit in the middle with regards to wanting day opportunities to be available at the weekend (48%) compared to those with a mental health/learning/neurological disability (24%)

2.8 Overall satisfaction with day opportunities

Respondents were asked how happy they are with the day opportunities they use. A clear majority (85%) said that they are very happy.

Figure 11: How happy are you with the day opportunities you use?



Bases as labelled

2.8.1 Differences by protected characteristics

- Those with a mental health/learning/neurological disability are more likely to be very happy with day opportunities (91%) compared to those with sensory impairment (68%), other disability (62%) or no disability (67%).

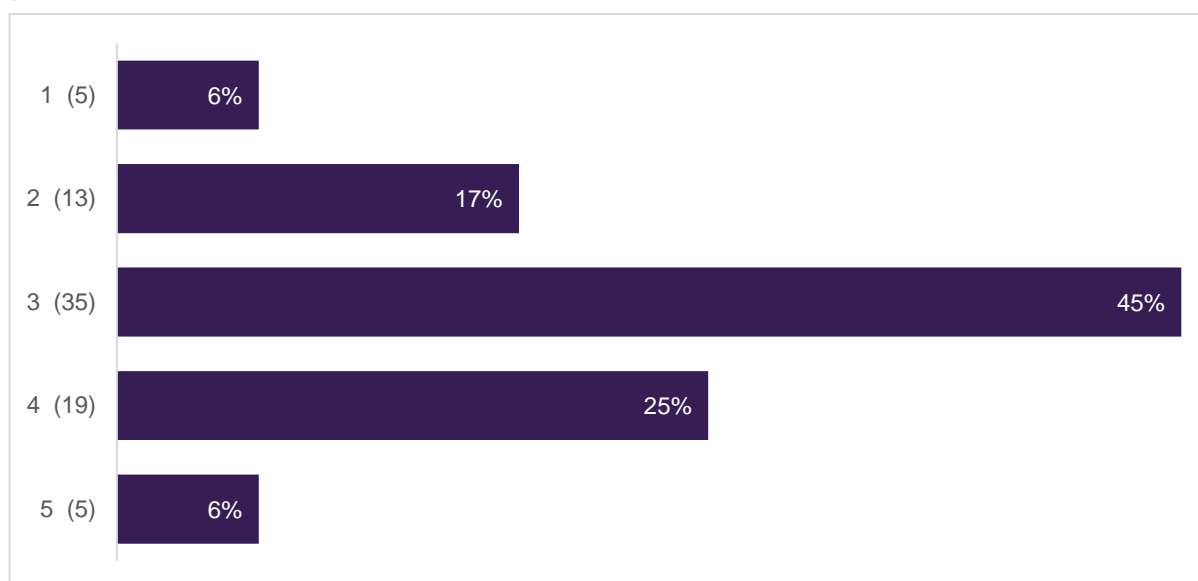
2.8.2 Group 2 – Rating of current day opportunities provision

Group 2 respondents were asked to rate the current day opportunities provision in BCP from 1 - 5, where 1 = very poor and 5 = excellent.

Nearly half of respondents (45%) rated the provision a 3, in the middle of the scale. A quarter (25%) rated the provision as 4 out of 5 which would be considered as

'good' and nearly a fifth (17%) rated it as 2 out of 5 i.e. 'poor'. Less than 1 in 10 rate current day opportunities provision as 'very poor' (6%) or excellent (6%).

Figure 12: On a scale of 1 - 5, how would you rate the current day opportunities provision in Bournemouth, Christchurch and Poole?



Base: 77

Respondents were asked to elaborate on their choice of answer. There were 43 additional responses with several themes emerging.

Table 6: Further comments on current day opportunities provision

Improve provision	15
Quality of care	7
Awareness	4
General	4
More funding	3
Improve staff performance	2
Expensive	1
Other	1
Transport	1

The most common theme mentioned was 'improve provision' (15 comments)

Need for greater choice of services and more personalised support packages

I do not think there are a lot of Day Opportunities that fully meet the needs of people from Black and ethnic minorities



This is rated at 2 because [some day centres] have remained shut, even those service delivery is back to normal after Covid. The current day opportunities provision in Bournemouth, Christchurch

and Poole is not meeting the needs of those with people with profound multiple learning disabilities, dementia and mental health needs. Supported employment across the whole area of BCP council was cut a while ago and is now only based in the Poole area, this does not meet the needs of all people in Bournemouth and Christchurch

Some respondents commented on the 'quality of care' currently being delivered (7 comments)



Although there are day opportunities, some have closed due to no longer being able to afford the activities and staff. Those that are open are struggling to survive due to funding. Types of day provisions are very similar and there is not a lot allowing access to the local community, exercise outdoor activities. It is good that we have opportunities, and those that access them find them useful, and stimulating

Mainly building based services, and transport can be difficult to attend. The day community day services run by people in the community, are not checked in any way, or work to any particular standards. Need a day service charter and some monitoring of the services

Pre covid I feel the day opportunities provision across the BCP area was good. The service models worked well, the generic services supported people with mild/to moderate needs whereas the specialist services catered for people with high end needs. As a staff member of a former specialist service, the environment was set up in a way which enabled clients to go off into a quieter area when needed or move freely, all within a safe space where staff are able to monitor their whereabouts. This is important as it allows them to manage their sensory levels effectively and reduces the potential for challenging situations. The circumstances are very different now, we are based within a bigger, noisier service which can trigger anxieties leading to behaviours resulting in more incidents. In addition to this, the layout of the building doesn't facilitate clients being able to move freely without the need of a staff member present, this then takes a staff member away from a session

2.9 About day opportunities

Respondents were given the opportunity to tell us more about how they feel about their day opportunities in their own words.

Table 7: Tell us more about how you feel about your day opportunities

General positive	72
Activities	45
Friends / other attendees	40
Other	35
Staff	20
Availability	14
Timing / frequency	12
Choice	3

There were 143 responses to this question and around half of them (72) were generally positive comments, with respondents telling us that they enjoy their day opportunity and feel happy.



I am very happy with what I do at the day service. I am happy with the support I am given by staff

Lots of fun and different things to do. Really look forward to going

I feel very happy coming to a day centre to be with friends and staff

Two of the most common themes mentioned are the activities (45 comments) and friends / other attendees (40 comments)



I love doing drama and play practice. We have plenty of variety, making costumes, singing, dancing and doing yoga.

I like animals as people frighten me. Being able to take care of them, learn about them, and spend time in the community away from my computer is good for me. It keeps me balanced.

I like the activities and seeing my friends and all the staff

I always look forward to attending day centre and am anxious to get there early. I liked to see my friends and chat to staff. I like to be around lots of people as I am very sociable. I like to try the different activities and always enjoy getting involved. I love to go out with groups and always look forward to going out on the bus with my friends. I am happy to try different activities and places. I always come home happy and chat lots about my day



I like seeing all my friends there and socialising. My day service helps me to learn new skills and be more confident to express myself and in my day to day life

My day opportunities are fantastic. I am feeling very happy about them. I am learning very interesting things. I really like meeting new people and learning new things

While most comments in this section were positive, there were some concerns raised particularly regarding the availability of services. Some had previously attended day opportunities that had not re-started following the covid pandemic while others would like to access different opportunities but cannot find or are not eligible for the opportunities they want.

*Day opportunities that I do are great, **but not much more available without a 2 year waiting list. Do not know what is available.** I only know through word of mouth*

*In the past this provider was able to give hours across evenings and some residential stays but owing to funding and staffing limitations **this is no longer on offer- and is badly missed by our son and ourselves.***



*I love all my day opportunities they all offer a wide range of different activities, learning skills, voluntary tasks and outings, I gain personal and social skills from attending. **Unfortunately some will be ending soon due to my age and the time scale offered for some of the opportunities. Due to lack of funding and cost of living presently I will be limited to new opportunities in the near future, which I'm sad about***

2.10 Making day opportunities better

Respondents were asked how we could make day opportunities better. There were 114 responses to this question; these were very varied and therefore difficult to group into themes.

Table 8: How could we make day opportunities better?

Other	37
Nothing - happy	28
Evening / weekend / social / trips	14
More variety activities	14
Choice / awareness of opps	13
Group size / type	11
Transport	7
Timings	5
Cost	5
More staff / better training	5
Better mental health support / understanding	4

36 responses have been coded as 'other' and these are often very specific to the individual, location or activity undertaken.



To let me know what activities my mum does as she is unable to tell me due to her dementia

Improve the path, it's bumpy

You want more cooking for pizza topping. Pasta sauce, cheese, tomato, mushrooms, peppers, olives, sausages, pineapple

Three of the 'other' comments mentioned re-opening centres that have closed.

By far the largest category of responses was from those that felt that the service did not need improvement (28 comments)



Keep helping us please. I can testify that these day opportunities truly help heal us

I just love being there

I like where I attend without any changes

Fourteen comments suggested more social trips, including in the evening and weekends:



Having more opportunities to try/do different activities particularly evening social activities

More opportunities at the weekend to make new friends and new activities

Another 14 comments suggested a wider variety of activities:



More variety, Walking groups, Exercise. Healthy cooking

More variety in sports/physical activities available and to meet a wider range of ability.

Be able to do more things

Thirteen comments related to choice and (lack of) awareness of the opportunities available:



Tell anyone who comes into contact with the service, what activities are actually available. We only know about the one thing what they attend. There is no other information about anything else readily available

*Social workers do not know all about the non-council day clubs. So they do not refer adults properly. They need to suggest the private day clubs and not just the council ones. Not everyone is right for a day centre like [***]. But the social workers sometimes only take you to see those places*

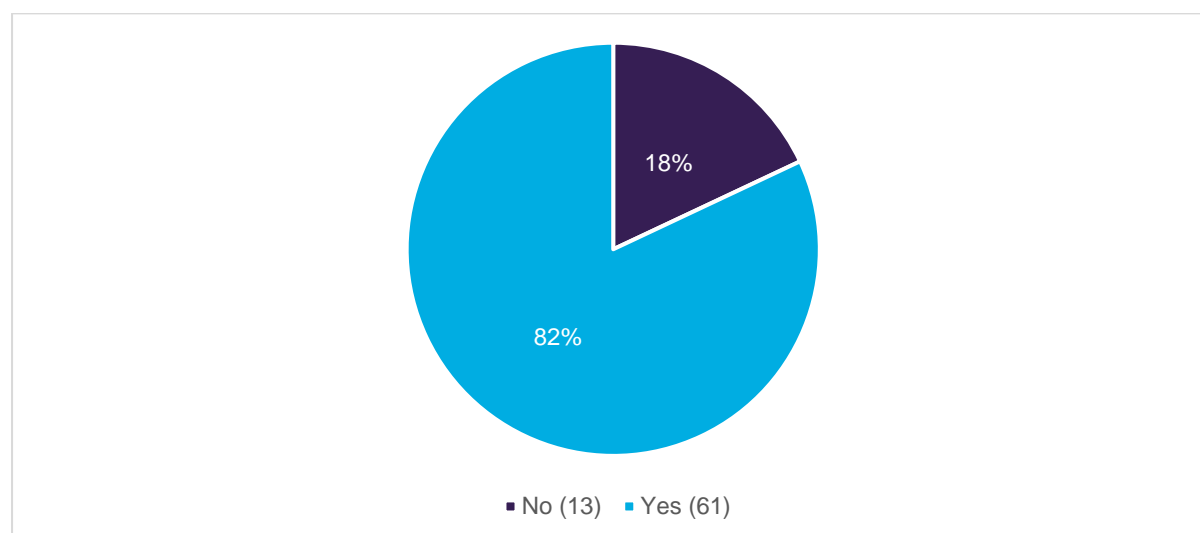
Other themes that emerged included transport to/from opportunities, timings (particularly from carers who would like longer sessions to allow them to work or get on with other tasks), cost and the size and nature of the groups. The latter theme included comments from some who would prefer larger, more sociable groups, some who prefer smaller groups where they can get 1-2-1 support and some from people who would prefer to be with others of similar age and abilities. There were also comments relating to staff (more staff, retaining staff to ensure continuity) and ensuring that staff are trained to support people with more complex mental health needs.

2.10.1 Group 2 – Gaps in provision

Respondents in the Group 2 survey were asked whether they think there are any gaps in day opportunities provision across the BCP area.

More than three-quarters (82%) of respondents to the Group 2 survey feel that there are gaps in the provision of day opportunities across the conurbation.

Figure 13: Do you think there are any gaps in the provision of day opportunities in Bournemouth, Christchurch and Poole?



Base: 74

Respondents who chose 'Yes' were asked to elaborate on their choice of answer. There were 61 additional responses with several themes emerging.

Table 9: Further comments on gaps in provision

Lack of provision	37
Education and training	9
Opening times	6
Multiple gaps	4
Not sure	3
Community	1
Partnership	1

The most common theme mentioned was 'lack of provision' (37 comments)



More people are seeking day opportunities than places are available

There is a big gap in day opportunities to meet the needs of the different client groups we work with. From my experience, there are more options for those with dementia and a learning disability which are not [appropriate] or accessible for others, like adults with autism. There need to be more [options] available with the local communities that are accessible outside of regular office hours

A dire shortage of community-based, as well as building-based provision. Shortage of staffing [and] transport. Prohibitive charging policy.

It can be hard to get sufficient days so that carers can get enough respite to continue in their roles. The council processes mean that families have to fight continuously for what their relatives need and that makes the process difficult [removed] and exhausting

Some respondents also felt that more education and training is needed (9 comments)



More focus on education, enablement, and independence rather than somewhere to put people to give their carers a break

Education and training for employment and independence

Perhaps more vocational training opportunities in Bournemouth

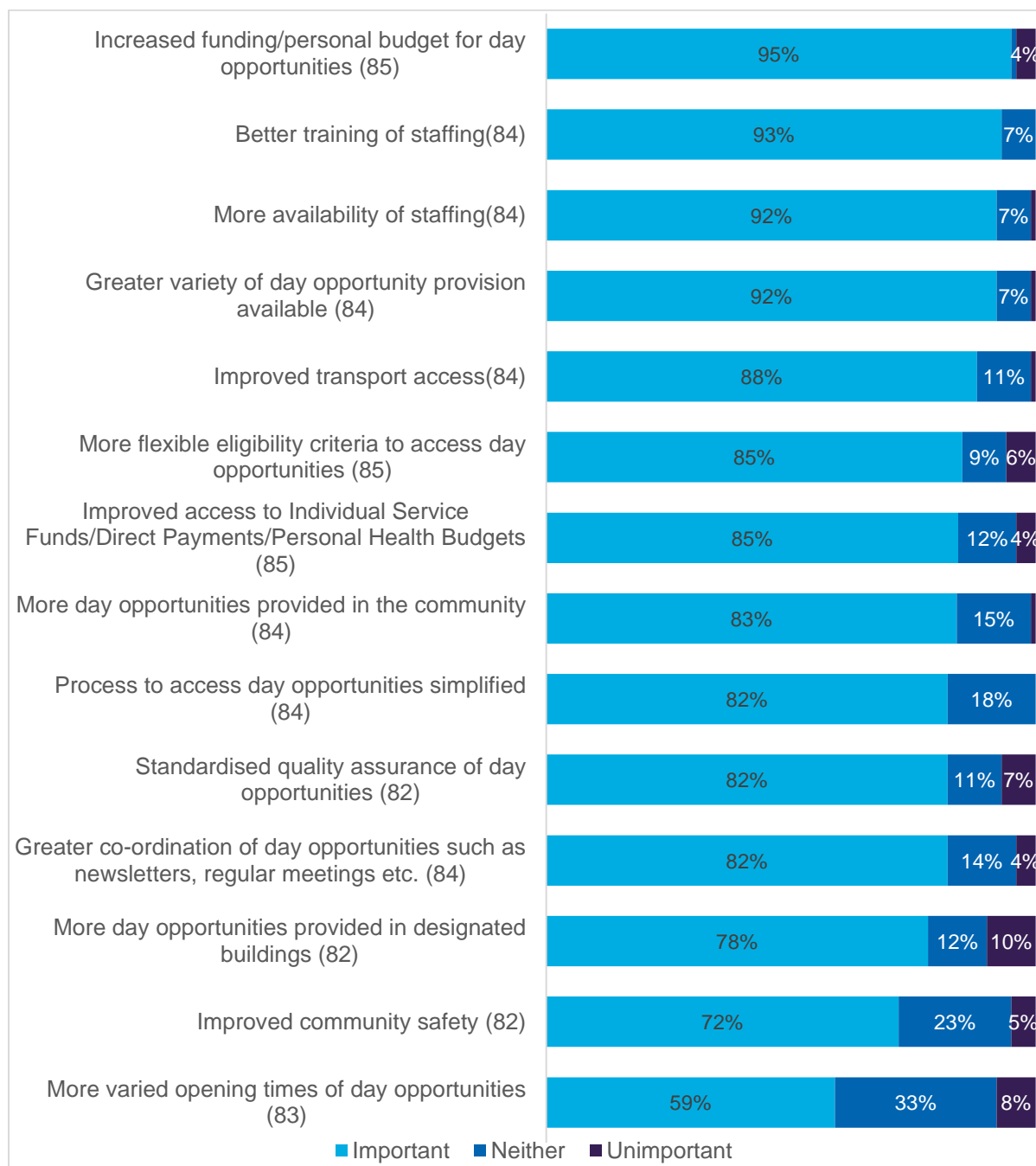
2.10.2 Group 2 – Importance of improvements to day opportunities

Respondents were also asked to rate the importance of various factors in improving day opportunities across Bournemouth, Christchurch and Poole.

Increased funding/personal budget for day opportunities (95%), better training of staff (93%), more availability of staff (92%) and greater variety of day opportunity provision available (92%) were the four most important improvements and all considered important by over 90% of respondents.

No improvements listed were considered unimportant by more than 10% of respondents. The improvement considered the most unimportant but only by 1 in 10 respondents was for more day opportunities provided in designated buildings.

Figure 14: How important do you think the following are to improve day opportunities across BCP Council?



Bases as labelled

Respondents were asked if anything else could be done to improve day opportunities across the BCP Council area. There were 43 additional responses with several themes emerging.

Table 10: Further comments on improving day opportunities

Multiple improvements	4
Re-open/Open new Centres	3
Engagement	2
Information	2
Partnerships	1
Promotion	1
Regulation	1
Staff	1
Training	1

The most common theme mentioned was 'multiple improvements' (4 comments)



Faster referral system, more provisions in purpose-built buildings, better access to activities in the community, higher staffing ratios and more funding available to include more families, as private funding does deter some from accepting placements.

More auditing of quality of the services. Parents/carers of people accessing day opps need to be more encouraged or creative ways to engage them in consultations, surveys and feedback of services. The level of feedback from this group is extremely poor, but so important. More joint up working needs to be established between schools/transitions team/day opps providers so upcoming clients/parents/carers have better knowledge on the options available to allow them make decisions about their future

Things aren't very flexible right now. Took me an hour to get here from Bournemouth Town Centre. Some staff are excellent, some are just OK. Current set up is quite good. Opportunities are seasonal, harder to run in winter

Better funding

Some respondents commented on the 're-opening/opening new centres' (3 comments)



Re-open the original day centres

Open the closed sites

More day opportunities provided in community, on site where residents can meet new people and learn skills in buildings which cannot be done online i.e., hands on activities like arts and crafts

2.11 Difficulty using day opportunities

The survey asked is there anything that makes it difficult for you to use day opportunities? There were 79 responses to this question and comments were quite

evenly split between four main categories, with 20 'other' responses. (Note that responses that simply said 'no' were removed)

Table 11: Is there anything that makes it difficult for you to use day opportunities?

Availability / choice	24
Transport	23
Cost	20
Other	20
Accessibility / needs	17

Availability and choice was the largest category, with 24 responses. Most of these comments related to difficulty in finding out about what is available although there are also suggestions that some respondents have been unable to get a place in suitable opportunities.



Availability of suitable centres and space on waiting list

No good ones to go to or they are full

I don't go to anything now. My carer has tried to find places for me, but hasn't been able to

I don't know what opportunities are out there

Transport was mentioned by 23 respondents:



if it was a long way to travel as I use the public bus service and may have to get more than one bus to get to a day centre

I could not get there without support taking me because it would take 2 buses and it would be too confusing

Only if my partner cannot bring me in. There should be a way I could access the day service accessible transport at short notice without being on the books so to speak.

Cost was a difficulty mentioned by 20 respondents:



I would like to come more than one day but I can't because of cost

The costs affect me more as I have no direct payments or funding to help me pay for day opportunities.

Accessibility or other health needs were a potential barrier for 17 respondents:

No it is important for me to have a wheelchair for me I would like all the wheelchair access to the day opportunities



Epilepsy - needs staff who can support

Lack of rotator accessible doors

Yes. My mental health diagnosis and the medication I am on, and sometimes other people's perception of these things

A further 20 comments were added to the 'other' category. These included dietary requirements, (lack of) covid precautions, religious boundaries and language barriers.

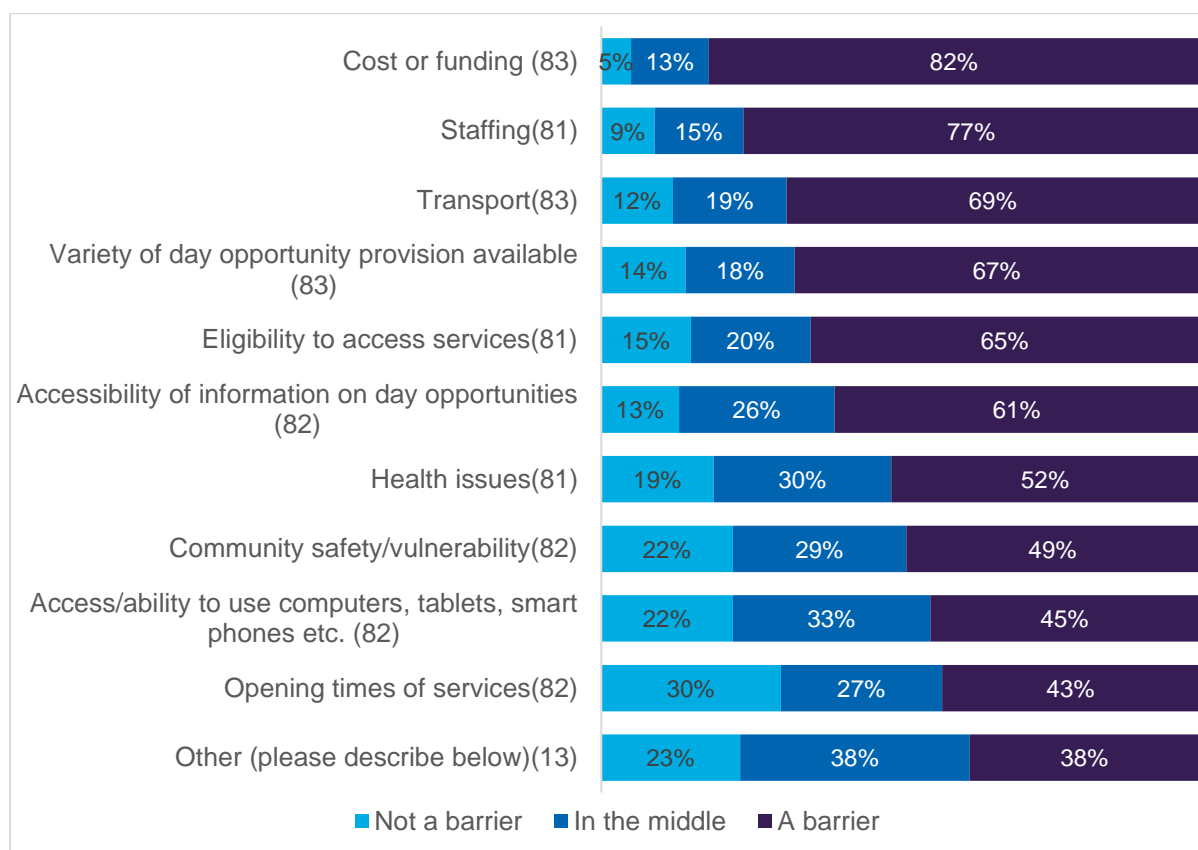
2.11.1 Group 2 – Barriers to day opportunities

Respondents to the Group 2 survey were asked to consider the barriers for people who need support with day opportunities on a scale of 1 – 5, with 1 being “no barrier at all” and 5 being “major barrier”. In the analysis, 1-2 has been attributed as “not a barrier”, 3 as “in the middle” and 4-5 as “a barrier”.

All factors had a higher proportion of respondents who considered it a barrier compared to those who considered it not a barrier. More than three-quarters of Group 2 respondents think cost or funding (82%) and staffing (77%) are a barrier for those needing support with day opportunities. More than two-thirds think transport (69%) and variety of provision available (67%) are a barrier.

The aspect considered by the most respondents as not a barrier was opening times of services, with slightly less than a third (30%) voting it as not a barrier. However, 43% of respondents did consider this to be a barrier.

Figure 15: How much of a barrier do you think the following are for people who need support with day opportunities?



Bases as labelled

The survey asked if respondents wanted to add any more detail or comments about the above options. There were 9 responses to this question and 3 themes emerged.

Table 12: Further comments on barriers

Service delivery	7
Engagement	1
Type of service	1

The most common theme mentioned was ‘service delivery’ (7 comments)



Funding is a major issue as well as transport; so much red tape, no linking providers together, meetings at times providers can't come due to working

Rigid day centres do not work for everyone especially if they have other commitment i.e., collage. Being able [to] provide flexible activities across days is key for example 1 hour for one day and 3 hours another

Transport is a major barrier. it needs to be on time, it needs to enable people to arrive on time and not halfway through a morning of [having] to leave early to get home. it needs to be accessible. Also, staff to help people to learn to access independent transport, this is not available at present, and is left to families or the SW team to undertake. Staff need to be trained to meet the needs of the people attending and have good communication skills. Day services don't need to be buildings-based, but they do need to be accessible to all. People need access to hydrotherapy, or other therapies, that they may not be able to get at home. This assists the individuals in staying as healthy and fit for as long as possible. This is lacking at present

2.12 Finding out about day opportunities

There were 151 respondents who told us how they would like to find out about new day opportunities.

Table 13: How you would like to find out information about a new day opportunity?

Newsletter	52
Website	37
Other	34
Email	30
Carer / social worker / etc	28
Printed directory / leaflets / library	20
Post / letter	13
Social Media	6
Phone / text	6
Notice board	5

The most popular method of finding out about new day opportunities was a newsletter. Most respondents did not specify whether this should be printed or online. However ten respondents who mentioned a newsletter also mentioned email, seven also mentioned a printed directory and three also mentioned a letter in the post.

Online methods were the most popular method of delivery, with 37 respondents mentioning a website or 'on the computer' and 30 mentioning email.

Finding out about new opportunities via a carer or social worker was preferred by 28 respondents, 20 preferred a printed directory / leaflet or information in the library and 13 would like to receive information in the post.

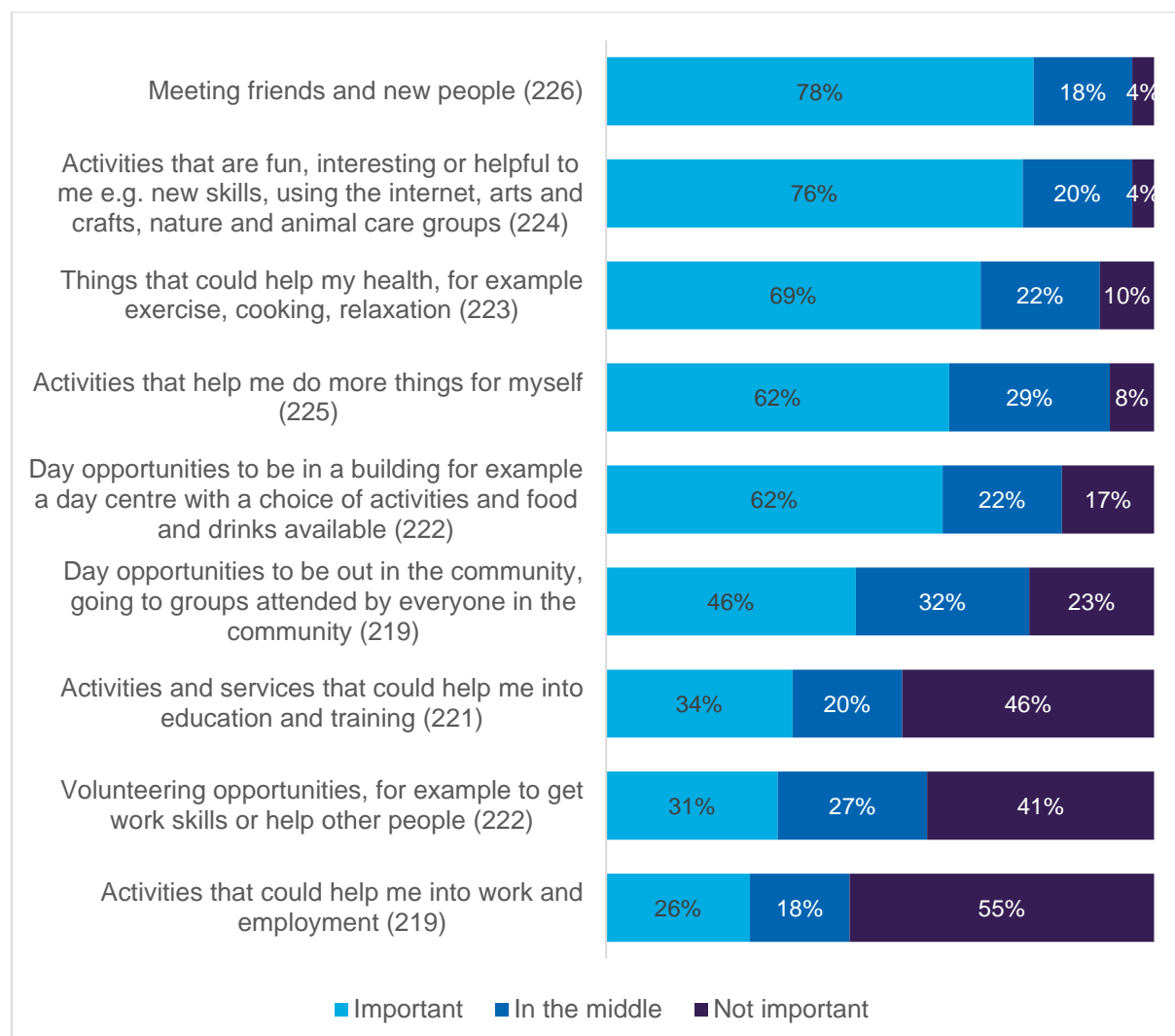
34 responses were coded as 'other'. These included respondents who said that they don't need information about new opportunities. Other suggestions include finding out via school / college, via a GP or other NHS service, newspaper adverts and 'all of the above' (referring to the examples given on the questionnaire)

2.13 Interests

Respondents were asked what kind of activities they were interested in.

The three areas that respondents felt were most important were meeting friends and new people (78%), activities that are fun, interesting or helpful (76%) and things that could help health e.g exercise, cooking and relaxation (69%). Over half of respondents (55%) felt that activities that could help them into work and employment are unimportant. Other areas that respondents felt were most unimportant were activities and services that could help them into education and training (46% not important) and volunteering opportunities (41%).

Figure 16: Which of these are you interested in?



Bases as labelled

2.13.1 Differences by protected characteristics

- Respondents aged 45-54 are more likely to find things that could help their health e.g exercise, cooking and relaxation important (78%) compared to those aged 65+ (53%). On the other hand, those aged 45-54 are more likely to find day opportunities being in a building with a choice of activities and food and drinks provided more unimportant (30%) than those aged 65+ (6%).
- Activities that are fun, interesting or helpful is more important to those aged 25-34 (85%) and 55-64 (84%) than those aged 65+ (58%)
- 'Activities and services that could help me into education and training' is very unimportant to those aged 65+ (76% not important compared to 47% overall)
- 'Activities that could help me into work and employment' is very unimportant to those aged 65+ (89% not important compared to 56% overall). This area is also more unimportant to those aged 55-64 (69%) than those aged under 25 (35%), 25-34 (43%) and 45-54 (42%)
- Volunteering opportunities, for example to get work skills or help other people is more unimportant to those aged 65+ (66%) than those aged under 25 (20%), 25-34 (40%), 45-54 (27%) and 55-64 (34%).
- Those aged under 25 are more likely to sit in the middle when considering their interest in volunteering opportunities (55%) compared to those aged 25-34 (15%) and 35-44 (23%)
- Meeting friends and new people is more important to those aged 55-64 (91%) than those aged 65+ (63%)
- Day opportunities being held in a building e.g a day centre with a choice of activities and food and drinks available is more important to those aged 25-34 (78%) than those aged 35-44 (54%) and aged 45-54 (51%).
- Those aged 35-44 are more likely to find day opportunities being out in the community to be more unimportant than those aged 55-64 (10%)
- Things that could help health e.g exercise, cooking and relaxation is more important to those whose sexual orientation is gay, lesbian, bisexual or other (84%) than those who are straight/heterosexual (61%)
- Those with an 'other' disability are more likely to find activities that help them do more things for themselves unimportant (19%) compared to those with no disability (0%)
- 'Activities that could help me into work and employment' is more unimportant to those with a physical/mobility disability (77%) than those with a mental health/learning/neurological disability (58%) and those with no disability (47%)
- Meeting friends and new people is more important to those with no disability (86%) than those with sensory impairment (visual/hearing/speech) (60%)
- Day opportunities that are out in the community is a very important aspect to those with no disability (63% compared to 43% overall)
- Those in the ethnicity category 'all other minority ethnic' are more likely to find 'activities and services that could help me into education and training' important (73%) and 'activities that could help me into work and employment'

important (70%) compared to those who are White British (29% and 22% respectively)

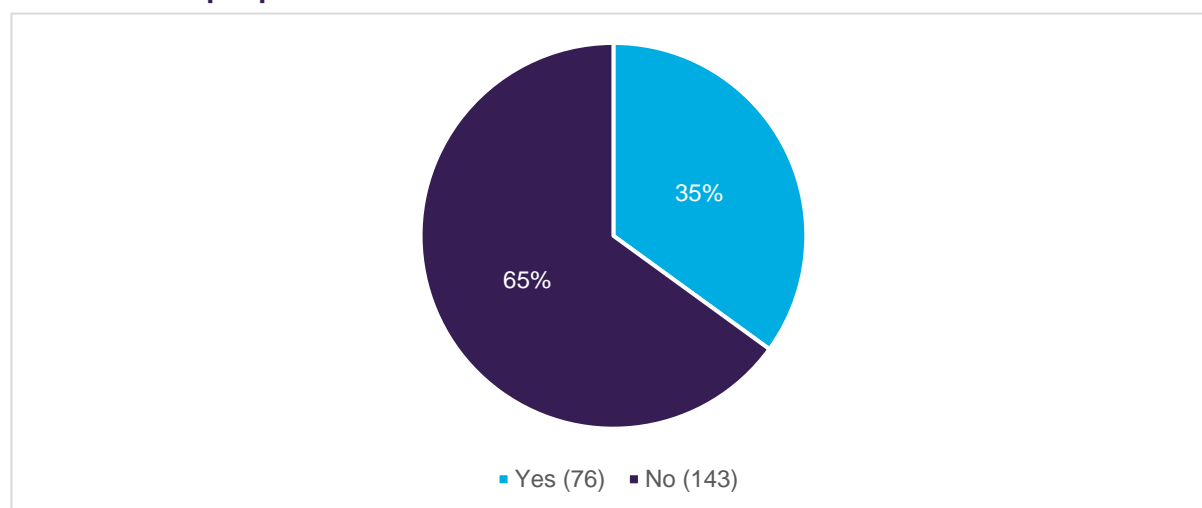
- Those who have no religious belief are more likely to find 'activities and services that could help me into education and training' more unimportant (58%) compared to those who are Christian (39%)

2.14 Digital/online access

The final section of the survey asked questions relating to use of technology to access day opportunities online.

Slightly more than a third (35%) of respondents have used online video calls to access some of their day opportunity or contact others, whilst just under two-thirds (65%) have not.

Figure 17: Have you used online video calls to get some of your day opportunity or to contact other people?



Base: 219

2.14.1 Differences by protected characteristics

There were no significant differences between any of the protected characteristic groups.

The survey asked those who said they have used online video calls to get some of their day opportunities or to contact other people, to tell us what they thought of using video calls. There were 64 responses to this question with many respondents describing positive experiences with online video calls. (Note that responses that simply said 'no' were removed).

Table 14: Thoughts on using online video calls

Positive comments	30
General comments	13
Negative comments	8
Positive but prefer face-to-face interaction	6
Cautionary use	4
Vague comments	3

'Positive comments' was the largest category with 30 responses. Most of these comments related to positive experiences during Covid, particularly lockdown periods where they used the online calls to connect with family and friends.

Great during Covid



I have had to use over Covid for CMHT. It now [feels] ok and I'm used to it. It has [allowed] me to still have support when I could have been isolated I don't go to anything now. My carer has tried to find places for me, but hasn't been able to

We used the [service] Zoom sessions during lockdown, it saved the day. Both for client and carer, it gave structure to the days and weeks, opportunity to see and hear people from the centre, and for the carer to join in

It was funny to talk with friends

I enjoy the [Zoom calls] (speaking with family)

23 respondents said it was a positive experience using online video calls but they preferred face-to-face interactions:



[It's] alright in extreme [circumstances] but not a patch on face to face contact

It was fun and [kept] us connected throughout the pandemic, but meeting in person away from the home helps my independence. [Although] it is great for people who have difficulty leaving their homes

One provider created an imaginative programme of on-line calls and activities during covid lockdown. This was very good for the first lockdown period given that there was such a need to maintain continuity of activities and peer relationships for everyone. This worked less well during other phases of lockdown and our son could not engage with it at all. For people with a learning disability face to face contact is very important and on-line activity should not be seen as a (cheaper) substitute

8 respondents said they had a negative experience using online video calls:



They are not a good replacement. Some personalities take over and those quieter people get left out or lost. Also, this does not give my parent/carer a break as they have to sit and help me as I cannot access on my own. Sometimes the calls make me cross because I don't get to participate like everyone else

In lockdown I used Zoom but did not get on with it as the interaction is not the same experience as when with a group of people together in a room

Looking at a screen triggers seizures so although this is Covid-safe it is not a good option

It's not really convenient and I didn't enjoy it

4 respondents said that online video calls should be used with caution or found it to be a bit difficult to use:



For some individuals they are fun to use but cannot and should not be deemed a service. They should never be considered a substitute for face-to-face interaction for our client group. They can reinforce an individual's feeling of isolation and can be [very] difficult for those without verbal communication skills or those with perceptual limitations. For many on hand support is also necessary to assist them to use technology and ensure there is continuity during online sessions.

Good, especially in lockdown. Timetable of activities allows choice and flexibility - saves travel time and cost. Less person-centred. Good for activities but can be hard to balance group with individual need. Good as part but not [whole of] a package

A bit tricky with large group

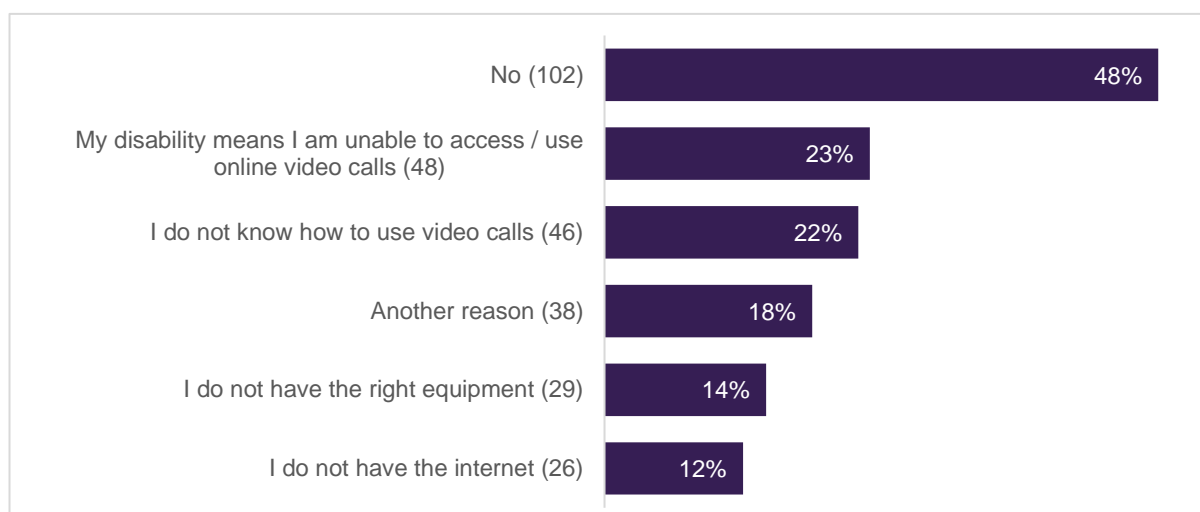
A little hectic

Respondents were then asked about any barriers meaning they cannot access online video calls.

Just under half (48%) of respondents do not have anything stopping them from using online video calls like Zoom. Just under a quarter cannot use online video calls because of their disability (23%) and because they do not know how to use them

(22%). Just over 1 in 10 do not have the right equipment (14%) or do not have internet access (12%). Nearly a fifth (18%) have another reason.

Figure 18: Is there anything that means you cannot use online video calls, like Zoom?



Base: 212

2.14.2 Differences by protected characteristics

- Those aged 65+ are more likely to have 'another reason' for not using online video calls (32%) compared to those aged 35-44 (11%)
- Respondents who do not have a disability are more likely to have nothing stopping them from using online video calls (70%) compared to all other types of disability
- Those who are Christian are more likely to not know how to use video calls (32%) compared to those who have no religious belief (9%)

The survey asked those who said they have 'another reason' for not using online video calls to explain what they are. There were 35 responses to this question with many respondents saying they would need technological support to use online video calls or that they were not interested in using this method to interact with others.

Table 15: Other reasons for not using online video calls

Need technological support	11
Not interested	10
Prefer face-to-face interaction	5
Health and wellbeing	3
Cost	2
Limitations of disability	2
Age	1
Other	1

'Need technological support' was the largest category with 11 responses. Most of these comments related to needing help using the equipment needed to use online calls:

We all need a tablet (e.g. iPad) please. That would be a dream come true



I can only use the Zoom service when my family carer switches my Ipad on

My tablet I use is old and doesn't have the up to date software to download new applications

I need support to connect etc. We have the equipment/WiFi but it is too complicated to use on my own

10 respondents said they were not interested in using online video calls:



Don't want to and don't like being on video

This is not something I would ever want to do. Anything online does not interest me

I do not like it

2.14.3 Support needed

The survey asked respondents what support they would need if they could not use online video calls. There were 72 responses to this question with many respondents saying they would need specialist support from someone to use the software or technological support or equipment which they did not already have or needed upgrading.

Table 16: Support needed without online video calls

Specialist support	25
Technological support/equipment	14
Not interested	11
Can't use due to disability	7
Not applicable	6
Prefer face-to-face interaction	3
General	2
Other	2
Don't know	1
Multiple types of support	1

'Specialist support' was the largest category with 25 responses. Most of these comments related to needing help from a carer or another form of in-person support:

Need physical support and 1:1 help to stay focussed and online sessions have not worked in the past

Full support, to ensure safety



Everything from provision of equipment at low cost, including internet connection to tuition as to how to use it. Some would not be able to cope even with all this provided

Actual physical sessions

'Technological support/equipment' was the second largest category with 14 responses. Most of these comments related to needing help with the technological side of using online video calls or setting up the necessary equipment:



Need physical support and 1:1 help to stay focussed and online sessions have not worked in the Someone to sit with me, turn on the laptop, log on and access the video call

A member of staff to set this up for me and stay with me to encourage me to interact

I need access to a tablet or a computer at home which I currently don't have

A neighbour or friend to help set it up [the] equipment. A better internet [connection] (not good in this area). [An] easy way to use it

2.14.4 Ideas for using technology more to provide day opportunities

The survey asked respondents if they had any ideas on how we could use technology, like computers, tablets, smart phones, communication aids more in providing day opportunities. There were 102 responses to this question with more than half saying they were not interested in using technology to interact or that they think face-to-face interaction better and healthier.

Table 17: Ideas for using technology to provide day opportunities

Not interested	43
Face-to-face interaction is better/healthier	12
Activities	10
General	9
Online information/communication	7
Technology education	7
Don't know	6
Equipment	6
Concerns	2

'Not interested' was the largest category with 43 responses:



No. I cannot use these things

No. I don't really understand a lot of modern technology

No. I do not want this to be the future of day opportunities

'Face-to-face interaction is better/healthier' was the second largest category with 12 responses. Most of these comments related to the benefits of human interaction including preventing isolation:



NO! I don't want video calls, I like going out and meeting people

Don't think that's a good idea for most learning [disabilities]. [It] can lead to isolation which is a problem already

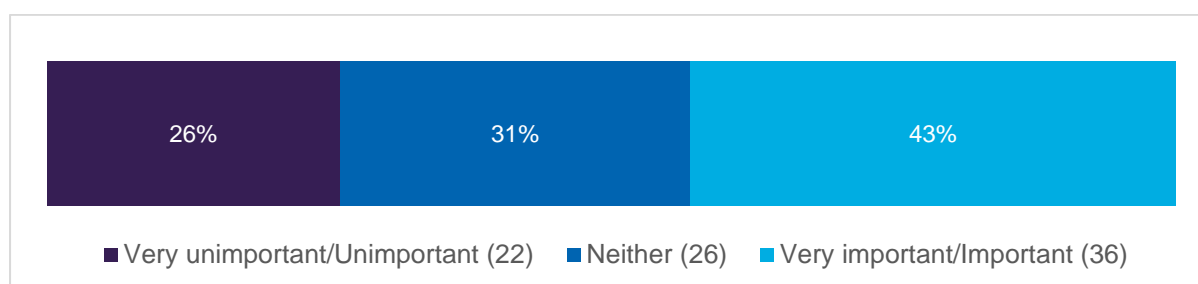
I prefer seeing people face to face. This is important to me

2.14.5 Group 2 – Importance of digital access

The Group 2 survey asked respondents about the importance of digital access for delivery of day opportunities.

Over two-fifths (43%) of Group 2 respondents feel that digital/online access is "very important" or "important" for the future of day opportunities provision. A quarter of Group 2 respondents (26%) do not feel it is important, choosing "very unimportant" or "unimportant". Just under a third (31%) fall in the middle and chose "neither".

Figure 19: How important is the need for digital/online access (e.g. remote sessions via Zoom) for the future of day opportunities provision?



Base: 84

2.15 Other comments

2.15.1 Group 1 – Other comments

Respondents to the Group 1 survey were asked if they would like to say anything else about the day opportunities they use now or in the future. There were 89 additional responses with several themes emerging.

Table 18: Further comments – Group 1

Grateful to service and/or staff	16
Improved services	11
Importance of Day centres	10
Activities	8
Importance of human interaction	5
Volunteering	3
Don't know	3
Criticism	2
General	2
Communications	2
Future engagement process	1
Need support	1

*Please note 'None/Not applicable' has been removed.

The most common theme to emerge was 'grateful to service and/or staff' (16 comments)



I can not praise the staff and the day opportunities I do attend now enough, without them I would be sat in my room at home every day, isolated from the world. I have progressed in my independence, personal skills, confidence, social skills and work skills because of the day opportunities I attend

It provides invaluable respite for carers and families and provides vital social contact for the user

I think the day opportunities are great. I am doing all activities I am interested in

The second most common theme to emerge was 'Improved services' (11 comments)



Access to people with experience, not people, who are trained in something, and process you

[Day centre] is great, but it is so far away. Something in Poole would be best. Somewhere where I can take my carer as I now employ someone all day weekdays. I had to employ someone as my mummy was having to look after me all day every day, and I did not like that

Maybe there is a need for people who speak same language especially if not from England and with dementia reverting back to native language. This can be very difficult

The third most common theme to emerge was 'Importance of Day Centres' (10 comments)

It would be great to have a formal day centre / pop in club that is accessible in the evenings [and weekends, as well as during the day. One that is for people with [learning disabilities] etc rather than expecting the older folk to have to share their days with more special needs

Day Centres must remain a option. I do not want community based activities. When this happened over Covid I almost ended up hospitalised with pneumonia. I can not be outside in the cold damp weather for long periods of time it is not good for my health



It's important to me that I can continue to access day opportunities with animals and out in the community

Being at a Day Centre is important. It is familiar and safe, whilst being out in the community would not meet my needs

2.15.2 Group 2 – Other comments

Respondents to the Group 2 survey were asked if they had any other comments, ideas or information they would like to provide in relation to day opportunities in the BCP Council area. There were 25 additional responses with several themes emerging.

Table 19: Further comments – Group 2

Quality of service	7
Concerns	4
Ideas	4
Service delivery	4
Engagement	3
Collaboration	1
Community care	1
Need a vision	1

The most common theme to emerge was 'quality of service' (7 comments)



I feel it is important to have agreed Day Opportunities Standards and regular quality checks (against those agreed standards)

Increase expectations of what can be offered as a day opp. BCP work with providers, create meetings to bring us together to improve what is offered. As a provider you can feel very isolated. Have a central point which lists day opps. Change the stereotype day centre,

make it a place for the whole community. I would happily put myself forward to help and support a new practice of bringing providers together as well as talking to people that currently use day provision. Lets exceed the expectations of what people can do

Increased staffing would hopefully open up places on existing day opportunities as waiting lists are often long

Some respondents expressed concerns about existing provision (4 comments)

I believe the clients who I work with at present are missing out being in one room. They will soon have the opportunity to move around more but some will not cope with the largeness of the centre. But we need to see before I can comment. But we were a [specialist] centre and so much has changed for them and I do not believe in the new programme our clients' needs will be met. We used to go out daily and now I think maybe if they are lucky to get on a swimming group once a week. Then next year for sailing. We meet individual needs and if they really do not want to do something they are encouraged to do something else. We used to choose daily what they want to do, now we have a twelve-week programme. I do think the size of some of the sessions will upset some clients who do not cope with noise. Also, we only had a few rooms and some of the clients only ever went into two [rooms]



I think it is important to reiterate the need for our service base to reopen for the people we support and those who are waiting to return and future clients. We are currently mixing a generic service with a specialist service which I feel is personally going backwards rather than forwards. The points raised previously around the need for our clients to have the safe space is [removed] our biggest concern

It is important to remember that people with different needs and ages need different stimuli and activities so a "one size fits all" approach for people with physical or intellectual disabilities won't be the same as older people. Forcing them together to do the same activities will lead to boredom and people dropping out of any day service. Young people (20-40 years of age) still want to do dynamic things that interest them, not always arts & crafts or flower arranging!

There seems to be a definite lack of facilities and options for disabled and elderly people. Don't assume everyone can use digital technology or wants to. Some individuals have no next of kin or carers to help them navigate the complexities of accessing services and those who are self-funding are penalised a little practical help is offered

2.16 Group 2- Considering equalities and human rights

BCP Council has a duty to take into account the impact of their decisions on human rights and protected groups (age, disability, sex/gender, gender reassignment, marriage and civil partnerships, pregnancy, maternity, race religion or belief, and sexual orientation) as defined under the Equality Act 2010.

Group 2 Respondents were asked if there is anything about the current provision of day opportunities in the BCP Council area that they think is unfair or discriminatory to any of the protected groups listed above. There were 17 responses with several themes emerging.

Table 20: Comments on equalities and human rights

Facilities	5
Clients	3
Quality of service	3
Communication	2
Positive	1
Staff	1

The most common theme to emerge was 'facilities' (5 comments)



Ensuring that the core & essential service standards for supporting people with profound and multiple learning disabilities, which [day centre] was based on are being adhered to now and in the future. The centres that have stay closed offered specialist care with staff that had a specialist skillset to meet people's complex needs. Relationships and communication between staff and people attending will have been built over time and the importance of which should not be overlooked. It is also important that people have sufficient space to move freely and that people's sensory needs are met within the environment. Will there be an equality impact needs assessment and a disability impact assessment? How will people be assessed on the impact of not returning to a familiar environment and staffing team.

People with [learning disabilities] being sent to specific services as they are cheaper even though don't meet needs fully. People with [learning disabilities] being moved from longstanding placement as other is cheaper.

The reliance on needing to be in a designated building and reliance on transport is limiting for physical and mental disabilities like mobility issues and anxiety

3 Respondent profile

Group 1

Age groups		
Under 25	21	10%
25 - 34 years	41	19%
35 - 44 years	48	22%
45 - 54 years	38	17%
55 - 64 years	32	15%
65+ years	40	18%
Sex		
Female	106	49%
Male	112	51%
Sexual orientation		
Straight / heterosexual	138	73%
Gay / Lesbian / Bisexual / other	52	27%
Disability type		
Sensory impairment (visual / hearing / speech)	25	13%
Physical / mobility	50	26%
Mental health / learning / neurological	148	76%
Other disability	16	8%
None	37	19%
Ethnicity		
White British	204	95%
All minority ethnic	11	5%
Religion		
No religion	72	40%
Christian	110	60%
Other religions	-	-

The survey also asked if respondents' gender identity is different to their sex assigned at birth and if they had previously served in the Armed Forces. The number of respondents in these categories did not meet the threshold for reporting.

Group 2

In what part of the health and social care sector do you work?

Council Commissioned Provider or staff member	15	19%
Independent Provider or staff member	20	25%
Dorset Healthcare	4	5%
NHS Dorset	2	2%
Education Professional / SEND	3	4%
Voluntary or Community Sector Organisation	13	16%
BCP Council	18	22%
Other (please specify below)	6	7%

BCP Council Day Opportunities Strategy Priorities



1. Transport

A key finding from the view seeking engagement was issues around access to services via available/accessible transport.

Of those returning surveys, 27% travel by car requiring support from a family member or carer. 21% require a council funded taxi or mini-bus provided by the council or the service. 19% rely on public transport to access their day opportunity. 14% pay for a taxi themselves and only 8% walk and 2% cycle.

31% do not have support to access their services and do this independently; 24% require a family member or family carer; 39% require a paid member of staff or carer. The lack of fleet vehicles and escorts available to transport people to day opportunities is reported as a barrier to access of services by referring teams. Similarly, the lack of being able to use a free bus pass before 9.30am and reliance on taxis which are not always available at peak times (similar to school access times) is an issue.

Comments included in regard to 'Is there anything that makes it more difficult for you to use day opportunities?':

I cannot use public transport so love the fact that my club takes me on their mini bus

I could not get there without support taking me because it would take 2 buses and it would be too confusing

Only if staff are able to take me

Our son is dependent on us to transport him to and from his day opportunities.

Transport!

By car - but I don't drive, my partner is elderly and doesn't always have the opportunity to drive me. I cannot access the council accessible mini bus at short notice - when that happens I have to forgo my sessions

I pay for taxi through financial assessment contribution

Not sufficient and/ or insufficient consideration as to how the individual is to get there and back i.e. provision of transport. Taxis may not be feasible as well as the cost.

Provide transport to all. As I am CHC funded and don't have a social worker I am not allowed to use transport. Frankly this is discriminating against more disabled people.

What will we do?

Proposal	Do you agree with this proposal?		
<u>Transport 1</u> : Implementation of a travel training programme for adults with disabilities linking with existing children and young people's schemes.	Agree 80.95%	Disagree 0.00%	Need more information 19.05%
<u>Transport 2</u> : Consider a 'car pool' voluntary scheme to assist people to access their services.	Agree 72.73%	Disagree 0.00%	Need more information 27.27%
<u>Transport 3</u> : Creation of more local services for local people (see micro-provision section below), to reduce dependency on unpaid/paid support to services and increase independent travel.	Agree 68.18%	Disagree 0.00%	Need more information 31.82%



2. Cost/Eligibility of Day Opportunities

Of those returning surveys 50% had their day opportunity paid for by the council/NHS. 15% were self-funding. The costs of day opportunities vary greatly and feedback from survey and engagement sessions would suggest people would like to do more, but cost can be prohibitive.

Comments included:

I would like to come more than one day but I can't because of cost

Cost is prohibitive in doing none as self-funding

Cost

Reduced funding means I get less days

Animal therapy is very important for individuals with autism and mental health a lot more services that don't cost over £60 to attend would be useful

I love all my day opportunities they all offer a wide range of different activities, learning skills, voluntary tasks and outings, I gain personal and social skills from attending. Unfortunately, some will be ending soon due to my age and completely the time scale offered for some of the opportunities. Due to lack of funding and cost of living presently I will be limited to new opportunities in the near future, which I'm sad about

Our son uses Direct Payments and it appears to us that BCP takes a hands off approach in these circumstances. This is not always appropriate and it feels as though the market for independent providers needs to be stimulated to improve the range of activities and providers available. Carers cannot be expected to do this. It also appears that the level of funding made available to individuals is dependent on where you live. These differences should be aligned now that BCP is one council

What will we do?

Proposal	Do you agree with this proposal?		
<u>Cost 1:</u> Consider a framework of charges for day opportunities in order to be more consistent across services and provide more clarity to those using services. This would also enable annual uplifts of services to be applied to all rather than individually as is currently the case.	Agree 71.43%	Disagree 0.00%	Need more information 28.57%
<u>Cost 2:</u> Review eligibility criteria based on needs to accessing day opportunities to ensure those who require day support can access it. See below re: review of information about day opportunities so these are clear to those using services, their carers and practitioners.	Agree 85.71%	Disagree 0.00%	Need more information 14.29%
<u>Cost 3:</u> Review Personal Budget access to make this process more accessible and increase direct payments take up.	Agree 100%	Disagree 0.00%	Need more information 0.00%



3. Supported Employment/Sheltered Work Opportunities Review

Most people do not associate day opportunities with finding work. Only 30% of those surveyed said it was important for day opportunities to be a place where I can learn skills to find a job. 34% said it was important that I can take part in education and training courses at my day opportunity. 25% were interested in activities that could help me into work or employment. 30% were interested in volunteering opportunities.

The current offer from BCP Council is limited and this is reflected in ASCOF (Adult Social Care Outcomes Framework) figures for those with a learning disability in paid employment in the BCP area being lower than the national average for England. Of the 6 current projects funded by BCP Council, 4 have long standing service level agreements that over time have effectively become grants. The outcomes for those engaging in 3 of 4 of these projects are significant in terms of benefits to mental health and wellbeing but limited in terms of gaining access and skills necessary for sustained employment.

What will we do?

Proposal	Do you agree with this proposal?		
<u>Supported Employment 1</u> : It is proposed to review the current supported employment offer in relation to an internal service review of supported employment in June 2020.	Agree 54.55%	Disagree 0.00%	Need more information 45.45%
<u>Supported Employment 2</u> : Review current contractual arrangements with the 6 providers of supported employment/sheltered work opportunities.	Agree 77.27%	Disagree 0.00%	Need more information 22.73%
<u>Supported Employment 3</u> : Identify best model of targeted support for those who wish to gain skills for employment and consider procurement exercise to deliver this service.	Agree 68.18%	Disagree 0.00%	Need more information 31.82%

Supported Employment 4: Work with BCP Council's communities' team to enhance the accessibility, choice and diversity of volunteering opportunities across BCP in line with Empowering Communities BCP Council's Voluntary and Community Sector and Volunteering Strategy 2021-24.	Agree 66.67%	Disagree 0.00%	Need more information 33.33%
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4. Day Opportunities Provision

From those who responded to the survey, 59% felt it was important to have the choice of using different day opportunities. 55% said it was important to attend a day service building rather than meet in the community and 63% said it was important for day opportunities to be in a building where there was the availability of food and drink. 88% of those using services agreed that they liked the current times day opportunities are open (tend to be day times on weekdays). This appears to correlate with 61% saying attending a day opportunity gives their carer a break. Only 25% would like day opportunities available in the evenings, 26% at weekends and 24% during bank holidays.

53% said how close the day opportunity was to them was important and 85% felt it was important to be able to use day opportunities to meet friends and make new ones. There were many positive comments about current services and the mental health and wellbeing benefits of attendance, in addition to learning greater independence skills and providing carers with a break. Interestingly, 59% of people wanted to meet people the same age as themselves and 62% wanted to meet people with the same interests. 21% wanted to meet with a larger group of people (over 10) whereas 35% wanted to meet with a smaller group of people (under 10).

Comments included:

The day opportunity I have gives the family a break and the user gets to do something they enjoy with a group of similarly aged people with similar needs

I really like the staff and other clients at my day centre. I feel happy and safe there

I like what day opportunities I have now and I do not want them to change. I like what I do, the people I am with. They know how to support me with my health needs. They know my family well. I need consistency to help me feel safe and happy, this is all I have known

It helped me build my confidence back up. I feel less isolated. It's really beneficial to me

I want there to be somewhere safe to go, with fully accessible facilities that my family know I will be looked after. Community activities should be a bonus - they often don't have changing places toilets, hoists, medically trained people, disabled parking . I don't want to see the council take the cheap option

I can not praise the staff and the day opportunities I do attend now enough, without them I would be sat in my room at home every day, isolated from the world. I have progressed in my independence, personal skills, confidence, social skills and work skills because of the day opportunities I attend

35% of people had used digital technology to access a day opportunity and 48% of people said there were no barriers to their access to day opportunities through digital technology. In the comments there was a very mixed opinion of use of digital technology for day opportunities with some really valuing this availability especially during Covid-19 lockdown periods and others very much against it with a general feeling that this does not compare to face-to-face support and interaction.

Comments included:

I prefer to have activities outside of my home so that I feel a purpose in my day. Extra screen time to replace contact services is not an enhancement to my mental or physical well being

NO! I don't want video calls, I like going out and meeting people.

Please don't stop them. Life is hard enough for me and my carer as it is. I do not want real life replaced by a video call - it would not be good for my physical or mental health

Really enjoyed it when used Zoom to do activities

Good, especially in lockdown. Timetable of activities allows choice and flexibility - saves travel time and cost. Less person centred. Good for

activities but can be hard to balance group with individual need. Good as part but not whole of a package

I have used gym sessions on Zoom. I enjoy these and also follow martial arts training sessions on Zoom

It is not inclusive of everyone. If you are quieter you can get overlooked. If someone is loud they can end up taking over. This does not give the parent carer a break as they have to support their child/adult to be able to log on and stay engaged. It was good during Covid but this is not and should not be considered as a replacement of a day opportunity

What will we do?

Proposal	Do you agree with this proposal?		
<u>Day Opportunity Provision 1</u> : Look to enhance the day opportunity offer with a blended approach of day opportunity buildings and community organisations.	Agree 92.86%	Disagree 0.00%	Need more information 7.14%
<u>Day Opportunity Provision 2</u> : Investigate investment in micro-providers to encourage a range of local, smaller services for specific needs such as autism and mental health.	Agree 92.86%	Disagree 0.00%	Need more information 7.14%
<u>Day Opportunity Provision 3</u> : Day opportunity offer to cater for those with complex needs who do need a building base for essentials such as personal care, eating and drinking and personal safety e.g., older people with dementia, people with complex physical, learning or behavioural needs.	Agree 100.00%	Disagree 0.00%	Need more information 0.00%
<u>Day Opportunity Provision 4</u> : Larger building-based day opportunities to provide a community hub for access to all for activities/sessions.	Agree 66.67%	Disagree 6.67%	Need more information 26.67%
<u>Day Opportunity Provision 5</u> : Encourage a digital provision of day opportunities where appropriate, but being mindful of the needs and benefits of people being able to meet others face to face.	Agree 73.33%	Disagree 13.33%	Need more information 13.33%

<u>Day Opportunity Provision 6</u> : For those in transition to adult services (up to 25 years of age) there is concern about age requirements for services and provision of services as an adult. Link with Preparing for Adulthood project to bridge this gap.	Agree 86.67%	Disagree 0.00%	Need more information 13.33%
<u>Day Opportunity Provision 7</u> : *Reallocate money within budget to achieve a blended approach of day opportunity buildings and community organisations provision and the priorities agreed in the strategy.	Agree 23.08%	Disagree 0.00%	Need more information 76.92%

*This poll was taken at a meeting on 7 February 2023 with information shared on the day about the costs of different types of day opportunities, the available budget and savings that need to be made over the next two years. It will need more time for everyone to fully understand and discuss but is a proposal we must take through as we have to work within the budget we have.



5. Accessible Information

There was a mixed response to options around accessible information on day opportunities with online, newsletter, hard copy list in libraries, word of mouth, display in existing day opportunities, social worker knowledge, email etc. all cited.

What will we do?

Proposal	Do you agree with this proposal?		
<u>Accessible Information 1</u> : Work with Information and Advice Team to list current day opportunities available in an accessible format on Adult Social Care BCP Council web pages (replaced My Life, My Care website from 31 December 2022).	Agree 78.57%	Disagree 0.00%	Need more information 21.43%
<u>Accessible Information 2</u> : Consider availability of up to date, online information about day opportunities e.g., session availability, costs, activities offered etc. that providers can access to keep up to date and users can	Agree 92.86%	Disagree 0.00%	Need more information 7.14%

access to be able to contact day opportunities directly.			
<u>Accessible Information 3</u> : Introduce a regular newsletter detailing day opportunities and available in day services, local libraries, community centres etc.	Agree 85.71%	Disagree 0.00%	Need more information 14.29%



6. Day Opportunity Standards/Support

There is currently no set of day opportunities standards agreed by all providers and monitoring across services is not consistent. There is also no forum for providers to come together and discuss any issues, ideas and network.

What will we do?

Proposal	Do you agree with this proposal?		
<u>Day Opportunities Support 1</u> : Agree a charter of standards for all day opportunities to sign up to.	Agree 71.43%	Disagree 0.00%	Need more information 28.57%
<u>Day Opportunities Support 2</u> : Set up a forum for day opportunity providers to meet regularly and be updated of council initiatives, joint working arrangements and be able to network with other providers.	Agree 100.00%	Disagree 0.00%	Need more information 0.00%
<u>Day Opportunities Support 3</u> : Review monitoring/self-evaluation of services to give users and providers confidence in the quality of services.	Agree 100.00%	Disagree 0.00%	Need more information 0.00%
<u>Day Opportunities Support 4</u> : Re-introduction of quality checkers visits to services to be considered.	Agree 92.31%	Disagree 0.00%	Need more information 7.69%

Day Opportunities Support 5: Recording of day opportunities and supported employment schemes within integrated system of Mosaic to be reviewed so data is accessible about provision. Work with Information Governance team and practitioners to ensure input of information is accurate and provides evidence of outcomes for individuals.	Agree 83.33%	Disagree 0.00%	Need more information 16.67%
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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Tricuro Update
Meeting date	6 March 2023
Status	Public Report
Executive summary	This report provides information to members of the Committee on the position of Tricuro in respect of the management and shareholder arrangements.
Recommendations	<p>It is RECOMMENDED that:</p> <p>a. Members note and comment on the report</p>
Reason for recommendations	To ensure members of the committee are informed on the contractual and shareholder arrangements and receive an update on current activity.

Portfolio Holder(s):	Cllr Karen Rampton, Portfolio Holder for People and Homes
Corporate Director	Graham Farrant, Chief Executive
Report Authors	Phil Hornsby, Director of Commissioning for People
Wards	Council-wide
Classification	For Information

Background

1. Tricuro, the Local Authority Trading Company (LATC) originally wholly owned by the three local authorities (Borough of Poole, Bournemouth Borough Council and Dorset County Council) was successfully launched in July 2015. Unlike a private company, the 3 councils held 100 per cent of the shares in Tricuro and retained strategic control through an Executive Shareholder Group (ESG). This group was made up of elected members from all three councils who ensured that the Councils set strategic objectives for the company, received reports on progress against the Business Plan, service and quality performance, the review of future service developments and new business opportunities.
2. The three authorities transferred several in-house services to Tricuro with transferred employees retaining their existing terms and conditions.
3. When BCP Council and Dorset Council were formed in 2019, Tricuro's shares were split equally between the two councils and both have equal numbers of elected members on the ESG. Following a decision by Dorset Council to establish a new Dorset LATC, wholly owned by themselves, the services operating in the Dorset Council geographical area were transferred to a new company, Care Dorset, on 3 October 2022.
4. Discussion between the two councils relating to the transfer of Dorset Council's share in Tricuro are ongoing with the expectation of both parties that this will be concluded at the earliest opportunity, leaving BCP Council wholly owning Tricuro.
5. Tricuro continues to operate successfully in the BCP area and is working closely with the council and partners to enhance and develop its offer.
6. During the Covid 19 pandemic and the ongoing pressures within the local health and care system, Tricuro services have supported the discharge of patients from hospital, providing short- and longer-term care through the reablement service and its care homes. They also adopted new, innovative ways of supporting people in their own homes and communities when day centres were forced to close during the pandemic lockdowns and have continued to do so for some.
7. Workforce recruitment and retention is probably the biggest challenge facing care providers and Tricuro is not immune to that challenge. However, through a refreshed recruitment strategy, the company is successfully utilising apprenticeships, development opportunities and a strong training offer to bring in new staff.
8. Tricuro provide a significant proportion of day services to adults, through several day centres and groups within the community. They have actively engaged in the day

opportunities review to inform the future strategy, which will be co-produced with people who draw on services and their carers.

9. A great deal of work has been undertaken by Tricuro's Directors and managers to strengthen quality assurance, clearer financial budgeting and reporting plus ongoing modernisation of technology that support the business of the company.

Summary of financial implications

10. The contractual arrangements between BCP Council and Tricuro have a value of £19.3 million in 2022/2023.
11. As part of the council's Medium Term Financial Plan, efficiencies and savings have been delivered by the company and further efficiencies are expected as their modernisation programme progresses.

Summary of legal implications

12. The relationship with Tricuro is underpinned by two forms of legal agreement; the services contracts held with the company for the delivery of services and the Shareholder Agreement.

Summary of human resources implications

13. None.

Summary of sustainability impact

14. None.

Summary of public health implications

15. None.

Summary of equality implications

16. Tricuro provides a range of services to vulnerable adults with a wide range of conditions and these have a positive impact on their lives.

Appendices

There are no appendices to this report.

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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	BCP Council Adult Social Care Market Sustainability Plan
Meeting date	6 March 2023
Status	Public Report
Executive summary	<p>Since the last update to Members and in line with government requirements, working with an independent organisation, officers have completed and returned the Fair Cost of Care exercises for both 65+ care homes and 18+ domiciliary care provision to government.</p> <p>The results of both exercises identified that the Council framework rates for 18+ domiciliary care were below the median average and benchmark rates from the exercise, but that the Council was already paying above average rates when spot purchasing residential care placements.</p> <p>Consequently, the funding from government to support a move towards a Fair Cost of Care has been targeted towards supporting people at home, rather than increasing residential care fees.</p> <p>In addition, a draft Market Sustainability Plan has been produced, which was submitted in October 2022 as required. The plan includes work planned or underway across Adult Social Care Commissioning to help reduce the reliance on long term care, as well as action underway to support the local care sector with recruitment, skills development, and fees.</p> <p>Provider engagement workshops are planned for 21 and 22 February after which a final version of the plan will be produced for publication by 27 March in accordance with government requirements.</p>
Recommendations	<p>It is RECOMMENDED that:</p> <p>Members scrutinise the draft Market Sustainability Plan, ahead of final amendments and publication, and the findings in the wider report.</p>
Reason for recommendations	To provide Committee Members an opportunity to inform the shaping of the Council's Market Sustainability Plan ahead of publication in March.

Portfolio Holder(s):	Cllr Karen Rampton Portfolio holder for People and Homes
Corporate Director	Phil Hornsby – Director of Commissioning for People
Report Authors	Jonathan O'Connell – Interim Director ASC – Commissioning Zena Dighton – Head of Strategic Commissioning - Long Term Conditions
Wards	Council-wide
Classification	For Recommendation

Background

1. National Policy

In December 2021 the Department of Health and Social Care published a white paper, [People at the Heart of Care](#), that outlined a 10 year vision that puts personalised care and support at the heart of adult social care, ensuring that people:

- Have the choice, control and support they need to live independent lives
- Can access outstanding quality and tailored care and support
- Find adult social care fair and accessible

A [fund was announced on 16 December 2021](#). The primary purpose of the fund was to support local authorities to prepare their markets for reform, including the further commencement of Section 18(3) of the Care Act 2014 in October 2023.

Section 18(3) refers to the proposed 'Cap on Care' which, following the 2022 Autumn Statement, has been postponed until October 2025.

Each local authority was required to undertake a Fair Cost of Care (FCoC) exercise by October 2022 and submit the findings to the Department of Health and Social Care (DHSC).

Local authorities were also required to develop and submit a provisional Market Sustainability Plan by October, which was to be followed by a final version once local government budgets for 2023 to 2024 had been confirmed.

Each local authority received a Market Sustainability Grant in the second half of 2022/23 to help improve sustainability of the 65+ care home and 18+ domiciliary care markets by increasing fees.

25% of the grant could also be used to undertake the cost of care exercises, developing the Market Sustainability Plan, and strengthening commissioning and contract arrangements to increase provider oversight and to ensure poor market practices are being addressed.

Local authorities are expected to use at least 75% of allocated funding in 2022 to 2023 to increase fee rates paid to providers in scope, where necessary, and beyond pressures funded by the Local Government Finance Settlement 2022 to 2023.

Ongoing funding for 2023/24 has been confirmed within the Local Government Finance Settlement announced in December 2022.

Market Sustainability Plans are required to:

- Assess and demonstrate how LAs will ensure local care markets are sustainable
- Assess the impact current fee rates are having on the market and the potential future risks to enable local authorities to inform mitigating actions (including how much they will need to increase fee rates over the three-year Spending Review period)
- Consider the impact of further commencement of how sustainability of the 65+ care home and 18+ domiciliary care market can be improved.
- Demonstrate links to other strategic documents, e.g., Market Position Statement and demonstrate how they have worked with local providers to develop the plan.

2. Fair Cost of Care Exercise

BCP Council commissioned Valuing Care, an independent management consultancy that specialise in analysing and negotiating care rates across health and social care, to undertake both 65+ care homes and 18 + domiciliary care exercises. Valuing Care have completed more than 50 cost of care reviews across UK, which meant they could benchmark local results with findings from other areas.

Both reports (referred to as Annexe B reports) were submitted to the Department of Health and Social Care in October 2022. They have since been accepted by Government, with no requirements to amend. Both reports were [published](#) by BCP Council on 1 Feb 2023, in accordance with government requirements.

The FCoC exercise relied on providers submitting information about their own costs over an agreed period. The requirement was to then use the median average of results to produce a FCoC as at Oct 2022. The funding from Government was provided to ensure that local authorities were able to 'move towards' paying a FCoC over the next 3 years.

For the 18+ domiciliary care market, the FCoC exercise identified a median weighted hourly rate of £24.36phr. The comparable weighted hourly rate from the benchmark is £22.54phr. The BCP weighted average hourly rate for the LTC framework for 2022/23 prior to funding was £21.59phr.

Most residential care placements are purchased on a spot basis. In 2022/23 BCP Council uplifted its published rates introducing new fee bandings. However, BCP Council is reliant on providers accepting these rates, or negotiating the best rate possible when brokering care.

The findings of the FCoC exercise for 65+ care homes suggested that the difference between BCP published banding rates and the FCoC benchmark results were relatively small, but that current purchasing rates were significantly above what the fees should be. Consequently, BCP Council is already paying a more than a fair price for care in the majority of new placements made.

Given the outcome of both exercises, the funding received for 2022/23 was used to uplift the 18+ domiciliary care framework. This increased the weighted average to £22.28phr, supporting the move towards the FCoC. The grant was also used to uplift rates within the council's learning disability and autism care and support framework and some Extra Care Housing schemes that were aligned to framework rates.

Whilst not a requirement of government, BCP Council is currently engaging Valuing Care to carry out similar cost of care exercises for the following services:

- supported living
- 18-65 years care homes
- extra care housing

The findings from all cost of care exercises will be used as part of BCP Council's wider financial assessment arrangements to inform future fee setting for 2023/24, once the Council Budget for 2023/24 has been formally approved.

3. Draft BCP Market Sustainability Plan

A draft Market Sustainability Plan, (referred to as Annexe C) was submitted to Government in October 2022, (Appendix 1). The template for the plan has been developed nationally for local authorities to populate.

As well as an assessment of current supply and services and demand over future years, the plan outlines the work already planned, or underway to develop the right care and support options for people, underpinned by a strengths-based model.

This focuses on supporting people to remain independent and at home for long as possible and reducing reliance long term care through:

- Working with Integrated Care System (ICS) partners regarding intermediate care
- Further development of Extra Care Housing (1,312 units by 2030)
- Transforming Care Technology
- Improved information and advice and further work with the voluntary sector

For people who will need support from either domiciliary or residential care, the plan includes how Adult Social Care Commissioning will work with the market to:

- Commission a new domiciliary care framework during 2023/24
- Continue recruitment campaigns under the 'Proud to care' campaign and work with ICS partners to promote opportunities for career progression and skills development
- Work with the market to review fees using evidence from FCoC exercises, alongside wider market intelligence
- Continue to support with overseas recruitment and opportunities for housing for care workers alongside NHS staff.

Provider workshops have been organised for the 21 and 22 February 2023 to share the draft plan and get comments that can help finalise the plan prior to final publication and submission to government in March.

A revised template has recently been published which officers will use for the final version. The amendments are:

- Section 1 now asks for a revised assessment of the sustainability of the local care market in light of the National Living wage increases and the delay to the charging reform
- Section 2 asks for an updated assessment of the impact of the future market changes between now and October 2025 (due to the charging reform delay)
- Section 3 asks for a summary of how the FCoC funding has been committed and any new fee rate issues. This section also needs to highlight any further development to improve capacity and waiting lists and times.

4. Summary of financial implications

For 2022/23 BCP Council received a Fair Cost of Care and Market Sustainability Grant allocation of £1.181m. In line with the grant conditions, BCP used 25% (£296k) to meet the expectation to conduct a cost of care exercise, engage with providers, strengthen capacity and improve market management and used the additional 75% (£885K) of the funding to genuinely increase fee rates. This was used to uplift framework rates from 1 October 2022-31 March 2023 and allocated as two payments to providers. The first was issued in December and the second is due in March this year.

The Market Sustainability and Improvement Grant for 2023/24 for BCP is £4.097m which includes £1.181m Market Sustainability Grant from last year and £2.916m to support capacity and discharge (to address issues such as discharge delays, social care waiting times, low fee rates and workforce pressures).

The majority of the £1.181m will be used along with inflationary increases agreed within the Council's budget for 2023/24 to revise fees for the market. A proportion of the grant will be retained to continue to support the commissioning, contracting and quality assurance of the market in accordance with the ongoing grant conditions.

5. Summary of legal implications

Work on the FCoC and Market Sustainability Plan has been undertaken in accordance with the Adult Social Care White paper '*People at the Heart of Care*' (2021, updated March 2022) and following national guidance issued in December 2021. Please refer to background papers for further detail.

6. Summary of human resources implications

Not applicable Additional capacity needed/already utilised

7. Summary of sustainability impact

Not required for this update report.

Summary of public health implications

The MSP and grant funding will be used to support people who have eligible care and support needs and need support from the Council.

Summary of equality implications

Not required for the purpose of this report. The key strategies and service developments within the market sustainability plan each have their own specific equality impact assessments, which have followed due process.

Summary of risk assessment

There is an ongoing challenge both nationally and locally to fund and source care to meet the needs of the population. The proposed Market Sustainability Plan and distribution of funding received from Government will mitigate some of this risk, however significant challenges will continue to face BCP Council and other authorities. BCP Council will continue to work with its Integrated Care System partners to address the ongoing challenges faced.

Background papers

1. [People at the Heart of Care](#), adult social care reform white paper (2021, update March 2022)
2. [Market Sustainability and Fair Cost of Care Fund: purpose and conditions 2022 to 2023](#) (Dec 2021)

Appendices

Appendix 1 Draft BCP Council ASC Market Sustainability Plan.



MARKET SUSTANABILITY PLAN

Annexe c

Annex C: Market Sustainability plan template

Formed in April 2019, BCP Council is a new local authority that is home to over 397,000 residents. It comprises of the towns of Bournemouth, Christchurch, and Poole (BCP).

Section 1: Assessment of the current sustainability of local care markets

Assessment of current sustainability of the 65+ care home market

Supply and demand

The Bournemouth, Christchurch, and Poole (BCP) area has a higher proportion of older people than the national average. This applies to both the 65+ and 85+ populations. A current spike of the population in their early 70's will significantly impact on services until approximately 2030.

BCP Council estimates suggest that 13,800 people aged 75+ may have a long-term illness that significantly limits their activities by 2031 this could rise to around 17,000.

75% of all requests for Adult Social Care are for people aged 75+. The most important figures in terms of demand and residential care are the number of people aged 75+ and upwards who need long-term support.

Majority of the providers in the care market in BCP are in the independent sector therefore the number of care homes in BCP do not remain static. The following table shows the fluctuations in Homes and beds available.

Table 1. 65+ Residential Care Bed Capacity (Long Term Conditions only)

Year	Total No. of all Homes	Total No. of all available beds	No. of Residential Homes	No. of Residential Beds	No. of Residential Enhanced Homes	No. of Residential Enhanced beds	No. of Nursing Homes	No. of Nursing beds	No. of Nursing Enhanced Homes	No. of Nursing Enhanced beds
2019/20	99	3566	77	1639	47	899	29	797	14	232
2020/21	102	3588	82	1670	52	910	30	776	15	232
2021/22	99	3563	82	1662	51	917	29	752	15	232

Please note: Totals of the number of homes providing each type of bed do not total to the actual number of homes (second column) because many homes provide more than one type of specialism.

BCP has a total of 220 block beds across 4 homes. 55 of the 220 provide transitional care, (i.e., step up or step down). Bed prices range from £968- £1,541 per week based on 95% occupancy.

For 2020 /2021 the council made 1155 placements:1813 people accessed long term support in the year.

For 2021/2022 the council made 894 placements 1644 people accessed long term support in the year.

Fees

Table 2 below shows the Council's published rates for 65+ residential care since 2020/2021. During 21/22 only 13% of placements were being sourced within published rates. Consequently, as part of the Council's new Care Home Strategy, a new fee banding structure was introduced in April 2022, that better reflected levels of need and local market rates, including supporting people with complex needs through an 'enhanced care' banding.

Table 2. Published rates 2020-23 (Long Term Conditions only)

Year	Residential	Residential enhanced	Nursing	Nursing enhanced
2020/2021	£565	£630	£565	-
2021/2022	£575	£642	£575	-
2022/2023	£607 - £878	£677 - £930	£800 - £1000	£1001 - £1400

Quality

The quality of Homes in BCP are of good standard, with 90% rated Good or Outstanding. 89.9% of BCP funded placements are within homes rated Good or Outstanding.

Workforce

Recruitment continues to be an issue for providers across the sector.

The care sector in BCP is a major contributor to the local economy and employs some 13,000 people. Demand has increased alongside the number of staff working in social care services declining. In 2021 there were, in the BCP area, around 6,000 people employed in care homes, but this has reduced to approximately 5,000 in 2022. Turnover is high, running at 34% per annum in the non-nursing home element and 44% in the nursing home element. These figures rise to 37% and 51% respectively when considered for direct care staff only.

Considerations

- Increasing trend in the challenges in insurance policies especially Homes with a poor CQC (Care Quality Commission) rating.
- Delays in deliveries impacting on services i.e., food products, maintenance parts
- Inward migration levels are high for BCP, i.e. People retiring to the coast who then need services as they age.

Assessment of current sustainability of the 18+ domiciliary care market

Supply and demand

In BCP there are currently (September 2022) 91 CQC registered providers of home care for adults delivering care to 3,864 individuals (all funders) and 8 Providers have not yet been inspected

The Framework was commissioned in 2017 when the demand for home care across Bournemouth and Poole was just over 12,000 hours pw.

Following LGR in 2019 the framework was reopened to increase capacity which allowed for 4 new providers to join the framework, offering an additional 3,400 hours to the framework capacity. Currently over 15,000 hours of long-term care are commissioned from the framework across BCP and a further 5,000 commissioned on the framework by the CCG (Clinical Commissioning Group/ NHS Dorset Integrated Care Board).

A further 2,500 hours are commissioned off-framework. In addition, there is also 2,400 hours of rapid response care.

Despite this high level of commissioned capacity, there is still an unprecedented demand for domiciliary care. Since April 2022 there is an average of 4,420 hours of care on the Care Brokerage waiting list for sourcing.

505,444.5 hours of home care was sourced between 1 January and 31 March 2022.

Although there are 28 Providers on the Framework, due to demand and system pressures BCP are having to source regularly off Framework. There is a significant percentage increase in 1hr calls commissioned off framework, compared to on framework, suggesting some challenges with the framework's current hourly rate.

Table 3. Commissioned packages of care 2022 (Long Term Conditions only)

Duration	Framework pick up	Non framework pick up	Combined
15 mins	2.1%	1.9%	2.1%
30 mins	56.3%	36.9%	54.1%
45 mins	22.3%	13.6 %	21.3%
1hr	19.4%	47.7%	22.6%

The reablement service plays a vital role in supporting people to return home from hospital, regain their independence and prevent hospital admission. The service empowers people to do things for themselves and prevent, delay, or reduce the need for long term care. The reablement service is currently taking on an average of 35 new clients per month with an average of 280 contact hours pw. They are saving approximately 160 hours of long-term care per week.

Fees

The home care framework fees are reviewed annually. BCP Council takes into consideration various factors that may impact the delivery of home care including the change in National Minimum Wage, predictive measures of inflation and other significant changes, for example the increase in NI as well as affordability and value for money overall. There is also consideration of the caseload with framework providers, the structure

of the various appointment durations and the impact on the overall weighted average fee to the provider.

For the financial year 22/23 the Council budgeted for a 5.6% uplift for home care framework rates, a decision was reached to maintain the ¼ hr appointments at £6.47, increase the ½ hr appointments by 5.6%, increase the ¾ hr by 5.6% and increase the 1hr by 6.3%. It was assessed that the 1hr rate was relatively low compared to the shorter appointments and that the ¼ hr appointments rate was relatively high compared to the longer appointments, therefore fee increases were applied accordingly.

Quality

The majority of providers are rated as Good or Outstanding. Over 70% of the packages of care are commissioned with a provider of good or outstanding rating.

Hand backs

Another impact of the increased demand has been the rise in Providers handing back POCs. There have been 120 individual packages of home care 'handed back' to the Council since 01 Aug 2021. Main reasons cited for hand backs are a lack of staff capacity to fulfil care needs and/or unreasonable behaviour from service users or family.

Workforce

Currently there are approximately 3,000 people working in domiciliary care, compared to 5,400 in 2020/21. This represents a 56% reduction in the BCP Council area. In 2021, Skills for Care reported the turnover rate in BCP was 35% for community services.

BCP continues to struggle with the impact of this reduction in capacity:

- High number of hours of care needing to be sourced.
- Increasing number of hand backs from providers
- Pressure in the acute hospitals through high admission rates and flow is slow
- Increase in number of complaints
- Higher number of people going in residential care on an interim basis

Through Proud to Care initiatives, there is ongoing support for recruitment into the home care sector:

- Free e-bike hire for framework providers
- Free parking permits for framework providers
- Pilot funding to 3x framework providers for overseas recruitment
- Free childcare vouchers

Considerations

- Recruitment continues to be a real challenge for home care providers with the impact of Brexit, Covid and the rising cost of living (especially fuel costs and staff struggling to cover costs of energy price increases)
- Despite commissioning additional capacity, the demand is outstripping supply and the domiciliary market is saturated.
- Clients' expectations and demands have increased which is causing more challenge as Providers are regularly handing back POCs when the client starts displaying behaviours that challenge due to their health and social care needs and when clients and their family become verbally abusive and discriminatory towards the care staff

- From 2017-2020 BCP received a higher volume of complaints around homecare that included concerns regarding times of calls, language barriers with care staff, training concerns and consistency of carers

Section 2: Assessment of the impact of future market changes (including funding reform) over the next 1-3 years, for each of the service market

65+ care homes market

Supply and demand

The Fair Cost of Care (FCoC) has provided evidence that the median % occupancy is 79.6% indicating a high level of vacancies. If this is indicative across the whole sector, then it is hard to justify the need for more beds in the BCP area and this is reflected in the Council's 2022-30 Residential Care Home strategy.

BCP currently commissions around 1,100 beds from the market which based on CQC Provider Information Returns in 2021/22, the split is 69% Local Authority purchasing and 31% self-funders.

Using the intelligence gathered from the FCoC exercise, benchmarking data, current purchasing habits and local market intelligence the Council will need to consider different strategies to shape the market to improve sustainability for both the Providers and the Local Authority.

Quality

At 90% of care homes being good or excellent the council needs to continue with the good practice of supporting care homes.

In addition, BCP are in the process of rolling out the Provider Assessment and Market Management Solution (PAMMS), this system is a new digital system which will provide a consistent approach to quality monitoring across the Southwest region.

18+ domiciliary care market

Supply and demand

With approximately 5,000 hrs commissioned off framework (mixture of non-framework and rapid response) the current framework is in need of review and does not meet the demand the council is facing.

The current situation is not sustainable; with more than 4,000 hrs on the waiting list and with limited capacity being generated by the Framework. In addition, reablement and rapid response services are unable to hand off clients who need long term care, which prevents the service taking on new clients.

BCP Council will remodel and re-procure a new domiciliary care framework. In addition, BCP Council will move towards an intermediate care approach with the ICS for home care to prevent and delay the need for big packages of care being commissioned.

Quality

As only 77% of domiciliary care Providers in the BCP area are rated Good or Outstanding, the Council needs to continue and strive to improve the good practice of supporting the home care market to provide good quality care.

Section 3: Plans for each market to address sustainability issues identified, including how fair cost of care funding will be used to address these issues over the next 1 to 3 years

65+ care homes market

The Council has made it clear in its Market Position Statement and Care Home Strategy that it is committed to reducing its reliance on care homes. To achieve this, BCP Council will work as part of the ICS to:

- Continue to work with partners on the Dorset-wide Intermediate Care offer to maintain people in their own home, thereby reducing the number of care home placements.
- To develop, over the next 5 years, Extra Care Housing schemes to achieve the target number of units of 1312 by 2030 and 1577 by 2040
- Transform the Care Technology offer to enable more people to remain safe and independent at home for longer delaying the need for residential care
- Provide better information and advice to people about services that can enable them to stay at home; continue to work with the Voluntary Community Sector (VCS) to help people stay in their own homes and communities for longer.
- Use the outcomes of the FCoC and Government funding to work with providers to agree revised rates over the next 3 years.
- Work with engaged providers to increase occupancy from circa 80% on average at present to 90-95%
- Explore the feasibility of joint workforce Programme with the ICS

Fees

Although BCP Council will work with Providers through engagement and collaboration on agreed fees, because of the findings of FCoC there are indices that will need to be tested and challenged. Care homes in the BCP area are reportedly incurring a relatively high level of expenditure compared with other benchmarked areas. In addition, the low occupancy rates are likely to have increased the unit cost of delivering services, as costs are shared between residents.

18+ domiciliary care market

The current framework does not provide the capacity the ICS needs in line with demand and acuity therefore, to have a robust and sustainable market, a commissioning review and procurement exercise needs to be completed. The new Framework will involve updated modelling, emphasis on geographical working and a reduced number of Providers. Fundamentally all care should be about enablement, maximising people's ability to be independent and the council wishes to build an approach to preventing, where possible, people's need for higher levels of formal care than they might need. Therefore, investment needs to focus on Intermediate Care: rapid response and reablement alongside sufficient capacity to support long-term needs

In addition to address the market sustainability BCP will, under a new home care strategy:

- Commission the new contractual framework
- Scope the potential for Key worker housing
- Explore further overseas recruitment of care staff

- Support recruitment and skills for the home care market through joint working with ICS partners
- Continue with, and further develop the Proud to Care (P2C) incentives

Fees

BCP Council will work with Providers on agreed fees but, because of the findings of FCoC, recognising there are indices that will need to be tested and challenged. Namely, expenditure on back-office staff when combined with head office appears high compared to benchmarking.

Financial impact

BCP Council commissioned Valuing Care to undertake the FCoC exercise for reasons of their expertise in this field and to reduce the risk of bias.

65+ Care home market

The table below compares BCP Council published banding rates with the FCoC results against benchmarking and the current purchasing rate.

The differences between published banding rates and the FCoC results are small but analysis of the current purchasing rate against benchmarking illustrates BCP is paying significantly above what the fees should be. This indicates the BCP current banding rates against benchmark rates are accurate. Therefore, BCP Council will use the FCoC exercise to inform discussions with the market regarding published rates for 2023/24 but does not intend to make in year, but considerations will be given to the rising energy prices if appropriate if the situation acerbates.

Table 4. FCoC Results August 2022

Category	Residential	Residential enhanced	Nursing	Nursing enhanced
BCP current rate	£607-878	£677-930	£800-1000	£1001-1400
FCoC Result	£946	£938	£1205	£1198
FCoC Benchmark	£783	£823	£993	£1037
BCP actual purchasing	£926	£996	£1048	£1115

BCP will need to prepare for Section 18(3) of the 2014 Care Act which allows self-funders to request that their local authority commissions their care. From April 2025 the intent is to “enable more people who fund their own care in care homes to ask their local authority to arrange care on their behalf to secure better value...”¹. The extent to which this will be taken up by private funders is uncertain but consider there is likely to be considerable take-up and further pressure and financial stress on care budgets.

18+ Domiciliary homecare:

The FCoC responses have identified a median weighted hourly rate of £24.36. The comparable weighted hourly rate from the benchmark is £22.54. The BCP actual weighted average hourly rate across all frameworks is £18.53. The highest difference is in the 60

¹ <https://www.gov.uk/government/publications/market-sustainability-and-fair-cost-of-care-fund-2022-to-2023/market-sustainability-and-fair-cost-of-care-fund-purpose-and-conditions-2022-to-2023#fn:1>

minutes appointments approximately £6.50 per hour less across all frameworks. The learning disabilities caseload is more weighted towards the full hour appointments than the long-term conditions caseload.

To adopt the FCoC rate as aspired from the survey responses for the next 6 months would give BCP a cost pressure in excess of £4m or in excess of £8m for a full year effect.

There are indices that need to be explored further that appear as outliers compared to other providers, these include expenditure on back-office staff, business costs and profit contribution which will be considered in BCP fee setting decision.

As BCP Council pays care home fees that are above the benchmark rates, the entire £885k Government fund will be used to review framework rates as part of move towards a fairer rate for home care providers.

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

Updated 24/2/2023

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
1.	Winter Plan (ICS)				Circulated to Committee via email on 24 January 2023
6 March 2023					
2.	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	
3.	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	
4.	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
5.	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
6.	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.
5 June 2023					
7.	Access to GP Practices and waiting times	To receive an update from NHS Dorset	TBC	David Freeman, NHS Dorset	
8.	Healthwatch – Access to Primary Care and Project Plan	To receive an update	TBC	Louise Bate	

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
25 September 2023					
9.	Dentistry Provision	For members to receive an informative update on NHS dentistry provision.	TBC	David Freeman, NHS Dorset	Requested by Committee members at 8 March meeting.
DATE to be allocated					
1.	Update on Housing for Homeless	To enable the Committee to be kept informed	Committee Report	Ben Tomlin	
2.	National Suicide Strategy	To enable the Committee to consider the strategy once published	TBC	Jo O'Connell	Added at Committee on 23/5/22
3.	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.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
4.	Dorset Care Record Update	To enable the Committee to receive an update on the Dorset Care Record	Committee Report	Katie Lacey	TBC – early 2023
5.	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?
6.	Safeguarding Adults Board Annual Report and Business Plan To receive an update on the progress of objectives and the Board's Business Plan	The Committee will be updated on the work undertaken by the BCP Safeguarding Adults Board during the last year as well as the Board's Business Plan. 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.	Committee Report.	Siân Walker Independent Chair, Bournemouth, Christchurch and Poole Safeguarding Adults Board.	Annual standing item; added to Forward Plan in consultation with Corporate Director for Adult Social Care and Chair of the Committee – Next date to be considered - November 2023.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
7.	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
8.	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 'substantial variations to health services' in the Joint Health Scrutiny Protocol.	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
9.	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.
10.	Home First Review Update For the Committee to receive a report on the Home First system.	For the Committee to scrutinise the development and progress since implementation of the full Home First approach across the Dorset Integrated Care System.	Report.	Betty Butlin, Director of Operations Adult Social Care Services.	Requested by Committee at their meeting in March 2022.
Information Briefings – 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.					

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
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		Informal briefing held on 26 January 23
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, Head of Transformation & Integration	(Item has been postponed due to COVID19). Spring/Summer 2023
4.	Dorset Integrated Care Board	Joint Scrutiny Committee with Dorset		TBC	Added in Jan 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
Update Items <p>The following items of information have been requested as updates to the Committee.</p> <p>The Committee may wish to receive these in an alternative to format to Committee updates (e.g. by emailed briefing note outside of the Committee) to reserve capacity in Committee meetings for items of value-added scrutiny.</p>					
None currently requested.					