

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



Date: Monday, 15 January 2024 at 6.00 pm

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

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## 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

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

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

<https://democracy.bcpCouncil.gov.uk/ieListDocuments.aspx?MIId=5584>

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

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

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

GRAHAM FARRANT  
CHIEF EXECUTIVE

5 January 2024

**DEBATE  
NOT HATE**



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## 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  
([janie.berry@bcpcouncil.gov.uk](mailto:janie.berry@bcpcouncil.gov.uk))

### Selflessness

Councillors should act solely in terms of the public interest

### Integrity

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

### Objectivity

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

### Accountability

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

### Openness

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

### Honesty & Integrity

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

### Leadership

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

# AGENDA

Items to be considered while the meeting is open to the public

## 1. Apologies

To receive any apologies for absence from Councillors.

## 2. Substitute Members

To receive information on any changes in the membership of the Committee.

Note – When a member of a Committee is unable to attend a meeting of a Committee or Sub-Committee, the relevant Political Group Leader (or their nominated representative) may, by notice to the Monitoring Officer (or their nominated representative) prior to the meeting, appoint a substitute member from within the same Political Group. The contact details on the front of this agenda should be used for notifications.

## 3. Declarations of Interests

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

Declarations received will be reported at the meeting.

## 4. Minutes

To confirm the Minutes of the meeting held on 27 November 2023.

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### a) Action Sheet

To consider the Committee's action sheet.

13 - 18

## 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. Day Opportunities Strategy

To provide an update on the current status of the Day Opportunities Strategy Project.

19 - 92

<b>7. BCP Carers Strategy Update</b>	93 - 116
The report is to update Committee members on the progress on the BCP Carers Strategy, 1 year on from its approval.	
<b>8. Health inequalities – background briefing</b>	117 - 124
This briefing is to help Committee inform its future work programme. Especially how health and care services respond to reducing inequalities in health.	
Health inequalities are avoidable and unjust differences in health between groups of people. They are unjust because they don't happen by chance. This means we can change them. There may be specific causes, such as lack of access to services, or timely diagnosis of disease. Or wider social factors such as income, education, housing or environmental factors.	
BCP council has a statutory duty to assess and respond to health inequalities. So do our NHS organisations and partners in the integrated care system.	
This paper gives an overview of what we know about health inequalities in BCP Council. It considers different approaches to how to reduce them. It takes stock of local progress, and it highlights areas that Committee may wish to review in the future.	
<b>9. Data working group - scoping report</b>	125 - 130
The Health & Adult Social Care (HASC) O&S Committee agreed to establish a data working group which would investigate the data needs of the committee and how these may be met.	
The working group met on 11 December to agree the detailed scope. The scope is now being reported to the HASC O&S Committee for approval.	
<b>10. Portfolio Holder Update</b>	
To receive a verbal update from the Portfolio Holder for Health and Wellbeing.	
<b>11. Forward Plan</b>	131 - 180
The Health and Adult Social Care Overview and Scrutiny (O&S) Committee is asked to consider and identify work priorities for publication in a Forward Plan.	
<b>12. Dates of future meetings</b>	
To note the last meeting of the 2023/24 Municipal year will be:	
<ul style="list-style-type: none"> <li>Monday 4 March 2024 at 6pm – venue to be confirmed.</li> </ul>	

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



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

Minutes of the Meeting held on 27 November 2023 at 6.00 pm

Present:-

Cllr P Canavan – Chair

Present: Cllr H Allen, Cllr L Dedman, Cllr S Carr-Brown, Cllr M Gillett,  
Cllr C Matthews, Cllr P Slade and Cllr C Adams

Also in attendance: Louise Bates, Healtwatch

28. Apologies

Apologies had been received from Cllrs Jackie Edwards, Judy Richardson and Duane Farr. Cllr Joe Salmon attended remotely thereby being unable to vote on any matters arising.

29. Substitute Members

Cllr Cameron Adams substituted for Cllr Duane Farr on this occasion.

30. Declarations of Interests

Cllr Sharon 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, Cllr Joe Salmon declared a personal interest as an employee of Dorset Healthcare and a member of Unison and Cllr Hazel Allen declared a personal interest as an employee of University Hospitals Dorset NHS Foundation Trust.

31. Minutes

The minutes of the meeting held on 25 September 2023 were confirmed as an accurate record and signed by the Chair.

32. Action Sheet

The Committee had no comments on the action sheet.

33. Public Issues

There were no public issues received on this occasion.

34. Dorset and Bournemouth, Christchurch & Poole (BCP) Safeguarding Adults Boards Annual Report 2022-2023

The Independent Chair of the Dorset and BCP Safeguarding Adults Board presented a report and presentation, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'A' to these Minutes in the Minute Book.

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

The attached report was for the year April 2022 to March 2023. The report was agreed at the September meeting of the Safeguarding Adults Boards (SABs). The DBCP Boards had successfully worked together with joint meetings over the year. One Annual Report for both Dorset and BCP SABs had been published. Throughout this year the Board had delivered against all its priorities which were set out in the annual work plan; this Annual Report summarised what the Board has achieved.

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

- In response to a query regarding the differences in data being collected by BCP and Dorset, the Committee was advised of that it was difficult to compare local authorities data and the reasons for this were outlined including, the different arrangements at the front doors of the services. It was also highlighted that Dorset and BCP had very different demographics which meant benchmarking them against each other was not beneficial
- The Committee was advised of the process used by the service once it received a safeguarding concern and the breakdown of primary support reasons provided during the last quarter.
- The Committee was advised of the importance of transitional safeguarding, what that entailed and how it was managed when a safeguarding concern was referred.
- In response to a concern that the BCP data did not include a self category, the Committee was advised it was included under the neglect data and the work being done in that area was highlighted.
- The Chair of the SAB advised that next year she would ensure the data for self neglect would be separately accounted for. **ACTION.**
- Following another query regarding the differences in the data provided, the Committee was advised that the SAB did not have its own data analysts and used data provided from Dorset and BCP Council.
- The Chair of the SAB welcomed any further consideration from the Committee about how they would like to see the data presented and broken down in the next Annual Report. **ACTION.**

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- Following further concern about the differences in data, the Chair of the SAB stressed that what was important was the Boards worked with local analysts to make sure it scrutinised the data through its Quality Assurance Subgroup and identified areas where more in-depth auditing was required to understand what was going on locally.
- In response to a query, the Committee was advised there had been an increase in safeguarding concerns and referrals and the reasons for that were detailed including increases in statutory safeguarding, adult review referrals and the undertaking and commissioning of those, and that people were more aware of adult safeguarding.
- Some further clarification over the terminology used was provided to the Committee.
- The Chair of the Committee concluded the item by thanking the Chair of the SAB for her presentation and requested that the action regarding the data breakdown be considered for the next report.

**RESOLVED that the Committee note the report which informed about how the SAB had carried out its responsibilities to prevent abuse, harm and neglect of adults with care and support needs during 2022-2023.**

35. Annual Adult Social Care Complaints report

The Head of Transformation and Integration presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'B' to these Minutes in the Minute Book.

Adult Social Care had a statutory responsibility to produce an annual report on complaints received, issues that had been raised and any action that had been taken to improve services.

The report provided a summary of complaints and compliments, including learning, for BCP Council Adult Social Care from 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023.

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

- In response to a query from the Chair regarding the Executive Performance and Quality Improvement Board and the data considered, the Committee was advised of the data set used
- A Committee Member congratulated the team and felt that the majority of complaints came from a misunderstanding about what an individual may or may not be entitled to and that an increase in communication around that, may reduce complaints.
- The Director of Adult Social Care advised that the core data used could be shared with the Committee, but it needed to be confidential. **ACTION.**

**RESOLVED that the Committee:**

- i) consider and scrutinise the information contained in this report.**
- ii) consider any actions or issues for inclusion in the forward plan.**

36. Update on NHS Dentistry Provision in BCP area

The Deputy Director Strategic Commissioning, NHS Dorset presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'C' to these Minutes in the Minute Book.

Over recent years there had been a steady fall in the number of patients in Dorset who had been able to access an NHS dentist. The total number of adults seeing an NHS dentist in Dorset has decreased from 265,915 (42.0% of the population) in June 2021 to 231,948 (36.6% of the population) in June 2022. This was a drop of 33,967 patients (5.4%) over this period.

As at July 2023 there were 109 High Street Dental Contracts - these were in practices in Dorset who provided general dental services. In 2022/23, NHS England (NHSE) commissioned 1,224,386 Units of Dental Activity (UDAs) from providers. This figure had reduced from the previous year as a result of a number of recurrent and non-recurrent reductions which were made to contracts at the request of providers, due largely to the number of vacancies for dentists in practices across the county.

A key factor affecting access to NHS dentistry was workforce. The lack of dentists in the area undermined the ability of High Street practices to meet their contracts.

The South West Dental Reform Programme was established in 2020 to improve access to oral health services, develop workforce initiatives to improve recruitment and retention of the dental workforce, and improve the oral health of the population. The programme was run by NHSE and Health Education England, alongside the Integrated Care Partnerships and Local Authority Public Health leads to bring together the NHSE Dental Commissioning Team and Transformation Team with key stakeholders with responsibility for oral health in the region (Public Health England, Health Education England, Local Dental Committees, the Local Dental Network, and Integrated Care System (ICS) representatives) as well as public and patient voice partners. The purpose of the programme was to inform a roadmap/plan for the future of NHS dental services and oral health improvement in the South West.

Access to NHS dentistry in Dorset remained challenging. Dorset ICB was working with local and regional Clinical and professional Dental leads to try and improve the situation for residents; engaging local dental clinicians, their representatives and partners, as well as Healthwatch, as part of the



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wider South West Dental Reform programme, to offer practical support to enable dental practices to take on more NHS dentistry in the area.

The Manager of Healthwatch Dorset gave a short presentation which detailed the work they had undertaken regarding the lack of access to NHS dentistry in Dorset.

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

- In response to a query, the Committee was advised that dentists across Dorset were passionate about providing dental care on the NHS and were very concerned about the challenge in meeting the local populations dentistry needs. It was also highlighted that the Government was in discussions with dentists about dental reform and the dental contracts which were not currently fit for purpose.
- The Committee was advised that the Government had recently introduced flexible commissioning which was explained to the Committee, including how the funding was provided and the challenges faced in providing a sustainable and targeted model.
- In response to a query regarding how many people locally wanted an NHS dentist and in turn, how many of those were accessing emergency care because of the lack of dental care, the Committee was advised how the data was collected through NHS dentistry and that NHS Dorset was unable to access data about levels of people accessing private dental provision.
- The Committee was advised of the plan to progress patient participation groups around NHS dentistry to ensure the patients and public's voice was heard.
- In response to a query regarding the underperformance and under investment, the Committee was advised of the ongoing work to redirect the funding including child friendly dental practices, the supervised toothbrushing schemes, stabilisation pathways, creating additional theatre space for children who required anaesthetic and work around inequalities and increasing accessibility for the homeless to access provision. The Committee was reassured that the Integrated Care Board would ensure all funding was utilised, however it was highlighted that it was early days in taking responsibility for dentistry provision.
- In response to a query regarding partnership working to improve services, the Committee was advised there were two key areas, one focusing on oral health which NHS Dorset was already working on with public health colleagues and the other was how partners could work together to attract more dentists to want to come and work in the BCP area, including the possibility of a Dorset Dentist School and other schemes to attract and retain dentists.
- In response to a query, the Committee was advised of the need to change practices of dentists and patients by increasing the length of time a patient would need between routine check ups, which would free up appointments for those with a more acute need.

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- The Committee was advised accessibility was a very complex area of work, but NHS Dorset was trying to work through some of the issues and think about how the provision can work differently and to particularly target population needs in our most deprived or unequal access of care.
- The Committee was advised that investment had been made increasing sessions in the urgent care service and the route to access that was now via the 111 helpline.
- A new model of working was highlighted, which was being trialled in Essex and Suffolk to help increase provision and if successful, then the learning could be applied across the BCP area.
- In response to a query, the Committee was advised of the good community service for dentistry in BCP for people with additional needs.
- There was some further discussion around partnership working to make BCP an attractive offer for NHS dentists although the limitations of the national contract were highlighted, and it was acknowledged that none of the proposed solutions were short term fixes.
- In response to a query about dentists having capacity to take on patients privately but not with the NHS, the Committee was advised of the complexities and were struggling for NHS provision to be financially viable and how a sustainable NHS business model was urgently needed.
- The Healthwatch Manager concluded by advising that they would feedback any changes to the Committee and if constituents needed any assistance, please direct them to Healthwatch.

**RECOMMENDED that the Committee acknowledge the difficulties for dentistry as detailed in the report, in particular; access; returning to full contractual activity following the pandemic and workforce issues. Also, to acknowledge progress of the Dental Reform Strategy bringing together key stakeholders with responsibility for oral health in the region as well as public and patient voice partners. This programme is key for the future of NHS dental services and oral health improvement in the South West.**

**The Committee were also asked to note that improving access to primary care for people in Dorset would benefit from consideration on how the Council working in partnership can market Dorset to healthcare professionals.**

37. Portfolio Holder Update

The Portfolio Holder for Health and Wellbeing provided a verbal update of what he had been doing since the last meeting, which included:

- Attending the Integrated Care Partnership Board considering the health priorities across Dorset and BCP

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- A lot of time spent on budget meetings to try and balance the gap in the budget and highlighted some of the difficulties and challenges faced
- The ongoing work for the Day Opportunities Strategy and the current consultation around that
- Will be attending the National Children's and Adult Social Services Conference at the BIC, organised by the LGA and that some of BCP Officers would be giving a presentation regarding preparing young people and families for adulthood.

The Chair advised that the presentation to the Conference would be coming to the Committee in the new year.

38. Task and Finish Group

The Chair advised the Committee of the proposed date for the task and finish group to consider data and requested nominations be emailed to him copying in Democratic Services.

39. Forward Plan

There was no discussion regarding the Forward Plan.

40. Dates of future meetings

The dates of the future meetings were noted.

The meeting ended at 8.35 pm

CHAIR

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**ACTION SHEET FOLLOWING 27 NOVEMBER 2023 – BOURNEMOUTH, CHRISTCHURCH AND POOLE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE**

<b>Minute number</b>	<b>Item</b>	<b>Action*</b> *Items remain until action completed.	<b>Benefit</b>	<b>Outcome</b> (where recommendations are made to other bodies)
<b>Actions arising from Committee meeting: 30 November 2020</b>				
<b>110</b>	<b>Home First Programme (including update on the Better Care Fund)</b>	For the Committee to receive data on the readmission rates to hospitals in BCP following discharge through the Home First Programme.  <b>Action: to come to Committee in March 2024</b>	For members to track the rate at which individuals, who have been discharged through the new process, had re-entered hospital and whether there were any specific or identifiable reasons for this.	
<b>Actions arising from Committee meeting - 28 November 2022</b>				
<b>49</b>	<b>Annual Compliments, Complaints and Comments Report</b>	The breakdown of equality information and proportions to reference the split within BCP.  <b>Actioned – provided in Annual report 22/23</b>		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
<b>Actions arising from Committee meeting - 5 June 2023</b>				
9	<b>Healthwatch – Access to Primary care and project plan</b>	Decision Made: To circulate the Healthwatch Annual Plan to the Committee for their information.  <b>Actioned – circulated via email to Committee on 20/11/23.</b>		
12	<b>Forward Plan</b>	Decision Made: To provide a data set for the Committee to consider to focus any scrutiny plans.  <b>Actioned – working group meeting on 11 December 2023.</b>		
<b>Actions arising from Committee meeting – 25 September</b>				
20	<b>National Suicide Prevention Strategy</b>	Decision Made: The Board was advised that Public Health was unsure of the amount which would be allocated to the BCP area, as the closing dates for bids had not yet happened, however bids were being worked on and once any funding was known, the Committee could be informed.		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
		<p><b>Action – Public Health aware</b></p> <p>Decision Made: The Chair advised it was important for the Committee to keep this issue under review and further scrutiny of the planed refresh of local action plans should be bought back to the Committee at the appropriate time in 2024.</p> <p><b>Action – Officers aware and added to Forward Plan with date to be allocated.</b></p>		
21	<b>Access of GP Practices in BCP Area</b>	<p>Decision Made: In response to a concern regarding the methodology of the data presented within the report and the need for more interactive data, the Committee was advised that Officers would take this away and consider how to present data in the future.</p> <p><b>Action – Officers aware.</b></p> <p>Decision Made: In response to a query regarding the PCN Improvement plans, the Committee was</p>		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
		<p>advised that the business plans were not publicly available however all 18 PCNs had their plans signed off by the ICB, so it was anticipated that all of them should meet the needs of their residents. The Deputy Chief Officer advised that further consideration should be given to the publication of business plans due to the use of public funding and that NHS Dorset would consider it further.</p> <p><b>Action – NHS Dorset aware.</b></p> <p>Decision Made: The Deputy Chief Officer advised that NHS Dorset could share some further information regarding the work of the integrated neighbourhood team.</p> <p><b>Actioned – circulated via email to Committee.</b></p>		
22	<b>Closure of Winton Health Centre: Review of Process and Outcomes</b>	<p>Decision Made: The Committee was advised of the mapping work which had been undertaken and ensuring that all residents could still access a GP local to them who had capacity to take on the</p>		



Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
		<p>patients. It was acknowledged that some feedback could be collected from patients including how many had moved since September.</p> <p><b>Action – NHS Dorset aware.</b></p> <p>Decision Made: A Committee Member expressed concern regarding patients being moved to Winton Health Centre from Leybourne Surgery due to its closure and then being moved again and requested consideration regarding engagement with those patients regarding the impact it had on them.</p> <p><b>Action – NHS Dorset aware.</b></p>		
<b>Actions arising from Committee meeting – 27 November</b>				
	<b>Dorset and Bournemouth, Christchurch &amp; Poole (BCP) Safeguarding Adults Boards</b>	<p>Decision Made: That next year's Annual Report would include data for self-neglect as a separate entity.</p> <p><b>Action – Chair of SAB aware.</b></p>		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
	<b>Annual Report 2022-2023</b>	Decision Made: Further consideration be given about how the Committee would like to see the data presented and broken down in the next Annual Report.  <b>Action – to be considered by Officers and Committee.</b>		
	<b>Annual Adult Social Care Complaints Report</b>	Decision Made: Core data used to formulate report be shared confidentially with the Committee.  <b>Action – Director of Adult Social Care aware.</b>		

# HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	<b>Day Opportunities Strategy</b>
Meeting date	15 January 2024
Status	Public Report
Executive summary	To provide an update on the current status of the Day Opportunities Strategy Project.
<b>Recommendations</b>	<p><b>It is RECOMMENDED that:</b></p> <ul style="list-style-type: none"> <li><b>a) Committee review the draft Day Opportunities Strategy for any comment.</b></li> <li><b>b) Committee are aware of the current Day Opportunities Strategy public consultation and proposals for future Tricuro day service provision, for subsequent review in March 2024.</b></li> </ul>
Reason for recommendations	To receive and comment on the progress in the development of the future Day Opportunities Strategy.

Portfolio Holder(s):	Councillor David Brown – Portfolio Holder for Health and Wellbeing
Corporate Director	Jillian Kay - Corporate Director for Wellbeing
Report Authors	<p>Kevin Gillings - Commissioning Manager – Day Opportunities</p> <p>Siobain Hann - Interim Head of Strategic Commissioning – Disabilities</p> <p>Phil Hornsby - Director of Commissioning</p>
Wards	Council-wide
Classification	For Update and Information

## Background

1. Day opportunities can mean different things to different people. They can be about learning new skills, taking part in a wide variety of hobbies and interests, accessing the community, supported employment and volunteering opportunities and developing friendships and support networks.
2. In addition, BCP Council recognises that carers, parents, and guardians of those who access day opportunities rely on these services to reduce the likelihood of carer break down. Day opportunities provide much needed short-term respite for carers to continue their role.
3. The term 'day opportunities' will be used when referring to all potential activities as defined above, as opposed to the terms 'day services', 'day centres' or 'day care' which have an association with the provision of building-based services. Day services/centres/care are included in the term 'day opportunities' but not vice versa for the purposes of clarity.
4. Officers have worked in co-production with people with lived experience, their families and carers, members of the public, a range of advocacy groups, providers of day opportunities, NHS Dorset, BCP Council members and officers, and other local authorities to undertake a review of current services to inform the draft Day Opportunities Strategy.
5. The agreed key themes of the project are:
  - Co-production
  - Strength based approach.
  - Asset Based Community Development.
  - Innovation
  - Market Shaping
  - Sustainability

## Case For Change

**Following all of the project work, 6 overarching design priorities and 25 proposals within these priorities, were agreed through co-production.**

6. The co-production group included portfolio holders and other councillors of BCP Council who were actively involved in the work resulting in the Case for Change priorities that were supported by HASC Overview and Scrutiny and approved by Cabinet in March 2023.



7. The agreed priorities were also informed by the public engagement and view seeking questionnaire in November 2022 and have underpinned the subsequent development of a co-produced draft day opportunities strategy (see Appendix 1 – Draft Day Opportunities Strategy and Appendix 2 – Draft Easy Read Day Opportunities Strategy) and included input from the current portfolio holder for Health and Wellbeing.
8. The 6 priorities with 25 proposals within are as follows:
  - Day Services Review
  - Supported Employment Review
  - Standards and Support for Day Opportunities
  - Transport
  - Cost/Eligibility of Day Opportunities
  - Accessible Information
9. The draft strategy is currently released for public consultation from 1<sup>st</sup> December 2023 to 12<sup>th</sup> January 2024<sup>1</sup> and sets the direction for future services based on these 6 co-produced design priorities.

## **Project Update**

10. The approved priorities of the strategy endorses a mixed model of day opportunities including development of more cost effective community-based activities for people within their local area and hubs that will ensure a safe space for people who require a building-based service as well as broadening the day opportunities offer.
11. In order to provide the community-based provision that will be needed for the modernisation of day opportunities there is current work ongoing in Micro-Provision and Individual Service Fund (ISF) development. This includes:
  - Community Catalysts to work with local communities to develop the micro-provider market. Micro-providers provide local care services and more and are totally independent of any umbrella body. Most Micro-providers are self-employed sole traders, but they can also up to eight people employed or volunteering. Typically, Micro-providers support people with personal care, managing their home or garden, helping people get out and about, meeting friends, pursuing hobbies and/or work.

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<sup>1</sup> [Day Opportunities Strategy and Review | Have Your Say Bournemouth, Christchurch and Poole \(bcpccouncil.gov.uk\)](https://www.bcpccouncil.gov.uk/day-opportunities-strategy-and-review-have-your-say-bournemouth-christchurch-and-poole)

- Reviewing individual packages and exploring with people what their options are to access more community-based day opportunities where appropriate.
  - Developing ISFs and enhancing Direct Payments to ensure that people in BCP have control over how they purchase their care and support.
12. There are a number of providers operating day centres in the BCP area. Eight of these centres are operated by local authority trading company Tricuro. Of these eight Tricuro day centres, there are five smaller 'Plus' centres and three larger 'Connect' centres:
- Highcliffe Plus (currently based at Christchurch Connect since the pandemic)
  - Wallisdown Plus (currently based at Parkstone Connect since the pandemic)
  - Westbourne Plus (currently based at Boscombe Connect since the pandemic)
  - Moordown Plus
  - Poole Plus
  - Boscombe Connect
  - Christchurch Connect
  - Parkstone Connect
13. In keeping with the public consultation on the draft Day Opportunities Strategy to increase community day opportunity provision, engagement sessions have been held to directly speak with people who use, rely on and work at the 5 Plus Tricuro services.
14. The following two proposals have been put out for public consultation but have not been co-produced as part of the day opportunities strategy project. The proposals are being considered as part of the Council's review of its financial position.

#### **Consultation Proposal 1:**

15. **Close the five Plus centres and move service users either to community-based services or to larger Connect centres. Three of these centres have not re-opened following the pandemic lockdown in 2020, with service users currently accessing services at nearby Connect centres.**

#### **Consultation Proposal 2**

16. **Close all eight Tricuro centres and move all service users to either community-based services or to day centres operated by other providers.**

17. The results of the consultation on the strategy and the 2 proposals above are intended to be brought to HASC Overview and Scrutiny Committee in March 2024 for approval of the finalised strategy and input on the recommendations of potential closures of Tricuro services for approval by Cabinet.

### Summary of financial implications

18. BCP Council's budget for commissioned day opportunities for 2023/24, including day care from the independent day opportunities provider market, is £6,466,251. Of this, Tricuro day services block contract budget for 2023/24 amounts to £4,649,151.
19. Furthermore, there are a cohort of people that purchase day opportunities through a Direct Payment. It is not known what proportion of this is spent solely on day opportunities, due to the nature of individual choice and flexibility in regard to Direct Payments. However, the majority of this spend is on less expensive 'community support' day opportunities and therefore should be encouraged further.
20. The Council originally set a Medium Term Financial Plan (MTFP) savings target of £1.3m for Day Opportunities Services between 2023-25 with £600k already saved for 2023-24 and a further £700k to be saved for 2024-25. Subsequent proposed review of the budget position due to financial pressure the authority is facing, has led to the 2 proposals detailed above for the following additional projected savings.

**Table 1 Financial Implications of the Proposals**

Proposal	Proposal detail	MTFP additional savings
Proposal 1	Closure of Tricuro's 5 Plus Day Service buildings	£835,000
Proposal 2	Closure of Tricuro's 8 Day Service buildings	£1,256,000

21. The delivery of proposal 1 would mean a total saving of £1.535m of which £935k could be delivered in 2024/25 and £600k in 2025/26.
22. The delivery of proposal 2 would mean a total saving of £1.956m which could be delivered over a 3-year programme at £652k each year.

## **Summary of legal implications**

23. The proposals set out in this report are consistent with the key provisions of the Care Act 2014. Section 2 of the Care Act provides that the Council has a duty to provide or arrange for the provision of services which it considered will:
- Contribute towards preventing or delaying the development by adults in its area of needs for care and support.
  - Contribute towards preventing or delaying the development by carers in its area of needs for support.
  - Reduce the need for care and support of carers in its area.
24. Section 5 of the Care Act provides a general duty for local authorities to promote diversity and quality in the market of care and support providers for people in their local area.
25. In considering these proposals, it is essential that the Council is mindful of the requirement under the Public Sector Equality Duty to have due regard to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between those who share a protected characteristic and those who do not. Therefore, consideration must be given to the contents of the Equality Impact Assessment so that informed decisions can be made.

## **Summary of human resources implications**

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

## **Summary of environmental impact**

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

## **Summary of public health implications**

28. It is anticipated that there will be benefits for the health and wellbeing of those who access services and their carers in the BCP area through a greater choice of personalised local services and reduced costs.

## **Summary of equality implications**

29. An Equality Impact Assessment (EIA) panel was attended on 30<sup>th</sup> August 2023 (see Appendix 3 - EIA Panel outcome form - Day Opportunities 30.08.23) The project lead has been advised to attend an EIA panel when the results of the consultation on the Day Opportunities Strategy and subsequent proposals are apparent in January 2024.
30. If Proposal 1 was recommended in its entirety and approved by Cabinet this would predominantly impact Moordown and Poole Plus services as the other 3

Plus services have already been re-provisioned at Connect centres when services re-opened after the pandemic. Both services are for older people. Moordown Plus has approximately 46 clients (of which 6 are self-funded) attending their service for 529 support hours per week. Poole Plus has approximately 47 clients (of which 15 are self-funded) attending their service for 644 support hours per week.

31. If Proposal 2 was recommended in its entirety and approved by Cabinet this would impact all 8 Tricuro day services. For all 8 day services there are approximately 475 clients (of which 70 are self-funded) accessing approximately 6,173 support hours per week. There are a wide range of care needs for those accessing all services including older people, people with a learning disability and/or autism, a mental health issue, physical disability, and sensory loss. Older people and those with a learning disability are more likely to be impacted by this proposal due to their greater representation in attendance at Tricuro day services.
32. The following table shows for each day service the numbers of people, including those with an eligible care need who access services as part of the block contract with Tricuro and those who are self-funded, and total number of support hours accessed in a snapshot week in November 2023

**Table 2 Snapshot of Tricuro Day Service attendance per week for November 2023**

<b>Day Service (support specialism)</b>	<b>Number of people attending per week as part of the block contract with Tricuro</b>	<b>Number of self-funded people attending per week</b>	<b>Total weekly hours (including self-funders)</b>
<b>Boscombe Connect (varied)</b>	113	15	1,673
<b>Christchurch Connect (varied)</b>	42	11	774
<b>Parkstone Connect (varied)</b>	113	12	1,831
<b>Highcliffe Plus (Older people)</b>	25	9	148
<b>Moordown Plus (Older people)</b>	40	6	528.5
<b>Poole Plus (Older</b>	32	15	644

people)			
<b>Wallisdown Plus (Learning Disability)</b>	13	2	336
<b>Westbourne Plus (Mental Health)</b>	27	0	238
<b>Total for all services</b>	<b>405</b>	<b>70</b>	<b>6,172.5</b>

33. Depending on the consultation outcome, recommended proposal options and decision making of Cabinet in March 2024, consideration will need to be given to the protected characteristic groups that are significantly impacted, including those who are paid and unpaid carers for people accessing services.

### **Summary of risk assessment**

34. Pending finalised Day Opportunities Strategy agreement and recommendations of the 2 proposals currently out to public consultation, the key risk will be regarding any objections about changes to services. Through ongoing co-production with a wide range of stakeholders, and formal consultation with people using services, it is planned that this risk will be mitigated.
35. There is a risk that if we do not implement changes to the current model, the existing available budget for day opportunities will not meet ongoing and future need in the BCP area.
36. Interdependencies with other strategies and projects, as well as unprecedented levels of demand and business as usual. Constraints regarding how much staff resource can continue to support this project as it moves into the implementation phase.
37. Time pressure on the project, whilst achieving meaningful co-production.
38. Achieving MTFP savings on the Day Opportunities budget whilst still working in co-production, recognising effective co-production takes time.
39. Risk log for project available on request.

### **Background papers**

None

### **Appendices**

Appendix 1 – Draft Day Opportunities Strategy for Consultation

Appendix 2 – Draft Easy Read Day Opportunities Strategy for Consultation

Appendix 3 - EIA Panel outcome form - Day Opportunities 30.08.23

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# BCP Council Day Opportunities Strategy

2023-2028

# Welcome

Input from Councillor David Brown, Portfolio Holder for Health and Wellbeing, Jillian Kay, Corporate Director for Wellbeing

**Name**

**Job title ('Emphasis' in styles)**

DRAFT

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# Introduction

## What are day opportunities?

Day opportunities can mean different things to different people. They can be about learning new skills, taking part in a wide variety of hobbies and interests, accessing the community, supported employment and volunteering opportunities and developing friendships and support networks. The term 'day opportunities' is used when referring to all potential activities as defined above, as opposed to the terms such as 'day services', 'day centres' or 'day care' which have an association with the provision of building-based services.

## The value of day opportunities

BCP Council recognises that people value day opportunities and as such, we have sought to co-produce a new Day Opportunities Strategy to meet the needs of local people and their carers which enables them to live active, healthy and fulfilled lives as independently as possible.

This strategy will provide a clear set of design priorities and actions and will help to support the further development of the day opportunities model across BCP to ensure there is a wide range of different types of service offers, and accessible provision for those who need it.

## National Context

The Care Act 2014 has resulted in changes to how care and support is arranged. For the Local Authority this means ensuring that it promotes individual's wellbeing and ensuring that people have greater control over their day-to-day life, including their care and support and how this is provided.

Think Local Act Personal (TLAP) "Making it Real Framework" is a personalised approach to care and support for people working across Adult Social Care, Housing and for people who access services. This uses a set of personalised principles which focus on what is important and matters to people, which will be used to underpin the strategy.<sup>1</sup>

#socialcarefuture is a growing movement of people with a shared commitment to bring about major positive change in what is currently called "social care." It's for those who want to take part in imagining, communicating and creating together a future where what we currently call social care makes a major contribution to everyone's wellbeing and which, as a result, will enjoy high levels of public – and hence political – support.

'We all want to live in a place we call home with the people and things we love, in communities where we look out for one another, doing things that matter to us. That's the social care future we seek. #socialcarefuture'<sup>2</sup>

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<sup>1</sup> [Six themes of Making it Real - About - Making it Real - Think Local Act Personal](#)

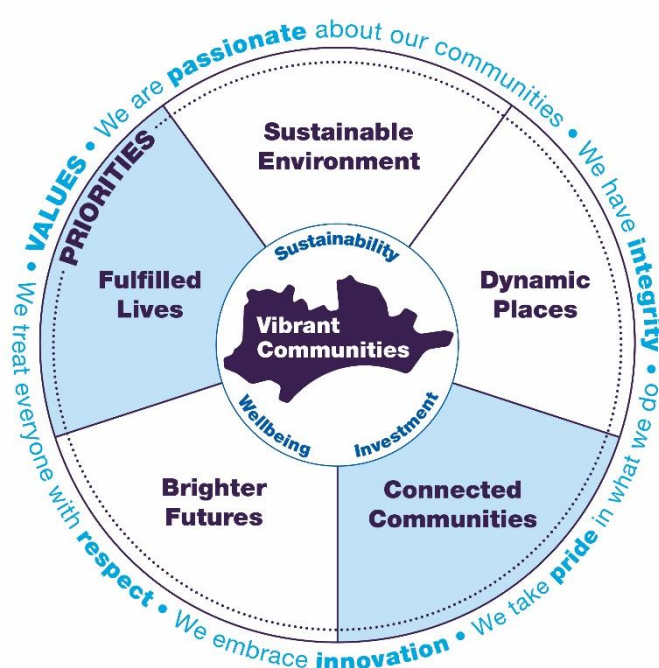
<sup>2</sup> [socialcarefuture.org.uk](https://socialcarefuture.org.uk)

# BCP Council's Corporate Strategy

BCP Council is one of the UK's newest local authorities. It is the 10<sup>th</sup> biggest urban authority in England, currently serving a population of approximately 400,000, which is expected to grow year on year. With this growth comes increased demand for council services against a backdrop of unprecedented challenges that has seen central government funding for local services continue to decline, with more resources raised locally, which in turn requires a thriving local economy and engaged communities.

BCP Council's Corporate Strategy 2021-25 sets out its vision, mission and priorities, and the values which underpin the way services are developed and delivered.

The corporate strategy identified Connected Communities and Fulfilled Lives as two of its key priorities to help people to lead active, healthy and independent lives. Under these priorities is a commitment to modernisation of day opportunities. The strategy states that BCP Council will:



- Develop a strategic plan for day opportunities..., modernising the approach to daytime activity for people with care and support needs, including those who are socially isolated.
- Modernise day opportunities so that all residents with care and support needs have opportunities to engage in daytime activity in both day centre and community settings, some of which will offer an important break for carers.

Work is currently underway to consult on a revised corporate strategy and vision for the future which will be in place in April 2024. There will be a continued focus on People and Communities and Place and Environment. It is not intended that this strategy will be in conflict

with any confirmed changes, but the ongoing Day Opportunities project will be mindful of any need to align to the future agreed corporate strategy and vision.

## BCP Council's Adult Social Care Strategy

In 2021, BCP Council produced its first Adult Social Care Strategy, which sets out its objectives and priorities for adult social care over four years. It outlines an ambitious plan, for working together with partner organisations from health, housing, the voluntary and community sector, and independent care providers. It also incorporates the views of adults and carers who draw on services, plus other local residents and communities.

The BCP Council Adult Social Care Strategy 2021-25 has identified the following priorities and within these are relevant sections relating to the Day Opportunities Strategy:

### Priority 1 – Support people to live safe and independent lives

- provide social care that focuses on people's strengths and support from those around them, to encourage independence.
- increase the proportion of adults with care and support needs in employment, training and volunteering.
- increase the proportion of adults with a learning disability with care and support needs into employment and to live in their own home locally
- continue to promote and extend the use of assistive and digital technology for service users and carers, to enable independence and enhance people's quality of life
- improve outcomes for young people to achieve their full potential by contributing to the delivery of the Special educational needs and disabilities (SEND) and inclusion strategy

### Priority 2 – Engage with individuals and communities to promote well-being

- work with NHS, voluntary and community sector partners to support community activities in order to encourage participation, independence and reduce social isolation.
- engage earlier with those residents at risk of worsening life chances and outcomes by developing outreach support in community-based settings

### Priority 3 - Value and support carers

- increase the availability and options for time out and short breaks for carers.

### Priority 4 – Deliver services that are modern and accessible



- encourage people who use our services to be involved in the shaping and monitoring of our provision
- further develop integrated health and social care services within hospitals and the community
- ensure that we rigorously monitor and review outcomes and services and continuously learn from best practice

Priority 5 – Enable people to live well through quality social care

- implement a new first point of contact service for adult social care to improve on-line information and advice and supports residents' well-being and independence.
- work with all partners and people with lived experience to develop and deliver a strategy to improve the sustainability and quality of the social care market
- develop and implement plans so that the council provides good quality and best value for money care and support
- develop with partners an adult social care workforce which reflects local needs

## BCP Council's Day Opportunities Review

The Day Opportunities Strategy has 6 key underpinning themes:

**Figure 1 Strategy Key Themes**



### Co-production

The most important part of this project is co-production. This is when service providers and people who use services get together to influence the way services are designed, commissioned and delivered.

### Strength-Based Approaches

This is about using an individuals' strengths, including personal strengths and social and community networks. The focus is on what people can do, not about what they can't do. BCP Council have adopted the 3 Conversations Model to provide a strength-based approach to care planning for individuals and this will underpin the day opportunities review.

**Table 1 - The 3 Conversations Model<sup>3</sup>**

Conversation	Needs assessment and care planning questions
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<sup>3</sup> [Case study: Assessment and care planning - 3 conversations - SCIE](#)



1. Initial contact	<ul style="list-style-type: none"> <li>• How can I connect you to things that will help you get on with your life – based on your assets, strengths and those of your family?</li> <li>• What do you want to do?</li> </ul>
2. If people are at risk	<ul style="list-style-type: none"> <li>• What needs to change to make you safe and regain control?</li> <li>• How can I help make that happen?</li> </ul>
3. If long-term support is needed	<ul style="list-style-type: none"> <li>• What is a fair personal budget and what are the sources of funding?</li> <li>• What does a good life look like?</li> <li>• How can I help you to use your resources to support your chosen life?</li> </ul>

### **Asset Based Community Development**

Uses and builds on what is already in the community for example leisure centres, groups that are already set up, libraries. This helps individuals and organisations to actively work together and develop their strengths.

### **Innovation**

Using a new idea, ways of doing things or learning from good practice to provide day opportunities.

### **Market Shaping**

Identify what services we need for the future and develop or decommission existing day opportunities. There is lots of great work going on in our communities which the strategy will look to build on.

### **Sustainability**

Development of services which meets the needs of the present without affecting the ability of future generations to meet their own needs and is achievable within the local authority budget.

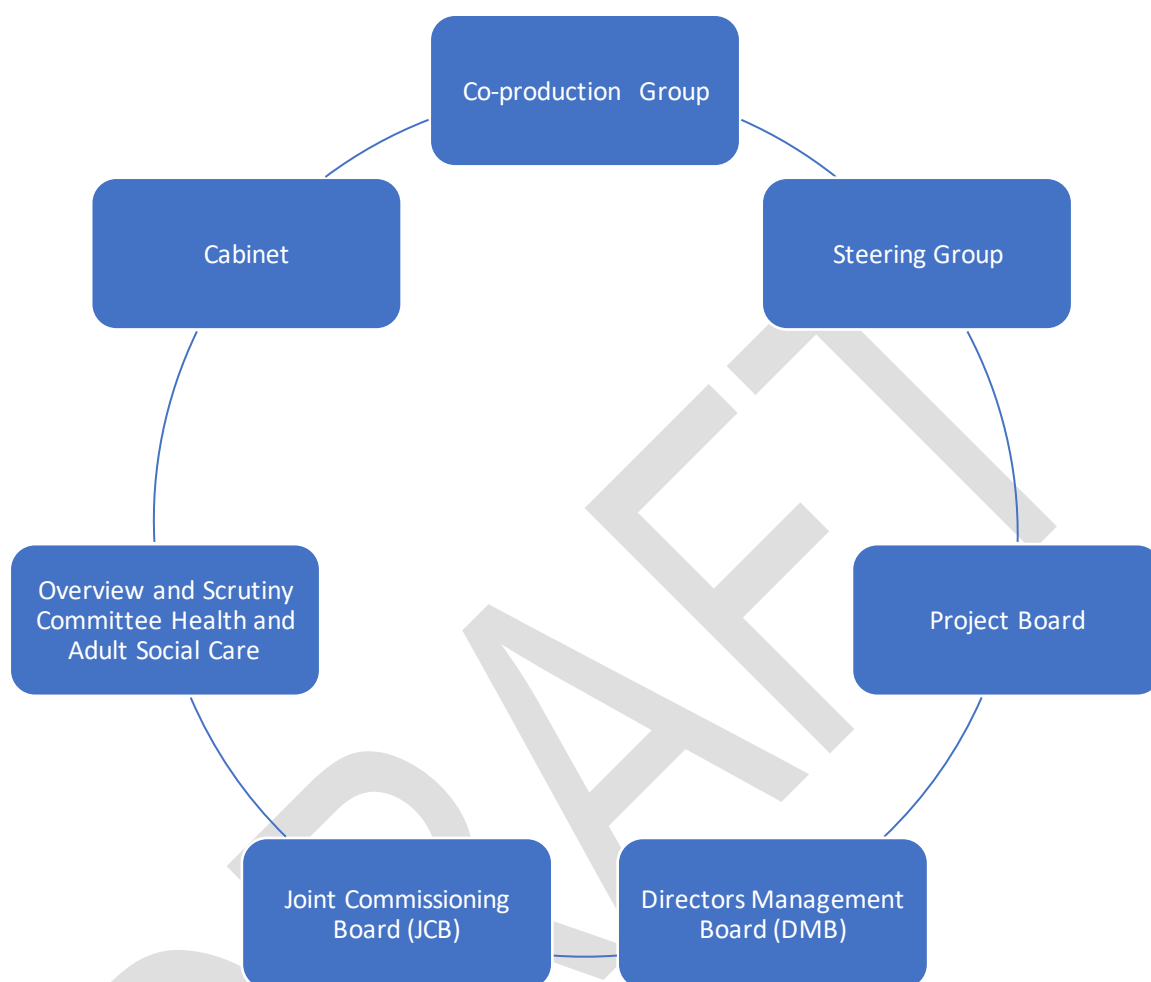
## **Governance of the Project**

From June 2022, a co-production group was established including people with lived experience, their families and carers, members of the public, a range of advocacy groups, providers of day opportunities, NHS Dorset, BCP Council councillors and officers, and other local authorities.

The co-production group has led the review and information has been shared and agreed with the following groups:

- A Steering Group consisting of BCP Council operational managers from the following services/teams: Learning Disabilities, Mental Health, Long Term Conditions, Autism, Hospitals, Preparing for Adulthood, Child Health and Disability, Special Education Needs and Disability (SEND), Prevention and Wellbeing, Transport, Catering, Social Work team, Communities team, Direct Payments, Communications, Commissioning and our Local Authority Trading Company *Tricuro*.
- A Project Board consisting of senior managers from BCP Council's Adult Social Care Strategic Commissioning, Adult Social Care Operations, Communities, Finance, Information Governance, Carers and Preparing for Adulthood.
- The Directors Management Board (DMB) consisting of BCP Council's Interim Corporate Director for Wellbeing, Interim Director of Commissioning, Director of Adult Social Care and the Director of Public Health.
- Joint Commissioning Board – senior managers and directors from BCP Council, Dorset Council, Public Health Dorset and NHS Dorset.
- BCP Council's Health and Adult Social Care Overview and Scrutiny Committee consisting of councillors.
- BCP Council's Cabinet consisting of councillors who are Portfolio holders.

**Figure 2 – Governance chart for the Day Opportunities Review**



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

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

During the first year of the project the following was achieved:

- Creating a co-production group and terms of reference for regular meetings, with nearly 200 contacts.

- Providers of day opportunities were engaged and information received to inform a data and needs analysis report.
- Visiting services and working with 20 other local authorities to inform a good practice and innovation report.
- Co-production of questionnaires for the view seeking survey and co-production assistance in rolling this out and facilitating engagement sessions.

Two questionnaires were co-produced to capture the views of people about what was important to them about day opportunities and what they would want for the future.

Group 1 questionnaire included those who currently use day opportunities and their carers, parents, and guardians and those who may want to use day opportunities in the future.

Group 2 questionnaire included staff and providers of day opportunities, service user led organisation and staff of BCP Council and NHS Dorset.

In total there were **321** questionnaires completed. Of these **234** were for Group 1 and **87** for Group 2.

In addition, **7** engagement sessions were held in November 2022 providing additional feedback from approximately **75** attendees (people with lived experience and their carers) supported by an independent advocacy organisation.

The co-production and steering groups were consulted to approve the case for change priorities from all of the work and analysis of the above and these were approved by the other governance boards of the project.

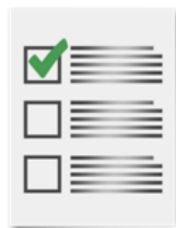
## Our 6 Key Strategic Priorities



**Day Opportunities  
Review**



**Supported Employment  
Review**



**Day Opportunities  
Standards/Support**



**Cost/Eligibility of  
Day Opportunities**



**Transport**



**Accessible Information**



## Priority 1: Day Opportunities Review

### What did people tell us?

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

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

Comments included:

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

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

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

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

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

I can not praise the staff and the day opportunities I do attend now enough, without them I would be sat in my room at home every day, isolated from the world. I have progressed



in my independence, personal skills, confidence, social skills and work skills because of the day opportunities I attend.

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

Comments included:

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

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

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

Really enjoyed it when used Zoom to do activities.

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

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

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

## What will we do?

Proposal
<u>Day Opportunities 1</u> : Look to enhance the day opportunity offer with a blended approach of day opportunity buildings and community organisations.
<u>Day Opportunities 2</u> : Investigate investment in micro-provision to encourage a range of local, smaller services for specific needs.
<u>Day Opportunities 3</u> : Day opportunity offer to cater for those with complex needs who do need a building base for essentials such as personal care, eating and drinking and

personal safety e.g., older people with dementia, people with complex physical, learning or behavioural needs.

Day Opportunities 4: Larger building-based day opportunities to provide a community hub for access to all for activities/sessions.

Day Opportunities 5: Encourage a digital provision of day opportunities where appropriate, but being mindful of the needs and benefits of people being able to meet others face to face.

Day Opportunities 6: Addressing concerns about age requirements and provision of services as an adult, for those in transition to adult services (up to 25 years of age). Link with Preparing for Adulthood project to bridge this gap.

Day Opportunities 7: Work within budget to achieve identified financial savings (see Financial Information section on page 26) and reinvestment in a blended approach of day opportunity buildings and community organisations provision (see Building Based Day Service Review section on page 28) and the priorities agreed in the strategy.



## Priority 2: Supported Employment Review

### What did people tell us?

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

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



## What will we do?

Proposal
<u>Supported Employment 1</u> : Adapt the current supported employment offer in relation to an internal service review of supported employment in June 2020. This supports a 'Place and Train' model rather than a 'Train and Place' model previously used.
<u>Supported Employment 2</u> : Review current contractual arrangements with the 6 providers of supported employment/sheltered work opportunities.
<u>Supported Employment 3</u> : Implement targeted support for those who wish to gain skills for employment.
<u>Supported Employment 4</u> : Work with BCP Council's communities' team to enhance the accessibility, choice and diversity of volunteering opportunities across BCP in line with Empowering Communities BCP Council's Voluntary and Community Sector and Volunteering Strategy 2021-24.



## Priority 3: Day Opportunities Standards/Support

### What did people tell us?

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

### What will we do?

Proposal
----------

<u>Day Opportunities Standards/Support 1:</u> Agree a charter of standards for all day opportunities to sign up to.
<u>Day Opportunities Standards/Support 2:</u> Set up a forum for day opportunity providers to meet regularly and be updated of council initiatives, joint working arrangements and be able to network with other providers.
<u>Day Opportunities Standards/Support 3:</u> Review monitoring/self-evaluation of services to give users and providers confidence in the quality of services.
<u>Day Opportunities Standards/Support 4:</u> Re-introduction of quality checkers visits to services to be considered.
<u>Day Opportunities Standards/Support 5:</u> Recording of day opportunities and supported employment schemes within integrated system of Mosaic to be reviewed so data is accessible about provision. Work with Information Governance team and practitioners to ensure input of information is accurate and provides evidence of outcomes for individuals.



## Priority 4: Cost/Eligibility of Day Opportunities

### What did people tell us?

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

Comments included:

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

Cost is prohibitive in doing none as self-funding

Reduced funding means I get less days

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

I love all my day opportunities they all offer a wide range of different activities, learning skills, voluntary tasks and outings, I gain personal and social skills from attending.

Unfortunately, some will be ending soon due to my age and completely the time scale offered for some of the opportunities. Due to lack of funding and cost of living presently I will be limited to new opportunities in the near future, which I'm sad about

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

## What will we do?

Proposal
<u>Cost/Eligibility 1:</u> Develop a framework of charges for day opportunities in order to be more consistent across services and provide more clarity to those using services.
<u>Cost/Eligibility 2:</u> Review eligibility criteria based on needs to accessing day opportunities to ensure those who require day support can access it.  See also Priority 6: Accessible Information page 22 regarding review of information about day opportunities, so this is clear to those using services, their carers and practitioners.
<u>Cost/Eligibility 3:</u> Review Personal Budget access to make this process more accessible and increase direct payments and individual service fund take up.



## Priority 5: Transport

### What did people tell us?

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

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

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

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

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

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

Only if staff are able to take me

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

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

I pay for taxi through financial assessment contribution

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

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

## What will we do?

Proposal
<u>Transport 1</u> : Implementation of a travel training programme for adults with disabilities linking with existing children and young people's schemes.
<u>Transport 2</u> : Consider a 'car pool' voluntary scheme to assist people to access their services.
<u>Transport 3</u> : Creation of more local services for local people (see micro-provision section above - Day Opportunities Review, Proposal 2), to reduce dependency on unpaid/paid support to services and increase independent travel.





## Priority 6: Accessible Information

### What did people tell us?

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

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

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

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

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

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

Further analysis of the data did not suggest any notable differences by protected characteristics such as age, gender etc. This mixed response therefore suggested the need to provide information in a range of formats, so they are accessible to all in keeping with NHS England's Accessible Information Standard.<sup>4</sup>

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<sup>4</sup> [NHS England » Accessible Information Standard Specification](#)

## What will we do?

Proposal
<u>Accessible Information 1</u> : Work with Information and Advice Team to list current day opportunities available in an accessible format on Adult Social Care BCP Council web pages.
<u>Accessible Information 2</u> : Consider availability of up to date, online information about day opportunities e.g., session availability, costs, activities offered etc. that providers can access to keep up to date and users can access to be able to contact day opportunities directly.
<u>Accessible Information 3</u> : Introduce a regular newsletter detailing day opportunities which is available in day services, local libraries, community centres etc.

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## Day Opportunities in Bournemouth, Christchurch and Poole

Day opportunities for adults usually involves planned activities for older or working age adults, to support them with important aspects of independence, socialisation, health, nutrition, and daily living. Many of these services are run by social care organisations, and others by private individuals and volunteers, and are often in non-residential, group settings. They are a valuable community resource and the type of care offered enables adults who have care needs, and/or who are at risk of social isolation, to engage in social and organised activities, as well as providing regular respite to carers. It is important that day opportunities are personalised for the individual, their carer and their family and community situation and many people will wish to have the choice to use a personal budget as a route to access their day opportunity.

Day opportunity provision across BCP Council is made up of a range of different providers. *Tricuro*, a Local Authority Trading Company, operates 8 day services across the conurbation. These services are based in buildings that are solely used by people who need social care support and are organised as either “Plus” services supporting people with dementia and younger adults of working age who have complex needs related to their disability, or “Connect services”, providing support to older people and adults of working age that require social support. *Tricuro* day services also run community projects and more recently digital access to their services.

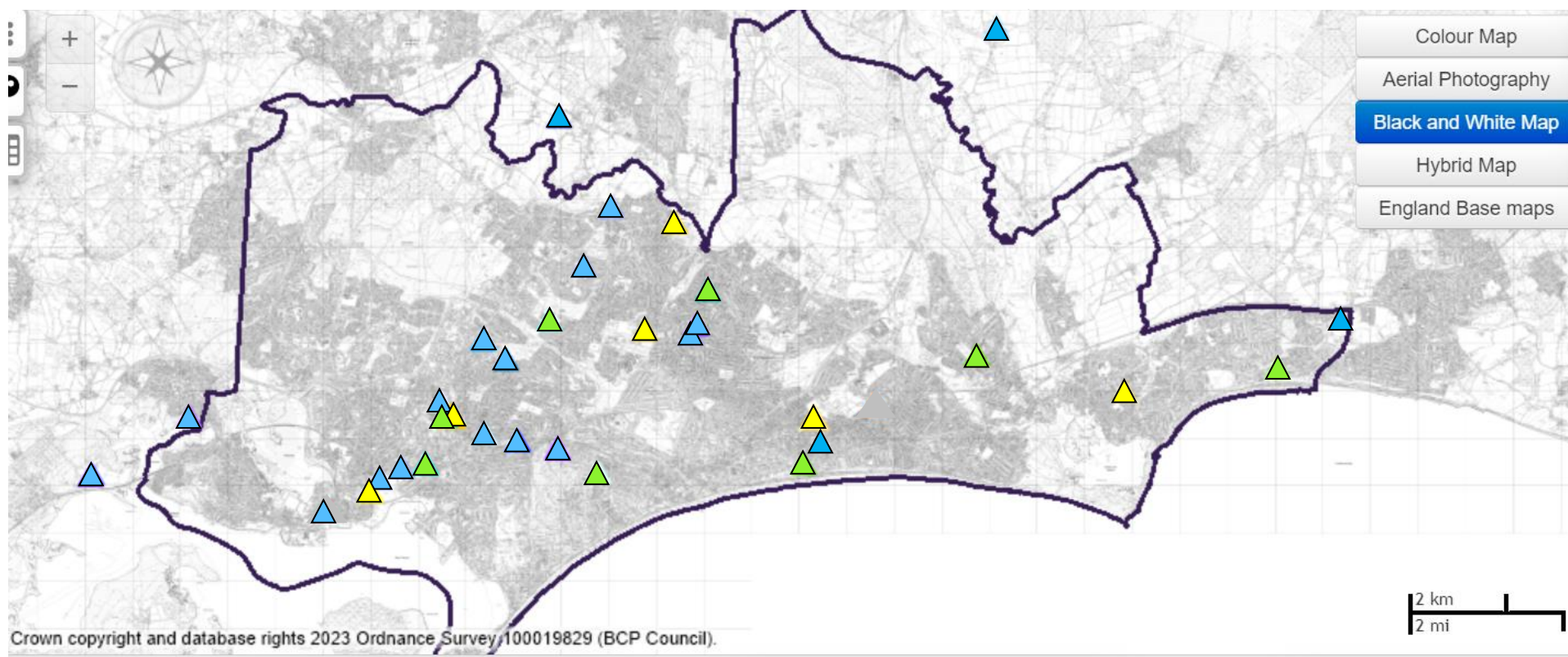
A number of independent day opportunity providers have also been commissioned, offering a variety of provision such as community-based activities, dance, drama, and horticulture. There are approximately 30 independent providers who have a direct relationship with BCP council and operate a self-referral process.

In addition, there are many other day opportunity providers who are not currently commissioned but provide vital services to support people within their communities such as dementia clubs, lunch clubs, church groups, library sessions etc.




The following map shows the locations of these providers (although some are located further afield). As above, there are also many smaller, local organisations not mapped, as they are not directly commissioned, but may be accessed by people using a personal budget or privately through their own money.



Figure 3: Locations of providers across the BCP conurbation and borders



#### Key to provider location colours

Colour	Provider Type
	BCP Council Funded Day Opportunities
	Commissioned Supported Employment Providers
	Tricuro Day Services

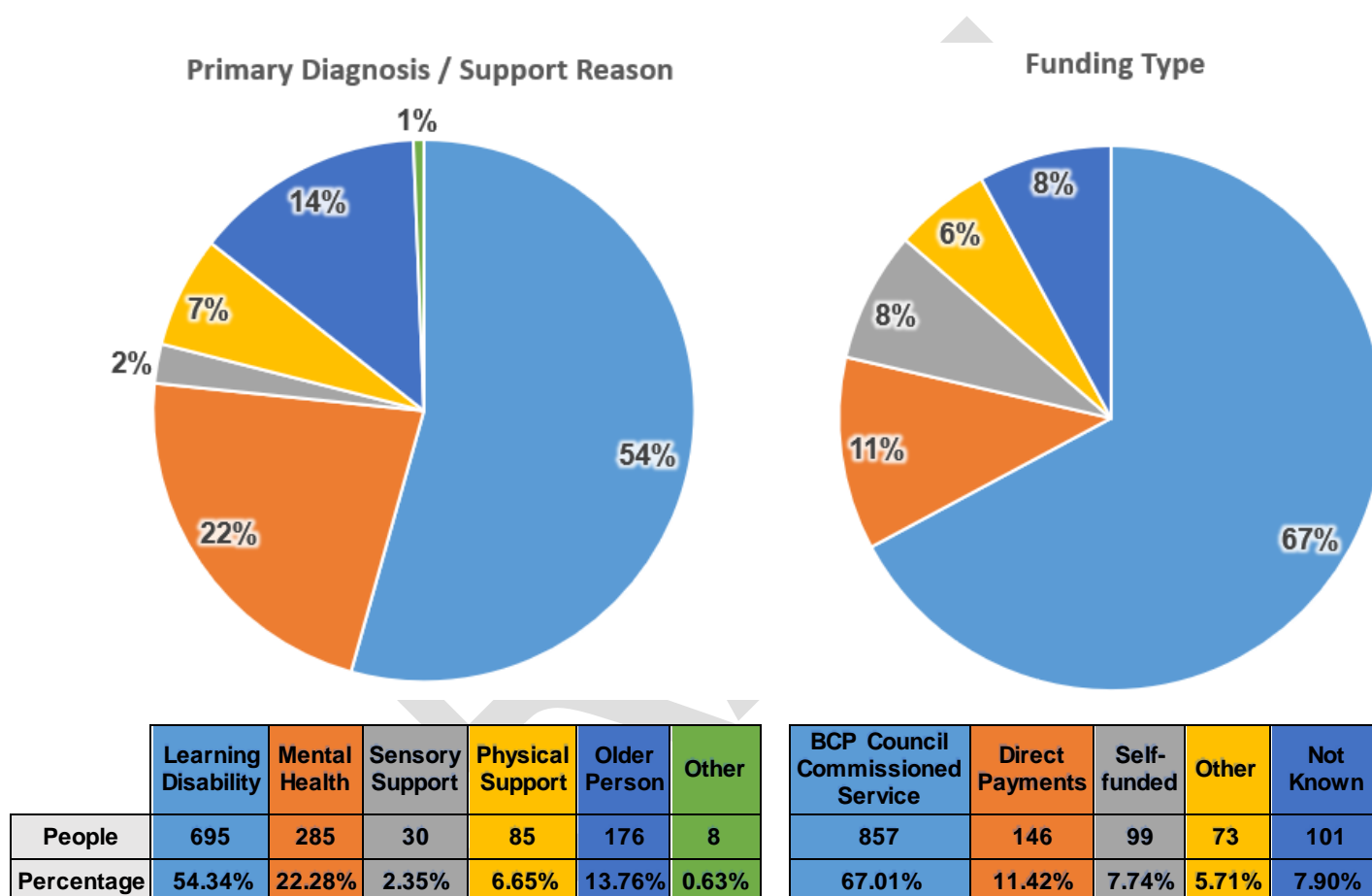


## All Types of Providers – Service User Profiles: Primary Diagnosis / Support Reason and Funding Type

For all providers, over half of day opportunities provision is for those with a primary diagnosis of a learning disability (54%).

In terms of funding this is primarily commissioned services (67%) with only 11% of the total accessing direct payments funding.

**Figure 4: All Types of Providers - Percentage Pie Charts of Service User Profiles (1279 people)**



BCP Council is facing increasing demand for adult social care (ASC) services. Currently, residents over the age of 75 account for 75% of requests made to ASC services each year. 2021 Census figures show that the population of Bournemouth, Christchurch and Poole has grown by 5.7% since 2011, with the largest increase being in 70–74-year-olds at 39.6%. There is also increasing demand for support for people with complex needs, which often results in high-cost services.

As of June 2023, there were 982 children and young people aged 16+ who have an Education, Health and Care Plan (a 9% increase from the previous year) and will require access to future day opportunities. There are approximately 5,500 registered carers across the conurbation in 2022, many of whom will have family members who attend day services.

With the projected increase in the demand for social care, thinking differently about how to respond to that demand, and how care and support services will be delivered now, and in the future will be crucial for the continued provision of day opportunities for all.

## Financial Information

BCP Council's day opportunities commissioned budget information is shown in Table 3 below. Furthermore, there are some people who purchase day opportunities through a Personal Budget such as a Direct Payment, which is additional to these figures.

**Table 3 Day Opportunities Commissioned Budget Information**

Provision	2022/23 Budget	Council Identified Savings 2023-2025
Day Services	£6,484,457	£1,300,000
Supported Employment	£426,687	£130,000

Using the information gathered from providers from May 2022 onwards to gain a snapshot week of access to their services in terms of number of users and hours attended, day opportunities were categorised into:

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

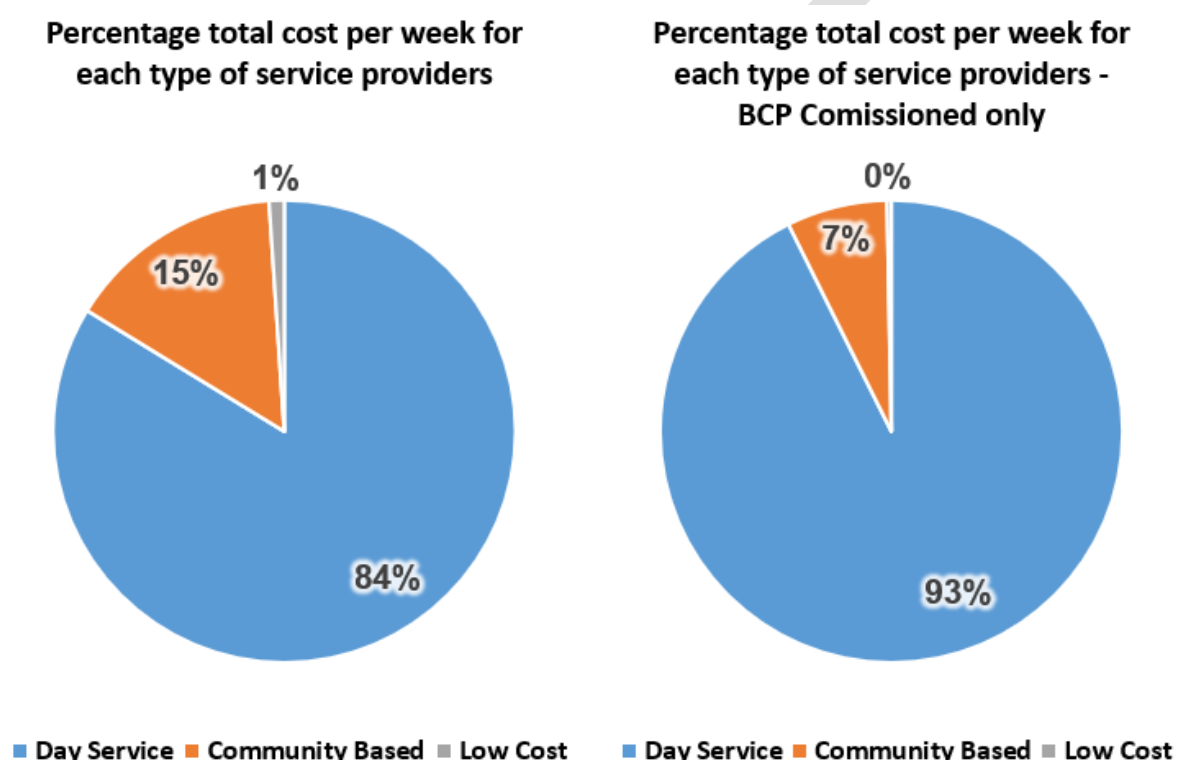
The average cost for these provisions were as follows:

**Table 4 Average Cost of Day Opportunity Provisions**

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

The mixed model of day opportunities includes community-based activities for people within their local area and hubs that will ensure a safe space for people who require a building-based service as well as broadening the day opportunities offer. However, when we look at the percentage of available funding spent on all services and those directly commissioned by BCP Council there is a clear weighting towards building based day services.

**Figure 5 Percentage spent per week for all provisions and those commissioned by BCP Council only**



The strategy aims to redress this imbalance of funding and direct more funding towards community-based provision of services and reassessment of individuals to have choice about attending a day service building or a community provision or both. This in turn will provide £1,300,000 of savings in line with the Council's financial plan and £434,771 to invest in the strategy's priorities.

**Table 5 Financial Implications of the Strategy**

Current Cost	Projected Cost	*Savings against budget 2022/23
£6,484,457	**£4,749,686	£1,734,771

\* Excludes future years inflationary and demographic variances.

\*\*Based on applying a reduced average hourly cost of day service buildings at £17.90 per hour (as per high need home care hourly 1:1 fee) and 10% of people moving to a lower cost (average £9.51 per hour as per Table 3 above) community provision.

The additional funding released, outside of the Council's financial plan, will be subject to co-production input on the best use of this money in achieving the strategy priorities of an increased range of opportunities and meeting peoples' assessed needs.

## Building Based Day Service Review

The 8 *Tricuro* day service buildings are owned by BCP Council because they were formerly an in-house council provision. *Tricuro* conducted a view seeking exercise of all of their day services from August to November 2022. In total there were responses from 155 people who use *Tricuro* day services, 20 carers and 18 family members.

The results were generally positive about the environment, staff, Covid-19 support, activities and choice and control provided by the day services. There were more mixed responses for building based services to questions about accessing and connecting with the local community. This further supports a need for more community-based services.

The wider BCP Council survey undertaken for all day opportunities in October to November 2022 largely supported these findings.

A key area for immediate review is the 3 re-provisioned *Tricuro* Plus services that require decisions on the future of their previous building bases. These are Highcliffe (for older people), Wallisdown (for people with complex learning disabilities) and Westbourne (for people with a mental health issue) Plus services that were re-provisioned at the larger Connect day centres of Christchurch, Parkstone and Boscombe respectively, following re-opening of services when the Covid pandemic restrictions allowed.

There has already been engagement events held in June 2023 involving specific advocacy groups to get the views of those who use these services, their parents, carers and circle of support and the staff who work at these services. The initial findings are that the re-provisioned services have worked well for most people and there has been a negligible impact on transport to new service bases. There is a need for a long-term decision to be made on these services in order for those using, relying on and working in the services to plan for future provision and have the security of a permanent base.

A formal consultation is therefore being planned to consult members of the public and any other relevant stakeholders on the future provision of services for these 3 day centres.

In addition, Poole Plus (for older people) day service will be reviewed, given the nature of the current building base it occupies being not fit for purpose, and Moordown Plus (for older people) will be reviewed as the remaining Plus service.

As per the financial section above, there is a need to balance the 93% of commissioned funding directed towards building based services and 7% funding directed towards community provision. A review of the 5 Plus day service buildings to consider community options will assist this re-balance and the development of micro-enterprises to increase the options for those currently attending building based services, will allow options for people to transfer to a community setting.

Following this, there will be continued review of day service buildings to check on the future need and provision of these services in accordance with the information detailed in this strategy to modernise day opportunities and provide greater choice and control for people accessing services.

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## Future Governance of the Project and Priorities

In consultation with the governance groups for this project we have looked to take forward 3 priorities for future workstreams to realise the proposals of each priority. Although all of the priorities are important and have overlap, the review of day opportunities and supported employment are considered urgent. In addition to the 5 Plus services detailed above, there is also a need to review existing supported employment contracts that do not reflect what is currently delivered by the services.

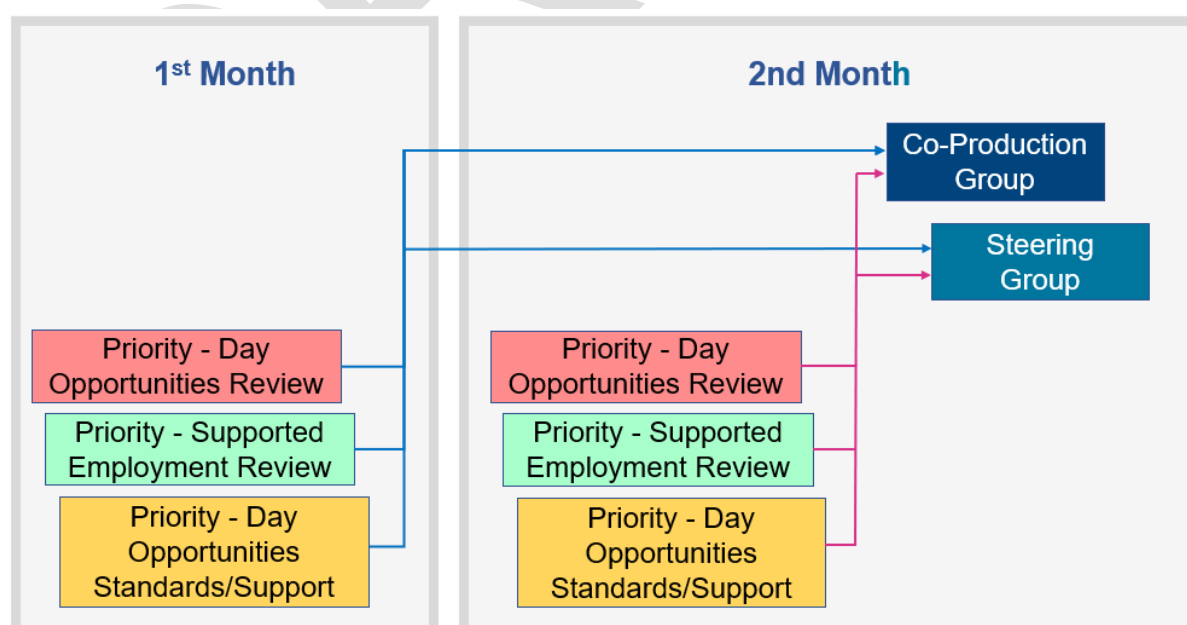
For the priorities of day opportunities and supported employment there is also a requirement to realise budget efficiencies that are associated with these priorities and provide financial resource for the strategy priorities, as detailed above in the financial information section.

The co-production group has requested that the standards/support of day opportunities is of critical importance, as this will provide an agreed set of standards that all day opportunities should adhere to and checks on the quality of this provision as well as bringing day opportunities together.

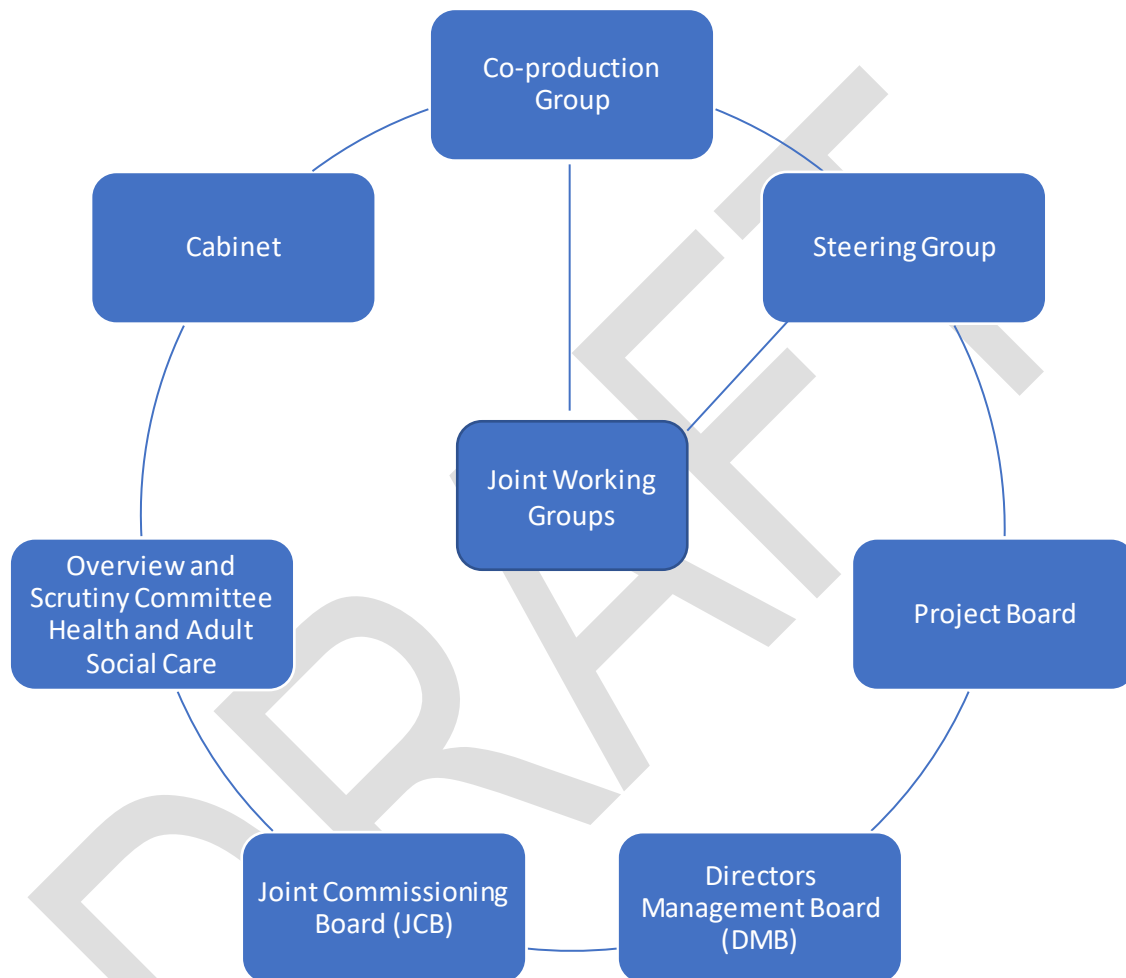
The co-production and steering groups have both agreed to merge to form smaller workstream groups for these priorities, in order that decisions are agreed with those using, relying on and providing services, alongside relevant BCP Council staff who are managers and decision makers for these areas.

These workstream groups will report every 2-3 months or as required to the larger co-production and steering groups already established, who in turn report to the existing governance structure groups.

**Figure 6 Workstream Meetings Diagram for Identified Priorities**



**Figure 7 Revised Governance Chart for the Day Opportunities Strategy**



### Joint working

The day opportunities strategy is wide ranging and ambitious in scale and cannot be achieved in isolation. It will require joint working with many stakeholders, other departments and strategies in order to be successful and achieve the outcomes detailed below. The following figure shows an overview of the different types of projects already in place that the day opportunities strategy has correlation with under the 6 priorities identified. This is not an exhaustive list and there will be other current and future projects that will be identified as



having relevance to the day opportunities strategy during the realisation of the objectives of the strategy over the next 5 years.

**Figure 8 Projects/Departments related to the Day Opportunities Strategy**





## Measuring Success

Priority	How we will measure success
<b>Day Opportunities Review</b>	<p>Review day service buildings and services to achieve a balanced approach of building-based and community-based day opportunities, whilst ensuring those who require a building-based service are provided for.</p> <p>Increase choice of bespoke community-based day opportunities through Micro-Provider market development.</p> <p>Creation of community hubs for existing larger day service buildings to maximise the capacity of building based services and hiring of space to community groups.</p> <p>Promote and share good practice of digital day opportunity provision to increase access and choice for people using services.</p> <p>Work with the Preparing for Adulthood team to create a smoother transition and greater range of services for younger people to access.</p> <p>Re-balancing of funding between building based and community-based day opportunities, to invest in the developments of the strategy and achieve Medium Term Financial Plan savings.</p> <p>Reassessment of individuals, using the 3 Conversations Model, who may wish to try alternative day opportunities, without impacting on their current provision.</p>
<b>Supported Employment</b>	<p>Flow chart to be created and agreed for people to be regularly assessed and have a pathway to be able to move between day services, voluntary schemes and paid employment with the choice to access services they need, without financial or support loss.</p>

	<p>Supported employment contracts to be reviewed and agreed where they sit within the flow chart.</p> <p>Review and consider procurement of a targeted service for those who wish to achieve paid employment, evidenced by increased ASCOF (Adult Social Care Outcome Framework) figures for adults with a primary diagnosis of a learning disability and adults in contact with secondary mental health services in paid employment.</p> <p>Increase access to voluntary schemes in partnership with Empowering Communities - BCP Council's Voluntary and Community Sector and Volunteering Strategy 2021-24.</p>
<b>Day Opportunities Standards/Support</b>	<p>Co-produce a charter of standards for day opportunities.</p> <p>Create a regular forum for day opportunity providers.</p> <p>Introduce monitoring systems to check on the quality of provision of day opportunities against an agreed set of standards.</p> <p>Review data collected on day opportunity access to inform the impact of the strategy and focus on outcomes for individuals accessing services.</p>
<b>Cost/Eligibility of Day Opportunities</b>	<p>Create a framework of charges for day opportunities so these are more consistent, best value and equitable between providers.</p> <p>An increased number of people being able to access a greater range of services within the community so that their eligible budget goes further.</p> <p>An increased uptake of Direct Payments as measured nationally by ASCOF.</p> <p>An increased uptake of Individual Service Funds as measured by BCP Council's finance department.</p>
<b>Transport</b>	<p>An increased number of people being able to access their services independently through joined up travel training schemes.</p>

	<p>Work with the voluntary sector to source alternative options for people to access their services to create capacity in BCP Council's fleet transport services and reduce pressure on carers to transport their loved ones to and from day opportunities.</p> <p>Reduce travel times, distances and cost through a greater choice of services that are more local to individuals.</p>
<b>Accessible Information</b>	<p>Creation of accessible directories of services in a range of formats for people to have an informed choice of available day opportunities.</p> <p>Work with existing schemes such as Community Action Network's Wellbeing Collaborative Virtual Hub, Carers websites and social prescribers to increase accessible information on and access to a range of services including local community groups.</p>

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# Day Opportunities Strategy 2023 - 2028

Our plan for day opportunities in  
Bournemouth, Christchurch and  
Poole



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## About day opportunities

We are Bournemouth, Christchurch and Poole Council.



Part of our job is to give services and support to people who need it.



1 of the services we run is called **day opportunities**.

**Day opportunities** are different activities for people to do during the day.



People who usually use day opportunities are older or disabled people.



More than half of the people who get day opportunities from us have a learning disability.



This plan tells you our ideas about how we should run day opportunities in our areas.



We want to know what you think about this plan.



Please read our plan and then answer our questions in our easy read questionnaire.



We also have some questions about what to do about some of our day centres.



# How day opportunities work

Day opportunities give people a chance to:

- learn new things
- make new friends
- be part of their local community



Some of our day opportunities are in buildings called day centres.



At the day centre there are lots of activities happening.

Things like art and making things.



8 of the day centres in our area are run by the Council.

There are other day centres too but they are run by other organisations.



We also have day opportunities in the local community. This is things like:

- gardening groups



- going to local village halls and community centres



- going to shops and parks



- training and learning new skills



- getting a job or volunteering

# Why we need to look at how we work



More and more people are needing support from day opportunities.



But we have less money to pay for it.



We need to spend less and find ways of working that mean we can:

- give day opportunities in the best way
- help more people
- carry on helping people in the future



# How we made our plan

This plan was written together in a group by:



- people who use day opportunities and work in day opportunities

and

- Council and NHS staff



To decide what to put in the plan the group:

- asked for ideas from people who use our services, carers and different staff



- gave people questionnaires to fill in about day opportunities

- held meetings where people could tell us what they think about our services







## Our 6 priorities

We think there are 6 things we need to work on in the future. We call these our **priorities**.

For each of our priorities, we will tell you:

- some of the things we found out in our work looking at day opportunities

and

- how day opportunities should work in the future





## Priority 1: Look at how well day opportunities work now

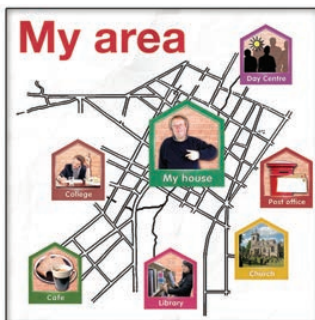
We asked people what they think about our services now. We found out that:



- more than half of people like choosing which day opportunities they use



- more than half of people like having a building to go to for day opportunities



- more than half of people said it is important to have day opportunities close to where they live



We want to:

- look at about how we use different buildings for day opportunities



- have some groups online for people who want to go to them



- think about how we can support younger people leaving children's services

Lots of young people want to learn new skills and have more choice of day opportunities.



- look at how we can have more day opportunities in the community for some people



## Priority 2: Help people to have a job or do volunteer work

**Volunteering** means giving your time for free to help other people.

We found out that:



- 3 in 10 people think day opportunities is a place where they can learn new skills to help them get a job



- some people want to do some training courses at day opportunities to help them get a job



- 3 in 10 people said they wanted to learn things at a day centre to help them get a job or be a volunteer



We want to:



- support people who want to get a job or be a volunteer. We will help people to get a job and then get them training on how to do the job



- look at how we work with organisations who help people to get a jobs



- ask people if they would like to get a job and see how we can help them



- work with teams in the council to give people more chance to volunteer



## Priority 3: Check that our day opportunities are working in the best way

We found out that:

- we do not have a way to check if all of our day opportunities are working in the same way

and

- staff do not have a way of meeting to talk about what works well and to share ideas



We want to:

- make a list of rules about how all our day opportunities should work
- find ways for staff from different day opportunities to have meetings and work together more





- make sure that day opportunity services are honest when they check how well they are doing



- think about having people who go to day opportunities to check them



- get better at writing down information about our different day opportunities



## Priority 4: Use money in the best way so that more people can have day opportunities

We found out that:



- some people have their day opportunities paid for by the council or NHS



- some people pay for their day opportunities themselves



- some people think the cost of day opportunities is different in different places

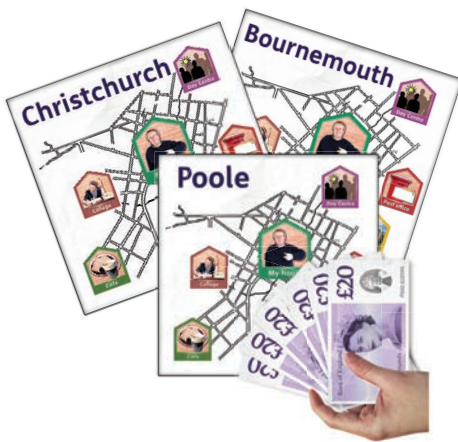


- people would like to have more day opportunities but worry about it costing too much



We want to:

- make sure that all people who need support can get it



- look at how much day opportunities cost in different places

We want to try and make this fairer.



- make sure we are using money in the best way when we pay for people's day opportunities





## Priority 5: How people travel to day opportunities

How people travel to get to day opportunities is important.

We found out that:



- some people have a carer or family member who drive them



- some people use a taxi or minibus that the council pays for



- a few people pay for a taxi themselves



- some people use **public transport**  
**Public transport** is things like the bus or train.



Staff told us that some people do not have day opportunities because they cannot get there.

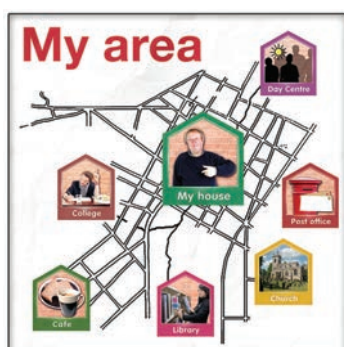


They said that the council does not have enough cars and drivers to help people travel.

We want to:



- find ways for people to travel together. For example getting a lift from someone else in the group



- set up more services closer to where people live. This will make it easier to get there



- give **travel training** to people who need it

**Travel training** is helping people to learn how to travel by themselves or with some support.



## Priority 6: Accessible Information

**Accessible** means doing things in a way so that everyone can join in.

We found out that:



- most people like reading a newsletter to find out about new day opportunities

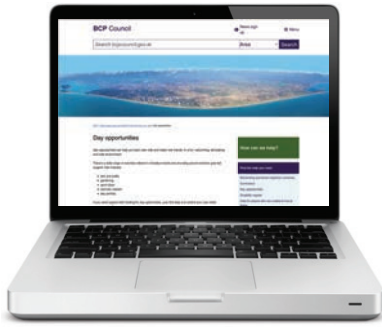


- some people like getting information from a website or an email



- some people find things out from their carer or social worker





We are going to:

- put accessible information about day opportunities on our website



- make sure that the information online is up to date

Things like, making sure the times and places are right.



- write more newsletters and put them in places like libraries

## Our day centres and what we need to decide



It costs the council a lot of money to pay for the 8 day centres we run.



It costs less money to run day opportunities in the community.



We need to decide on what to do with our 8 day centres.



3 of our day centres are closed at the moment. The people who went there go to different day centres now.



We need to decide if we will keep these day centres closed.



We also need to decide if we are going to close any more day centres.



Please answer the questions in our easy read questionnaire.

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# EIA Panel Review



<b>EIA being reviewed</b>	Day Opportunities Strategy	
<b>Reference Number</b>	288	
<b>EIA presented by</b>	Kevin Gillings	
<b>Date</b>	30/08/2023	
<b>Panel members present</b>	Sam Johnson Leigh Hayler Vicky Edmonds	
Aspect	RAG Rating	Comments
<b>Timeliness</b> Is this EIA timely? i.e. considered before any decisions have been made		Yes. The EIA has been presented to panel before a decision has been made.
<b>Proportionate</b> Is this EIA proportionate to the decision? i.e. is a full action plan needed?		Yes. A full report has been completed.
<b>Is it clear what is being reviewed?</b>		Yes.
<b>Stakeholder Engagement</b> Has engagement/consultation been undertaken with stakeholders? Has this fed into the proposal?		The rating is based on where we are in the process to date and there has been a recent change which means additional consultation is due to take place.  Rate of female to male staff in the care group – would we know the current employees? Can this data be included in the EIA Report.
<b>Needs and experiences</b> Have all the protected groups been considered?		
<b>Positive Benefits &amp; Impacts</b> Have all the protected characteristics been considered?		These have been identified but need to be drawn into the full EIA report from documents 1 and 2.

<b>Negative Impacts</b> Have all the protected characteristics been considered?		Age and Socio economic background has been covered.  Race and religion needs to be considered.
<b>Evidence</b> Has evidence been used to draw conclusions?		Yes. Good use of consultation.  Ensure the source is clear for the different data sets referred to in the EIA to avoid confusion.  If we mention other authorities, what did they find out and what are we doing about their findings.
<b>Mitigating Actions</b> Where necessary, have reasonable adjustments been proposed?		Need to pull through some of the mitigating actions from documents 1 and 2 and include in the action plan. E.g. the work around race and religion engagement.
<b>Summary</b> Does the summary provide the following? <ul style="list-style-type: none"> <li>• An overview of equality considerations both positive and negative</li> <li>• The rationale for drawing these conclusions</li> <li>• Detail required mitigating actions.</li> </ul>		The summary should draw out both the positive and negative equality impacts.
<b>Overall rating</b>		The EIA will need to be brought back to the panel when the results of the consultation are known.  However, this is a comprehensive piece of work.

**Please Note:** All EIA's will be published on the Website. It is important that revisions are made if you receive an Amber rating, please can you send a copy of your revised EIA to the [Policy Team](#)

#### For reference

- **Green** – good to go/approved, providing sufficient evidence the public sector equality duty has been met.
- **Amber** – good to go subject to minor changes or mitigating actions being put in place and followed through in the development of the project/service/policy/procedure or practice.

- **Red** – inadequate, needs to be reworked before the decision goes forward, where it is evident the public sector equality duty has not been met or continuing with the project or proposal will lead to direct or indirect unlawful discrimination that cannot legitimately be justified.

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## HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	<b>BCP Carers Strategy Update</b>
Meeting date	15 January 2024
Status	Public Report
Executive summary	The report is to update Committee members on the progress on the BCP Carers Strategy, 1 year on from its approval.
<b>Recommendations</b>	<p><b>It is RECOMMENDED that:</b></p> <p><b>a) The Committee note and scrutinise the contents of this report</b></p>
Reason for recommendations	This paper provides the committee with an update on the implementation progress of the BCP Carers Strategy (2022-2027).

Portfolio Holder(s):	Councillor David Brown – Portfolio Holder for Health and Wellbeing
Corporate Director	Jillian Kay – Corporate Director for Wellbeing
Report Authors	Emma Senior – Strategic Commissioning Manager for Prevention and Wellbeing Tim Branson – Head of Access & Carer Services
Wards	Council-wide
Classification	For Update or Information

## Background

1. The BCP Carers Strategy (2022-2027) was approved by Cabinet in September 2022 and sets out 5 key strategic priorities to support carers and recognise the valuable contribution they make to our community. At least 35,000 people in Bournemouth, Christchurch and Poole are carers and they play a vital role in sustaining our health and social care system by enabling the people they care for to live safely in their own homes for longer.
2. The strategy was shaped by the views and experiences of local carers and aims to support them to look after their own health and wellbeing, to enable them to stay in their caring roles and prevent, reduce, or delay the need for health and care services for the people they care for.
3. The 5 key strategic priorities for the BCP Carers Strategy are:

### **Priority 1: Identification and Recognition**

- Identify carers as early as possible in their caring journey.
- Support carers to self-identify.
- Recognise the full diversity of carers.
- Recognise the contribution that carers make to society.
- Involve carers in planning, commissioning decisions and service design.

### **Priority 2: Information and Advice**

- Ensure information and advice is accessible to all carers.
- Involve carers in the planning and development of information and advice.
- Invest in training for carers and professionals.

### **Priority 3: Supporting Carers Physical, Mental and Emotional Wellbeing**

- Enable carers to take a break from their caring role.
- Support carers to look after their own physical and mental health.

### **Priority 4: A Life Alongside Caring**

- Enable carers to have time for themselves.
- Enable carers to have access to education and employment.

- Support carers to access activities they enjoy.

### **Priority 5: Collaborative Working Across Dorset**

- Work with partners to ensure equity of service across Dorset.
- Engage with all organisations across Dorset that support carers to promote, value and recognise carers services.

### **Annual Update on the implementation of the Carers Strategy**

4. Following the approval of the BCP Carers Strategy, an implementation plan was produced to cover the 5-year period of the strategy. A copy is contained in appendix 1 to this report.
5. A governance board was established in August 23 to monitor the implementation plan. Bi-monthly highlight reports are produced, and a copy of the December 23 report is contained in appendix 2 to this report.
6. In early 2023, the carers support service relocated from St Ambrose Cottage in Westbourne to the Boscombe Resource Centre, co-locating with another adult social care team. This is a more central location for the BCP conurbation, and the move released financial savings of £119,000.
7. The recommissioning of the Dorset Carers Card at the beginning of 2023 enabled carers to feel supported and valued in their local community. The new provider brings added value by providing carer friendly training to businesses and creating carer friendly communities.
8. The carers advocacy service was recommissioned, along with the representation service for carers of people with a learning disability, helping to ensure that carers are able to express themselves clearly and raise issues or concerns when necessary.
9. As highlighted on the implementation plan, the planned start dates for some actions have been revised. This was because of reduced staffing levels in the carers team due to a combination of maternity leave, long term sickness and resignation. Priority needed to be given to the office relocation, which led to a pause in the rebranding of the carers support service and subsequent promotion. Staffing levels have gradually increased since June 2023, with the recruitment of two carers officers, a carers direct payment officer and carers contact officer. Further analysis will be carried out to determine if current staffing levels will be sufficient to meet increasing demand as more carers are identified or come forward to register with the service.
10. The CRISP carers support service will now be rebranded as 'BCP Carer Support' with a planned carers information and recognition event in Spring 2024 being used to launch the new branding.
11. BCP Council continues to be an active member of the Pan Dorset Carers Steering Group, contributing to the refresh of its strategic vision, and ensuring it is aligned with the BCP Carers Strategy.
12. The recent Local Government Association Peer Review to prepare for the upcoming CQC assurance visit praised the engagement with local carers that helped to shape

the strategy, regarding this as a strength under the 'providing support' assurance theme.

13. The carers support service and the young carers team are working together to improve the information and support available to older young carers as they approach their 18<sup>th</sup> birthday. This will ensure they get the support they need for themselves and the person they care for, and that the change of responsibility from Children and Family Services to Adult Social Care services is as seamless as possible.
14. Integrated Care Systems are invited to apply for Accelerated Reform Funding, made available from the DH&SC for projects that support carers. The terms and conditions of the funding offer are currently being explored to determine whether it would be feasible to submit an expression of interest as an Integrated Care System consortium.
15. Slippage from the Better Care Fund (22/23) has been allocated to carers services. This will:
  - Enable the potential purchase of a replacement holiday lodge for carers, which they value highly.
  - Allow additional temporary staff resource to speed up the completion of outstanding carers assessments.
  - Provide resource for the rebranding of CRISP to BCP Carer Support and host an information event for carers for the launch.
  - Allow for membership of the Carers UK Employers for Carers Scheme to promote a better deal for carers with local employers.
16. Agreement has been given and support provided by the Corporate Director for Wellbeing to host an initial BCP Council Carers Staff Networking Group meeting to gauge interest and potential for its formal creation. This demonstrates the Council's own commitment to its employees who find themselves balancing work and caring responsibilities.
17. Participation in Carers Week and Carers Rights Day have continued this year to help recognise, support, and identify new carers. An information event at the Citygate Church in Bournemouth on Carers Rights Day received positive feedback from carers on the breadth of information and advice available on the day.
18. It is essential that the Council works jointly with carers to develop the range of support that is appropriate for their needs. Feedback from carers is therefore sought on a regular basis at the BCP Carers Reference Group, the Pan Dorset Carers Steering Group and the Learning Disability Partnership Board Carers Action Group. Opportunity is also taken at carers events, such as carers rights day to seek feedback face to face and via surveys. The Head of Access & Carers Services is open to receive invitations from carers groups to attend their meetings and respond to questions.
19. The BCP carers survey to monitor the impact of the strategy will be staggered with the bi-annual ASCOF carers survey. This is currently live and the results will be released in Spring 24.

## **Options Appraisal**

20. No requirement for options appraisal

## **Summary of financial implications**

21. Delivery against the priorities of the BCP Carers Strategy is within the financial envelope of the Better Care Fund. If further staffing resources in the carers team are required to meet increasing demand, this will require a negotiated transfer of funding within the Better Care Fund from other areas of spend.

## **Summary of legal implications**

22. The Care Act 2014 makes provision for the responsibility and duty on a local authority to assess a carer's need for support, to include any possible future support, what those needs may be and how those identified needs will be met having been evaluated and if they meet the eligibility criteria.
23. The implementation of the Carers strategy aims to support and encompass the statutory duties placed on the local authority to carers of people living in Bournemouth, Christchurch, and Poole. Non-eligible carers are also supported through the commissioning of universal services.

## **Summary of human resources implications**

24. Staffing levels of the carers team will continue to be reviewed over the course of the 5-year strategy to ensure that the service is able to keep pace with demand.

## **Summary of sustainability impact**

25. A decision impact assessment report was produced for the BCP Carers Strategy, and it showed a positive impact on:
- a. Communities and culture
  - b. Economy
  - c. Health and Wellbeing
  - d. Learning and Skills
  - e. Sustainable Procurement
  - f. Transport and accessibility
26. The carbon footprint of the BCP Carers Strategy is classified as low.

## **Summary of public health implications**

27. The implementation of the BCP Carers Strategy will improve the health and wellbeing of carers as one of the key strategic priorities is to support carers physical, mental, and emotional wellbeing. It also reduces local health inequalities by promoting collaborative working across Dorset to ensure equity of service.

## **Summary of equality implications**

28. An Equality Impact Assessment (EIA) screening tool was completed for the BCP Carers Strategy and reviewed by the EIA Panel. The panel gave a green rating and praised the level of engagement that had been carried out for the strategy. A copy is contained in appendix 3 to this report.

29. The priorities of the BCP Carers Strategy have positive equality implications as they improve the accessibility of carers services and allow more carers with protected characteristics to have access to information, advice and support that is tailored to their needs.

### **Summary of risk assessment**

30. If the Better Care Funding for carers is reduced or withdrawn in future, the priorities of the strategy would need to be reviewed to ensure any available funding is targeted to areas where it has the greatest impact.

### **Background papers**

Published works:

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

### **Appendices**

1. Implementation plan
2. Highlight Report (Dec 23)
3. Equality Impact Assessment

## Carers Strategy Implementation Plan

Actions	Responsible owners	Planned Start	Amended start	Planned Finish	Status
<b>Priority 1 - Identification, Recognition and Involvement</b>					
CRISP Rebrand	TB/JM	Apr-23	Jan-24	Jun-24	
Collaboration with GP surgeries	JM	Sep-23	Jan-25	Ongoing	
Promotion of carers services	EA	Apr-23	Mar-24	Ongoing	
Recognising the full diversity of carers	EA/JM	Mar-23		Ongoing	
Recognising the contribution carers make to society	EA/JM	Nov-22		Ongoing	
Commission services to ensure carers feel valued	ES/EA	Jan-23		Ongoing	
Involve carers in the planning and design of services	TB/ES/EA	Oct-22		Ongoing	
<b>Priority 2 - Information and Advice</b>					
Ensure information and advice is accessible and available in a variety of formats	JM/EA	Jun-23	Mar-24	Jun-24	
Involve carers in a redesign of the CRISP website	EA	Jun-23	Apr-24	Dec-24	
Review training for carers and practitioners	TB/EA	Oct-22		Nov-23	
<b>Priority 3: Supporting carers mental, physical and emotional wellbeing</b>					
Encourage the use of Direct Payments	TB/JM	Nov-23		Ongoing	
Review options for short breaks and respite	ES/EA	Sep-23	Mar-24	Sep-24	
Review staffing levels in the carers team	TB	Oct-22	Nov-23	Feb-24	
<b>Priority 4: A life alongside caring</b>					
Review carers assessments	TB	Jan-23		Feb-24	
Ensure that services, activities and events are provided at different times of day	JM	Jun-24		Ongoing	
Bring support to carers in their own communities	JM	Apr-23	Apr-24	Ongoing	
Work with schools and businesses to raise awareness of carers	EA	Jan-25		Jul-25	
Join the Carers UK employers for carers scheme	ES	Apr-23	Mar-24	Mar-25	
Set up a carers staff networking group	ES	Dec-23		Mar-24	
Provide a range of activities and events for carers to support different needs and preferences	JM				
<b>Priority 5: Collaborative working across Dorset</b>					
Continue active involvement in the Pan Dorset Carers Steering Group (PDCSG)	ES/EA	Oct-22		Ongoing	
Continue active involvement in the Dorset Carers Partnership Group (DCPG)	EA	Oct-22		Ongoing	



## Measures of Success

Priority	Success measures	Method
Identification, Recognition and Involvement	Carers reporting that they feel recognised and valued as a carer	Annual BCP Carers Survey
	An increased number of carers registering with the BCP carer support service	Database figures
	An increased number of referrals from GP Surgeries into the BCP carer support service	Database figures
	Increased and more diverse membership of the BCP Carers Reference Group	Membership data
	Carer members of the BCP Carers Reference group reporting that they feel involved and able to influence commissioning decisions	Annual BCP Carers Survey
Information and Advice	An increased number of visits to the BCP carer support service website	Website data
	Carers reporting that they are easily able to access the information and advice they need	Annual BCP Carers Survey
	An increased proportion of carers who receive information and advice or another service after an assessment	Annual BCP Carers Survey
	Carers and professionals reporting that they are easily able to access training that suits their needs	Annual BCP Carers Survey
Supporting Carers Physical, Mental and Emotional Wellbeing	An increased uptake of Direct Payments and Self-Directed Support	Direct payment figures
	Carers reporting an improved sense of wellbeing	Annual BCP Carers Survey
	Increased options for respite and short breaks	Commissioning data
	Carers reporting that they feel able to participate at support groups run by the BCP carer support service when they wish to	Annual BCP Carers Survey
	Carers reporting that they feel able to access services such as the counselling and befriending and mentoring services when they need to	Annual BCP Carers Survey
A Life alongside Caring	Carers reporting an increased level of satisfaction with carers assessments	Annual BCP Carers Survey
	Carers reporting that they feel able to take part in activities and events run by the carer support service when they wish to	Annual BCP Carers Survey
Working Collaboratively across Dorset	Carers reporting that they are aware of services across Dorset	Annual BCP Carers Survey
	Increased membership of carers partnership groups across Dorset	Membership data

# Carers Strategy Implementation Highlight Report

## 05 December 2023

Priority 1: Identification, recognition, and involvement		
Progress since last board		
CRISP Rebrand	The rebrand of CRISP to 'BCP Carers Support' is expected to go live in Spring 2024 with the launch at an information and awareness event	
Collaboration with GP Surgeries	We are looking into alternative options to deliver the carers clinics without a carers outreach officer. Discussions are going to be held with an outreach officer from the ASC Contact Centre who has a special interest in carers with a view to taking on this function	
Promotion of carers services	This is linked to the rebrand so that promotion of carers services will be enhanced following the launch event	
Recognising the full diversity of carers	We are continuing to work with the providers of our carers services to support carers from communities who are less likely to seek support – e.g., PramaLife are working with carers from the armed forces and are currently in the process of setting up a new support group for older women from the Bengali, Middle Eastern and African communities living in the BCP area.	
Recognising the contribution carers make to society	We held an open event for Carers Rights Day on 23 <sup>rd</sup> November to promote carers services and attract carers that might not recognise themselves as carers to come forward for support. The launch event in Spring 24 will also recognise the valuable contribution that unpaid carers make across the BCP area.	
Commission services to ensure carers feel valued	The recommissioning of the Dorset Carers Card at the beginning of 2023 enabled carers to feel supported and valued in their local community. The new provider – Forward Carers, brings added value by providing carer friendly training to businesses and creating carer friendly communities. We also recommissioned the carers advocacy service and representation service for carers of people with a learning disability.	
Involve carers in the planning and design of services	The Carers Reference Group meets monthly and focus groups are arranged as when required. Consideration is being given to setting up a wider group for co-production, to give a broader representation of carers views	
Next steps including upcoming papers		
Proposal for additional funds	There is now £161,000 of surplus funds available for carers services out of the £261,000 that was identified from the Better Care Fund. We are unable to spread this across the remaining 4 years of the strategy as it has to be spent in 2022/23. Proposals for this spending will be put forward to the Carers Strategy Implementation Group.	

Risk/Issue Escalation	Status	Description
Staffing levels in the carers team		Staffing levels in the Carers Team have increased, with the addition of a Carers Contact Officer on 09/10/23 and a Carers Direct Payment Officer on 01/11/23. Further discussions will be taking place to establish whether staffing levels are sufficient to cope with the increased demand that will result from the rebrand.

## Priority 2: Information and advice

Progress since last board		
Ensure information and advice is accessible and available in a variety of formats	All information and advice for carers needs to be reviewed and redesigned as part of the rebrand. A number of ASC Factsheets have already been reviewed in preparation for this.	
Involve carers in a redesign of the CRISP website	Discussions are taking place to incorporate the BCP Carers Support website into the BCP ASC webpages to gain the benefit of improved functionality and ease of access. Feedback has already been obtained by carers to inform the new design. The new webpages, once drafted, will be beta tested by carers before final approval is given.	
Review training for carers and practitioners	A comprehensive review of training for carers has been carried out and a training booklet is now available for carers, created by the Dorset Carers Partnership Group.  Talking Life is the new provider of practitioner carer training, and they will begin delivering online training sessions from December 23, bookable through Skillgate (BCP Council's training platform). The training sessions will be delivered face to face from April 24.	
Next steps incl. upcoming papers		
Proposal for additional funds	(see priority 1 above)	
Risk/Issue Escalation	Status	Description
Staffing levels in the carers team		(see priority 1 above)

## Priority 3: Supporting carers mental, physical and emotional wellbeing

Progress since last board		
Encourage the use of Direct Payments	A new Carers Direct Payments Officer started on 01/11/23 and sits in the Direct Payments team. They are currently going through induction and will be a dedicated resource for carers.	

### Priority 3: Supporting carers mental, physical and emotional wellbeing

Review options for short breaks and respite	A plan was in place to turn paper vouchers into direct payment cards when the carers DP officer came into in post. However, recent legal advice, based on the Care Act, indicates some complexities connected to this transition. <i>“Where an adult and a carer both have needs that meet the eligibility criteria a carer’s direct payment cannot be used to pay for respite care or replacement care for the adult needing care”</i> . This has implications for the ASC charging policy and will therefore need some careful consideration by the senior leadership team to ensure that our practice remains lawful.		
Review staffing levels in the carers team to ensure support groups and events can cater for a larger number of carers	Staffing levels in the Carers Team have increased, with the addition of a Carers Contact Officer on 09/10/23 and a Carers Direct Payment Officer on 01/11/23. Further discussions will be taking place to establish whether staffing levels are sufficient to cope with the increased demand that will result from the rebrand.		
Next steps inc upcoming papers			
Proposal for additional funds	(see priority 1 above)		
Risk/Issue Escalation	Status	Description	
Staffing levels in the carers team		(see priority 1 above)	

### Priority 4: A life alongside caring

<b>Progress since last board</b>			
Review carers assessments	A review of carers assessments is currently underway, in collaboration with carers. New practice guidance has been drafted and will be shared with the Carers Reference Group on 7 <sup>th</sup> December. An equality impact assessment has been completed.		
Bring support to carers in their own communities	Drop-in sessions at BCP libraries had been planned but not started due to other commitments within the carers team. The funding for the outreach worker role was redesignated to a carers contact officer role to provide essential back office support to the range of carers services we currently deliver.  We need to find further efficiencies in the way the current service offer is delivered, to create sufficient capacity for the carers officers to facilitate individual and carer group meetings in libraries.		
Join the Carers UK Employers for Carers scheme	Funding was secured by Councillor Fear in 2021/22 but taken for savings. The proposal for utilising the £161,000 in		

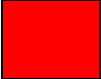



## Priority 4: A life alongside caring

	surplus BCF funds will include the Carers UK Employers for Carers scheme or an alternative scheme	
Set up BCP staff networking group for carers	Jillian Kay will be hosting an initial carers staff networking group meeting to see if there is sufficient interest to set up the group. The date will be confirmed when corporate comms have agreed to advertise out to all staff	
Provide a range of activities and events for carers to support different needs and preferences	The CRISP carers social events organiser continues to provide a range of activities and events, e.g., two upcoming events include a coach trip to the Winchester Christmas market and a three course Christmas meal and disco at the Cumberland Hotel. However, we need to explore new ways for carers to book onto events as the current process is very time and resource intensive.	
<b>Next steps inc upcoming papers</b>		
Proposal for additional funds	The proposal includes signing up to the Carers UK Employers for Carers scheme or an alternative	
Risk/Issue Escalation	Status	Description
Staffing levels in the carers team		(see priority 1 above)

## Priority 5: Collaborative working across Dorset

<b>Progress since last board</b>		
Continue active involvement in the Pan Dorset Carers Steering Group (PDCSG)	BCP Council is actively involved in the PDCSG and is collaborating on the refreshed Pan Dorset Strategic Vision	
Continue active involvement in the Dorset Carers Partnership Group (DCPG)	<p>The DCPG is chaired by BCP Council's carers commissioning officer and has had many outputs including collaboration during carers week, and carers rights day, creating a new training booklet for carers and working alongside the PDCSG to measure the new strategic vision objectives.</p> <p>We have also worked with Dorset Healthcare to raise awareness of carers services at Covid-19 vaccination sites across Dorset</p>	
<b>Next steps inc upcoming papers</b>		
PDCSG and DCPG	Continued involvement in both groups	
Issue Escalation	Status	Description

If rating your status amber or red please add the detail here		
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RAG rating colours:	
	Red: Issue or challenges impacting delivery, no action plan (out of control)
	Amber: Issue or challenges impacting delivery, action plan in place & close monitoring (within control)
	Green: On track – progressing as intended against plan
	Blank – not started

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## Equality Impact Assessment: Conversation Screening Tool

<b>What is being reviewed?</b>	BCP Carers Strategy
<b>What changes are being made?</b>	<p>A review of BCP Council's unpaid carers services has been undertaken to determine the priorities for a new BCP Carers Strategy.</p> <p>The following changes may occur as a result:</p> <ul style="list-style-type: none"> <li>• Changes to contracts with providers</li> <li>• Changes to Service delivery</li> <li>• Changes to practitioner and public information</li> <li>• Changes to processes and procedures</li> <li>• Changes within teams</li> </ul>
<b>Service Unit:</b>	Adult Social Care Commissioning
<b>Participants in the conversation:</b>	<p>Emma Senior – Commissioning Manager, Prevention and Wellbeing</p> <p>Eliza Atyeo – Carers Commissioning Officer</p> <p>Debi Plat - Service Unit Equality Champion</p> <p>Zena Dighton – Head of Strategic Commissioning</p>
<b>Conversation date/s:</b>	06/01/2022, 02/02/2022, 30/06/2022, 19/08/2022
<b>Do you know your current or potential client base? Who are the key stakeholders?</b>	<p>Unpaid carers who care for someone living in Bournemouth, Christchurch or Poole.</p> <p>According to the 2011 Census, there are 39,525 carers in BCP Council Area.</p> <p><b><u>Key stakeholders in services</u></b></p> <ul style="list-style-type: none"> <li>• CRISP – Carers Resource and Information Support Programme</li> <li>• Pan Dorset Carers Steering Group</li> <li>• BCP Carers Reference Group</li> <li>• Dorset Carers Partnership Group</li> <li>• Learning Disability Partnership Board</li> <li>• Carers Action Group</li> <li>• Carers Operational Group</li> <li>• LD Carers Forum</li> <li>• Pramalife – Befriending and Mentoring Service</li> <li>• The Leonardo Trust - Time to Talk counsellors</li> <li>• Take a Break providers (Local businesses)</li> <li>• Dorset Advocacy – Carers Advocacy and Support Services</li> <li>• Worldwide Procurement Service UK LTD – Carers Card</li> <li>• Lifeline - Carers in Crisis</li> <li>• Tricuro – Carers in Crisis – Emergency Response</li> <li>• Rachel Huggett – Carers Art Group</li> </ul>

	<ul style="list-style-type: none"> <li>• Chrissy Hedge – Care Free Choir</li> </ul> <p><b><u>Partners</u></b></p> <ul style="list-style-type: none"> <li>• Dorset Healthcare</li> <li>• NHS Dorset</li> <li>• Dorset Council</li> </ul>
<p><b>Do different groups have different needs or experiences?</b></p>	<p><b><u>Dorset Definition of a Carer</u></b></p> <p>A carer is a person of any age who provides or intends to provide on-going, unpaid support to a partner, child, relative or friend. Without this help, the health and wellbeing of the cared for person could deteriorate due to frailty, disability, a serious health condition, mental ill health or substance misuse.</p> <ul style="list-style-type: none"> <li>• The carer may live with or apart from the cared for person</li> <li>• Professional care may also be in place</li> <li>• The cared for person could be in residential care, however the carer should still be recognised and may still need support</li> </ul> <p>The impact on carers' lives varies depending on the amount of care they provide, their age, and the length of time they have been providing that care. The needs of the individual receiving care and the relationship between the carer and cared for person will also have an impact on the caring experience.</p> <p>Caring can impact on:</p> <ul style="list-style-type: none"> <li>• The ability to access and stay in employment</li> <li>• Financial resources</li> <li>• The health and emotional well-being of the family unit</li> <li>• The ability to access social and recreational activities</li> <li>• Wider relationships with family and friends</li> </ul> <p>For young carers it can also impact on their:</p> <ul style="list-style-type: none"> <li>• Experiences of childhood</li> <li>• Health and well-being</li> <li>• Education and career opportunities</li> <li>• Family and peer relationships</li> <li>• Sense of identity</li> </ul> <p>We also recognise that being a carer can impact on life after caring:</p> <ul style="list-style-type: none"> <li>• Adjusting to changing relationships when caring at home is no longer viable</li> <li>• Social isolation and lack of confidence after a bereavement</li> <li>• Redefining their identity and purpose</li> <li>• Having a higher risk of needing care services themselves</li> </ul> <hr/> <p><b><u>2011 Census Dorset:</u></b>  Provides care: <b>82,900 (11%)</b></p> <ul style="list-style-type: none"> <li>• 1 to 19 hours unpaid care a week: <b>55,400 (7.5%)</b></li> </ul>

	<ul style="list-style-type: none"> <li>• 20 to 49 hours unpaid care a week: <b>9,600 (1%)</b></li> <li>• 50 or more hours unpaid care a week: <b>17,900 (2.5%)</b></li> </ul> <p>Carers in Dorset Council Area: <b>43,334 (52.3%)</b>  Carers in BCP Council Area: <b>39,525 (47.7%)</b></p> <p>Carers in Bournemouth: <b>17,325</b></p> <ul style="list-style-type: none"> <li>• 1 to 19 hours unpaid care a week: <b>11,280</b></li> <li>• 20 to 49 hours unpaid care a week: <b>2,260</b></li> <li>• 50 or more hours unpaid care a week: <b>3,785</b></li> </ul> <p>Carers in Poole: <b>16,212</b></p> <ul style="list-style-type: none"> <li>• 1 to 19 hours unpaid care a week: <b>10,761</b></li> <li>• 20 to 49 hours unpaid care a week: <b>1,846</b></li> <li>• 50 or more hours unpaid care a week: <b>3,605</b></li> </ul> <p>Carers in Christchurch: <b>5,988</b></p> <ul style="list-style-type: none"> <li>• 1 to 19 hours unpaid care a week: <b>3,933</b></li> <li>• 20 to 49 hours unpaid care a week: <b>686</b></li> <li>• 50 or more hours unpaid care a week: <b>1369</b></li> </ul> <p>Carers registered with CRISP: <b>5650 Carers</b></p> <p><b>Gender:</b>  Carers needs/experiences can be across any gender including Male / Female / Non-Binary / Transgender / Other</p> <p>Genders of Carers across BCP - 2011 Census:</p> <ul style="list-style-type: none"> <li>• Male: <b>16,687</b></li> <li>• Female: <b>22,690</b></li> </ul> <p>CRISP Data Base Estimations:</p> <ul style="list-style-type: none"> <li>• Mr/Master: <b>1546</b></li> <li>• Mrs / Miss / Ms / Rev Mrs: <b>2381</b></li> <li>• Mx: <b>2</b></li> <li>• Blank / Dr / Rev / No gender reported: <b>1721</b></li> </ul> <p><b>Age:</b>  Carers needs can be across any age groups including young carers, working age carers and older carers</p> <p>Ages of Carers across BCP recorded from the 2011 Census:</p> <ul style="list-style-type: none"> <li>• 0-24: <b>2,568</b></li> <li>• 25-49: <b>12,233</b></li> <li>• 50-64: <b>13,860</b></li> <li>• 65+: <b>10,716</b></li> </ul> <p>CRISP data statutory return 2021/22: 4958</p> <ul style="list-style-type: none"> <li>• -18: <b>0</b></li> <li>• 18-25: <b>56</b></li> <li>• 26-64: <b>2446</b></li> <li>• 65-84: <b>1959</b></li> </ul>
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	<ul style="list-style-type: none"> <li>• 85 +: <b>497</b></li> </ul> <p>CRISP - New Carers 2021/22:</p> <ul style="list-style-type: none"> <li>• -18: <b>0</b></li> <li>• 18-25: <b>24</b></li> <li>• 26-64: <b>553</b></li> <li>• 65-84: <b>546</b></li> <li>• 85 +: <b>165</b></li> </ul> <p><b>Disability:</b> Carers needs/experiences are present in various disability groups such as: long term conditions, mental health, learning disabilities, hearing, visual and communication impairments:</p> <p>Adult Social Care Outcomes Framework (ASCOF) figures for BCP Council 2021-2022:</p> <ul style="list-style-type: none"> <li>• Physical Impairment or Disability: <b>18.4%</b></li> <li>• Sight or Hearing loss: <b>14.9%</b></li> <li>• A mental health problem or illness: <b>11.7%</b></li> <li>• A learning disability or difficulty: <b>3%</b></li> <li>• A long-standing illness: <b>32.5%</b></li> <li>• Other: <b>16.8%</b></li> <li>• None of the above: <b>33.1%</b></li> </ul> <p><b>Pregnancy and Maternity:</b> Carers needs/experiences can be across any of the following groups:</p> <ul style="list-style-type: none"> <li>• Parent carers</li> <li>• Family carers</li> <li>• Pregnant carers</li> <li>• Foster carers</li> </ul> <p>BCP Carers Services Survey 2021-22:</p> <ul style="list-style-type: none"> <li>• <b>23%</b> provide unpaid Care for a child (age undetermined)</li> <li>• <b>35%</b> of respondents reported duties relating to family, children, or grandchildren</li> </ul> <p><b>Marriage/Civil Partnership:</b> Carers needs/experiences are not dependant on Marriage/Civil Partnership arrangements, such as:</p> <ul style="list-style-type: none"> <li>• Carers for spouse/partner</li> <li>• Divorced</li> <li>• Lone carers</li> </ul> <p>BCP Carers Services Survey 2021-22:</p> <ul style="list-style-type: none"> <li>• <b>50%</b> of respondents cared for a Husband, Wife or partner</li> </ul>
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**Race:**

Carers needs/experiences can be across any race. However, there is currently no specific ethnicity data for carers across the BCP area.

BCP 2011 Census figures:

- White British: **88.4% (334,846)**
- Other White: **5.1% (19,157)**
- Mixed/multiple ethnic group: **1.7% (6,612)**
- Asian/Asian British: **2.9% (10,837)**
- Black/African/Caribbean/Black British: **0.6% (2,367)**
- Other Ethnic Group: **0.6% (2,161)**
- White Irish: **0.6% (2,410)**
- White Gypsy or Irish Traveller: **0.1% (480)**

**Religion/belief:**

Carers needs can cover various religious group and beliefs. However, there is currently no specific data about the religion of carers across the BCP area.

BCP 2011 Census

- Christian: **59.7% (452,256)**
- No Religion: **29.3% (222,248)**
- None Stated: **7.7% (58,294)**
- Muslim: **1.2% (8,890)**
- Buddhist: **0.5% (3,820)**
- Hindu: **0.5% (3,708)**
- Jewish: **0.5% (3,686)**
- Sikh: **0.1% (480)**
- Other Religion: **0.6% (4,394)**

**Gender Reassignment**

Carers needs/experiences are not dependant on gender reassignment. There is currently no data that depicts the statistics of carers who have undergone Gender Reassignment across BCP and Dorset Council areas.

**Sexual Orientation:**

Carers needs/experiences can be across any sexual orientation including LBGTQ+. There is currently no data that depicts the statistics of carers sexual orientation across BCP and Dorset Council areas.

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**Engagement and Consultation**

The BCP Carers Services Survey was developed in collaboration with carers, councillors on the Health and Adult Social Care Overview and Scrutiny Committee and practitioners. Carers and

	<p>providers at local forums were presented with the aims of the survey and carers services review throughout November and December 2021. From this, member carer representatives and providers requested that the survey was sent to them via email or post for either personal use or distribution throughout the local area.</p> <p>December 2021:</p> <ul style="list-style-type: none"> <li>• Distribution of the survey and cover letter explaining the purpose of the survey and review to motivate responses.</li> <li>• An online version of the survey was created, as well as a paper version to ensure carers had equal opportunity to participate.</li> </ul> <p><b>2804</b> Microsoft Forms links <b>2447</b> paper copies were sent to Carers over the age of 16 registered with CRISP. The survey was distributed through Adult Social Care (ASC) networks to partners, commissioned services and voluntary agencies that work with carers who support someone residing in the BCP Council area.</p> <p>To ensure the survey reached carers not registered with CRISP, organisations and agencies of underrepresented groups were informed of the survey and review. Both online and paper versions were sent to these groups along with the cover letter, for them to distribute to carers who have identified with them:</p> <ul style="list-style-type: none"> <li>• Mytime young carers charity</li> <li>• Pramalife</li> <li>• Dorset Advocacy</li> <li>• KushtiBok</li> <li>• The Leonardo Trust</li> <li>• BCP GRT support</li> <li>• BCP SEND</li> <li>• Dorset Race Equality</li> <li>• Dorset Mind</li> <li>• We are with you – substance misuse</li> <li>• Bournemouth and Poole College</li> <li>• Bournemouth University</li> <li>• Parent Carer Foundation</li> <li>• Learning Disability Partner</li> </ul> <p>Timeframe:</p> <ul style="list-style-type: none"> <li>• 1 month to complete and return digital surveys</li> <li>• 1 month + 1 week for paper surveys, as carers may have needed additional time for such responses.</li> </ul> <p>Total responses:</p> <ul style="list-style-type: none"> <li>• 742 carers responded to the survey</li> <li>• 331 digital responses</li> <li>• 411 paper responses</li> </ul>
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	<p>Opportunity to participate in focus groups:</p> <ul style="list-style-type: none"> <li>• 24.1% of carers volunteered to participate in focus groups (179 volunteers in total)</li> <li>• Practitioners &amp; partners attended forums and team meetings</li> </ul> <p>Focus group facilitation:</p> <ul style="list-style-type: none"> <li>• Group video conferencing</li> <li>• Individual video conferencing</li> <li>• Phone calls</li> <li>• Home visits</li> <li>• Face to face workshops</li> <li>• Email</li> </ul> <p>Total Focus groups after phase 1:</p> <ul style="list-style-type: none"> <li>• 31 Focus Groups in total with carers,</li> <li>• 2 focus groups with practitioners</li> <li>• 2 focus groups with external partners</li> </ul> <p>Feedback was also obtained from carer representatives and practitioners in various forums that take place locally such as the Pan Dorset Carers Steering Group, Dorset Carers Partnership Group, BCP Carers Reference Group, Carers Action Group and Carers Operational Group.</p>
Will this change affect any service users?	Yes
What are the benefits or positive impacts of the change on current or potential users?	<p><b>The new BCP Carers Strategy identifies 5 key priorities to support carers. It identifies potential service delivery improvements including:</b></p> <ul style="list-style-type: none"> <li>• Early identification and recognition of carers</li> <li>• Recognising the diversity of carers</li> <li>• Improved access to services</li> <li>• Improved provisions of services</li> <li>• A focus on enabling carers to have a life alongside caring</li> <li>• Increased options for short breaks and respite</li> <li>• Better support for accessing information and advice</li> <li>• Improved integration of services</li> <li>• Better understanding of the diversity of carer needs</li> <li>• Improved carers assessments</li> <li>• Increased access to direct payments</li> <li>• The rebranding of CRISP to make the carers service more accessible</li> </ul>

<p><b>What are the negative impacts of the change on current or potential users?</b></p>	<p><b>Changes to services, leading to confusion</b></p> <p><b>Mitigations:</b></p> <ul style="list-style-type: none"> <li>• Updated information, guidance and promotion</li> <li>• Communicating changes to the workforce and public</li> <li>• Developing accessible Information and advice with carers</li> </ul> <p><b>Rebranding CRISP may reduce recognition, or it may lead a surge in demand that resources cannot cover</b></p> <p><b>Mitigations:</b></p> <ul style="list-style-type: none"> <li>• Soft launch</li> <li>• Consultation, engagement and feedback</li> <li>• Communicating changes to the workforce and public</li> <li>• Providing accessible information</li> <li>• Engagement and consultation with carers and practitioners</li> <li>• Reviewing roles and responsibilities</li> <li>• Reviewing staffing levels</li> </ul> <p><b>Confusion or lack of understanding on new information</b></p> <p><b>Mitigations:</b></p> <ul style="list-style-type: none"> <li>• Practitioner involvement</li> <li>• Targeting audiences</li> <li>• Communicating changes to the workforce and public</li> <li>• Collaboration with partners and carers</li> </ul>
<p><b>Will the change affect employees?</b></p>	<p><b>CRISP Service and ASC workforce:</b></p> <ul style="list-style-type: none"> <li>• Additional Staffing capacity will be needed for CRISP to carry out the priorities of the BCP Carers Strategy.</li> <li>• Possible changes to roles and accountabilities</li> <li>• New Training requirements</li> <li>• New information and guidance</li> </ul>
<p><b>Will the change affect the wider community?</b></p>	<p><b>Yes:</b></p> <ul style="list-style-type: none"> <li>• More opportunities to support carers</li> <li>• Improved services to deliver easier access</li> <li>• Improved information and guidance for carers</li> <li>• Increased workforce to support carers</li> <li>• Improved ways to receive feedback</li> <li>• Changes to the website to provide easier access to information</li> </ul>
<p><b>What mitigating actions are planned or already in place for those negatively affected by this change?</b></p>	<p><b>Research and evaluation into the diversity of Carers throughout the conurbation and engagement:</b></p> <ul style="list-style-type: none"> <li>• Collating data going forward about the equalities make up of carers where this is currently incomplete</li> <li>• Continuing the BCP Carers Services Focus Groups</li> </ul>



	<p><b>Gaining Feedback from Carers Groups:</b></p> <ul style="list-style-type: none"> <li>• BCP Carers Reference Group</li> <li>• LDPB Carers Action Group</li> <li>• LD Carers Forum</li> <li>• Pan Dorset Carers Steering Group</li> <li>• Dorset Carers Partnership Group</li> <li>• BCP Provider Forum</li> <li>• Carers Action Group</li> <li>• Carers Operational Group</li> </ul> <p><b>Gaining feedback from services:</b></p> <ul style="list-style-type: none"> <li>• Contract Monitoring</li> <li>• Capturing and recording evidence about the diversity and mapping of Carers across the conurbation</li> <li>• Continuing to work with services and providers to support Carers from minority groups and hard to reach areas.</li> <li>• Continuing to promote diversity across networks</li> </ul> <p><b>Soft launch for the Rebranding of CRISP</b></p> <ul style="list-style-type: none"> <li>• To enable the service to be accessible to as many carers as possible</li> </ul> <p><b>Sharing changes to information through Care and Practitioner networks including:</b></p> <ul style="list-style-type: none"> <li>• Newsletters</li> <li>• Websites / social media</li> <li>• Letters</li> <li>• Team Updates / Team newsletter / Team platforms</li> <li>• Provide clear and consistent information about services</li> </ul>
<p><b>Summary of Equality Implications:</b></p>	<p>The BCP Carers Strategy recognises the valuable contribution that carers make to our community and sets out a 5-year plan for supporting them to look after their own health and wellbeing, just as much as they do for the people they care for. The 5 key priorities of the strategy aim to improve support for carers to enable them to continue in their caring role for as long as they wish to.</p> <p>The proposed changes should have a positive impact on carers and recognise the diversity of carers. They will improve the accessibility of the BCP carers service and will enable more carers to access advice, information and support that is tailored to their needs.</p> <p>Throughout the implementation of the strategy, further equality impact assessments will be produced when carers services are reviewed, and specific decisions are needed to be made.</p>

Form Version 1.2

# HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	<b>Health inequalities – background briefing</b>
Meeting date	15 January 2024
Status	Public Report
Executive summary	<p>This briefing is to help Committee inform its future work programme. Especially how health and care services respond to reducing inequalities in health.</p> <p>Health inequalities are avoidable and unjust differences in health between groups of people. They are unjust because they don't happen by chance. This means we can change them. There may be specific causes, such as lack of access to services, or timely diagnosis of disease. Or wider social factors such as income, education, housing or environmental factors.</p> <p>BCP council has a statutory duty to assess and respond to health inequalities. So do our NHS organisations and partners in the integrated care system.</p> <p>This paper gives an overview of what we know about health inequalities in BCP Council. It considers different approaches to how to reduce them. It takes stock of local progress, and it highlights areas that Committee may wish to review in the future.</p>
Recommendations	<p><b>It is RECOMMENDED that:</b></p> <ul style="list-style-type: none"> <li>(a) Councillors are invited to comment on the content of this briefing.</li> <li>(b) To note the local work developing in response to health inequalities.</li> </ul>

	(c) To consider what areas or opportunities for scrutiny Committee includes in its forward plan around progress in tackling inequalities in health.
Reason for recommendations	To enable Members to understand the main inequalities arising in health and social care and be able to ask strategic questions of ICS partners to assess progress in reducing them.

Portfolio Holder(s):	Councillor David Brown Cabinet Member for Wellbeing
Corporate Director	Jillian Kay, Corporate Director for Wellbeing
Contributors	Sam Crowe, Director of Public Health Paul Iggulden, Consultant in Public Health Anita Counsell, Deputy Director for Inequalities, NHS Dorset Integrated Care Board
Wards	All wards
Classification	For Update and Information

## Background

- 1.1. Health inequalities are avoidable and unjust differences in health that arise between groups of people. The reason they are considered avoidable and unjust is because they do not arise because of underlying biological differences. They arise because of variations in access to services and support, variations in risk behaviours such as smoking, alcohol use and poor diet, and variations in the drivers of poor outcomes and health. This includes wider social issues such as living standards, education, job, housing and environment.
- 1.2. Public health measures that are used to measure health inequalities at the population level include life expectancy and healthy life expectancy. Life expectancy calculates the average age that someone born today can be expected to live; healthy life expectancy calculates the length of time someone born today can expect to live free from disease or disability.

1.3. Both of these measures vary:

- Between upper tier local authority areas in England
- Within BCP Council – i.e. between wards
- When comparing areas using classifications that measure deprivation, such as the Index of Multiple Deprivation 2019.

1.4. There are also numerous examples of where health outcome, access to services or experience of health and care vary, depending on characteristics including gender, age, ethnic background or race, sexual identity, level of income or education, job classification and many other factors. A comprehensive summary of health inequalities was developed for BCP Council in 2021 – most of the issues will have stayed the same, if not worsened since the pandemic.<sup>1</sup>

1.5. The main organisations responsible for the integrated care system locally have legal duties to identify and reduce inequalities in health. This includes NHS organisations, via the The Health and Social Care Act (2012), Equality Act (2010), and NHS Planning Guidance. And upper tier local authorities through the Equality Act (2010), and the legal duty to improve the health of local populations, and reduce differences in health outcomes between them. The primary purpose of Health and Wellbeing Boards, which are statutory committees of local authorities, is to ‘improve the health and wellbeing of people in their area, reduce health inequalities, and promote the integration of services’.<sup>2</sup>

1.6. Integrated care systems were formally given 4 objectives on their establishment in 2022 – 2 of them relate directly to inequalities. One focuses on the role of treatment in health inequalities (tackle inequalities in outcomes, experience and access) and the second focuses on the wider impact of social conditions in inequality (help the NHS support broader social and economic development).

1.7. This report provides a high level update on current and recent work to identify and address health inequalities in BCP Council and the ICS.

## **BCP Council Health and Wellbeing Board**

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<sup>1</sup> [Health inequalities in BCP Nov 2021 FINAL \(bcpCouncil.gov.uk\)](https://www.bcpCouncil.gov.uk/Health%20and%20Wellbeing/Health%20and%20Wellbeing%20Board/Health%20and%20Wellbeing%20Board%20Report%202021%20FINAL)

<sup>2</sup> Health and Social Care Act 2012.

- 2.1 The Board agreed its strategy in September 2020, which set three high-level priorities:
- Engaging with and empowering communities of highest need to improve healthy life expectancy;
  - Set priorities to accelerate work promoting healthy lives and wellbeing;
  - Provide governance and support to our partners, prioritising the delivery of key partnership outcomes.
- 2.2 As a forum for strategic leadership the Board has championed and overseen some important work on inequalities including the access to food partnership (food security), mobilising community organisations and volunteers through the Together We Can approach during the pandemic; and endorsing the establishment of a Poverty Truth Commission for the BCP Council area. It has also championed the importance of access to quality green space to improve health and wellbeing, with a view to increasing access in communities less likely to live close to these areas, through the Green Heart Parks initiative.
- 2.3 The Board is also responsible for publishing a joint strategic needs assessment each year, which informs its strategy, and also system strategies like the Integrated Care Strategy, Working Better Together. The report on inequalities formed part of the previous JSNA work in support of priority 1.
- 2.4 The Health and Wellbeing Board strategy, and joint strategic needs assessment was used during 2022 to inform the first Integrated Care Strategy. The HWB highlighted variation in access to support for mental health in children and young people, how well hypertension is identified and managed to reduce risk of strokes, and prevention of falls in older people as three key health issues to be addressed.

### **NHS Dorset Integrated Care Board and system work**

- 2.5 Action on Health inequalities has been overseen by the Health Inequalities Group (HIG) - a sub-group of System Executive Group. The Dorset ICP strategy also recognises the importance of creating equity or 'fairness' in access, outcomes and experience for local people.
- 2.6 NHS Dorset developed its Joint Forward Plan based on the integrated care strategy, and this identifies that working in partnership to tackle inequalities, improve productivity and value for money, and support social and economic development is at the heart of their plans and strategies.
- 2.7 Specific objectives in the NHS Forward Plan include commitments to:
- Improve the lives of 100,000 people impacted by poor mental health.

- Prevent 55,000 children from becoming overweight by 2040.
- Outcome 3 has a specific focus on health inequalities through its ambition to reduce the gap in life expectancy between most and least deprived areas from 19 years to 15 years by 2043.
- Increase the percentage of older people living well and independently in Dorset.
- Add 100,000 healthy life years to the people of Dorset by 2033.

2.8 NHS Dorset receives £2,128,000 annual funding for health inequalities. This is being used to recruit and fund a core team to support ICB duties and co-ordinate system shared priorities. It will also provide for extra capacity where required, and to pay for transformation test and learn projects and programmes to deliver health inequalities priorities agreed through the Health Inequalities Group.

### **Approaches to reducing inequalities**

2.9 Many studies and national reports have highlighted patterns and approaches to tackling inequalities. This includes the link between poverty, overcrowding and infectious diseases identified during Victorian times; the 'inverse care law',<sup>3</sup> the uneven distribution of ill-health and premature death in The Black Report (1980).

2.10 More recently Professor Sir Michael Marmot undertook a major review for Government in 2010, *Fair Society, Healthy Lives*. Six policy objectives were identified to guide interventions.<sup>4</sup> The policy objectives were aimed at tackling social and environmental factors, ranging from best start in life, to strengthening the impact of ill health prevention. Some of these policy objectives align with social and economic development issues like access to high quality work and fairer pay.

2.11 But when it comes to the role of health and care services, perhaps the most important concept was that to reduce inequalities it is important to act proportionately across the whole social gradient of health. This means not singling out groups and treating them differently, but making adjustments in how services are provided to increase engagement, improve access, outcomes and experience – using proportionately more resource in those most affected. In practice, a mix of civic-led interventions, service interventions and strengthening of community interventions will be required in any place-based approach.

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<sup>3</sup> Julian Tudor Hart 1971. The observation that good health and care is usually most accessible to those least in need,

<sup>4</sup> [Fair Society Healthy Lives full report \(parliament.uk\)](https://www.parliament.uk/publications/2016/10/161016-fair-society-healthy-lives-the-marmot-review)

2.12 Civic interventions might include work to tackle poor housing, improve employment prospects and local social mobility working with learning and skills providers. Service interventions include for example the work the NHS is engaged in understanding access to care, experience and outcomes for people identified in the most deprived areas, plus selected disadvantaged groups (CORE 20 Plus 5 programme). Community interventions include the Poverty Truth Commission, Together We Can, Access to Food partnership, and other ways of investing to boost community resilience.

### **3. Upcoming opportunities for scrutiny**

3.5 Committee is asked to note this briefing report on health inequalities. The report provides an overview of a complex area. Scrutiny will play an important role in supporting how the system focuses to reduce health inequalities. The following points suggest areas for consideration.

3.6 For service-based work – can we measure reduction in the current variation?

- in access to services for preventive interventions like vaccination and screening, smoking cessation, and health behaviour change?
- in how well chronic diseases like circulatory disease and cancer are treated?
- are some groups waiting longer for access to elective care? Is this improving? Are some groups affected more by the long waits (for example their mental health, or impact on being able to work).

3.7 What will the refreshed Health and Wellbeing Board Strategy say about strategic priorities to reduce inequalities in health? Are there sufficiently clear and measurable actions for partners?

3.8 What has been the impact of some of the community-led work, such as Poverty Truth Commission, or the community infrastructure organisations like CAN and its contribution to the new wellbeing hubs?

### **4 Summary of financial implications**

4.1 Health inequalities introduce greater cost into health and care systems. By not tackling the gap in healthy life expectancy, more people will be living for longer with preventable conditions that will increase demand and cost. NHS Dorset has received an allocation for health inequalities work. Understanding how this funding has benefited and improved outcomes will be important learning for future resource allocation.

### **Summary of legal implications**



- 5.1 Councils and NHS organisations both had duties on them to identify and tackle health inequalities, as does the Integrated Care System.

### **Summary of human resources implications**

- 6.1 None specific. Work to tackle health inequalities should not be considered as a stand-alone set of projects or programmes – ideally adjustments in how services are commissioned and provided should be business as usual, and not requiring additional special capacity.

### **Summary of environmental impact**

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

### **Summary of public health implications**

- 8.1 Tackling health inequalities helps Councils fulfil their legal duties around public health. Health gains will be greatest by targeting adjustments to populations with the greatest needs.

### **Summary of equality implications**

- 9.1 Health inequalities affect some protected characteristics covered by the Equality Act, such as age, gender, race and sexual orientation. Ideally work to tackle health inequality aims for equity, not equality – equity is the concept of providing a level playing field recognising that in some instances adjustments need to be made to boost access, experience and outcomes.

### **Summary of risk assessment**

- 10.1 The risk of not tackling inequalities in health is poorer access, experience and outcomes for some sections of our local population. This will lead to greater demand and cost to health and care providers. It also impacts on quality of life and length of life for people.

### **Background papers**

Health inequalities in BCP Council

JSNA narrative summary

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# HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	<b>Data working group - scoping report</b>
Meeting date	15 January 2024
Status	Public Report
Executive summary	<p>The Health &amp; Adult Social Care (HASC) O&amp;S Committee agreed to establish a data working group which would investigate the data needs of the committee and how these may be met.</p> <p>The working group met on 11 December to agree the detailed scope. The scope is now being reported to the HASC O&amp;S Committee for approval.</p>
Recommendations	<p><b>It is RECOMMENDED that the Health and Adult Social Care Overview and Scrutiny Committee agree:</b></p> <ul style="list-style-type: none"> <li><b>a. The lead member and officer for the group as Cllr Patrick Canavan and the Corporate Director for Wellbeing</b></li> <li><b>b. Key lines of enquiry as detailed at Paragraph 11 a-h of this report</b></li> <li><b>c. Timescale of meetings as set out at Paragraph 20</b></li> <li><b>d. Measures of effectiveness as set out at Paragraph 24</b></li> </ul>
Reason for recommendations	To ensure that the purpose for the working group is clearly established in line with the requirements of the Council's Constitution.

Portfolio Holder(s):	Cllr David Brown, Portfolio Holder for Health and Wellbeing
Corporate Director	Jillian Kay, Corporate Director of Wellbeing
Report Authors	Lindsay Marshall, Overview and Scrutiny Specialist
Wards	Council-wide
Classification	For Decision

## Background

1. The Health and Adult Social Care O&S Committee (HASC) at its meeting on 27 November 2023 agreed to establish a working group to look at the data required by the committee to effectively fulfil its scrutiny role. The working group met on 11 December 2023 to agree the scope which is covered in this report for confirmation by the Committee.

## Strategic context and good practice

2. The following areas of good practice and strategic context were highlighted to the working group:
3. O&S should take an evidence-based approach to its work and it is good practice to incorporate the use of performance data, service user data and insights into both its work planning and detailed scrutiny work. Not all data will be required on a regular basis. O&S should remain strategic in its focus and select data that enables it to 'horizon scan' to understand where more targeted scrutiny work is needed. It is in the targeted work that a more 'deep dive' into detailed data will provide an evidence base against which to draw conclusions and make recommendations.
4. Consideration of good practices and common challenges around data may assist the working group. Common challenges for O&S in its access to and use of data are set out in ['The Good Scrutiny Guide'](#) published by the Centre for Governance and Scrutiny as:
  - Challenges in getting hold of information
  - The risk of being buried in a morass of information
  - Duplication of work already being undertaken by others who are also overseeing services and intervening to bring about improvements where necessary.
5. The guide makes suggestions for how O&S may access data which include:
  - the provision of a regular digest of information for councillors to review informally on a regular basis;
  - accessing information in online management systems for real- time data review;

- establishing rapporteurs amongst the committee to oversee and report back on particular areas of data.

Further information on this topic can be found in Section 4 'Using Evidence and Gaining Expertise' of the CfGS Good Scrutiny Guide.

6. The group was asked to note that the council's [Assurance Review Action Plan](#), which responds to the Best Value Notice and Assurance Review inspection by DLUHC, includes an action relating to '*more focus of O&S committees into corporate performance reporting and challenging the executive.*' The aim of this action is that improvement plans have an impact and improve the services that are missing their targets (see action 4 of the Assurance Review Action Plan).
7. The group was made aware that councillor training on the use of data may be required to support the interpretation and application of data provision identified through this working group. This is an action identified within the O&S Action Plan adopted by Council and due for action by September 2024.
8. The group considered a document detailing levels of data available and what was appropriate to be considered at scrutiny.

### Membership

9. The Constitution states that O&S working groups may be formed by non-executive councillors (not limited to committee members). Volunteers for the group were sought and membership is as follows:

Councillors:

- Patrick Canavan
- Joe Salmon
- Stephen Bartlett

10. The group agreed Cllr Patrick Canavan would be the lead member, who will be responsible for chairing working group meetings, liaising with officers and reporting on progress to the committee. It was also agreed that Jillian Kay, Corporate Director for Wellbeing will be the Lead Officer.
11. Working group meetings will be held on a non-public basis, without the requirement to meet statutory deadlines for agenda and minute publication. Transparency will be ensured through update reporting of activity to the HASC O&S Committee, along with a final report detailing findings of the group.

### Key Lines of Enquiry

12. The scope of work was agreed by the working group at its first meeting, for subsequent approval by the parent committee. The group was advised that scope should be limited to a number of key lines of enquiry to ensure that the work is targeted enough to have impact. Whilst these enquires may identify possibilities for wider work on the topic, retaining a clear and focussed scope is more likely to lead to value-added outcomes. Any further potential scrutiny work beyond scope should be identified as an outcome of the group.
13. Based on discussions arising at committee and subsequent working group, the following key lines of enquiry were agreed by the working group:

- a. Consideration of the definition of what data is and what type and level of data and/ or insight is useful for scrutiny
- b. What data currently exists that may assist the committee in fulfilling its scrutiny role? Consideration to be given at separate working groups for the data available from Adult Social Care and Health partners
- c. Of the existing data established at a. above, what are the specific data requests of the committee and how will these be used to inform the committee's work? (eg. horizon scanning/ deep dive scrutiny)
- d. Do these data requests exist in a format that is digestible for scrutiny purposes? If not, can this be achieved?
- e. With what frequency will the data be received and by what mechanism? (eg. within committee meetings/ supplied outside of meetings/ links to other bodies' data/ rapporteurs).
- f. Are there any gaps between the availability at a. and the request at b? Are there any recommendations for how these gaps may be bridged?
- g. What processes will the committee establish for arising requests for data to ensure officers can support requests? (eg. consider additional data requests at the point of scoping a scrutiny item/ timescales to enable officers to respond to requests).
- h. Does this work lead to any wider, out of scope issues that have arisen as a result of discussions? These may form a suggestion for further scrutiny work for this or another O&S committee, depending on the nature of the issue.

The working group agreed the above key lines of enquiry, pending confirmation by the HASC O&S Committee.

### Resources and Timetable

14. The working group was advised that the number of meetings required by the group should be scoped, and the proposed activity for each meeting, including any additional invitees to inform discussions.
15. The constitution requires that all commissioned O&S work be accompanied by a consideration of resources available to support the work. This should include councillor availability, Democratic Services availability and subject specific officer availability to support the group.
16. **Councillor resource** – working group members considered their ability to commit to attending working group meetings and undertaking any research or review work between meetings. This may affect the breadth of the scope that councillors agree to.
17. **Democratic Services resource** – Democratic Services will provide support to the working group on the basis of establishing a timetable of meeting dates, attending one meeting per month, circulating agendas and assisting the lead member to provide an update report to each meeting of the HASC O&S Committee along with a final report on the working group outcomes.
18. **Subject specific officer support** - support will be provided to the working group through the Corporate Director for Wellbeing and the Director of Public Health Dorset. Resource availability of these officers to support the group, including any follow up work between meetings should be discussed at the outset of the

group's work. It is recommended that a lead support officer be established to support the lead member of the group.

19. An average number of O&S working group meetings is between 1 and 5, depending on the subject matter. A need for further meetings would indicate that the scope of the group is too wide, enquiries have moved beyond scope, or that the issues is more suited to another ongoing format of scrutiny work (eg. sub-committee).
20. The group was asked to set out a timetable for its work, taking account of paragraphs 12-18 above. Members agreed that the first meeting should take place in the new year, and officers advised that with a focussed scope the group could aim to conclude its work swiftly in order to free up for capacity for any other working group the committee may wish to pursue. The committee may wish to comment on this matter.

### **Objectives and Methodology**

21. The role of the working group is to assist in establishing the committee's data needs by taking a 'deep dive' into the available data, reasons for requests and establishing how these will enhance the work of the committee. Although the group will establish findings, it may not determine matters on behalf of the parent committee. Findings must be presented to and agreed by the HASC O&S committee at the conclusion of the group's work.
22. Officers identified to support the working group will discuss and provide information to the group to assist it in establishing data needs. Where information requested is not known or within the gift of the support officers, follow ups may be provided between meetings. The group may also establish whether any other invitees are appropriate for one or more meetings to assist it with its enquiries.
23. As the group's purpose is to meet the needs of the committee, it may be appropriate to seek views of the wider committee informally by email throughout the process, to inform the group. This will be supported by Democratic Services in liaison with the lead member of the group.

### **Measure of Effectiveness**

24. The group agreed the measures of effectiveness as follows :
  - A clear list of data requests is established that informs the work of the O&S committee;
  - If there are data requests that cannot be met, there is clarity in the group on the reasons for this, and any actions that can be taken to change this in future.
  - There is a clear process agreed for responding to future arising data requests.
  - The work of the O&S committee is enhanced by the data provision established. The Committee may wish to review this regularly, when considering the value added through its overall work to understand the contribution that has been made by data provided.

**Background papers**

[CfPS-Good-Scrutiny-Guide-v4-WEB-SINGLE-PAGES.pdf \(cfgs.org.uk\)](#)

[Assurance Review Action Plan,](#)

[https://bcpcouncil-my.sharepoint.com/:p:/g/personal/louise\\_smith\\_bcpcouncil\\_gov\\_uk/EY72BfPdmO1Jobb-oyvfNALQBxDuDCqgRCw1qQ7VQWKLOSg?e=ChjQwH](#)



## HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	<b>Forward Plan</b>
Meeting date	15 January 2024
Status	Public Report
Executive summary	The Health and Adult Social Care Overview and Scrutiny (O&S) Committee is asked to consider and identify work priorities for publication in a Forward Plan.
<b>Recommendations</b>	<p><b>It is RECOMMENDED that:</b></p> <p><b>The Committee considers, updates and confirms its Forward Plan.</b></p>
Reason for recommendations	The Council's Constitution requires all Overview and Scrutiny Committees to set out proposed work in a Forward Plan which will be published with each agenda
Portfolio Holder(s):	N/A – O&S is a non-executive function
Corporate Director	Graham Farrant, Chief Executive
Report Authors	Lindsay Marshall, Overview and Scrutiny Specialist
Wards	Council-wide
Classification	For Decision

### Background

1. All Overview and Scrutiny (O&S) bodies are required by the Constitution to consider work priorities and set these out in a Forward Plan. When approved, this should be published with each agenda. It is good practice for the Forward Plan to be kept under regular review by the committee, and in this report councillors are asked to discuss and agree work priorities for the next meeting to allow sufficient time for report preparation as appropriate. See the Forward Plan attached at Appendix B to this report.

## **BCP Constitution and process for agreeing Forward Plan items**

2. The Constitution requires that the Forward Plan of O&S Committees (including the O&S Board) shall consist of work aligned to the principles of the function. The BCP Council O&S function is based upon six principles:
  - Contributes to sound decision making in a timely way by holding decision makers to account as a 'critical friend';
  - A member led and owned function – seeks to continuously improve through self-reflection and development;
  - Enables the voice and concerns of the public to be heard and reflected in the Council's decision-making process;
  - Engages in decision making and policy development at an appropriate time to be able to have influence;
  - Contributes to and reflects the vision and priorities of the Council;
  - Agility – able to respond to changing and emerging priorities at the right time with flexible working methods.
3. An O&S Committee may take suggestions from a variety of sources to form its Forward Plan. This may include suggestions from members of the public, officers of the Council, Portfolio Holders, the Cabinet and Council, members of the O&S Committee, and other Councillors who are not on the committee.
4. The Constitution requires that all suggestions for O&S work will be accompanied by detail outlining the background to the issue suggested, the proposed method of undertaking the work and likely timescale associated, and the anticipated outcome and value to be added by the work proposed. No item of work shall join the Forward Plan of the O&S Committee without an assessment of this information.
5. Any councillor may request that an item of business be considered by an O&S Committee. Councillors are asked to complete a form outlining the request, which is appended to this report at Appendix C. The same process will apply to requests for scrutiny from members of the public.
6. A copy of the most recent Cabinet Forward Plan will be supplied to O&S Committees at each meeting for reference. The latest version was published on **5 December 2023** and is supplied as Appendix D to this report.

## **Resources to support O&S work**

7. The Constitution requires that the O&S Committees take into account the resources available to support their proposals for O&S work. This includes consideration of councillor availability, officer time and financial resources. Careful and regular assessment of resources will ensure that there is appropriate resource available to support work across the whole O&S function, and that any work established can be carried out in sufficient depth and completed in a timely way to enable effective outcomes.
8. It is good practice for O&S Committees to agree a maximum of two substantive agenda items per meeting. This will provide sufficient time for committees to take a 'deep dive' approach to scrutiny work, which is likely to provide more valuable outcomes. A large number of agenda items can lead to a 'light touch' approach

to all items of business, and also limit the officer and councillor resource available to plan for effective scrutiny of selected items.

9. O&S Committees are advised to carefully select their working methods to ensure that O&S resource is maximised. A variety of methods are available for O&S Committees to undertake work and are not limited to the receipt of reports at committee meetings. These may include:
- Working Groups;
  - Sub-Committees;
  - Tak and finish groups;
  - Inquiry Days;
  - Rapporteurs (scrutiny member champions);
  - Consideration of information outside of meetings – including report circulation/ briefing workshops/ briefing notes.

Further detail on O&S working methods are set out in the Constitution and in Appendix A – Terms of Reference for O&S Committees.

### **Options Appraisal**

10. The committee is asked to consider, update and confirm its Forward Plan, taking account of the supporting documents provided and including the determination of any requests for scrutiny. This will ensure member ownership of the Forward Plan and that reports can be prepared in a timely way. Should the committee not confirm its forthcoming priorities, reports may not be able to be prepared in a timely way and best use of the meeting resource may not be made.

### **Summary of financial implications**

11. There are no direct financial implications associated with this report. The committee should note that when establishing a Forward Plan, the Constitution requires that account be taken of the resources available to support proposals for O&S work. Advice on maximising the resource available to O&S Committees is set out in paragraphs 7 to 9 above.

### **Summary of legal implications**

12. The Council's Constitution requires all O&S committees to set out proposed work in a Forward Plan which will be published with each agenda. The recommendation proposed in this report will fulfil this requirement.

### **Summary of human resources implications**

13. There are no human resources implications arising from this report.

### **Summary of sustainability impact**

14. There are no sustainability resources implications arising from this report.

### **Summary of public health implications**

15. There are no public health implications arising from this report.

**Summary of equality implications**

16. There are no equality implications arising from this report. Any member of the public may make suggestions for overview and scrutiny work. Further detail on this process is included within Part 4 of the Council's Constitution.

**Summary of risk assessment**

17. There is a risk of challenge to the Council if the Constitutional requirement to establish and publish a Forward Plan is not met.

**Background papers**

There are none.

**Appendices**

Appendix A – Overview and Scrutiny Committees Terms of Reference

Appendix B - Current Health and Adult Social Care O&S Committee Forward Plan

Appendix C – Request for consideration of an issue by Overview and Scrutiny

Appendix D – Current Cabinet Forward Plan

## **BOURNEMOUTH, CHRISTCHURCH AND POOLE COUNCIL**

### **OVERVIEW AND SCRUTINY BOARD / COMMITTEES TERMS OF REFERENCE**

Overview and Scrutiny (O&S) is a statutory role fulfilled by Councillors who are not members of the Cabinet in an authority operating a Leader and Cabinet model. The role of the Overview and Scrutiny Board and Committees is to help develop policy, to carry out reviews of Council and other local services, and to hold decision makers to account.

#### **PRINCIPLES OF OVERVIEW AND SCRUTINY**

The Bournemouth, Christchurch and Poole Overview and Scrutiny function is based upon six principles:

1. Contributes to sound decision making in a timely way by holding decision makers to account as a 'critical friend'.
2. A member led and owned function – seeks to continuously improve through self-reflection and development.
3. Enables the voice and concerns of the public to be heard and reflected in the Council's decision-making process.
4. Engages in decision making and policy development at an appropriate time to be able to have influence.
5. Contributes to and reflects the vision and priorities of the Council.
6. Agile – able to respond to changing and emerging priorities at the right time with flexible working methods.

#### **MEETINGS**

There are four Overview and Scrutiny bodies at BCP Council:

- Overview and Scrutiny Board
- Children's Services Overview and Scrutiny Committee
- Health and Adult Social Care Overview and Scrutiny Committee
- Environment and Place Overview and Scrutiny Committee

Each Committee meets 5 times during the municipal year, except for the Overview and Scrutiny Board which meets monthly to enable the Board to make recommendations to Cabinet. The date and time of meetings will be set by full Council and may only be changed by the Chairman of the relevant Committee in consultation with the Monitoring Officer. Members will adhere to the agreed principles of the Council's Code of Conduct.

Decisions shall be taken by consensus. Where it is not possible to reach consensus, a decision will be reached by a simple majority of those present at the meeting. Where there are equal votes the Chair of the meeting will have the casting vote.

## MEMBERSHIP

The Overview and Scrutiny Board and Committees are appointed by full Council. Each Committee has 11 members and the Board has 13 members. No member of the Cabinet may be a member of the Overview and Scrutiny Committees or Board, or any group established by them. Lead Members of the Cabinet may not be a member of Overview and Scrutiny Committees or Board. The Chair and Vice-Chair of the Audit and Governance Committee may not be a member of any Overview and Scrutiny Committees or Board.

The quorum of the Overview and Scrutiny Committees and Board shall be one third of the total membership (excluding voting and non-voting co-optees).

No member may be involved in scrutinising a decision in which they been directly involved. If a member is unable to attend a meeting their Group may arrange for a substitute to attend in their place in accordance with the procedures as set out in the Council's Constitution.

Members of the public can be invited to attend and contribute to meetings as required, to provide insight to a matter under discussion. This may include but is not limited to subject experts with relevant specialist knowledge or expertise, representatives of stakeholder groups or service users. Members of the public will not have voting rights.

**Children's Services Overview and Scrutiny Committee** - The Committee must statutorily include two church and two parent governor representatives as voting members (on matters related to education) in addition to Councillor members. Parent governor membership shall extend to a maximum period of four years and no less than two years. The Committee may also co-opt one representative from the Academy Trusts within the local authority area, to attend meetings and vote on matters relating to education.

The Committee may also co-opt two representatives of The Youth Parliament and, although they will not be entitled to vote, will ensure that their significant contribution to the work of the Committee is recognised and valued.

**Environment and Place Overview and Scrutiny Committee** - The Committee may co-opt two independent non-voting members. The selection and recruitment process shall be determined by the Environment and Place Overview and Scrutiny Committee.

## FUNCTIONS OF THE O&S COMMITTEES AND O&S BOARD

Each Overview and Scrutiny Committee (including the Overview and Scrutiny Board) has responsibility for:

- Scrutinising decisions of the Cabinet, offering advice or making recommendations
- Offering any views or advice to the Cabinet or Council in relation to any matter referred to the Committee for consideration
- General policy reviews, and making recommendations to the Council or the Cabinet to assist in the development of future policies and strategies
- Assisting the Council in the development of the Budget and Policy Framework by in-depth analysis of policy issues
- Monitoring the implementation of decisions to examine their effect and outcomes
- Referring to full Council, the Cabinet or appropriate Committee/Sub-Committee any matter which, following scrutiny a Committee determines should be brought to the attention of the Council, Cabinet or other appropriate Committee
- Preparation, review and monitoring of a work programme
- Establishing such commissioned work as appropriate after taking into account the availability of resources, the work programme and the matter under review

In addition, the Overview and Scrutiny Board has responsibility for:

- Considering decisions that have been called-in
- Undertaking scrutiny of the Council's budget processes
- Carrying out the Council's scrutiny functions relating to crime and disorder, and discharging any other statutory duty for which the O&S function is responsible, other than those that relate to Flood Risk Management, Health, Adult Social Care, Children's Services and Education
- Overseeing the Council's overall O&S function including oversight of the work plans and use of resource across all O&S bodies
- Keeping the O&S function under review, suggesting changes as appropriate to ensure that it remains fit for purpose
- Reporting annually to Full Council on the output of the O&S function
- Maintaining oversight of the training needs of the whole O&S function.

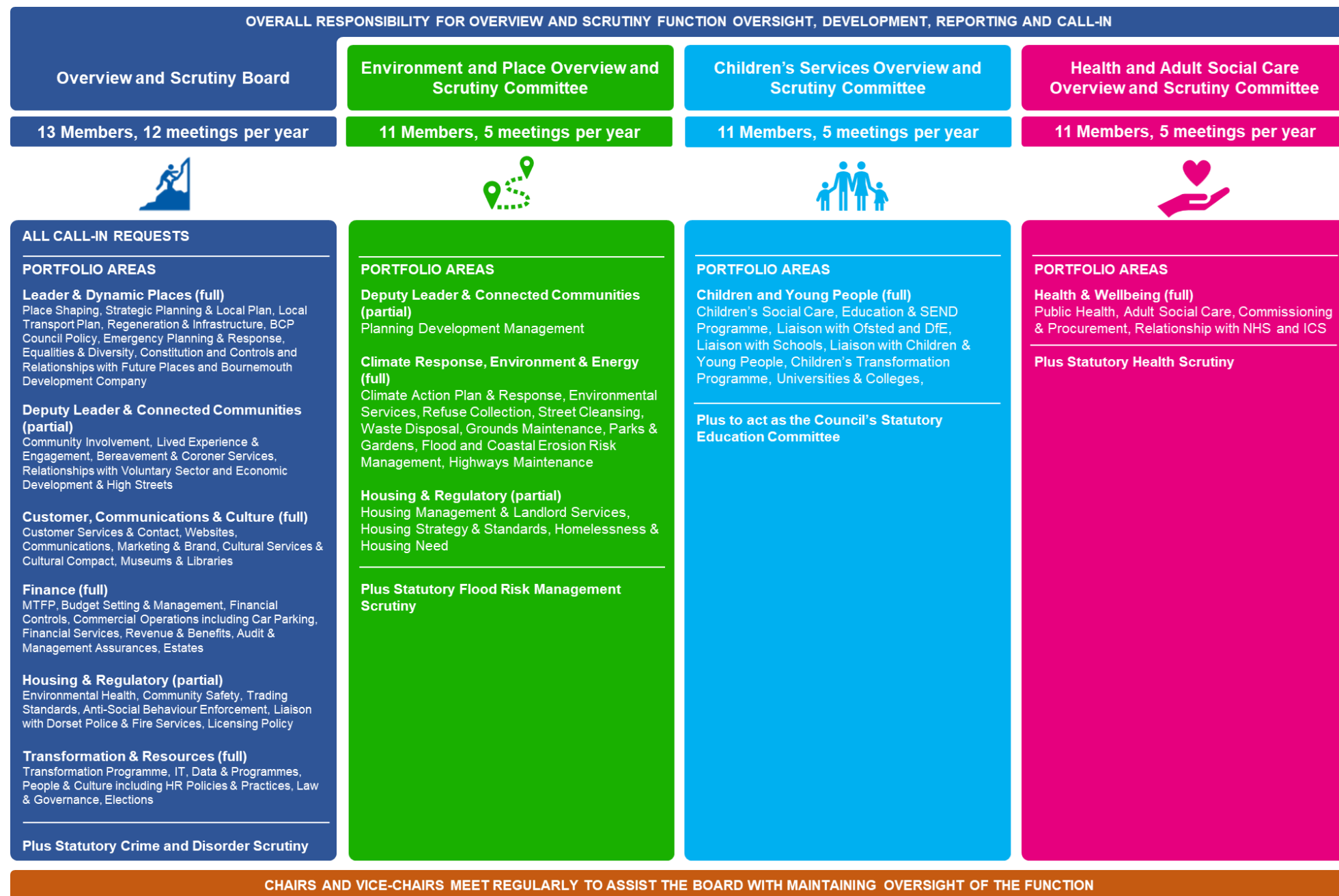
**Figure 1 below provides an outline of the responsibilities of each Committee.**

The remit of the Overview and Scrutiny Board and Committees is based on the division of Portfolio Holder responsibilities. Portfolio Holders may report to more than one Overview and Scrutiny body.

Portfolio Holder responsibilities are changeable and from time to time it may be necessary to modify the designation of functions across the four Overview and Scrutiny bodies.



Figure One –Overview and Scrutiny Structure



## COMMISSIONED WORK

In addition to Committee meetings, the Overview and Scrutiny Board and Committees may commission work to be undertaken as they consider necessary after taking into account the availability of resources, the work programme and the matter under review.

Each O&S body is limited to one commission at a time to ensure availability of resources.

a) **Working Groups** – a small group of Councillors and Officers gathered to consider a specific issue and report back to the full Board/ Committee, or make recommendations to Cabinet or Council within a limited timescale. Working Groups usually meet once or twice, and are often non-public;

b) **Sub-Committees** – a group of Councillors delegated a specific aspect of the main Board/ Committee's work for ongoing, in-depth monitoring. May be time limited or be required as a long-standing Committee. Sub-Committees are often well suited to considering performance-based matters that require scrutiny oversight. Sub-Committees usually meet in public;

c) **Task and finish groups** – a small group of Councillors tasked with investigating a particular issue and making recommendations on this issue, with the aim of influencing wider Council policy. The area of investigation will be carefully scoped and will culminate in a final report, usually with recommendations to Cabinet or Council. Task and finish groups may work over the course of a number of months and take account of a wide variety of evidence, which can be resource intensive. For this reason, the number of these groups must be carefully prioritised by scrutiny members to ensure the work can progress at an appropriate pace for the final outcome to have influence;

d) **Inquiry Days** – with a similar purpose to task and finish groups, inquiry days seek to understand and make recommendations on an issue by talking to a wide range of stakeholders and considering evidence relating to that issue, within one or two days. Inquiry days have similarities to the work of Government Select Committees. Inquiry days are highly resource intensive but can lead to swift, meaningful outcomes and recommendations that can make a difference to Council policy; and

e) **Rapporteurs or scrutiny member champions** - individual Councillors or pairs of Councillors tasked with investigating or maintaining oversight of a particular issue and reporting back to the main Board/ Committee on its findings. A main Committee can use these reports to facilitate its work prioritisation. Rapporteurs will undertake informal work to understand an issue – such as discussions with Officers and Portfolio Holders, research and data analysis. Rapporteur work enables scrutiny members to collectively stay informed of a wide range of Council activity. This approach to the provision of information to scrutiny members also avoids valuable

Committee time being taken up with briefings in favour of more outcome-based scrutiny taking place at Committee.

**These terms of reference should be read in conjunction with the Overview and Scrutiny Procedure Rules outlined in Part 4C of the Council's Constitution.**

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

Updated 4/1/24

The following forward plan items are suggested as early priorities to the Health and Adult Social Care O&S Committee by the Chair and Vice-Chair, following consultation with officers.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
<b>15 January 24</b>					
	<b>BCP Carers Strategy Update</b>	For the Committee to receive an update on the progress of the strategy and implementation plan.  Scrutinise the implementation plan? Test and challenge impact?	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.  Discussed at forward planning session on 2/10/23
	<b>Health Inequality report</b>  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.  ICS – ringfenced money to ICB? How using resource?	Committee Report.	Sam Crowe, Director of Public Health Dorset	Requested by Committee at their meeting in March 2022.

	<b>Subject and background</b>	<b>Anticipated benefits and value to be added by O&amp;S engagement</b>	<b>How will the scrutiny be done?</b>	<b>Lead Officer</b>	<b>Report Information</b>
	<b>Day Opportunities Strategy</b>	To receive and scrutinise the proposed strategy and make recommendations to Cabinet.	Committee Report	TBC	Requested by officers at forward planning session on 2/10/23.
	<b>Data Working Group – Scoping report</b>	To approve the scope agreed by the working group	Committee Report	Lindsay Marshall, Scrutiny Specialist	
<b>4 March 24</b>					
	<b>Home First integrated hospital discharge programme</b>	To receive an update and scrutinise progress in the implementation of the programme.	Committee Report	Betty Butlin, Director of Adult Social Care and Becky Whale Dean Spencer?	Requested by officers at forward planning session on 3/10/23 – delayed from Jan 24 meeting to allow scrutiny of Day Ops Strategy
	<b>The Right Care, Right Person</b>	TBA	Committee Report	Gavin Dudfield	Discussed at Forward planning session
	<b>Developing integrated neighbourhood and community teams</b>	For the Committee to receive an update and scrutinise development of the teams	Committee Report	Kate Calvert	Requested by NHS Dorset.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
	Update on Tricuro?				
<b>DATE to be allocated or Annual Reports</b>					
1.	Health and Wellbeing Board	Consider work of HWB	TBC	TBC	Considered at the forward planning session at 2/10/23.
2.	National Suicide Strategy and consideration of the update to the BCP Suicide Prevention Strategy.	To enable the Committee to consider the strategy once published	Verbal update/Committee Report	Sam Crowe, Public Health Dorset	Verbal update received from SC at September 23 meeting.  Proposed to come back in Spring 24.
3.	Health services for people who are Homeless and Rough Sleeping  SC to catch up with Elaine and Ben to see when good to consider.	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.  Possible invite Dr Maggie Kirk re Health bus? TBC	BCP's Draft Homelessness Strategy was considered by the Committee prior to its 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  Someone from DCR Team at Dorset	Not much happening at the moment – need to consider when good time to scrutinise.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
5.	<b>Think Big Project update</b>	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.	<b>Safeguarding Adults Board Annual Report and Business Plan</b>  To receive an update on the progress of objectives and the Board's Business Plan	The Committee will be updated on the work undertaken by the BCP Safeguarding Adults Board during the last year as well as the Board's Business Plan. The item will also provide opportunity for the Committee to consider how it would like to engage in future scrutiny opportunities relating to the Adult Safeguarding Board and consider any Committee training needs in this respect.	Committee Report.	Siân Walker Independent Chair, Bournemouth, Christchurch and Poole Safeguarding Adults Board.	Annual standing item; added to Forward Plan in consultation with Corporate Director for Adult Social Care and Chair of the Committee.  Next date to be considered - November 2023.
7.	<b>Joint scrutiny on 'substantial variations to health services'.</b>  To consider the criteria that has been proposed to	To consider the criteria that has been proposed to be added to the constitution, setting out what constitutes a 'substantial variations to	Committee Report.	DS to consider with Dorset and NHS Dorset.	Suggested by the Deputy-Head of Democratic Services for Committee's consideration.



	<b>Subject and background</b>	<b>Anticipated benefits and value to be added by O&amp;S engagement</b>	<b>How will the scrutiny be done?</b>	<b>Lead Officer</b>	<b>Report Information</b>
	be added to the constitution, setting out what constitutes a 'substantial variations to health services' in the Joint Health Scrutiny Protocol.	health services' in the Joint Health Scrutiny Protocol.			
<b>Information Briefings.</b>					
	<b>Presentation on Preparing for Adulthood</b>	To receive the presentation being provided to the National Children and Adult Services Conference 2023	Presentation	Jenny Collis-Heaven	To be received in a briefing session before the Jan 24 Committee.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
	<b>Briefing around the work of the Integrated Care Board</b>	To receive information	Informal briefing session	David Freeman	Initial briefing to be received at date to be determined.  Identify any future scrutiny following that presentation.
<b>Commissioned Work</b> Work commissioned by the Committee (for example task and finish groups and working groups) is listed below: Note – to provide sufficient resource for effective scrutiny, one item of commissioned work will run at a time. Further commissioned work can commence upon completion of previous work.					
1.	<b>Working Group to consider data available</b>	To enable the Committee to have oversight of available data to target scrutiny where appropriate	Working group	Jillian Kay, Director of Wellbeing, Sam Crowe, Director of Public Health	
2.	<b>The South West Ambulance Service Trust Improvement and Financial Investment Plan</b>	To enable Committee Members to scrutinise the impact of the improvement and financial investment plan on the response times and outcomes of the Ambulance Service.	Possible joint scrutiny with Dorset Council – need to contact Dorset		Informal briefing held on 26 January 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
3.	<b>The implementation and performance of NHS Dorset Urgent Integrated Care Services</b>  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.	
4.	<b>External Scrutiny – Quality Accounts.</b>	To ensure Committee members have the opportunity to scrutinise the quality accounts of the NHS Trusts. Scrutiny leads for NHS Dorset Quality Accounts will need to be revised due to Committee membership changes since first arrangements.	Rapporteur model.	Pete Courage, Head of Transformation & Integration	(Item has been postponed due to COVID19).  <b>ACTION - PH to find out if QA are still produced and how they could be scrutinised</b>
5.	<b>Dorset Integrated Care Board</b>	Joint Scrutiny Committee with Dorset		TBC	Added in Jan 23
<b>Update Items</b>  The following items of information have been requested as updates to the Committee.  The Committee may wish to receive these in an alternative to format to Committee updates (e.g. by emailed briefing note outside of the Committee) to reserve capacity in Committee meetings for items of value-added scrutiny.					
<b>None currently requested.</b>					

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
Items requested from Cllrs					
	The manner and level of integration of BCP Council, the Health and Wellbeing Board and NHS Dorset – how effectively are they working together across all aspects of health and social care?	TBC	TBC	TBC	Requested by Cllr Carr-Brown at work programming session – not yet determined by Committee
	Impact of climate change and preparation for it.	Consider the NHS Sustainability and Green Plan.  SC to consider this item further.	TBC	Sam Crowe, Director of Public Health	Requested by Cllr Rice at work programming session – not yet determined by Committee

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
	<b>ASC Transformation programme</b>	<p>To scrutinise the Transformation programme before consideration by Cabinet.</p> <p>PH advised that the ASC programme had not yet started but could come to Committee at appropriate time.</p>	Committee Report		Requested by Vice Chair at forward planning workshop
	<b>ASC Budget</b>	<p>To scrutinise the budget for ASC -</p> <p>Dem services to circulate the budget to Committee for consideration and any feedback to be given to the Chair for his attendance at Overview and Scrutiny Board on 29 Jan 24.</p>	Committee Report		Requested by Vice Chair at forward planning workshop
<b>Items requested from health partners</b>					

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
	<b>NHS Health Checks programme – to consider the way the new programme is performing, following relaunch during 2023.</b>	BPC Council had areas where primary care were not keen to deliver post-pandemic, leaving gaps. The new service has used LWD to provide checks in areas not covered by primary care. Consider in January 2024 / March 2024	Information only report?	Sam Crowe, Director of Public Health	Requested at forward planning workshop.
	<b>Children Young People's Mental Health Transformation</b>	There will be service changes associated with this work. We'd like to update HASC on the work to date, seek their views on the proposed-emergent changes and ask what they might need from us to support future discussions and/or scrutiny.  Recommend consideration in Q4 of 2023/24			This item is being considered at Children's Services O&S with an invitation extended to the Chair of HASC.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
	<b>All Age Neurodevelopmental Review</b>	<p>As above, there will be service changes associated with this work. We'd like to update HASC on the work to date, seek their views on the proposed-emergent changes and ask what they might need from us to support future discussions and/or scrutiny.</p> <p>Recommend consideration in Q3 of 2023/24</p>	TBC	David Freeman, NHS Dorset	
	<b>Mental Health Integrated Community Care (MHICC)</b>	<p>Again, there will be service changes associated with this work. We'd like to update HASC on the work to date, seek their views on the proposed-emergent changes and ask what they might need from us to support future discussions and/or scrutiny.</p> <p>Recommend consideration in Q4 of 2023/24</p>	TBC	David Freeman, NHS Dorset	

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
	<b>Clinical Services Review</b>	Update will be provided by University Hospitals Dorset (UHD) but it is important that this work is seen in the context of the other developments outlined above.  UHD to confirm recommended timings.	TBA	TBA - UHD	Request received – not yet determined by Committee.
	<b>Update on maternity services to follow-on from previously requested update</b>	To receive an update on maternity services	Information only report	TBA - UHD	Suggested as an info only item  Not yet determined by Committee.



	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
	UHD Annual Plan	usually published May each year and would welcome input and consideration of the plan by the committee	Committee Report	TBA – UHD	Requested by UHD – not yet determined by Committee.

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## Request for consideration of an issue by Overview and Scrutiny

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### **Guidance on the use of this form:**

This form is for use by councillors and members of the public who want to request that an item joins an Overview and Scrutiny agenda. Any issue may be suggested, provided it affects the BCP area or the inhabitants of the area in some way. Scrutiny of the issue can only be requested once in a 12 month period.

The form may also be used for the reporting of a referral item to Overview and Scrutiny by another body of the council, such as Cabinet or Council.

The Overview and Scrutiny Committee receiving the request will make an assessment of the issue using the detail provided in this form and determine whether to add it to its forward plan of work.

They may take a variety of steps to progress the issue, including requesting more information on it from officers of the council, asking for a member of the overview and scrutiny committee to 'champion' the issue and report back, or establishing a small working group of councillors to look at the issue in more detail.

If the Committee does not agree to progress the issue it will set out reasons for this and they will be provided to the person submitting this form.

More information can be found at Part 4.C of the BCP Council Constitution  
<https://democracy.bcpCouncil.gov.uk/ieListMeetings.aspx?CommitteeID=151&Info=1&bcr=1>

Please complete all sections as fully as possible

### **1. Issue requested for scrutiny**

### **2. Desired outcome resulting from Overview and Scrutiny engagement, including the value to be added to the Council, the BCP area or its inhabitants.**

**3. Background to the issue**

**4. Proposed method of scrutiny - (for example, a committee report or a working group investigation)**

**5. Key dates and anticipated timescale for the scrutiny work**

**6. Notes/ additional guidance**

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Document last reviewed – January 2022

Contact – [democratic.services@bcpcouncil.gov.uk](mailto:democratic.services@bcpcouncil.gov.uk)

# CABINET FORWARD PLAN – 1 DECEMBER 2023 TO 31 MARCH 2024

(PUBLICATION DATE – 05 December 2023)



What is the subject?	What is the purpose of the issue?	Is this a Key Decision?	Decision Maker and Due Date	Wards	Who are the key stakeholders to be consulted before the decision is made?	What is the consultation process and period	Officer writing the report	Is the report likely to be considered in private (i.e., it contains confidential or exempt information)?
Medium Term Financial Plan (MTFP) Update	Provide update on the councils MTFP	No	Cabinet 13 Dec 2023  Council 9 Jan 2024	All Wards	N/a	N/a	Matthew Filmer, Adam Richens, Nicola Webb	Open
Corporate Strategy Summary 2023/24 - 2026/27		Yes	Cabinet 13 Dec 2023				Isla Reynolds	

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Consultation on the draft Bournemouth, Christchurch and Poole Local Plan	To seek agreement to publish the draft (Pre submission) version of the Bournemouth, Christchurch and Poole Local Plan for consultation prior to the submission of the plan for examination.	Yes	Cabinet 13 Dec 2023  Council 9 Jan 2024	All Wards			Steve Dring, Paul Feehily	Open
Housing and Property Compliance Update (Housing Revenue Account)	To provide an update on meeting legal requirements to ensure that council properties are safe to occupy.	No	Cabinet 13 Dec 2023	All Wards			Simon Percival	Open
CNHAS for 2023 -2028 inc Project Approvals	To present to the three town council members a review of the last 2 years of CNHAS, recommendations for next major housing led projects, Homes England strategic considerations and investment focus towards addressing a diverse set of needs.	No	Cabinet 13 Dec 2023  Council 9 Jan 2024	All Wards			Nigel Ingram	Open

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Building Stronger Foundations - Children's Services Transformation Business Case	In July 2023 Children's Services when they presented the original transformation Business Case were requested to come back to cabinet and report on progress made .	No	Children's Services Overview and Scrutiny Committee 21 Nov 2023  Cabinet 13 Dec 2023	All Wards			Cathi Hadley, Shirley McGillick	Open
Electric Vehicle Charging Infrastructure (EVCI) Strategy and Local Electric Vehicle Infrastructure (LEVI) Grant	To seek Council approval to accept and invest the capital grant, subject to final confirmation, and to recommend to Council the adoption of the Electric Vehicle Charging Infrastructure (EVCI) Strategy to 2030.	Yes	Cabinet 13 Dec 2023  Council 9 Jan 2024	All Wards	Public consultation on draft Electric Vehicle Infrastructure Strategy	Public consultation complete (closed 01.10.2023)	John McVey, Richard Pincroft	Open

What is the subject?	What is the purpose of the issue?	Is this a Key Decision?	Decision Maker and Due Date	Wards	Who are the key stakeholders to be consulted before the decision is made?	What is the consultation process and period	Officer writing the report	Is the report likely to be considered in private (i.e., it contains confidential or exempt information)?
Albert Road (Bournemouth) Loading Bay Proposal - P41 2023	To consider the recommendation to install a new loading bay in Albert Road, Bournemouth to enable safe deliveries to local businesses and residential properties. To enable this the current disabled bay will be moved to a new location.	No	Cabinet 13 Dec 2023	Bournemouth Central		Legal TRO 21 day notice period has taken place with comments received.	Andy Brown, Rob Walter	Open



What is the subject?	What is the purpose of the issue?	Is this a Key Decision?	Decision Maker and Due Date	Wards	Who are the key stakeholders to be consulted before the decision is made?	What is the consultation process and period	Officer writing the report	Is the report likely to be considered in private (i.e., it contains confidential or exempt information)?
Traffic Order Proposals, Canford Paddock Development Waiting Restriction Proposals P38 2023	The report seeks approval to implement TROs for no waiting at any time restrictions throughout the development. The scheme is linked to Section 106 Agreement as part of the Planning Process.	No	Cabinet 13 Dec 2023	Bearwood & Merley	Notification emails were sent to all councillors and all statutory consultees (including emergency services, disability groups, local public transport providers, national transport associations and various council departments).	The statutory consultation process set out in The Local Authorities' Traffic Orders (Procedure) (England and Wales) Regulations 1996 has been carried out by undertaking a 21-day public consultation opened on Friday 2 June 2023 where a notice was placed in the Bournemouth Echo, notification emails were sent to all councillors statutory consultees and Street Notices with consultation details were displayed in relevant locations. The Deposited Documents (consultation documents) were also published on the council's website.	Julian McLaughlin	Open

What is the subject?	What is the purpose of the issue?	Is this a Key Decision?	Decision Maker and Due Date	Wards	Who are the key stakeholders to be consulted before the decision is made?	What is the consultation process and period	Officer writing the report	Is the report likely to be considered in private (i.e., it contains confidential or exempt information)?
Council Tax Base 2024/25	To set the council tax base for 2024/25	No	Cabinet 10 Jan 2024  Council 20 Feb 2024	All Wards			Matthew Filmer	Open
Q2 2023/24 Corporate Performance Report	To provide an update on progress in delivering the BCP Corporate Strategy, adopted by Full Council in November 2019.	No	Cabinet 10 Jan 2024	All Wards			Vicky Edmonds	Open
Tenancy Strategy	To set out the approach for a revised Tenancy Strategy.	No	Cabinet 10 Jan 2024	All Wards	Council tenants and registered providers of social housing.	Consultation with key stakeholders has been completed.	Seamus Doran	Open

What is the subject?	What is the purpose of the issue?	Is this a Key Decision?	Decision Maker and Due Date	Wards	Who are the key stakeholders to be consulted before the decision is made?	What is the consultation process and period	Officer writing the report	Is the report likely to be considered in private (i.e., it contains confidential or exempt information)?
Active Travel Fund 4 (ATF4)	The inform Cabinet that the Council has been awarded £3.78m of ATF4 grant and seek endorsement from Cabinet to Council to delegate the delivery of the ATF4 programme to the Director for Infrastructure in consultation with Portfolio Holder.	Yes	Cabinet 10 Jan 2024  Council 20 Feb 2024	Alderney & Bourne Valley; Boscombe West; Bournemouth Central; Hamworthy; Newtown & Heatherlands; Parkstone; Talbot & Branksome Woods; Wallisdown & Winton West; Westbourne & West Cliff			Julian McLaughlin, Richard Pincroft	Open
Proposed shared FCERM Service with East Devon District Council	To consider proposal to broaden the Flood and Coastal Erosion Risk Management Service via implementation of a Shared Service Agreement with East Devon District Council.	No	Cabinet 10 Jan 2024		BCP CMB & Cabinet East Devon District Council Cabinet		Matt Hosey	Open

What is the subject?	What is the purpose of the issue?	Is this a Key Decision?	Decision Maker and Due Date	Wards	Who are the key stakeholders to be consulted before the decision is made?	What is the consultation process and period	Officer writing the report	Is the report likely to be considered in private (i.e., it contains confidential or exempt information)?
Beach Road Car Park (part of)	An Outline Business Case produced by FuturePlaces was approved by Cabinet in March 2023. This report provides additional options for consideration.	Yes	Cabinet 10 Jan 2024  Council 20 Feb 2024	Canford Cliffs	Ward Councillors		Irene Ferns, Sarah Good, Julian McLaughlin	Open
BCP Council Libraries – Creating a sustainable future	To set out the review framework leading to a BCP Library Strategy which explores interest in alternative models of delivery to sustain and even improve the offer to the community.	Yes	Cabinet 10 Jan 2024	All Wards			Matti Raudsepp	Open

What is the subject?	What is the purpose of the issue?	Is this a Key Decision?	Decision Maker and Due Date	Wards	Who are the key stakeholders to be consulted before the decision is made?	What is the consultation process and period	Officer writing the report	Is the report likely to be considered in private (i.e., it contains confidential or exempt information)?
Traffic Order Proposal, TCF Darby's Lane C.5.2 P40 2023	To seek approval to make and seal the Traffic Regulation Orders after the statutory consultation with the public.	No	Cabinet 10 Jan 2024	Oakdale	Within the statutory consultation process, notification emails were sent to all councillors and all statutory consultees (including emergency services, disability groups, local public transport providers, national transport associations and various council departments).	The statutory consultation process set out in The Local Authorities' Traffic Orders (Procedure) (England and Wales) Regulations 1996 has been carried out as detailed below. A 21-day public consultation opened on Friday 20 June 2023 where: A Notice was placed in the Bournemouth Echo, notification emails were sent to all councillors and all statutory consultees and Street Notices with consultation details were displayed in relevant locations. The Deposited Documents (consultation documents) were also published on the council's website.	Julian McLaughlin	Open

What is the subject?	What is the purpose of the issue?	Is this a Key Decision?	Decision Maker and Due Date	Wards	Who are the key stakeholders to be consulted before the decision is made?	What is the consultation process and period	Officer writing the report	Is the report likely to be considered in private (i.e., it contains confidential or exempt information)?
Budget Monitoring Quarter 3	To update cabinet on Quarter 3 budget monitoring	No	Cabinet 7 Feb 2024	All Wards			Matthew Filmer	Open
Budget 2024/25 and Medium Term Financial Plan	The council is required to set an annual balanced budget presenting how its financial resources, both income and expenditure, are to be allocated and utilised.	No	Cabinet 7 Feb 2024  Council 20 Feb 2024	All Wards	N/a	N/a	Matthew Filmer, Adam Richens, Nicola Webb	Open
Street Naming and Numbering Policy	To seek Council approval to amend the existing policy and to review current charges	Yes	Cabinet 7 Feb 2024  Council 20 Feb 2024		Full Council & Leader of the Council Advertisement in local newspaper	2 week advertisement in newspaper, prior to being put in place.	Adam Fancy, Sara Johnson, Jane Potter	Fully exempt

What is the subject?	What is the purpose of the issue?	Is this a Key Decision?	Decision Maker and Due Date	Wards	Who are the key stakeholders to be consulted before the decision is made?	What is the consultation process and period	Officer writing the report	Is the report likely to be considered in private (i.e., it contains confidential or exempt information)?
Creekmoor Community Land Trust Affordable Housing Develeopment	To seek agreement of the proposed HoT for Creekmoor CLT for the development of a BCP site in Creekmoor and delegate approval of agreements to the Head of Legal Services, Head of Estates and Head of Housing Delivery	No	Cabinet 7 Feb 2024	Creekmoor			Kerry-Marie Ruff	Open
Housing Revenue Account (HRA) Budget Setting 2024/25	To seek Cabinet approval for the proposed expenditure on council properties within the HRA	No	Cabinet 7 Feb 2024  Council 20 Feb 2024	All Wards			Seamus Doran	Open
Housing Strategy - Annual Summary Review		No	Cabinet 7 Feb 2024				Kerry-Marie Ruff	

What is the subject?	What is the purpose of the issue?	Is this a Key Decision?	Decision Maker and Due Date	Wards	Who are the key stakeholders to be consulted before the decision is made?	What is the consultation process and period	Officer writing the report	Is the report likely to be considered in private (i.e., it contains confidential or exempt information)?
Hurn Neighbourhood Plan	To report the findings of a formal public examination by independent examiner and to consider whether any proposed modification to any draft Neighbourhood Plan should be accepted.	No	Cabinet 6 Mar 2024	Commons			Rebecca Landman	Open
Sandbanks Peninsula Neighbourhood Plan	Following a formal public examination and independent examiner's report whether any proposed modification to the draft Neighbourhood Plan should be accepted;	No	Cabinet 6 Mar 2024	Canford Cliffs			Rebecca Landman	Open



What is the subject?	What is the purpose of the issue?	Is this a Key Decision?	Decision Maker and Due Date	Wards	Who are the key stakeholders to be consulted before the decision is made?	What is the consultation process and period	Officer writing the report	Is the report likely to be considered in private (i.e., it contains confidential or exempt information)?
LTP Capital Programme 2024/25	This report sets out and seeks financial approval for investment of the 2024/25 Local Transport Plan (LTP) grant allocation (capital funding) from the Department for Transport (DfT). It is expected that the 2024/25 LTP Capital grant allocation for the Council will be £7.9 million comprising £3.1 million of Integrated Transport Block (ITB) funding and £4.8 million of Highway Maintenance funding (tbc).	Yes	Cabinet 6 Mar 2024	All Wards			Julian McLaughlin	Open

What is the subject?	What is the purpose of the issue?	Is this a Key Decision?	Decision Maker and Due Date	Wards	Who are the key stakeholders to be consulted before the decision is made?	What is the consultation process and period	Officer writing the report	Is the report likely to be considered in private (i.e., it contains confidential or exempt information)?
20mph Scheme Options Appraisal	To Review Options Around 20mph schemes and agree the Council's position	Yes	Cabinet 6 Mar 2024	All Wards	All residents, businesses and visitors to BCP. Dorset Police and other statutory stakeholders for Traffic Regulation Orders.	No consultation has been carried out however the options all include conducting consultation.	Richard Pearson, Richard Pincroft	Open

What is the subject?	What is the purpose of the issue?	Is this a Key Decision?	Decision Maker and Due Date	Wards	Who are the key stakeholders to be consulted before the decision is made?	What is the consultation process and period	Officer writing the report	Is the report likely to be considered in private (i.e., it contains confidential or exempt information)?
Christchurch Bay and Harbour FCERM Strategy	Bournemouth, Christchurch and Poole Council (BCP) and New Forest District Council (NFDC) are working together with the Environment Agency to produce a new strategy to protect coastal communities from tidal flooding and erosion risk. It will guide how the frontage from Hengistbury Head to Hurst Spit, encompassing Christchurch Harbour, will be sustainably managed for the next 100 years.	No	Cabinet 10 Apr 2024	Christchurch Town; East Southbourne & Tuckton; Highcliffe & Walkford; Mudeford, Stanpit & West Highcliffe	Landowners, BCP residents, businesses, organisations, BCP services	Several levels of public engagement and consultation throughout the development of the Strategy between 2021 and 2023.	Catherine Corbin, Alan Frampton, Matt Hosey	Open

What is the subject?	What is the purpose of the issue?	Is this a Key Decision?	Decision Maker and Due Date	Wards	Who are the key stakeholders to be consulted before the decision is made?	What is the consultation process and period	Officer writing the report	Is the report likely to be considered in private (i.e., it contains confidential or exempt information)?
BCP Seafront Strategy progress review and refresh	The BCP Seafront Strategy was adopted by Cabinet in April 2022. This report will update Cabinet on progress against this strategy and provide recommendations to refresh it in line with the new Corporate Strategy.	No	Cabinet 10 Apr 2024				Amanda Barrie, Andrew Emery	Open
Corporate Strategy Delivery Plans	Setting out the core actions to achieve the aspirations set out in the high level summary.	Yes	Cabinet 10 Apr 2024  Council 23 Apr 2024	All Wards	Consultation was undertaken as part of the Corporate Strategy high level summary being developed	n/a	Sophie Bradfield, Isla Reynolds	Open
Q3 Corporate Performance Report	To provide an update on progress delivering the actions set out in the Corporate Strategy and Delivery Plans	No	Cabinet 10 Apr 2024	All Wards			Vicky Edmonds, Isla Reynolds	Open

What is the subject?	What is the purpose of the issue?	Is this a Key Decision?	Decision Maker and Due Date	Wards	Who are the key stakeholders to be consulted before the decision is made?	What is the consultation process and period	Officer writing the report	Is the report likely to be considered in private (i.e., it contains confidential or exempt information)?
DfE SEND review next steps	To consider the DfE review next steps	No	Cabinet Date to be confirmed				Rachel Gravett, Shirley McGillick, Sharon Muldoon	Fully exempt
Accelerating Gigabit Fibre (Award Contract)	In July 2022 Cabinet approved 'Accelerating Gigabit Fibre' and asked the team to return to Cabinet to award the contract. The purpose of this report is contract award.	No	Cabinet Date to be confirmed	All Wards			Ruth Spencer	Open
Bournemouth Development Company LLP Business Plan	To seek approval for the Bournemouth Development Company Business Plan, extend some contractual "Option Execution Dates" in relation to specific sites and provide an update in relation to the independent Local Partnerships Review.	No	Cabinet Date to be confirmed	Bournemouth Central			Sarah Longthorpe	Open

What is the subject?	What is the purpose of the issue?	Is this a Key Decision?	Decision Maker and Due Date	Wards	Who are the key stakeholders to be consulted before the decision is made?	What is the consultation process and period	Officer writing the report	Is the report likely to be considered in private (i.e., it contains confidential or exempt information)?
Children's Services Early Help Offer	Summary of findings and recommendations from an ongoing review of our current Early Help services	No	Cabinet Date to be confirmed	All Wards			Zafer Yilkan	Open
Pay & Reward - New Terms and Conditions of Employment	To seek approval for the Council's new terms and conditions of employment, including new pay and grading arrangements.	No	Cabinet Date to be confirmed		Proposals have been developed through a process of collective bargaining with recognised Trade Unions. CMB, directorate leadership teams and employees have also been consulted at various stages during the project and informed the development of proposals		Lucy Eldred, Jon Burrows	Fully exempt

<b>What is the subject?</b>	<b>What is the purpose of the issue?</b>	<b>Is this a Key Decision?</b>	<b>Decision Maker and Due Date</b>	<b>Wards</b>	<b>Who are the key stakeholders to be consulted before the decision is made?</b>	<b>What is the consultation process and period</b>	<b>Officer writing the report</b>	<b>Is the report likely to be considered in private (i.e., it contains confidential or exempt information)?</b>
Poole Regeneration Update	To update Cabinet and the public on projects and activities in Poole Town Centre	No	Cabinet Date to be confirmed	Poole Town	relevant stakeholders to the Poole Regeneration Programme		Chris Shephard	Open

What is the subject?	What is the purpose of the issue?	Is this a Key Decision?	Decision Maker and Due Date	Wards	Who are the key stakeholders to be consulted before the decision is made?	What is the consultation process and period	Officer writing the report	Is the report likely to be considered in private (i.e., it contains confidential or exempt information)?
Adult Social Care Business Case	Adult Social Care services locally and nationally have faced significant challenges in recent years, and as a result the Council is holding significant risk in relation to the ability of the Council to deliver its statutory responsibilities to adults that require support within the available budget. The nature of these challenges means that long term, sustainable change is needed to ensure that BCP Council Adult Social Care services (ASCS) are modern, fit for the future and affordable. This business case sets out a proposal for initial investment in Adult Social Care transformation that will lead to improved outcomes for adults that draw on support in BCP and support the Council to deliver this within the available financial envelope.	Yes	Cabinet Date to be confirmed	All Wards			Chris McKensie	Open



What is the subject?	What is the purpose of the issue?	Is this a Key Decision?	Decision Maker and Due Date	Wards	Who are the key stakeholders to be consulted before the decision is made?	What is the consultation process and period	Officer writing the report	Is the report likely to be considered in private (i.e., it contains confidential or exempt information)?
The Royal Arcade, Boscombe CPO	To seek approval for the making of an order for the Council to compulsory purchase the Royal Arcade, Boscombe.	Yes	Cabinet  Council  Dates to be confirmed	Boscombe West	Landowners and occupiers of the Royal Arcade, adjacent land owners, people who live and work in Boscombe, businesses, visitors from the wider area, the Portfolio Holder for Dynamic Places and Ward Councillors.	Ongoing on project since 2020	Julian McLaughlin	Open
Biodiversity Net Gain	To update Cabinet on the implementation of government's proposed Biodiversity Net Gain and our strategy for achieving net gain from new development	No	Cabinet  Date to be confirmed	All Wards			Steve Dring, Martin Whitchurch	Open

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