

Notice of Health and Adult Social Care Overview and Scrutiny Committee



Date: Monday, 25 September 2023 at 6.00 pm

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

Membership:

Chair:

Cllr P Canavan

Vice Chair:

Cllr J Edwards

Cllr H Allen
Cllr L Dedman
Cllr S Carr-Brown

Cllr D Farr
Cllr M Gillett
Cllr C Matthews

Cllr J Richardson
Cllr J Salmon
Cllr P Slade

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

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

<https://democracy.bcpCouncil.gov.uk/ieListDocuments.aspx?MIId=5582>

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

15 September 2023

**DEBATE
NOT HATE**



Available online and
on the Mod.gov app

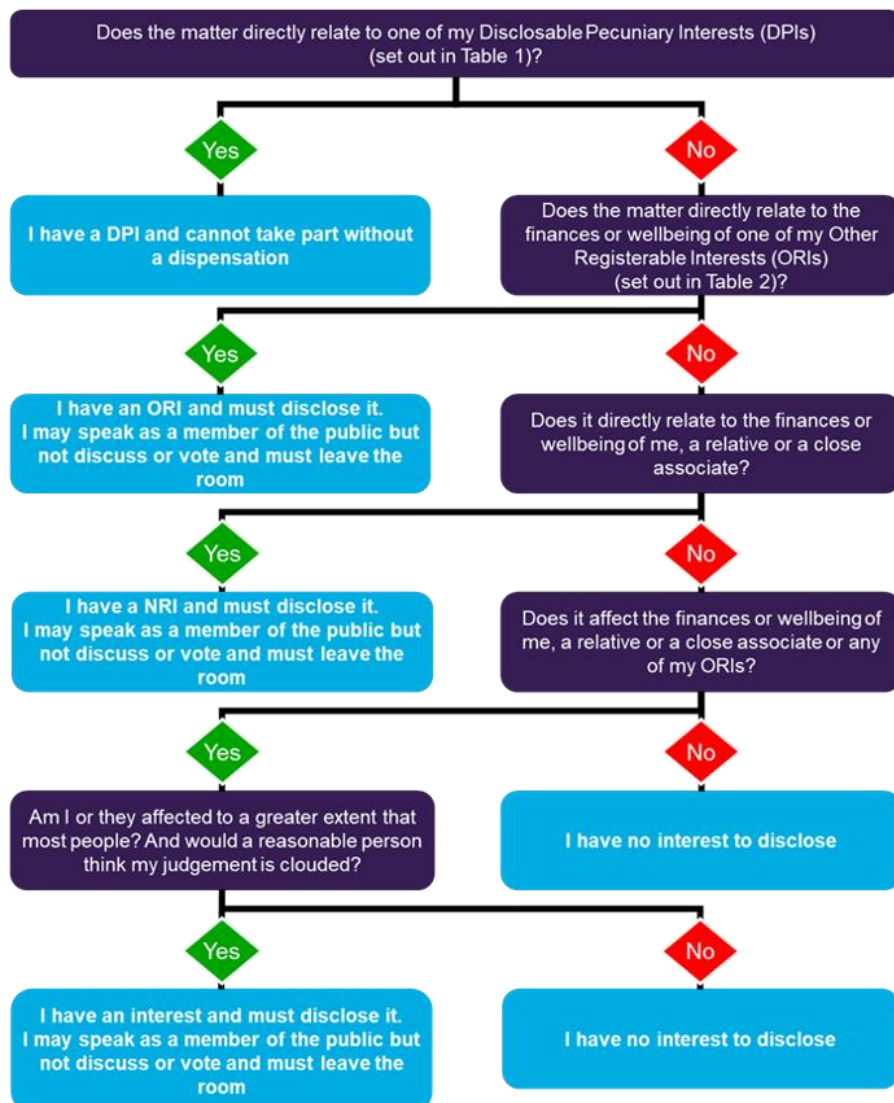


Maintaining and promoting high standards of conduct

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. Confirmation of Minutes

To confirm the minutes of the Meeting held on 5 June 2023.

7 - 10

a) Action sheet

To consider any outstanding actions.

11 - 14

5. Public Issues

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

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

The deadline for the submission of public questions is 3 clear working days before the meeting.

The deadline for the submission of a 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. National Suicide Prevention Strategy

To receive a verbal update from the Director of Public Health, Public Health Dorset.

7. Access to GP Practices in BCP area	15 - 26
<p>This paper provides an update on the current position of access within practices and PCNs in the BCP area. National comparisons are given where appropriate, alongside the Dorset view and vision. Dorset and BCP appointment activity is rising, and the data does not suggest that the growth will decrease at this time. The increase is noted in face-to-face appointments, telephone appointments and online consultations. Dorset's appointment activity is reflected as over 10% greater per 1000 population than the national average.</p>	
8. Closure of Winton Health Centre: Review of Process and Outcomes	27 - 36
<p>Winton Health Centre closed on 31 July 2023. A review of the process and outcomes are annotated in this report.</p>	
9. Merger of The Adam Practice & Lifeboat Quay Medical Centre – NHS Dorset	37 - 42
<p>NHS Dorset has approved a merger application from the Adam Practice, Hamworthy, Dorset, and Lifeboat Quay Medical Centre, Poole, Dorset. The merged contract will be effective from 1 October 2023.</p>	
10. Local Government Association Peer Challenge: Adult Social Care	43 - 66
<p>The Health and Care Act 2022 creates a new duty for the Care Quality Commission (CQC) to review local authorities' performance in discharging their adult social care functions under the Care Act 2014.</p> <p>As part of the Council's preparations for these new arrangements, a Local Government Association (LGA) Peer Challenge was arranged and this report sets out the findings of the review and how the learning will be used to ensure the Council is best placed to achieve a positive outcome from a Care Quality Commission review.</p>	
11. Portfolio Holder Update	
<p>To receive a verbal update from the Portfolio Holder for Health and Wellbeing.</p>	
12. Forward Plan	67 - 74
<p>To note the items listed on the Forward Plan however further consideration will be given at the Committee's work programming session in October.</p>	
13. Dates of future meetings	
<p>To note the dates of the meeting dates for the 2023/24 municipal year as follows:</p> <ul style="list-style-type: none"> • 27 November 2023 • 15 January 2024 • 4 March 2024 <p>All with a 6pm start, venues to be confirmed.</p>	

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

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

Minutes of the Meeting held on 05 June 2023 at 7.00 pm

Present:-

Cllr P Canavan – Chair

Cllr J Edwards – Vice-Chair

Present: Cllr H Allen, Cllr S Carr-Brown, Cllr D Farr, Cllr M Gillett,
Cllr C Matthews, Cllr J Richardson, Cllr J Salmon and Cllr P Slade

Also in attendance: Louise Bates, Healthwatch

1. Apologies

Apologies for absence were received from Councillor Lesley Deadman.

2. Substitute Members

There were no Substitute Members on this occasion.

3. Election of Chair

The incumbent Chair of the Health and Adult Social Care Overview and Scrutiny Committee presided over this item and sought nominations for Chair. A nomination was proposed and seconded for Councillor Patrick Canavan. No further nominations were received.

RESOLVED that Councillor Patrick Canavan be elected Chair of the Health and Adult Social Care Overview and Scrutiny Committee for the 2023/24 municipal year.

4. Election of Vice Chair

The newly elected Chair of the Health and Adult Social Care Overview and Scrutiny Committee presided over this item and sought nominations for Vice-Chair. A nomination was proposed and seconded for Councillor Jackie Edwards. No further nominations were received.

RESOLVED that Councillor J Edwards be elected Vice-Chair of the Health and Adult Social Care Overview and Scrutiny Committee for the 2023/24 municipal year.

5. Declarations of Interests

Councillor Allen declared a personal interest as an employee of University Hospitals Dorset NHS Foundation Trust, Councillor Carr-Brown declared a

personal interest as her husband was a non-executive director on Integrated Care Board for the Dorset area and as a support worker for an autistic man who was in receipt of direct payments from BCP Council and Councillor J Salmon declared a personal interest as an employee of Dorset Healthcare and a member of Unison.

6. Confirmation of Minutes

The Minutes of the meeting held on 6 March 2023 were confirmed as an accurate record and signed by the Chair.

7. Action Sheet

The contents of the action sheet were noted.

8. Public Issues

There were no public issues received on this occasion.

9. Healthwatch - Access to Primary Care and Project Plan

The Healthwatch Manager provided a summary of what Healthwatch Dorset did to the Committee including obtaining feedback from local residents and using it to help improve local services.

The Healthwatch Manager advised of the common areas of concern for residents which included NHS dentistry, access to GPs services and mental health support.

Healthwatch's priorities for this year were highlighted to the Committee and included:

- NHS Dentistry
- Urgent and Emergency Care
- Children and Young People's Mental Health

The Healthwatch Manager advised that their Annual Report was due to be published shortly and she would ensure a copy of it was circulated to the Committee for their information. **ACTION.**

A Committee Member noted that NHS Dentistry was on the Forward Plan for 25 September 2023 and wondered if Healthwatch could feed into that item. **ACTION.**

There was some further discussion around NHS Dentistry, and it was noted that it was a national issue, however locally some work was being undertaken to improve communications around availability, increase oral health hygiene education and to ensure vulnerable people get the access they require.

10. Overview and Scrutiny Annual Report

The Overview and Scrutiny Specialist presented a report using a PowerPoint presentation to highlight key points, 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.

Overview and Scrutiny (O&S) was a statutory function of all councils operating an executive model of decision making. In BCP Council, O&S activity was carried out by four O&S committees formed of councillors and co-opted members. There was a requirement to report on the work of O&S to Council, to ensure good visibility of the function and Council ownership of any improvements required.

The annual report contained a summary of O&S activity undertaken over 2019-23, reflections on working practices and an action plan identifying strategic improvements to the O&S function.

All O&S Committees would receive the annual report for consideration, providing opportunity for comment prior to the supply of the final report to Council.

There was no discussion on this item and the Chair advised that the Forward Plan was being considered later on the agenda.

RESOLVED that the Overview and Scrutiny Committee consider and comment on the annual report and associated action plan.

11. Portfolio Holder Update

The Portfolio Holder for Health and Wellbeing introduced himself and provided the Committee with some background of his local government councillor role together with his experiences within health and social care. He also provided the Committee with an update on the work he has been embarking on since his appointment to the role and what was coming up in the near future.

12. Forward Plan

The Overview and Scrutiny Specialist 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.

The Health and Adult Social Care Overview and Scrutiny (O&S) Committee was asked to consider and identify work priorities for its next meeting pending a wider review of its Forward Plan in dedicated workshop.

The Interim Corporate Director for Wellbeing advised that they would like to bring the Day Opportunities Strategy to the September Committee for consideration before it is considered by Cabinet in October.

A Committee Member considered the Forward Plan and requested an overview of data to identify any issues which needed scrutinising and it was decided that this information should be provided before the work programming session. **ACTION.**

There was some further discussion around items which the Committee would like to consider and scrutinise and how it should receive information and data in other forums to ensure Committee time was optimised.

RESOLVED that the Committee agreed the items for its next meeting.

13. Dates of future meetings

The dates of the future meetings were noted.

The meeting ended at 8:05pm.

CHAIR

ACTION SHEET FOLLOWING 5 JUNE 2023 – 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	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				
48	Portfolio Holder Update	<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 – out of date – will be removed.</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> <p>Action – PFH aware – out of date – will be removed,</p>		
49	Annual Compliments, Complaints and Comments Report	<p>the breakdown of equality information and proportions to reference the split within BCP</p> <p>Action – Officer aware</p>		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
Actions arising from Committee meeting - 5 June 2023				
9	Healthwatch – Access to Primary care and project plan	<p>Decision Made: To circulate the Healthwatch Annual Plan to the Committee for their information.</p> <p>Action –</p> <p>Decision Made: A request for Healthwatch to feed into the upcoming item on NHS Dentistry provision.</p> <p>Action -</p>		
12	Forward Plan	<p>Decision Made: To provide a data set for the Committee to consider to focus any scrutiny plans.</p> <p>Action – Officers aware.</p>		

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Health and Adult Social Care Overview and Scrutiny Committee meeting



Report subject	Access to GP Practices in BCP area
Meeting date	25 September 2023
Status	Public Report
Executive summary	<p>This paper provides an update on the current position of access within practices and PCNs in the BCP area. National comparisons are given where appropriate, alongside the Dorset view and vision. Dorset and BCP appointment activity is rising, and the data does not suggest that the growth will decrease at this time. The increase is noted in face-to-face appointments, telephone appointments and online consultations. Dorset's appointment activity is reflected as over 10% greater per 1000 population than the national average.</p> <p>This paper provides an overview of national programmes and their implementation through BCP, aligning to the wider Dorset ambition. Access Improvement Plans have been supported for all Primary Care Networks (PCN) within BCP, supporting the PCNs to utilise the funding through the Capacity and Access Improvement Payment fund associated to the Network Contract. Throughout BCP improvements are expected within three areas of general practice; ease of access, data accuracy and patient experience. This paper details some of the excellent work that is being undertaken at PCN level to improve access.</p> <p>The paper describes the implementation of Access Recovery plans through Dorset and BCP, in line with addressing the 8am rush, and aiming to empower patients with understanding more about their access through general practice. This paper describes a funding stream designed to bring those practices on analogue phone systems on to a cloud based provider, whilst also describing national and local support offers in place from NHS England.</p>
Recommendations	<p>It is RECOMMENDED that:</p> <p>The Committee note the current position around GP Practices and identify any areas for further scrutiny.</p>
Reason for recommendations	To enable the Committee to target scrutiny where appropriate.

Portfolio Holder(s):	Alan Young, Senior Lead Primary Care Commissioning and Contracting, NHS Dorset
Corporate Director	David Freeman, Chief Commissioning Officer, NHS Dorset.
Contributors	<p>Alan Young, Senior Lead Primary Care Commissioning and Contracting</p> <p>Sarah Scally, Senior Lead Primary Care Commissioning and Contracting</p> <p>Fiona Arnold, Community Pharmacy Clinical Integration Lead Primary and Community Care</p>
Wards	All
Classification	For Update and Information

1. Background

- 1.1. The landscape of general practice has changed significantly over the last four years since the emergence of Covid-19. The way in which people access general practice has significantly changed in this time, with technology leading the way in supporting an alternate access route. Despite the significant evolution of tech-based access, it is widely acknowledged that we are still at the beginning of this technological journey.
- 1.2. General Practice has been set a national target to ensure that patients are able to access general practice within 14 days of requesting an appointment. This target references those patients requiring routine care. Although patients requiring more urgent 'same day' care will be included within this data, it is important to clarify that if there is a clinical need for 'same day care', that practices will aim to deliver this.
- 1.3. Whilst technological developments will be very important moving forwards for improving access, it is imperative to remember that any developments should be made in line with population need. NHS Dorset are fully committed to supporting its Primary Care Networks (PCNs) and practices across BCP to engage with their populations to ensure that any developments are in line with population need.
- 1.4. NHS Dorset are working with the Wessex Local Medical Committee (LMC) and the Dorset General Practice Alliance to ensure that, whilst general practice access continues to evolve, safe working practices are upheld and advocated for, alongside the wellbeing of clinical colleagues.
- 1.5. National appointment activity within General Practice continues to rise (Figure 1), and this pattern is reflected in both Dorset and BCP data. Section 2 outlines the current position of both Dorset and BCP, utilising national average comparisons where appropriate.

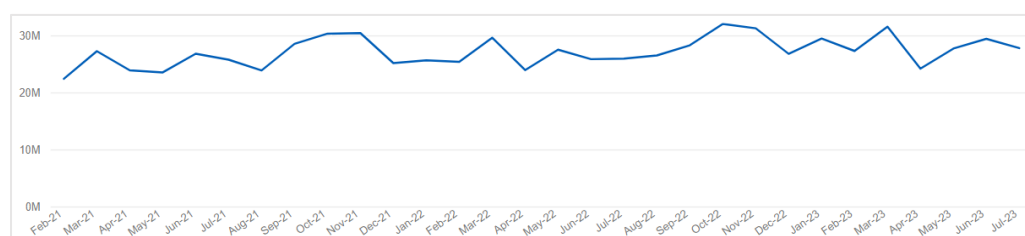


Figure 1. National General Practice Appointment activity (source NHSE)

- 1.6. Section 3 and 4 continues to describe the current routine wait times within Dorset and BCP and explains how each are aiming to address the concerns that routine wait times may continue to rise.

2. General Practice Access Current position

- 2.1. Appointment activity continues to rise throughout Dorset. As seen in Figure 2, appointment activity increased by 20% from April 2019 to April 2023, with activity consistently increasing each year. BCP appointment activity demonstrates similar rises with a 14% increase from May 2022 to June 2023.

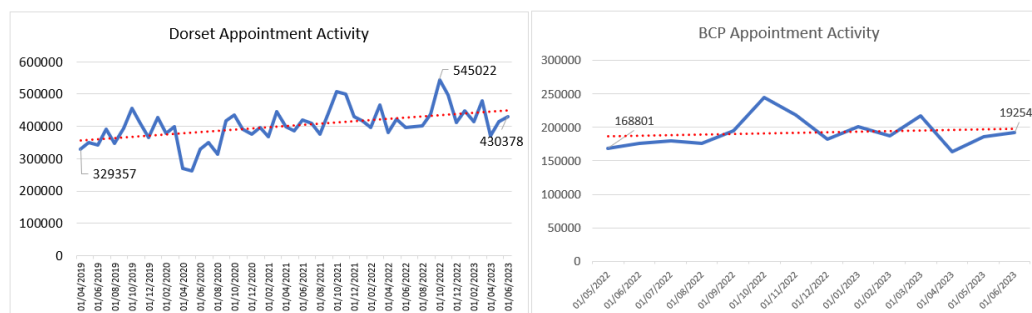


Figure 2. Appointment activity in Dorset and BCP

- 2.2. In October 2022 all PCNs committed to delivering services across Monday to Friday evenings and on Saturdays as part of the Enhanced Access programme. NHS Dorset supported the plans of BCP PCNs, and this has been in operation over the previous year. NHS Dorset have supported PCNs with various contract flexibilities to support services that are aligned to patient need and to support seasonal variations such as Flu and Covid clinics under their Enhanced Access work.
- 2.3. As seen in Figure 3, online consultations through Dorset spiked from pre-pandemic levels to post-pandemic. The online consultation data shown in Figure 3 represents the eConsult activity only, therefore it does not demonstrate other providers that are active across Dorset and BCP, although they are in the minority.

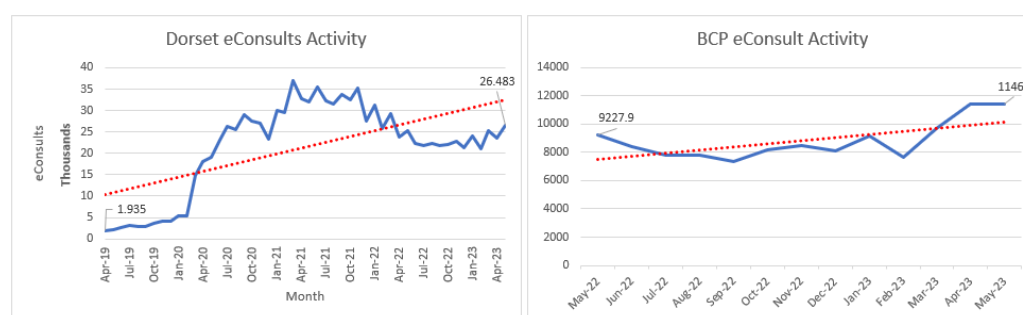


Figure 3. eConsult activity in Dorset and BCP

- 2.4. As demonstrated in both Figure 2 and 3 the activity continues to rise and does not reflect any expectation of this to change in the future.

- 2.5. In comparison to the national data, Dorset practices provide on average 10% more appointments per 1000 population than the national average. Whilst we are proud of this general practice appointment data, it is important to emphasise that the wellbeing of our team and safe working levels are consistently advocated for by NHSE Dorset, the LMC and the Dorset GP Alliance.
- 2.6. Practices and PCNs throughout BCP and Dorset work are committed to engaging with their population to understand their access wants and needs. Both Dorset and BCP continue to offer higher than the national average percentage of face-to-face appointments than the national average, by over 5%. As seen in Figure 4 face-to-face appointments remain consistently high in Dorset.

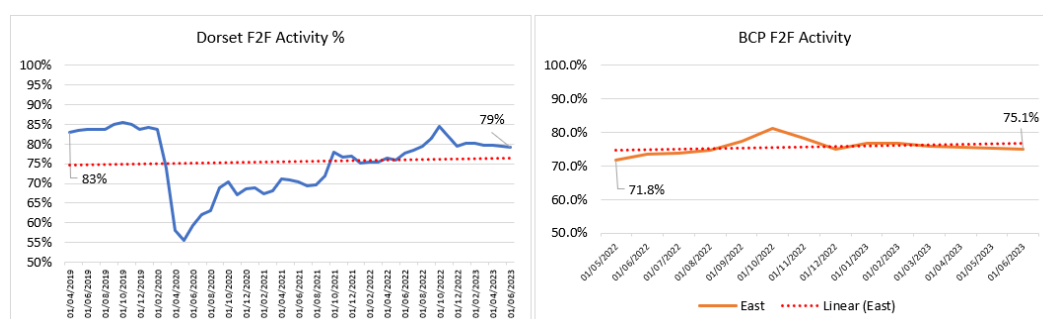


Figure 4. Dorset and BCP Face to Face appointment activity

- 2.7. The national target for the routine wait time is set at 14 days. In June 2023 the BCP average routine wait time was 13.7 days, just under the target. However, despite the significant increase in appointment activity seen in figures 2 and 3, the average routine wait time across Dorset and BCP is slowly rising (Figure 4).

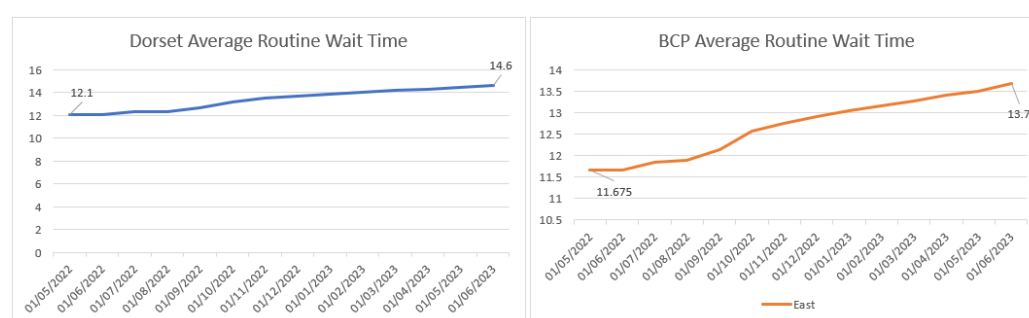


Figure 4. Dorset and BCP Routine Wait Times

- 2.8. A continual increase in appointment activity is not providing the solution to controlling the wait time across Dorset and BCP. Section 3 and 4 demonstrate the intentions of BCP and Dorset practices to continue to address this issue.

3. Access Improvement

3.1. The Capacity and Access Improvement Payment (CAIP) funding is being used to support Primary Care Networks (PCN) with their improving access journeys, receiving monthly unconditional payments that average £11,500 per month (based on nationally averaged list size). Each PCN was required to create an Access Improvement Plan (AIP) by the 30th of June 2023 to demonstrate their aims and ambitions for the remainder of the financial year.

3.2. Access Improvement Plans were designed to cover three areas: Patient expectation, Ease of Access, and Data accuracy. The PCN plans offer bespoke actions and intentions to meet the needs of their populations. Throughout the BCP PCNs there is some exciting work regarding the three areas, below are examples of actions taken within varying PCNs:

- Patient Expectation;
 - Exploring with Patient Population Group's (PPG) ensuring they are involved in processes of review and monitoring of results of patient surveys
 - Development of local surveys where coverage was an issue and where this was proven to capture more information.
 - Increasing awareness of surveys through social media, e-noticeboards, posters and through PPGs,
 - Refreshing practice websites, and using social media as an addition,
 - Utilising various non-clinical roles to lead in this area and to focus on improvement, for example Patient Services lead or Digital leads for website redevelopment.
 - Utilising Care Co-ordinators for a suite of support resources
 - Promoting the use of the NHS app and Friends and Family surveys
- Ease of Access;
 - Practices with Cloud based telephony are reviewing the options for call back and call queuing function. It is important to note that the cost of these functions is currently a barrier to its use due to their high cost with certain providers.
 - Practices/PCNs are planning to perform soft reports on call data: looking to analyse results especially around peak times in relation to staffing (call handlers, reception staff and care navigators).

- Where CBT is not in place, Practices will be reviewing their system and looking to upgrade to a cloud-based system with additional functionality.
- Data Accuracy;
 - Practices will look to undertake audits against the coded appointment data in comparison to the national data.
 - There is a focus on the accuracy of the 8 categories used for assessment for recording urgent/same day and two-week appointments.
 - Utilisation of Digital Transformation Lead and engagement with the community of practice
 - Capturing data around pharmacy templates with the aim of stopping tasks and capturing information on the system
 - Ensuring rotas are correctly aligned to national guidance and to be reviewed after any changed to any rota or new starters.
- 3.3. On 30 June 2023, the ICB signed off all PCNs within BCP, acknowledging the ambition of each PCN against the Capacity and Access Payments. The remaining 30% of funding will be paid prior to 31 August 2024, following a review process in April 2024 by the ICB.
- 3.4. NHS Dorset are creating a Community of Practice (COP) for the Digital and Transformational Leads, and digital leads at PCN level. This approach will allow for discussions to take place at both local, neighbourhood, place, and system levels.
- 3.5. A light touch commissioning approach for reviewing ongoing AIP progress will be taken in line with the 'cutting bureaucracy' aim adopted by the ICB for Practices and PCNs. However, the ICB will provide ongoing optional drop-in sessions, webinars, and offer mid-year reviews to PCNs to continue to support improvements throughout 23/24.

4. Access Recovery Plan and Primary Care and Transformation

- 4.1. The delivery plan for recovering access to primary care aims to empower patients, implement a model of modern General Practice access, build capacity, and cut bureaucracy.
- 4.2. The document sets out to (a) tackle the 8am rush and reduce the number of people struggling to contact their Practice and (b) for patients to know on the day they contact their Practice how their request will be managed. Patients should no longer be asked to call back another day to book an appointment, and we will invest in General Practice to enable this.
- 4.3. Digital transformation is at the forefront of the Access Recovery Plan, with significant funding being made available:
- 4.4. NHS Dorset have been allocated funding to support the transition of any Practices with an analogue telephone system to a Cloud Based Telephony system via the NHS Better Purchasing Framework;
- 4.5. Currently there are 11 practices within BCP that require the upgrade, who can apply for up to £22,000 each to support this transition. NHSE have created a procurement hub to support any practices who are eligible for the funding.
- 4.6. Expected in October 2023, practices will gain access to fully funded digital tools via the Digital Pathways Lot released by NHSE. The tools are expected to be interoperable with current NHS systems which support the BCP population access general practice.
- 4.7. The General Practice Improvement Programme (GPIP), highlighted within the Access Recovery Plan, offers Practice a significant source of support:
 - Offering Care Co-ordinator training, Digital and Transformational Lead training and leadership training are all currently on offer via GPIP;
 - Offering Practices and PCNs the opportunity to sign up to an intensive 26-week supportive process, focussing upon self-reflection and operational change. Alternatively, the GPIP also offers an intermediate version which runs for 13 weeks. NHS Dorset has supported 10 Practices onto the intensive programme, and three onto the intermediate programme at present. It is the intention of NHS Dorset to continue to advocate for this support process;

- Offering a universal offer of support which provide webinars, advice on how to make practical changes and improvements in General Practice, online resources, and guidance on quick wins and best practice;
 - Offering the Support Level Framework (SLF), which is a tool to support organisations in understanding their development needs. It has been clinically developed based on knowledge and experience, together with academic research and documented best practice where available. It allows organisations to understand what they do well and where they might wish to do better;
 - The Practice SLF should be completed via a facilitated conversation with members of the Practice team with honest reflection encouraged. The findings should then be used alongside available data to agree priorities for improvement and development of an action plan;
 - ICBs have been asked to enable facilitated SLF conversations to take place in all Practices during 2023/24, to help Practices to better understand their support needs and improvement priorities. The SLF represents an opportunity to implement some of the recommendations made in the Sustaining General Practice report produced by the Dorset GP Alliance. This programme supports Practices to develop the reflection skills necessary to adapt and develop in an agile and complex environment.
- 4.8. A Southwest Community Pharmacy Primary Access Recovery Plan Group has been established that reports into the Southwest Primary Care Access and Oversight Implementation Steering Group. National contract negotiations are in progress and once an outcome is reached, progress with implementation will be realised. However, currently no dates or details have been shared by NHS England at this stage. Implementation will be supported by the ICB, community Pharmacy Dorset and the Southwest hub working collaboratively to engage contractors. The ICB are continuing to support community pharmacy clinical services already in place with support from Community Pharmacy Dorset, there is a face-to-face contractor event scheduled for 27th September which will focus on clinical services and integration into the PCN.
- 4.9. Under the umbrella of Access Recovery is the Additional Roles Reimbursement Scheme, which provides fully funded roles to general practice. The scheme started in 2019, with a national expectation of increasing the workforce by 26,000 people. Within Dorset, we have seen an uplift of 346 whole time equivalents, with 169 WTE in the BCP area. NHS Dorset continues to support PCNs with their ARRS ambitions. The

current utilisation against the budget within the BCP area is 67% for ARRS spend.

5. Summary of BCP and Dorset Access

- 5.1. General Practices within BCP are committed to delivering population-based care, which is accessible, timely and efficient. The multiple access programmes, supported by NHS Dorset, are aligned to this commitment. Appointment activity remains higher than the national average per 1000 population within Dorset, whilst rising year on year, however the routine wait time continues to slowly rise.
- 5.2. Pharmacy access, increasing workforce, developing digital/technology, improving patient experience, establishing, and growing self-referral pathways and improving data accuracy are just a few of the significant work programmes that are underway to support BCP practices in their plans to offer better access.

6. Summary of financial implications

- 6.1. Funding made available through the Capacity and Access Improvement Payment 2023/24 is commissioned in two parts. 70% of the total value is given to PCNs unconditionally in monthly instalments to support PCN access plans. The remaining 30% is awarded to PCNs at the end of the financial year determined by the individual progress made by each PCN.
- 6.2. The Additional Roles Reimbursement Scheme officially ends in March 2024. Whilst there have been verbal guarantees that the scheme will continue to be funded this has yet to be written into the contract. The release of the new Network contract for PCNs will be released by NHS England in due course.
- 6.3. The funding made available for practices to transition from an analogue system to a cloud-based telephony system must be used by the end of the financial year 23/24. There is a risk that if practices do not deem themselves ready that this funding will not be accessed later. This is being discussed with NHS England to consider.

7. Summary of legal implications

- 7.1. There were no legal implications

8. Summary of human resources implications

- 8.1. Access Improvement and Access Recovery plans advocate for new ways of working. It is acknowledged that this will require training, effort and time from a people perspective. NHSE are supporting with training and support through the General Practice Improvement Programme. NHS Dorset, alongside the LMC and Dorset GP Alliance are supporting practices in their developments whilst advocating for safe working level and the wellbeing of clinical and non-clinical colleagues.

9. Summary of environmental impact

- 9.1. No environmental change implications identified.

10. Summary of public health implications

- 10.1. No Public Health Implications.

11. Summary of equality implications

- 11.1. Access Improvement and Access Recovery Plans are based on bespoke population need. It is therefore expected that across BCP, and across Dorset that there will be some variation in the types of services or delivery models. NHS Dorset have facilitated conversations at system level for all PCNs and practices, whilst creating a community of practice for the Digital roles, to ensure that a Dorset direction is considered. Within this Dorset vision, place based plans have been advocated for, considering the sharing of knowledge, skills and resources where appropriate to offer services that best support the population at each level.

12. Summary of risk assessment

- 12.1. The incremental increase in appointment activity is likely a reflection on the increase in demand for general practice services. This can be deduced from the growing routine wait time across Dorset and BCP despite increased appointment activity. There is a risk that if the workforce and/or efficiencies is unable to keep up with the growth in demand, that either routine waits will grow exponentially, or that the practitioners will risk 'burning out' as they work above and beyond safe working levels. To mitigate this risk, all PCNs have considered their workforce plans which

are currently under review, whilst also considering this within both Access Improvement and Access Recovery plans.

- 12.2. There is a risk that a perception of 'digital access only' is fostered through the technical developments in BCP. Whilst routine access routes to general practice will remain, the focus may be on improving digital access. NHS Dorset are advocating for all routes of access to remain to ensure general practices is accessible for all, not just the tech enabled users. Population engagement has formed a significant part of both access improvement and access recovery, to ensure that developments are made in line with population need. Communications support will be given to all practices and PCNs by NHS England and NHS Dorset to support with the messaging around tech-enabled access and the Additional Roles staff entering general practice to help mitigate against this risk.

13. Background papers

- 13.1. Capacity and Access Improvement Payment 2023/2024. Link to Paper: [NHS England » Network Contract DES – capacity and access improvement payment for 2023/24](#)
- 13.2. The Delivery Plan for recovering Access to Primary Care 2023/2024. Link to Paper: [NHS England » Delivery plan for recovering access to primary care](#)

14. Appendices

- 14.1. No Appendices used.

Health and Adult Social Care Overview and Scrutiny Committee



Report subject	Closure of Winton Health Centre: Review of Process and Outcomes
Meeting date	25 September 2023
Status	Public Report
Executive summary	Winton Health Centre closed on 31 July 2023. A review of the process and outcomes are annotated in this report.
Recommendations	It is RECOMMENDED that: The Committee scrutinise the contents of this report and the associated Appendix and raise any questions with the commissioners.
Reason for recommendations	As members of NHS Dorset Integrated Care Board, we have a joint duty to work together on matters relating to the planning, provision and operation of health services in Dorset

Portfolio Holder(s):	Cllr David Brown
Corporate Director	Kate Calvert, Deputy Chief Commissioning Officer, NHS Dorset Rob Payne, Deputy Director of Strategic Commissioning, NHS Dorset
Contributors	Celia Canter, Project Lead, NHS Dorset
Wards	Wallisdown & Winton West and Winton East
Classification	For information

Background

1. Following receipt of the termination of contract notice from the partners of Winton Health Centre, NHS Dorset submitted a report to Dorset Council and Bournemouth, Christchurch & Poole Council Health Scrutiny Committees, dated 11 May 2023, in line with Governance protocols to ensure that Local Authority stakeholders are aware of changes within the health sector (see Appendix: People & Health Scrutiny Committee 11 May 2023).

Review of the Process & Outcomes

2. All transfers of patients to their new GP Practice were successfully completed as follows:
 - Denmark Rd – 5,036;
 - Shelley Manor & Holdenhurst – 1,290;
 - Banks & Bearwood – 1,721;
 - Village Surgery – 990.
3. In addition, there were some patients who chose to self-register elsewhere ahead of the official transfer date but we will need to wait for the next national list size update to verify this.
4. NHS Dorset received 55 patient enquiries and requests to be transferred to an alternative Practice. All patient requests were accommodated, and positive patient feedback received.
5. Several Out of Area patients who were asked to register themselves at a Practice nearer to their home address did so. The remaining few patients, c30, on the Winton list at closure date were referred back to Primary Care Support England (PCSE) for their notes to be archived. These will be retrieved by their new GP Practice as and when they take steps to register with a GP.

Primary Care Network (PCN) Changes

6. NHS Dorset received an application from Denmark Road Surgery (part of the South Coast Medical Group) to transfer from Poole Bay & Bournemouth PCN to the South Coast Medical Group PCN.

7. The application was approved by NHS Dorset with effect from 31 August 2023.
8. As a result, Westbourne Medical Centre is now the sole practice in the Poole Bay & Bournemouth PCN.
9. NHS Dorset are working with Westbourne Medical Centre to ensure that they are sustainable as a PCN going forward.

Stakeholder Engagement

10. Practice staff were informed at an earlier stage, but all other communications to patients and wider stakeholders was paused for the duration of the pre-election period on the advice of NHS England.
11. Unfortunately rumours of the closure at a politically sensitive time drew a lot of interest from the media and MPs, requesting information which we were not at liberty to provide.
12. Patient letters and a media press release were issued on 4 May 2023 (election day) providing a factual report with Frequently Asked Questions.
13. NHS Dorset worked with the Practice to offer two Patient Engagement Events at Winton Health Centre. Representatives and information for each of the four receiving Practices was available at each event, including transport options, bus routes etc.
14. The events were well attended and positive feedback was received from patients who appreciated the opportunity to have a face-to-face conversation with their new Practice.

Service Provision

15. Service provision and continuity of care was key to the success of the managed dispersal which ensured that every patient had access to GP services up to and beyond closure of the Winton Health Centre.
16. Patients who were being transferred to one of the four receiving Practices knew where they were to be transferred, and the date of transfer.
17. Patients who live Out of Area received letters and telephone calls to ensure they had registered with a GP nearer to their home address, thus ensuring continuity of care.

Summary of financial implications

18. NHS Dorset supported the closure through resilience funding to keep the Practice open beyond the termination period (an additional 3 months) to cover the costs of clinicians (Locums).

Summary of legal implications

19. There were no legal implications.

Summary of human resources implications

20. Winton staff were eligible for redundancy payments. We notified neighbouring Practices that Winton staff may be seeking employment and to consider them in future employment opportunities.

Summary of environmental impact

21. No environmental change implications identified.

Summary of public health implications

22. No Public Health Implications.

Summary of equality implications

23. Equality Impact Assessment (EIA) completed. See Appendix: People & Health Scrutiny Committee 11 May 2023.

Summary of risk assessment

24. The risks identified in Appendix 1 were successfully mitigated. See Appendix: People & Health Scrutiny Committee 11 May 2023.
25. The risks associated with future PCN changes as a result of mergers and closures will be added to the risk assessment in the process.

Background papers

26. No background papers attached.

Appendices

27. Appendix: People & Health Scrutiny Committee 11 May 2023.

People & Health Scrutiny Committee

11 May 2023

NHS Dorset Report – Closure of Winton Health Centre

Choose an item.

Portfolio Holder: Choose an item.

Local Councillor(s): Cllr

Executive Director: Choose an item.

Report Author:

Title: Celia Canter, Project Lead, NHS Dorset

Tel: 01202 541553

Email: celia.canter@nhsdorset.nhs.uk

Report Status: Public

Brief Summary:

NHS Dorset has received notification of termination of contract from the partners of Winton Health Centre. The practice will close on 31 July 2023. A managed dispersal of the c10,300 patients to their nearest practice will take place in the last two weeks of July 2023.

Recommendation:

The People & Health Scrutiny Committee are requested to scrutinise the contents of this report and raise any queries at a subsequent committee meeting with the commissioners.

Reason for Recommendation:

As members of NHS Dorset Integrated Care Board, we have a joint duty to work together on matters relating to the planning, provision and operation of health services in Dorset.

1. Report

1.1 Background

- a) Winton Health Centre serves a population of c10,300.
- b) NHSD received notification on 20 November 2022 of the partnership's intention to terminate their contract, giving the required 6 months notice.
- c) Options to find an alternative provider were unsuccessful therefore the remaining option was to close the practice and disperse the patients.
- d) NHSD have negotiated an extension to the closure date with the partnership of 31 July 2023 and have provided funding to support the additional staff costs associated with the extension.

1.2 Stakeholder Engagement

- a) NHSD has a duty to engage patients about changes to services they receive. A programme of communication with stakeholders has now commenced following the pre-election period when we were unable to communicate with stakeholders on the advice from NHS England.
- b) Patients have received a letter advising them of the practice closure on 31 July 2023, advising them which practice they are being transferred to. The letter included an invitation to a number of patient engagement events where patients were able to ask questions, find out more about their new practice and meet practice and ICB staff. Posters were displayed in the surgery and messages be posted on the surgery website. A press release was also been issued.

1.3 Service Provision

- a) Due to the significant numbers of patients registered with Winton Health Centre, our preferred process for ensuring smooth and seamless continuity of service is a managed dispersal of the patients to adjacent practices.
- b) NHSD worked with neighbouring practices to explore options for continuity of services for patients by matching their capacity and the number of patients who reside within their practice boundary. Patients were allocated to their nearest practice. .

These include:

- Denmark Road Surgery
- Banks and Bearwood Medical Practice
- Shelley Manor & Holdenhurst Road

- The Village Surgery
- c) A managed dispersal will ensure that every patient is registered with a nearby GP practice, to facilitate continuity of care and patient safety. The the transfer of electronic records is automatic and avoids the need for patients to go through the registration process. Paper records will follow within 5 working days. Patients have a right to choose where they wish to be registered, however we are asking patients not to exercise this right until the transfer period is complete and their new GP has received all their records, to reduce complexity and avoid confusion whilst the change filters through the wider healthcare system (hospitals, community services etc). They may then apply to register with any GP practice within whose boundary they reside.
 - d) There are around 89 patients who do not fall within the boundaries of nearby Winton practices, possibly because they are registered as an Out of Area patient. Each of these patients has received a letter advising them of the closure and asking them to seek registration with a practice nearer to their home address.
 - e) We understand that transport is an important factor, even in urban areas. Information on public transport formed part of a package of information available for patients.

1.4 Governance and Due Process

- a) The termination notification and options appraisal were presented to the Primary Care Operational Group on 15 December 2023. It was agreed to seek Expressions of Interest from local practices to take on the contract and premises as the preferred option. Unfortunately, it has not been possible to identify a provider within the resources available.
- b) NHS Dorset have informed Public Health England regarding screening cycles. At present there are no particular concerns as early indications are that patients across the different practices are in the same cohorts.

2. Environmental Implications

No environmental change implications identified.

3. Well-being and Health Implications

The merger aims to sustain access to general practice for patients in this largely urban area.

4. Other Implications

4.1 Estates:

There have been no expressions of interest from neighbouring practices to take on the Winton Health Centre site. However, there is a possibility that one practice will retain the Winton branch site at Leybourne Road (currently used by Winton for non-clinical purposes).

5. Risk Assessment

Theme	Issues	Mitigation
Continuity of Care for patients	Many patients are going through treatment and are concerned about continuity of care with a new GP practice	The reason for a 'managed' dispersal is to ensure every patient is registered with an alternative GP practice before 31 July. Their health records will be automatically transferred. We advise patients to ensure they have prescriptions to cover 2 months prior to transfer. The letter to patients includes FAQs to reassure them that their hospital or community care will continue as it does now. Winton will identify 'vulnerable or complex' patients before they are transferred to ensure they understand what is happening and their new practice is alerted to their needs.
Reducing patient choice	Patients have a right to choose their GP practice. Practices may not refuse registration if the patient resides within the practice boundary and their list is open.	We are asking patients to remain with their new GP practice for a minimum of 1 month following transfer to allow the wider health care system to update on the change from Winton to the new practice (hospitals,

		community healthcare etc). We believe this is the safest approach for patients and will avoid test results and hospital letters being sent to the wrong practice. Some patients have contacted us to request registration with a different practice to the one they have been allocated. We are aiming to facilitate these requests.
Destabilising nearby GP practices	Large numbers of patients will proactively choose to register elsewhere outside of the dispersal process. This may destabilise some of the nearby practices who do not have a great deal of capacity resulting in instability for the practice and its registered population.	We know that some patients have already made the decision to register elsewhere. We are keeping a record of patient movements and liaising with the practices to identify any capacity issues at an early stage.

6. **Equalities Impact Assessment**

An Equality Impact Assessment (EIA) has been completed:

- No perceived impact on race/ethnicity or nationality; religion or beliefs; gender or sexual orientation.

7. **Appendices**

No appendices attached

8. **Background Papers**

No background papers attached

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HEALTH AND ADULT'S SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Merger of The Adam Practice & Lifeboat Quay Medical Centre – NHS Dorset
Meeting date	25 September 2023
Status	Public Report
Executive summary	NHS Dorset has approved a merger application from the Adam Practice, Hamworthy, Dorset, and Lifeboat Quay Medical Centre, Poole, Dorset. The merged contract will be effective from 1 October 2023.
Recommendations	It is RECOMMENDED that: The Committee scrutinise the contents of this report and raise any queries with the commissioners.
Reason for recommendations	As members of NHS Dorset Integrated Care Board, we have a joint duty to work together on matters relating to the planning, provision and operation of health services in the BCP area.
Corporate Director	Celia Canter, Project Lead, NHS Dorset
Contributors	Report Author: Title: Celia Canter, Project Lead, NHS Dorset Tel: 01202 541553 Email: celia.canter@nhsdorset.nhs.uk
Classification	For Recommendation/Update and Information

1. Background

1.1

- a) Small practices are finding it increasingly difficult to recruit to their clinical GP workforce, or attract clinical partners. This is a national issue and Dorset has seen many of its GP practices merge to become more sustainable and attractive to recruiting clinicians.
- b) Lifeboat Quay Medical Centre have been unable to recruit a partner which is causing operational and business challenges.

- c) The Adam Practice (registered population 33,858) and Lifeboat Quay Medical Centre (registered population 6,648) are part of Poole Central PCN and already work closely together.
- d) Lifeboat Quay Medical Centre approached The Adam Practice with a view to merging. Due diligence and informal discussions have been happening since November 2022, leading to a formal application to merge being submitted to NHS Dorset for approval.
- e) The merger will eliminate the current risk of Lifeboat Quay closure, the loss of local primary care estate and patients otherwise being reallocated to another GP practice.
- f) Primary Care is an increasingly challenging environment in which to sustain a viable business model. The merger will greatly improve resilience for both practices and provide an opportunity to make more efficient use of joint resources to protect and enhance front line patient care.
- g) In 2022 The Adam Practice changed its access model to one of total triage. Its implementation has improved the practice's capacity to see patients in a clinically appropriate timescale. The access part of the 2023-24 GP contract is already being achieved thanks to the model.
- h) Lifeboat Quay Medical Centre patients will be able to join an established total triage system and should see an improvement to access as a result.
- j) Transformation will include expansion of working hubs, where similar job roles are situated together. Leading to increased efficiency and capacity for support and development. Premises at Lifeboat Quay Medical Centre have capacity to accommodate larger admin teams.
- k) Patients will be able to choose whether to be seen at either surgery, and access to a wider range of clinicians and clinical services from a combined team. This will include services currently available at The Adam Practice (Leg Ulcer service and Vasectomy).
- l) Staff welfare will improve with a larger and more resilient team.
- m) Both practices are working from a single 'implementation plan'.

1.2 Boundary

The newly merged practice will continue to provide Primary Medical Services from the existing current locations.

Practice	Address
The Adam Practice	306 Blandford Road Hamworthy BH15 4JQ
	117 Longfleet Road Poole BH15 2HX
	Upton Cross Health Centre Blandford Road North Poole BH16 5PW
	Health Cottage Surgery 40 High Street Lytchett Matravers BH16 6BG

Lifeboat Quay Medical Centre	Unit A, Lifeboat Quay Poole BH15 1AE
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Other than the blending of the inner and outer boundaries, there are no further changes.

1.3 Service Provision

NHS Dorset is assured that all service provision will continue to be accessible to patients across the merged practice.

1.4 Governance and Due Process

- a) The application to merge has been approved by The Primary Care Commissioning Committee held on 21 June 2023. As part of this process, the proposal has been considered by members of The Primary Care Operational Group including The Local Medical Committee and was supported.
- b) Both practices have confirmed that they have taken both legal and financial advice regarding the proposed merger.
- c) The practices have contacted Primary Care Networks to inform of their intentions.
- d) NHS Dorset have informed Public Health England regarding screening cycles. At present there are no particular concerns as early indications are that patients across the different practices are in the same cohorts.

1.4 Patient Engagement

- a) Patient and stakeholder engagement will be undertaken with the practices through staff meetings and communications, meetings with the Patient Participation Group and texts or letters to patients.
- b) Practice websites and social media will be a further source of information.

2. Financial Implications

There should be economies of scale eg blending of back office functions for both practices.

NHS Dorset have a General Practice Resilience Protocol with an attached resilience budget of £25k for merger support. To be consistent with other mergers PCOG have agreed an offer of £25k to cover clinical and non-clinical leadership.

3. Environmental Implications

No environmental change implications identified.

4. Well-being and Health Implications

The merger aims to sustain access to general practice for patients in this highly populated area.

5. Risk Assessment

Theme	Risk	Mitigation
Completion of the merger	If the merger does not complete there is a risk that Lifeboat Quay will close.	NHS Dorset will seek an alternative contractor to prevent closure of Lifeboat Quay Medical Practice. This may be a 'step-in' arrangement if a long term contractor cannot be found.
Destabilising The Adam Practice	The vulnerability of Lifeboat Quay may adversely impact on The Adam Practice if the current number of clinical partners and employed GPs are not maintained.	There is a robust leadership model already in place for The Adam Practice. There will be regular contract review meetings with the merged practice and also monitoring by CQC.

6. Equalities Impact Assessment

An Equality Impact Assessment (EIA) has been completed:

- No perceived impact on race/ethnicity or nationality; religion or beliefs; gender or sexual orientation.
- No perceived impact on staff who will be transferred under Transfer of Undertakings Protection of Employment (TUPE). There will be opportunities for staff to work as part of a combined team, with access to leadership and skills.
- No perceived negative impact on patients. On the contrary they will have greater choice of GPs with a broader range of skills and greater choice about where they access care across both sites.

Appendices

No appendices attached.

Background Papers

No background papers attached.

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	LOCAL GOVERNMENT ASSOCIATION PEER CHALLENGE: ADULT SOCIAL CARE
Meeting date	25 September 2023
Status	Public Report
Executive summary	<p>The Health and Care Act 2022 creates a new duty for the Care Quality Commission (CQC) to review local authorities' performance in discharging their adult social care functions under the Care Act 2014.</p> <p>As part of the Council's preparations for these new arrangements, a Local Government Association (LGA) Peer Challenge was arranged and this report sets out the findings of the review and how the learning will be used to ensure the Council is best placed to achieve a positive outcome from a Care Quality Commission review.</p>
Recommendations	<p>It is RECOMMENDED that:</p> <p>a) Committee note and scrutinise 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 David Brown, Portfolio Holder for Health and Wellbeing
Corporate Director	Phil Hornsby, Interim Corporate Director of Wellbeing
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 came into effect in April 2023 and reviews are expected to commence in the Autumn 2023.
3. As part of the Council's preparation for the CQC assessment, a Local Government Association Peer Challenge was arranged and took place in June 2023. This report sets out the approach that was taken, the findings of the Peer Challenge team, and how this intelligence will be used to support the Council to prepare for the new CQC assessment arrangements.

Summary of LGA Peer Challenge approach and findings

4. An LGA Peer Challenge is designed to support the Council to assess current achievements, areas for development and capacity to change. It is not an inspection, instead it offers a supportive approach undertaken by 'critical friends' with no surprises.
5. The LGA Peer Challenge team consisted of seven members, who between them have a number of years of wide-ranging experience of working in Adult Social Care services in other local authorities. The team was led by an experienced Director of Adult Social Services (DASS) and included an elected member.
6. The LGA Peer Challenge took place over three days between 6th and 8th June 2023, and involved a range of interviews, focus groups and discussions with councillors, officers, people with lived experience of adult social care and partners.
7. The review included a case file audit of twelve cases, which were reviewed alongside the lead practitioner in each case. The team were also given access to

a range of documents, that included the Council's self-assessment of its strengths and areas for development against the CQC framework.

8. The team read over eighty-seven documents including the self-assessment and had more than thirty-eight meetings with 152 different people and spent over two hundred hours working on the peer challenge, equivalent to twenty-eight working days.
9. The LGA Peer Challenge team used the same framework that will be used by CQC during their formal reviews, and this provided a useful trial run at being tested using the CQC framework.
10. At the end of the three days, the Peer Challenge team presented an overview of the key findings. This was followed by a full report, which is attached to this report as Appendix 1. The report includes several key strengths, and areas for consideration. After consideration by the Health and Adult Social Care Overview and Scrutiny Committee the report will be published on the LGA website.
11. One of the key strengths noted by the peer review team is in relation to the staff working in adult social care, who the Peer Challenge team reported were "positive, motivated and hard-working as they are focused on delivering good services for local people in a changing and complex environment".

Next steps

12. The LGA Peer Challenge report will now be used by the Council to drive further improvements in advance of its CQC assessment.
13. An action plan that addresses each of the "For consideration" areas in the report as well as other key service improvement activity has been drafted.
14. The action plan includes key actions for each of the sections of the CQC assurance framework, which can be summarised as follows.
15. Under "Theme 1: Working with People", the actions within the plan aim to ensure that:
 - a. the Council can demonstrate a clear understanding of risk and has robust plans in place to manage risk.
 - b. the quality of practice is of a high standard and that we use feedback from residents to help to assure the Council of this.
 - c. residents are able to access effective preventative support.
 - d. the Council meets a diverse range of needs and residents can access support flexibly.
16. Under "Theme 2: Providing Support", the actions within the plan aim to ensure that:
 - a. the Council has commissioning strategies that are co-produced with people in the community.

- b. the Council is providing a sufficient range of local support options to meet residents' needs.
 - c. the Council is working to integrate care and support services with key partners within the Integrated Care System.
17. Under "Theme 3: Ensuring Safety", the actions within the plan aim to ensure that:
- a. the Council sets safeguarding thresholds at an appropriate level and applies them consistently.
 - b. the Council has a learning culture and seeks to improve people's understanding of adult safeguarding.
 - c. safeguarding enquiries are carried out without delay, with the person at the centre.
 - d. risks to the continuity of people's support are effectively managed.
18. Under "Theme 4: Leadership", the actions within the plan aim to ensure that:
- a. there are effective governance, performance management and quality improvement arrangements at all levels.
 - b. Council resources are deployed in a way that supports practitioners to work efficiently and effectively.
 - c. services are transformed to ensure they can sustainably meet the needs of residents in the future.
 - d. there are effective workforce plans to ensure that can meet the needs of residents.
19. The action plan will be signed off by the recently established Adult Social Care Performance and Quality Improvement Executive Board, which will be chaired by the Council's Chief Executive, and attended by the Leader of the Council, Portfolio Holder for Health and Wellbeing, the Corporate Director for Wellbeing, the Director of Adult Social Care and the Director of Commissioning. The delivery of the plan will also be monitored by Executive Board.
20. The LGA Peer Challenge report also makes recommendations for strengthening the Council's self-assessment. The self-assessment will be updated to take into account these recommendations and kept under review to ensure that it presents an up-to-date position when CQC undertake their assessment.
21. A small working group of key officers oversaw the practical arrangements for the LGA Peer Challenge, and developed a range of plans to ensure that the Peer Challenge ran smoothly. These arrangements worked well, and the working group have reviewed and updated the plans, to ensure that arrangements for a CQC review also run smoothly.

Summary of financial implications

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

Summary of legal implications

23. 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

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

Summary of environmental impact

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

Summary of public health implications

26. 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

27. 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.
28. 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

29. There is a risk that a poor assessment by CQC of the Council's arrangements could lead to intervention from the Secretary of State. Details of the range of intervention options available were recently published by the Department of Health and Social Care in the Operational framework for adult social care intervention in local authorities.
30. 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.
31. 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/consultations/people-at-the-heart-of-care-adult-social-care-reform-white-paper)

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

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

[Operational framework for adult social care intervention in local authorities - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/operational-framework-for-adult-social-care-intervention-in-local-authorities)

Bournemouth, Christchurch and Poole Council Adult Social Care Preparation for Assurance **Peer Challenge Report**

6th–8th June 2023

Final

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Report

Background

1. Bournemouth, Christchurch and Poole (BCP) Council asked the Local Government Association (LGA) to undertake an Adult Social Care (ASC) preparation for assurance peer challenge at the Council and with its partners. The work was commissioned by the Director of Adult Social Services (DASS) at BCP Council. She was seeking a view on how prepared the Council's Adult Social Care Services are for the new Care Quality Commission (CQC) regulatory process and how well the Council is delivering services for people.
2. A peer challenge is designed to help councils and their partners assess current achievements, areas for development and capacity to change. The peer challenge is not an inspection. Instead, it offers a supportive approach, undertaken by friends – albeit 'critical friends' with no surprises. All information was collected during the process on a "non-attributable" basis to promote an open and honest dialogue. Feedback from the peer team is given in good faith.
3. The peer challenge team arrived at their feedback by triangulating what they read, heard, and saw before and during the site visit to BCP Council. Members of the peer challenge team were:
 - **Beverley Compton**, Executive Director for Adult Services and Health, East Riding of Yorkshire Council
 - **Councillor Stewart Golton**, Leader of the Liberal Democrat Group, Leeds City Council
 - **Vernon Nosal**, Director of Operations, Wellbeing and Housing, Adult Social Care, Southampton City Council
 - **Bill Nicol**, Assistant Director, Derby and Derbyshire Integrated Care Board
 - **Wioletta Lewandowska**, Principal Social Worker, City of London Corporation
 - **Claire White**, Lead Practice Improvement and Development Manager, Surrey County Council
 - **Marcus Coulson**, Peer Challenge Manager, Local Government Association
4. The team were based at the BCP Council Civic Centre building for three days between 6th–8th June 2023. The programme included activities to enable members of the team to meet and talk to a range of internal and external stakeholders. These activities included:
 - interviews and discussions with councillors, officers, and partners
 - meetings with managers, practitioners, and frontline staff
 - reading documents provided by the Council, including a self-assessment and a range of other material
 - consideration of different data and reflecting upon the case file audit.

5. The Care Quality Commission (CQC) framework for inspection was used by the peer team in making the assessment of the Council's preparedness. The four themes of assurance for the adult social care inspection regime are:

Care Quality Commission Assurance Themes

1: Working with People	2: Providing Support	3: Ensuring safety	4: Leadership
<ul style="list-style-type: none"> • assessing needs • direct payments • charging arrangements • supporting people to live healthier lives • prevention • wellbeing • information and advice • addressing barriers and reducing inequalities 	<ul style="list-style-type: none"> • care provision, integration and continuity • market shaping • commissioning • workforce capacity and capability • integration and partnership working 	<ul style="list-style-type: none"> • safeguarding enquiries and reviews • Safeguarding Adult Board • safe systems - continuity of care • safe systems - pathways and transitions 	<ul style="list-style-type: none"> • culture • strategic planning • learning • improvement • innovation • governance • management • Sustainability 

6. The peer challenge team would like to thank Councillors, staff, those people and carers with a lived experience and partners for their open and constructive responses during the challenge process. The team was made very welcome and would in particular like to thank the DASS and her team for their invaluable assistance for the support to the peer team, both prior to and whilst on site, in planning and undertaking this peer challenge which was very well planned and delivered.
7. Before being on-site, peer team members were given access to the Council's self-assessment against the four assurance domains. Documents were provided to familiarise the team with the local context and challenges at BCP Council. Prior to the onsite work peer team members looked at twelve adult social care case files in detail. The onsite visit involved face-to-face interviews with individuals and groups. These were held with care providers, front line practitioners, working age adults and a group of carers.
8. The peer team read over eighty-seven documents including the self-assessment. Had more than thirty-eight meetings with 152 different people from adult social care, health, voluntary and community sector organisations, service providers and statutory partners. The peer challenge team spent over two hundred hours working on the peer challenge, equivalent to twenty-eight working days.
9. On the final day on site, the team gave an overview of the key messages. This report builds on those initial findings and hopefully offers some insights to the council to strengthen its improvement efforts.

Key messages

10. In advance of this peer challenge and as preparation for the impending CQC assurance process the adult social care service completed a clear, well structured, and thoughtful self-assessment for this peer challenge. It outlined where the service has strengths and where there are areas for improvement. It also comments upon the plans for improvement, which suggests a good deal of self-awareness.
11. The staff are a key asset for the service. The staff the peer team met with were positive, motivated and hard-working as they are focused on delivering good services for local people in a changing and complex environment. The recent history of this new council is still being felt by staff as a new identity and culture is created. This process is regarded as one of the fastest and most complex local government reorganisations in recent memory and has been managed well. We felt that teams are acting together as one organisation now, serving the combined populations of the original councils that were in place.
12. The Council as a whole is managing a significant level of risk with its recent financial history and immediate future challenges. More specifically within adult social care, backlogs of work have occurred predominantly due to the impact of the pandemic and resultant staff shortages, as well as increased and changing needs for services. Managing backlogs of assessments, deprivation of liberty safeguard cases and outstanding care reviews may lead to an increased risk of legal challenge, and to a perception by the regulator that the Council is not fulfilling its statutory duties under the Care Act 2014. Furthermore, delays also present risks to the people the Council are trying to support, in that needs may further deteriorate, reducing quality of life, impacting on wellbeing and leading to cost pressures and changed patterns of demand. The Council faces future financial challenges and has little in reserve to manage these in the near future. There is also a new political administration since May 2023 local elections and newly formed strategic health organisations.
13. Within this context therefore the service needs to be able to demonstrate a clear awareness of the present and future risks and robust plans to show how the service is going to confidently manage delivery in this environment. It is imperative that the Council shows how the Council is systematically managing those people who are awaiting assessments, reviews or care delivery.
14. For the assurance process, there is a strong expectation of councils to demonstrate co-production in everything it does to support local people. We felt that the work that is being done in BCP Council was stronger in practice than how it has been described in the Council's self-assessment. When speaking with staff we have found lots of good practice than is really shown in the self-assessment. The Council could strengthen the narrative around co-production, how it is achieved, with whom and what outcomes it is leading to. A further development might be to consider how the Council describe the changes that have been made as a result of co-production.
15. The staff's enthusiasm and commitment to change and improvement at BCP Council was very evident in every meeting. For the Council's inspection preparations it would be good to separate out what has been done from what

the Council is about to do. The Council might want to consider using something like a “maturity matrix” to emphasise the stage at which each element of the improvement plans is at. The peer team would also encourage the Council to make more use of the “I” and “we” statements in its work. For example, the ‘stories of difference’, which provide evidence of impact, could be developed to reflect the voice of the person with lived experience of services. This will bring their voice to the fore and will help staff and partners to really challenge themselves about how they are working for the benefit of local people.

16. Our understanding of the approach that CQC will take is evolving as the inspection pilots take place. It is now understood that they will ask to see fifty cases from across the service to use as their evidence base for the quality of delivery. The service needs to mirror this approach by robustly checking out the self-assessment with people who draw on support and consider further Quality Improvement work as necessary

Case file audit findings

Twelve cases were reviewed by the peer team auditor face to face with the caseworker. A good score of 85% was achieved across the areas that were assessed against the agreed set of criteria. The two strongest areas were in assessing and analysing risk, and information sharing and multi-disciplinary working.

The quality of written entries was good with a strong emphasis on relationship-based working. There was awareness of the importance of reflective learning and promoting independence, especially with younger adults.

To improve further, the peer team felt the Council should seek to ensure that outcomes are described in a way which reflects a more personalised approach, reflective of the person’s own voice. Our case auditor observed that at present, outcomes from assessments tended to be “formulaic” rather than reflecting the adult’s narrative. The adult social care service could consider giving direction and training to staff to use “I” statements in case files where possible to reflect the voice of the user and ensure that when assessments and care plans are sent to clients, this is recorded. Lastly management oversight should be recorded on clients’ case files.

1 Working with People

This relates to assessing needs (including that of unpaid carers), supporting people to live healthier lives, prevention, well-being, and information and advice.

Strengths

17. It was clear to the peer team that frontline practitioners are proud to deliver for BCP Council, and are enabled to be creative, yielding better outcomes for people.
18. Due to local government reorganisation, there were two management information systems in use but we could see that work was underway to ensure a single case file management system is in place. Officers are seeking to re-configure the case file system to support consistent strengths- based practice and new forms are being designed to support this.
19. We could see that social prescribing is beginning to be used more regularly, offering more options to service users, and enabling need to be met in different ways that meets the needs of individual's and bridges gaps in different services.
20. Adult social care is developing greater self-awareness and there is an improving culture around quality and practice assurance. The Council's use of peer audits will help to maintain objectivity and ensure continuous learning and improvement. There is a 'Big Plan' for the Learning Disability Service, which was co-produced, as was the related audit tool. Furthermore case file audits are used to inform improvement plans and activities.
21. In the management of social work practice and from considering the evidence we have seen and heard there appears to be effective supervision for most staff and clear practice standards for them to follow and assess quality against.
22. From the limited user testing completed by the peer team it appears that work flow is improved by better relationships between the housing function and adult social care supporting quicker responses, especially for homeless people and those with more complex needs. We got a great sense of council departments working together to support vulnerable adults in the BCP Council area.
23. BCP Council says it has *"a strong commitment to developing and embedding strengths based, person centred ways of working, and contracted with Partners4Change in February 2022 to help embed the Three Conversations Model® (3Cs). To date, five innovation sites have been working to the 3Cs principles across several different areas of the business. We have completed an evaluation of the work to date and are now working on plans to scale up the approach as part of our wider transformation plans"*. From evidence the peer team saw the Innovation sites give greater staff satisfaction and have improved outcomes for people who use services.
24. The Self-Funding Team provides good advice to self-funders in hospital, enabling them to make informed choices about their future care that meets their needs and there are positive outcomes for those people accessing support for managing personal finances.

25. The Community Action Network virtual hub facilitates rapid multi agency responses to deliver better outcomes for people and practice learning reviews demonstrate a learning culture.
26. The staff whom the peer team met, clearly appreciate a commitment by BCP Council to offer appraisals that supports their development and there are strong and vibrant equalities, diversity and inclusion (EDI) networks which support staff. The commitment to EDI is illustrated by the better outcomes achieved for young people in preparing for adulthood team through a clear commitment to inclusive practice in relation to EDI.

For Consideration

27. The peer team heard about the changes ongoing and planned to Mosaic and recommend that the Council prioritise work to review and make changes to Mosaic to support practice. For example, it is currently not able to produce three conversations assessment process which would be a key component of the model's successful implementation. The Council will need to ensure that there are sufficient resources available to reconfigure Mosaic within a reasonable timeframe in order for the Council to carry out their statutory duties.
28. The service could consider wider use of individual service funds, contributing to a more personalised offer for adults which is an expectation of the assurance framework. The use of individual service funds will offer more options to people wanted to have greater flexibility and control over the way in which their care can be delivered and may be simpler and easier to use than traditional direct payment options.
29. The peer team recommend that the service ensure it is able to articulate a robust story in relation to backlogs of work, including assessments, care plans and reviews. In doing this the Council needs to be able to show a coherent understanding of attendant risks and the service's management of them. In some cases, there is an inconsistent use of the Red, Amber, Green (RAG) recording approach. A further benefit will be in managing expectations of service users until backlogs have cleared.
30. The service recognises the need for the development of live performance data, at a team level, to enable effective management. This will need corporate support to ensure there is enough capacity to deliver and embed it. For individual teams, having data at this level will enable better oversight of caseloads, as well as the opportunity to manage budgets more effectively
31. BCP Council is working towards the provision of reporting in relation to mandatory training compliance. This will be an important aspect of the adults service story in terms of how it assures the quality of delivery and the Council's on-going commitment to staff development. It may also support a narrative in relation to the retention of staff.
32. The peer team recommend BCP Council considers how to strengthen the ability to describe the characteristics of the diverse population, particularly around protected characteristics. We observed that there had been a lot of development of the workforce in terms of the awareness and understanding of the Council's equalities' duties, and efforts have been made to support an increasingly

diverse workforce through leadership and staff networks. This now needs to translate to a stronger understanding of the communities the Council supports, a focus on access to services by all sectors of the community and an ongoing dialogue about their needs. We would add however that there is strong practice in relation to some protected groups such as people with learning disability, autism or mental health.

33. From the present understanding of the CQC approach to inspection it seems the assurance process will challenge the service to demonstrate more strongly how it is meeting a diversity of need, beyond which we the peer team can currently see.
34. We could see that the Council is addressing the issue of a low uptake of direct payments (DPs). There is an opportunity to consider the development of an all-age policy for the Council to ensure that the experience of young people as they prepare for adult hood is a seamless one.

2 Providing support

This relates to markets (including commissioning), workforce equality, integration and partnership working.

Strengths

Workforce:

35. Against a backdrop of significant workforce challenges BCP Council is 'growing' its own workforce through apprenticeships and support to newly qualified staff in a number of areas, supported by a principal social worker and a well organised workforce development team. The service is able to demonstrate that by relaxing human resources processes the Council is enabling staff to work in different contexts, offering new experiences and development opportunities.
36. A recent joint recruitment event enabled some successful recruitment that led to reduced waiting times for packages of care. The NHS funded healthcare workers have strengthened domiciliary care delivery and staff embrace the opportunity of the new council to take on best practice and improve its own practice and achievements.
37. There is a developing partnership with Bournemouth University to expand care courses and offer student placements into adult social care.

Commissioning

38. Within the BCP Council area there is a high percentage of residential providers who are rated good or outstanding and the service is enabling delivery to a wide range of needs, promoting equity for some groups. For example, the services designed for people with learning disability or autism have been co-produced with demonstrable positive outcomes.
39. The Dorset Insight and Intelligence System (DiiS) is used to risk stratify long term conditions allowing outcomes based commissioning. This is possible by collating primary care data, helping to analyse levels of need. This enables preventative opportunities for individuals as well as enabling commissioners to predict trends, to inform service development.
40. BCP Council has positive relationships with the local provider community and providers report they were well engaged in the fair cost of care exercise and whilst "fee banding" (a new more differentiated approach to the fees offered to care providers) was met with some challenge, it has enabled BCP Council to offer fairer rates for residential providers.
41. BCP Council is getting a better understanding of residential care occupancy rates through providers' compliance with the capacity tracker. Within the council area, there is a high proportion of people who can meet the costs of their own care (self-funders). The Council needs to be aware of the impact of these people, should their funds fall to the level at which the Council would then have to meet need as this could create significant further financial pressures for the Council.
42. The views of service users are gathered as part of quality monitoring and insights from safeguarding referrals which are used to inform quality

improvements with providers. Furthermore team managers and service managers work together in a quality assurance forum to improve quality.

43. As part of the commissioning process to shape the carer's strategy, groups with protective characteristics were engaged as well in the current day opportunities review. We could see that the teams supporting this work were creative in the ways in which they tried to involve people and enable participation.
44. There was good evidence that there is a strong infrastructure and culture of coproduction with those people with a learning disability and those with autism. There was also evidence of engagement to create the carers strategy and day opportunities review work.
45. There is broader council support to adult social care including comprehensive integration between housing and adult social care.
46. The BCP Council housing strategy offers housing options to meet a wide range of needs (such as older people, those with a learning and physical disability and the migrant population, etc.), with support for homeless people at the point of discharge. The inclusion of housing in discharge planning to be celebrated. Housing is often a challenge for people whose homes may not be suitable for their recovery. By considering housing needs, people who may have been homeless prior to a hospital admission have a greater opportunity for recovering their health and wellbeing.
47. The prevention offer includes occupational therapists specialising in housing as part of access to adult social care front door. By enabling appropriate and decent housing for people, or facilitating aids, equipment and adaptations, the Council will reduce some of its demand for social care support since this can often be influenced by unsuitable housing.

For consideration

48. Take the opportunity to engage providers in the development of the next market position statement and embed the evidence included in the market sustainability plan to create a longer term view of the care market expectations. Providers will be able to provide insights as to what works and will help to develop more innovative care and support solutions. By working more closely with providers, the Council will also be able to help them to develop their own businesses to meet future emerging needs. The Council has a strong basis of co-production with services users that could be extended to include providers, who were evidently keen to be involved in co-production.

The service should seek to ensure there is clear visibility of staff compliance with mandatory training and the peer team pose the question of whether the workforce strategy is underpinned by the right level of data. This is particularly important for the workforce coming from three legacy councils with possibly different learning/ training requirements and records, to unify the mandatory requirements and develop a clear career pathway for all staff. Accurate learning and development data will also support staff with meeting their statutory and professional registration requirements.

49. The peer team noted the work that the Council has done via the assertive engagement team in a number of areas of service development. The peer team thought that the Council could use these examples to show how it is meeting the requirements in the assessment framework to achieve equitability in service delivery.
50. The service is aware that the affordability of local housing is a barrier to attracting and recruiting workforce in the area.

3 Ensuring Safety

This area relates to safeguarding, safe systems and continuity of care.

Strengths

51. BCP Council works in partnership with Dorset Council and local NHS bodies through the Dorset integrated care board (ICB), which was formed in July 2022. There are two place-based partnerships, one covering each council area, and the existing health and wellbeing boards cover each place. There are three foundation hospital trusts in the Dorset ICB area, three acute hospitals and eighteen primary care networks. From the evidence that the peer team read, heard and saw there are positive and productive relationships emerging with ICS partners delivering improvements in 'no criteria to reside' (NCTR) performance.
52. Another example of successful working with the ICS is the home first accelerator programme where joint work seeks to ensure that people have time to recover before onward care planning, leading to better outcomes.
53. The service has seen better outcomes for adults such as prompt crisis management, quicker and more holistic assessments and management of transitional safeguarding issues through more coordinated services in safeguarding due to multi-agency teams.
54. From the evidence seen there is strong partnership working evident in the joint ambition to end homelessness; there is also strong partnership working to build community resilience, supporting people to deal with cost of living and end food poverty.
55. Practice in preparing for adulthood is strong, focused on enabling positive risk taking and better outcomes for young people. The peer team recognise that the adults social care service has created a preparing for adulthood team which has improved arrangements to support the transition of young people and was described as "robust" and "aligned to national best practice in a recent external review.
56. BCP Council and health partners share risk around people requiring s.117 aftercare (Some people who have been kept in hospital under the Mental Health Act can get free help and support after they leave hospital), focusing on the delivery of outcomes through s.117 hub seeking to ensure that the needs of individuals discharged under the Mental Health Act are met in a joined up way.
57. A partnership of BCP Council and health staff is developing a database designed to enable better monitoring and review for those involved in s.117 decisions; a similar approach is being adopted around CHC funding showing a learning approach to improvement.
58. The Safeguarding Adult Board partnership is well led, offering a comprehensive training programme for a range of partners, which also extends to providers. There is also a proactive approach to provider improvement and learning from SARs and SI reporting.
59. BCP Council hosts a multi-agency hoarding panel where there is regular discussion of cases and solutions created and monitored to manage risk. There

is the facility for other staff to drop in on the monthly basis to discuss and hear advice.

60. Mental health support to assist discharges from hospital acute discharges show a focus on the holistic needs of individuals and helps to ensure that people with mental health conditions receive the right support for recovery after a hospital episode.
61. A new manager has been employed to oversee the Multi-Agency Public Protection Arrangements (MAPPA) and Multi-agency Risk Assessment Conference (MARAC) meetings as well as the *prevent* work seeking to prevent people from being drawn into terrorism.
62. ASC has a recent history of using two pre-existing management information systems and has moved to a single system that will help the organisation to embed stronger performance management arrangements, as we described earlier. This approach will also help to strengthen oversight of safeguarding.
63. The recent external safeguarding Peer Review report, completed by the LGA Partners in Care and Health outlined how making safeguarding personal is given priority in the Council's work.

For consideration

64. The peer team recommend that the service should be able to offer a narrative around the high safeguarding referral numbers; a strengthened multi-disciplinary approach to initial contact may help with this. Improved triaging of cases and a stronger link to the contract quality functions may help to determine which cases warrant further inquiry from a safeguarding point of view, versus those matters which are more related to contract/provider quality.
65. The peer team pose the question of whether the service understands the relationship between the referral rates and conversions to section 42 enquiries? The service may want to assure itself that this is clear to all.
66. There is good practice where the service uses the intelligence from these referrals, to support work to improve provider quality.
67. BCP Council recognises the need to be able to demonstrate a grasp of the risks and impact associated with long waiting lists for Deprivation of Liberty Safeguards (DoLS) and have a narrative of how these are be addressed.

4 Leadership

This relates to capable and compassionate leaders, learning, improvement and innovation.

Strengths

68. The peer team had the privilege of meeting the adult social care staff at BCP Council, who at all levels of the organisation demonstrate enthusiasm and commitment to what they do. They have a strong desire to improve what they do and are working hard to support and care for adults.
69. Since the Council was created in 2019 (by reorganising legacy authorities Borough of Poole, Bournemouth Borough Council and the Christchurch area of Dorset County Council), BCP Council has demonstrated a strong and supportive leadership against a backdrop of significant change. This was described as one of the most complex and fastest council reorganisations. Since the creation of BCP Council there is an on-going process of harmonising policy, practice and culture across the council. This includes an asset rationalisation process which has been delivered at pace, enabling flexible staff working practices.
70. From speaking with staff it is evident that the culture of the organisation is one where those involved positively embrace change. Senior managers are respected for the way they support their staff, who are given permission to be creative. There is also visible and supportive leadership in the “innovation sites” described earlier in our report, and in adult social care there is a developing culture around co-production.
71. As the local government structures have changed, there have also been new structures and new leaders within the new NHS structure. This has been seen as an opportunity to re-start joint and integrated working. Relationships appear already to be open, trusting and productive, for example rapid progress has been made on the implementation of a new discharge model and partners are working towards a more integrated approach to health and care commissioning.
72. BCP Council and its NHS partners recognise the strength of the local voluntary and community sector (VCS) and the opportunities it offers for future service delivery. To enable this, the NHS has funded a VCS assembly to help to stimulate, recruit and source input into health service changes and health partnerships state a strong desire to do things differently, especially around early help and communities.
73. The adult social care service manages performance and quality through structured approaches. However, there is a need for team level data, mirroring that which exists for financial data, to enable managers to be responsive to operational challenges. This could include waiting times for assessments, how long it takes for a care package to be put in place following assessment, timeliness of reviews and cost of care packages. This approach will enable managers to get to grips with some of the current challenges within the system and support a better understanding of resource use.

For consideration

74. The peer team would like to suggest that BCP Council be more explicit in describing its culture, particularly in what it looks like in the future. This would potentially include greater clarity on how staff work with the local community and how it wants staff to work together to deliver improved outcomes for local people. As is stated elsewhere in this report, that narrative needs to include the voice and assurance of personal lived experience.
75. The challenge for the new political administration is to take the reins quickly and address the underlying budget challenges facing the Council as a whole and adult social care in particular. Looking at the size of the deficit, this is no easy task.
76. There is an opportunity as the Council inducts new and existing Council members over the coming months to openly discuss these challenges and to reflect on the future roles of the Health and Adult Social Care Overview and Scrutiny Committee and the Health and Wellbeing Board in supporting on going challenges around demand management and resource use.
77. For the CQC inspection, the Council will need to show it has robust plans in place to manage the risk from growing demand in adult social care and that it is coordinating change plans effectively into the longer term, to ensure sustainability in the delivery of services to meet future need.
78. The peer team can see that staff rise to the challenge of delivering a complex change agenda and have been doing so for some time. The peer team suggest BCP Council consider the risks of “change fatigue” and of staff wellbeing, especially when thinking about the impact of the ‘Pay and Reward’ process.
79. To support and benefit from the opportunity for health integration, there is a need to improve the quality of data across the health and care system and work towards more systematic ways of enabling data sharing. Something of which BCP Council is aware.

Immediate next steps

The peer team appreciate the senior political and managerial leadership will want to reflect on these findings and suggestions in order to determine how the organisation wishes to take things forward.

As part of the peer challenge process, there is an offer of further activity to support this. The LGA is well placed to provide additional support, advice and guidance on a number of the areas for development and improvement and we would be happy to discuss this. **Paul Clarke, LGA Principal Adviser** is the main contact between the Council and the Local Government Association. His contact details are email: paul.clarke@local.gov.uk, Telephone: 07899 965730. There is also **Claire Bruin, Care and Health Improvement Adviser** who can be contacted at email: claire.bruin@local.gov.uk or Tel: 07584 272635.

In the meantime the LGA is keen to continue the relationship formed with the Council throughout the peer challenge. The LGA will endeavour to provide signposting to examples of good practice and further information and guidance about the issues we have raised in this report to help inform ongoing consideration.

Contact details

For more information about this **Adult Social Care Preparation for Assurance Peer Challenge at BCP Council** please contact:

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For more information on the peer challenges and the work of the Local Government Association please see our website: [Council improvement and peer support | Local Government Association](#)

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

Updated 14/9/2023

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
25 September 2023					
	Access to GP Practices and waiting times	To receive an update from NHS Dorset including information on the closure of Winton Health Centre	Committee Report	David Freeman, NHS Dorset	
	Closure of Winton Health Centre: Review of Process and Outcomes	To receive an update from NHS Dorset regarding the closure of Winton Health Centre	Committee Report	David Freeman, NHS Dorset	Requested by the Chair
	Merger of The Adam Practice & Lifeboat Quay Medical Centre	To receive an update from NHS Dorset	Committee Report	David Freeman, NHS Dorset	Added with agreement by Chair
	LGA Peer Review and Action Plan	To enable the Committee to consider the review and scrutinise the action plan	Committee Report	Chris McKenzie, Interim CQC Preparation Lead	
	National Suicide Prevention Strategy	To inform the Committee	Verbal update	Sam Crowe, Public Health Dorset	Requested by the Chair

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
27 Nov 2023					
	Dentistry Provision	For members to receive an informative update on NHS dentistry provision and a presentation from Healthwatch regarding their work in this area.	Committee Report	David Freeman, NHS Dorset and Louise Bates, Healthwatch	Requested by Committee members at 8 March meeting. Deferred from 25 Sept due to Healthwatch being unable to attend
	Safeguarding Adults Boards Annual Report	For Members to consider the Annual Report	Committee Report (information only)	Chair of the Safeguarding Adults Board	Requested by SAB by email 18/5/23
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

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
					consideration at Cabinet in April 2021.
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	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
		training needs in this respect.			
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.					

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