

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



Date: Monday, 4 March 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=5585>

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 Democratic Services, 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

23 February 2024

**DEBATE  
NOT HATE**



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on the Mod.gov app



## Maintaining and promoting high standards of conduct

### Declaring interests at meetings

Familiarise yourself with the Councillor Code of Conduct which can be found in Part 6 of the Council's Constitution.

Before the meeting, read the agenda and reports to see if the matters to be discussed at the meeting concern your interests



What are the principles of bias and pre-determination and how do they affect my participation in the meeting?

Bias and predetermination are common law concepts. If they affect you, your participation in the meeting may call into question the decision arrived at on the item.

#### Bias Test

In all the circumstances, would it lead a fair minded and informed observer to conclude that there was a real possibility or a real danger that the decision maker was biased?

#### Predetermination Test

At the time of making the decision, did the decision maker have a closed mind?

If a councillor appears to be biased or to have predetermined their decision, they must NOT participate in the meeting.

For more information or advice please contact the Monitoring Officer  
([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

7 - 14

To confirm the minutes of the meeting held on 15 January 2024.

### a) Action Sheet

15 - 22

For the Committee to consider any outstanding actions.

## 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 under Part 4D, Paragraph 13:-

[BCP Council Constitution - Part 4 - Procedure Rules](#)

The deadline for the submission of public questions is midday, 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. BCP Council's Adult Day Opportunities Strategy

23 - 76

The day opportunities strategy has been co-produced over the past eighteen months with a range of stakeholders and achieved project milestones to inform the final draft for Cabinet approval. This supports a mixed model of day opportunities and the continued need to retain

availability of traditional building-based day services alongside further development of community-based options.

The draft strategy and two proposals regarding Tricuro day services were submitted for recent public consultation. The consultation feedback and necessary review of the day opportunities budget in line with Medium Term Financial Plan (MTFP) considerations have led to the recommended options.

<b>7. Health and Wellbeing – Strategy into Action</b>	77 - 120
<p>The Health and Adult Social Care Overview and Scrutiny Committee is asked to review three papers and use it to inform their discussions about work priorities. The papers are:</p> <ul style="list-style-type: none"><li>- The updated Joint Strategic Needs Assessment (JSNA)</li><li>- Health and Wellbeing Board paper 'strategy into action'</li><li>- Briefing on integrated neighbourhood teams</li></ul>	
<b>8. Data Working Group update</b>	121 - 134
<p>For the Committee to receive for information the presentation shared, notes from the last working group and a verbal update from the Chair</p>	
<b>9. Items for Information</b>	135 - 162
<p>The following items are for information only with no Committee presentation or discussion planned:</p> <ul style="list-style-type: none"><li>• Dorset Community Pharmacy Briefing</li><li>• Merger of the Quarterjack Surgery and the Old Dispensary, Wimborne</li><li>• Closure of Christchurch Medical Centre Branch Practices in Burton and Bransgore</li></ul>	
<b>10. Portfolio Holder Update</b>	
<p>To receive a verbal update from the Portfolio Holder for Health and Wellbeing.</p>	
<b>11. Forward Plan</b>	163 - 216
<p>The Health and Adult Social Care Overview and Scrutiny (O&amp;S) Committee is asked to consider and identify work priorities for publication in a Forward Plan.</p>	
<b>12. Dates of future meetings for 2024/25</b>	
<p>To note the dates of the 2024/25 Municipal year as follows:</p> <ul style="list-style-type: none"><li>• Monday 20 May at 6pm</li><li>• Monday 15 July at 6pm</li><li>• Tuesday 24 September at 6pm</li></ul>	



- Monday 2 December at 6pm
- Monday 3 March at 6pm

Venues to be confirmed.

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

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

Minutes of the Meeting held on 15 January 2024 at 6.00 pm

Present:-

Cllr P Canavan – Chair

Present: 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 and  
Cllr K Rampton

41. Apologies

Apologies for absence were received from Cllr Hazel Allen and Louise Bates. Cllr Jackie Edwards attending virtually forgoing any voting rights.

42. Substitute Members

Cllr Karen Rampton substituted for Cllr Hazel Allen.

43. 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, Cllr Chris Matthew declared an interest as his wife worked for the Alzheimer's Society and Cllr Lesley Dedman declared an interest as a Board Member of Age Concern Christchurch UK and a Board Member of Christchurch Housing Association.

44. Minutes

The Minutes of the meeting held on 27 November 2023 were confirmed as an accurate record and signed by the Chair.

45. Action Sheet

The action sheet was noted.

46. Public Issues

There were no public issues received on this occasion.

47. Day Opportunities Strategy

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

The Committee received an update on the current status of the Day Opportunities Strategy Project.

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

- In response to a query regarding the person's journey, the Committee was advised impact statements had been collected as part of the consultation, in addition to specifically engaging with all the services and individuals about their needs and wishes and the impact any changes on services would have.
- In response to a query regarding heat mapping service users and the service provision, the Committee was advised of the analysis work detailed in the data and needs analysis report and the results that had shown.
- In response to a concern regarding the proposals and lack of consultation, particularly with People First, the Committee was advised of upcoming coproduction meeting planned for 24 January 2024, with any feedback from that being collated as part of the consultation.
- It was highlighted that the proposals were financially driven and that it had been made clear that individual assessments of the eight provisions would be undertaken with individual decisions regarding their future.
- In response to a concern that the consultation link was not working for some of the time, it was clarified that the link to the easy read elements was working however a request for that to be more prominent on the page resulted in the new link not working for a couple of days.
- A Committee Member expressed concern over the proposed closure of the specialist dementia unit, Moordown plus and the potential negative impact that could have on its clients.
- In response to a concern about communications in the consultation and the difference between what the consultation asked with the two proposals, instead of each service being considered individually, the Committee was advised that the strategy was very clear that day service buildings were required, however more of the available budget needed to be balanced to offer more community provision offering a greater choice of service to clients. It was noted that buildings would be community hubs and could potentially be used by community groups to maximise use.
- In response to a concern regarding requiring micro providers to follow a standard of operation, the Committee was advised that the standards of Day Opportunities would be coproduced. It was



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highlighted that day service provision had no regulating body and it was hoped that these standards would ensure an appropriate level of service was provided across the day opportunities services to provide positive outcomes for clients.

- It was confirmed that the reference in the report to Highcliffe Plus referred to the provision at Christchurch Connect and the Committee was advised of the discussions around the building which previously hosted Highcliffe Plus.

It was Proposed and Seconded to add a c) to the recommendation as follows:

c) to allow further period of consultation to enable the people first group to engage fully with their members and bring their views back to the Co production group.

The Committee considered the recommendation including discussing the response rates to the public consultation and how it was linked in with the budget setting process and it was decided that the proposed recommendation be withdrawn, but that People First were contacted to advise them of the latest date that any further submissions could be sent it to be included in the formal consultation response and that an invitation be sent to them to attend the Health and Adult Social Care Overview and Scrutiny Committee on 4 March to provide the Committee with their feedback on the proposals. **ACTION.**

Following the further discussions, the additional recommendation was withdrawn subject to the action discussed being completed.

**RECOMMENDED that the**

- a) Committee review the draft Day Opportunities Strategy for any comment;**
- 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.**

Voting: Unanimous

48. BCP Carers Strategy Update

The Strategic Commissioning Manager for Prevention and Wellbeing and Head of Service, Access and Carers presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'B' to these Minutes in the Minute Book.

The report was to update Committee members on the progress on the BCP Carers Strategy, one year on from its approval.

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

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- In response to a query regarding the Annual Carers Survey, the Key Performance Indicators and any trends which could be demonstrated, the Committee was advised that broadly speaking, performance measure fell into two categories, those that measured process or outputs and those that considered outcomes for carers. The Committee was advised of how this information was collected, used, and reported.
- The Committee was advised that the service had a good understanding of its demographic data including age, gender, and disability type.
- The Committee was advised that the measure of process or outputs was achieved using the Adult Social Care Outcomes Framework (ASCOF) and was the principal set of nationally reported data. It was noted the last ASCOF carer survey was in 2022 which provided comparable data in terms of BCP's performance to nearest neighbours, a regional Southwest, and all-England level. The Committee was advised that a link to the ASCOF survey results could be circulated to the Committee for their information. **ACTION.**
- In response to a query about trends, the Committee was advised that the service would normally consider the latest survey results against the last one for any noticeable changes and the potential problems with considering historical data from the legacy Councils was highlighted.
- In response to a concern regarding carers which lived in Poole accessing a resource centre in Boscombe, the Committee was advised of plans to have carer sessions in the Poole Library Hub.
- In response to a query regarding the RAG rating and implementation plan and the two red actions relating to short breaks and respite and improving access in the community, the Committee was advised why they were currently red and what was being done to address the issues.

**RECOMMENDED that the Committee note and scrutinise the contents of the report.**

49. Health inequalities – background briefing

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

The purpose of the report was to enable Members to understand the main inequalities arising in health and social care and to be able to ask strategic questions of ICS partners to assess progress in reducing them.

The briefing was to help Committee inform its future work programme, especially how health and care services respond to reducing inequalities in health.

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Health inequalities were avoidable and unjust differences in health between groups of people. They were unjust because they don't happen by chance. This meant 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 had a statutory duty to assess and respond to health inequalities. So do our NHS organisations and partners in the integrated care system.

The paper gave an overview of what was known about health inequalities in BCP Council. It considered different approaches to how to reduce them. It took stock of local progress, and it highlighted areas that Committee may wish to review in the future.

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

- The Chair thanked the Director of Public Health for the presentation and stressed the importance of integration between the partners and for the Committee to have increased awareness of the work of the BCP Health and Wellbeing Board.
- There was some Committee discussion over how any scrutiny could be carried out and how positive measurable outcomes could be identified.
- In response to queries regarding the report, the Director of Public Health advised the Committee to be careful not to make assumptions about associations between poor health outcomes and geographical location. In some cases geographic areas where housing was cheaper would be more likely to have people living there with conditions that would make it less likely for them to be able to work – hence the association with poorer health. In response to a query, the Director clarified that this was not in attempt to oversimplify, but was helpful when considering what contributes to areas with higher deprivation scores.
- In response to a comment regarding free will and vaccinations, the Committee was advised of the importance to understand why some people chose to not take up vaccinations offered and the possible reasons for that were highlighted.
- In response to queries regarding the projected data around childhood obesity and NHS Dorset's aim to prevent 55,000 children from becoming obese by 2040, the Committee was advised of the link between areas of deprivation and obesity in children and how the figure of 55,000 was reached. The Director of Public Health advised he would check with NHS Dorset for clarity over how that figure was reached. **ACTION.**
- In response to a query, the Committee was advised of the need to work together with all relevant partners and the community to try and achieve a reduction in health inequalities across BCP and some of the barriers in achieving this were highlighted.

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- In response to a query regarding the work of the Health and Wellbeing Board and its Strategy, the Committee was advised that the Board had recently had a development session and the next steps to refresh the strategy were detailed including more focus on programmes from a place based partnership perspective.
- The Corporate Director of Wellbeing highlighted BCP's Vision which had been adopted which had healthy people and healthy places at its heart and it was necessary to work on delivery plans focused on the Vision.
- The Corporate Director of Wellbeing also highlighted the link between this report discussions and the Committee's working group considering data which was considered timely.
- In response to a concern about the lack of progress to date from the local Integrated Care Board, Health and Wellbeing Board and other relevant partners working together to tackle health inequalities locally, the Committee was advised there was a recognition around the duty to address health inequalities, however it was acknowledged that to reach a point where all agencies were working together to address these issues would take time.

The Chair concluded by advising of the need for the Committee to consider the Council's Vision, delivery plans and the Health and Wellbeing Boards Strategy and consider the timeliness of any scrutiny of those to ensure the Committee can add value.

**RECOMMENDED that the Committee:**

- (a) comment on the content of this briefing.**
- (b) To note the local work developing in response to health inequalities.**
- (c) To consider what areas or opportunities for scrutiny Committee includes in its forward plan around progress in tackling inequalities in health.**

50. Data working group - scoping report

The Democratic and Overview and Scrutiny Officer presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'D' to these Minutes in the Minute Book.

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.

Cllr Salmon apologised that he was unable to attend the first meeting of the group.



**RESOLVED that:**

- a. The lead member and officer for the group as Cllr Patrick Canavan and the Corporate Director for Wellbeing.**
- b. Key lines of enquiry as detailed at Paragraph 11 a-h of the report.**
- c. Timescale of meetings as set out at Paragraph 20 on the report.**
- d. Measures of effectiveness as set out at Paragraph 24 of the report.**

51. Portfolio Holder Update

The Portfolio Holder for Health and Wellbeing provided a verbal update as follows:

- That there had been a lot of discussions regarding the budget, and he had attended drop in sessions to hear the views of local residents.
- Chairing the Health and Wellbeing Board including a development session which invited other relevant stakeholders.
- An assurance visit from Office for Health Improvement and Disparities to review Public Health services which had been a positive experience.
- A Care Quality Commission inspection of the Shared Lives Service.
- The closure of a care home group, including one in Broadstone and dealing with the relocation of the residents to other provisions.

52. Forward Plan

A copy of the Forward Plan which had been circulated to each Member and a copy of which appears as Appendix 'E' to these Minutes in the Minute Book.

The Health and Adult Social Care Overview and Scrutiny (O&S) Committee was asked to consider and identify work priorities for publication in a Forward Plan.

The Committee considered the items currently listed for March and agreed to put the Home First integrated hospital discharge programme to the Committee in May and agreed to have an update regarding Tricuro at a later date.

There was some discussion around the Right Care, Right Person and it was felt that this could be dealt with as a briefing session outside of Committee time and could possibly be arranged to be heard at the same time as the to be rearranged briefing regarding the work of the Integrated Care Board. Democratic Services to see if this was possible. **ACTION.**

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There was some discussion around scrutiny of the Adult Social Care budget for 24/25 and how the Committee could feed into that discussion before the Council budget setting meeting on 20 February 2024. The Clerk advised she would look at timescales and email the Committee with an appropriate mechanism for feeding any views into the budget setting.  
**ACTION.**

The Chair advised that, due to the large amount of items the Committee needed to consider, he had requested the Clerk send round some information only items via email with a request for any queries to be asked of Officers via email. It was noted that the Clerk had sent round the Dorset ICS Winter Plan and an update to Guidance from the Department of Health and Social Care regarding scrutiny of Health Services for consideration by the Committee.

53. Dates of future meetings

The date of the last meeting of the 23/24 Municipal year was noted.

The meeting ended at 8:25pm.

CHAIR

**ACTION SHEET FOLLOWING 15 JANUARY 2024 – 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 May 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.	Delayed from March 24 due to full agenda.
<b>Actions arising from Committee meeting – 25 September 2023</b>				
<b>20</b>	<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.  <b>Action – Public Health aware</b>		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
		<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 advised that the business plans were not publicly available however all 18 PCNs had</p>		



Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
		<p>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>		
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 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</p>		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
		its closure and then being moved again and requested consideration regarding engagement with those patients regarding the impact it had on them.  <b>Action – NHS Dorset aware.</b>		
<b>Actions arising from Committee meeting – 27 November 2023</b>				
	<b>Dorset and Bournemouth, Christchurch &amp; Poole (BCP) Safeguarding Adults Boards Annual Report 2022-2023</b>	Decision Made: That next year's Annual Report would include data for self-neglect as a separate entity.  <b>Action – Chair of SAB aware.</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>		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
	<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>		
<b>Actions arising from Committee meeting – 15 January 24</b>				
	<b>Day Opportunities Strategy</b>	Decision Made: People First be contacted to advise them of the latest date that any further submissions could be sent it to be included in the formal consultation response and that an invitation be sent to them to attend the Health and Adult Social Care Overview and Scrutiny Committee on 4 March to provide the Committee with their feedback on the proposals.  <b>Actioned – People First advised of the last day for feedback on proposals and invited to attend the HASC O&amp;S on 4 March</b>	To enable People First to contribute to the consultation and provide the Committee with feedback for consideration.	
	<b>BCP Carers Strategy Update</b>	Decision Made: The Committee was advised that a link to the Adult Social Care Outcomes Framework		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
		(ASCOF) survey results could be circulated to the Committee for their information.  <b>Actioned – circulated to Committee on 1 February 24.</b>		
	<b>Health Inequalities – background briefing</b>	Decision Made: In response to queries regarding the projected data around childhood obesity and NHS Dorset's aim to prevent 55,000 children from becoming obese by 2040, the Committee was advised of the link between areas of deprivation and obesity in children and how the figure of 55,000 was reached. The Director of Public Health advised he would check with NHS Dorset for clarity over how that figure was reached.  <b>Action – Director of Public Health aware.</b>		
	<b>Forward Plan</b>	Decision Made: The Committee agreed to put the Home First integrated hospital discharge programme to the May Committee and to have an update regarding Tricuro at a later date. <b>Actioned – Forward Plan updated.</b>  Decision Made:		



Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
		<p>The Committee decided that Right Care, Right Person could be dealt with as a briefing session.</p> <p><b>Actioned – RCRP briefing session added to the briefing regarding the Integrated Care Board held on 5 February 24.</b></p> <p>Decision Made: There was some discussion around scrutiny of the Adult Social Care budget for 24/25 and how the Committee could feed into that discussion before the Council budget setting meeting on 20 February 2024. The Clerk advised she would look at timescales and email the Committee with an appropriate mechanism for feeding any views into the budget setting.</p> <p><b>Actioned – email sent to Committee on 25 January 24 with budget requesting views be submitted to Chair before representing at the Overview and Scrutiny Board.</b></p>		

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## HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	<b>BCP Council's Adult Day Opportunities Strategy</b>
Meeting date	4 March 2024
Status	Public Report
Executive summary	<p>The day opportunities strategy has been co-produced over the past eighteen months with a range of stakeholders and achieved project milestones to inform the final draft for Cabinet approval. This supports a mixed model of day opportunities and the continued need to retain availability of traditional building-based day services alongside further development of community-based options.</p> <p>The draft strategy and two proposals regarding Tricuro day services were submitted for recent public consultation. The consultation feedback and necessary review of the day opportunities budget in line with Medium Term Financial Plan (MTFP) considerations have led to the recommended options.</p>
Recommendations	<p><b>It is RECOMMENDED that:</b></p> <ul style="list-style-type: none"> <li><b>a) Committee review BCP Council's Adult Day Opportunities Strategy for any comment.</b></li> <li><b>b) Committee scrutinise the recommended option for Tricuro Day Services review and provide any comment for Cabinet consideration:</b></li> </ul> <p><b>Connect services to remain open and incorporate Highcliffe, Wallisdown and Westbourne Plus services already based there. In addition, Poole Plus to be relocated to Parkstone Connect and Moordown Plus service to remain open. Highcliffe, Wallisdown, Westbourne, and Poole Plus original sites to be closed.</b></p>
Reason for recommendations	<p>Supports the people priorities of BCP Council's Corporate Strategy.</p> <p>Aligns to the requirements of the Care Act 2014 to promote diversity of care and support provision to those with an assessed need and support to carers.</p>

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

## 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.

## Case For Change

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

5. 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.

6. The agreed priorities were also informed by a public engagement and view seeking questionnaire in November 2022 and have underpinned the subsequent development of a co-produced draft day opportunities strategy and included input from the current portfolio holder for Health and Wellbeing.
7. The 6 priorities with 25 proposals within are as follows:
  - Day Opportunities Review
  - Supported Employment Review
  - Standards and Support for Day Opportunities
  - Transport
  - Cost/Eligibility of Day Opportunities
  - Accessible Information
8. The draft strategy was released for public consultation from 1<sup>st</sup> December 2023 to 12<sup>th</sup> January 2024<sup>1</sup> and subsequently amended to set the direction for future services based on these 6 co-produced design priorities. See Appendix 1 – BCP Council's Day Opportunities Strategy 2024-29.
9. There were 665 responses to the survey and 50 representations from meetings held, including 5 drop-in sessions at Tricuro services, emails/letters received, and impact statements provided. This information was collated by an external research company. See Appendix 2 – Executive Summary of the Day Opportunities Consultation Report. The full report is available<sup>2</sup>.
10. In addition to the consultation information referenced above and prior to the release of proposals, there were engagement sessions at each Tricuro Plus service attended by people who access services, their carers and independent advocacy and a separate engagement event with staff teams. This focused on what is working well, what could be improved and what should the future service look like. Reports are available on request.

## **Project Update**

11. The approved priorities of the case for change endorse 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

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<sup>1</sup> [Day Opportunities Strategy and Review | Have Your Say Bournemouth, Christchurch and Poole \(bcpccouncil.gov.uk\)](https://haveyoursay.bcpccouncil.gov.uk/29136/widgets/89555/documents/55730)

<sup>2</sup> <https://haveyoursay.bcpccouncil.gov.uk/29136/widgets/89555/documents/55730>

for people who require a building-based service as well as broadening the day opportunities offer.

12. In order to provide the community-based provision that will be needed for the modernisation of day opportunities there is current work ongoing through the personalisation agenda 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 have fewer than 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.
  - 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.

### **Tricuro Day Services**

13. There are several providers operating day centres in the BCP area. Eight of these centres are operated by BCP Council owned, local authority trading company, Tricuro. Of these eight Tricuro day centres, there are five smaller 'Plus' centres and three larger 'Connect' centres:
  - Highcliffe Plus (for older people, currently based at Christchurch Connect since the pandemic)
  - Wallisdown Plus (for people with complex learning disabilities, currently based at Parkstone Connect since the pandemic)
  - Westbourne Plus (for people with a mental health issue, currently based at Boscombe Connect since the pandemic)
  - Moordown Plus (for older people)
  - Poole Plus (for older people)
  - Boscombe Connect (for all people with an assessed care need)
  - Christchurch Connect (for all people with an assessed care need)
  - Parkstone Connect (for all people with an assessed care need)

14. In addition to the public consultation on the draft Day Opportunities Strategy the following proposals were put out for public consultation. These proposals were not co-produced and the inclusion of Poole and Moordown Plus and the three Connect services were council-led in relation to the financial challenge faced in setting the 2024/25 budget:

### 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 the Plus 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.

### Options Appraisal

17. The options appraisals for services are summarised below and fully outlined in separate documents. See also Appendix 3 - Matrix Summary Chart for Tricuro Day Services Options. The following is an overview of these options and main benefits and risks associated with each option:

Option No	Option Detail	Benefit	Risk
1	<b>Connect Services to remain open and incorporate or re-provide for the 5 Plus services, with all Plus service original sites to be closed. (Consultation Proposal 1)</b>	<p>1: Responds to the consensus from the consultation to not close Connect services (93%).</p> <p>2: Responds to the majority of opinion of current people accessing these services who were directly engaged for Highcliffe, Wallisdown and Westbourne Plus.</p> <p>3: In keeping with the draft Day Opportunities Strategy to have a mixed model of building-based and community-based</p>	<p>1: Does not respond to the majority view of the consultation for Plus services to remain open.</p> <p>1 a) Moordown (71%).</p> <p>1 b) Poole (65%)</p> <p>1 c) Highcliffe, Wallisdown and Westbourne Plus services (55%).</p> <p>2: Upheaval for existing client group and carers for Poole and Moordown Plus in re-locating to an alternative provision.</p>

		<p>provision.</p> <p>4: To be able to consider necessary adaptations for reprovisioned Plus services to be permanently based at Connect centres.</p> <p>5: To develop the Connect services to create community hubs.</p> <p>6: Re-purposing/sale of the Plus sites for alternative use/capital income from sale of property.</p> <p>7: Financial saving for BCP Council.</p>	<p>3: Space at Boscombe Connect limited to effectively achieve a specialised provision for older people currently offered at Moordown Plus.</p>
2	<p><b>Connect Services to remain open and incorporate Highcliffe, Wallisdown and Westbourne Plus services already based there, with Moordown and Poole Plus services to remain open. Highcliffe, Wallisdown and Westbourne Plus original sites to be closed.</b></p>	<p>1: Responds to the consensus from the consultation to not close Connect services (93%).</p> <p>2: Responds to the majority of opinion of current people accessing these services who were directly engaged for Highcliffe, Wallisdown and Westbourne Plus.</p> <p>3: In keeping with the draft Day Opportunities Strategy to have a mixed model of building-based and community-based provision.</p> <p>4: To be able to consider necessary</p>	<p>1: Does not respond to the majority view of the consultation for Plus services to remain open.</p> <p>1 c) Highcliffe, Wallisdown and Westbourne Plus services (55%).</p> <p>4: Impact on any proposed additional MTFP savings. See financial implications section below.</p>



		<p>adaptations for reprovisioned Plus services to be permanently based at Connect centres.</p> <p>5: To develop the Connect services to create community hubs.</p> <p>6: Re-purposing/sale of the Plus sites for alternative use/capital income from sale of property</p> <p>8: Responds to the majority view within the consultation for services to remain open.</p> <p>8 a) Moordown Plus (71%)</p> <p>8 b) Poole Plus (65%)</p> <p>9: 45% of respondents of the consultation agree or accept the proposal but have some concerns to close Highcliffe, Wallisdown and Westbourne Plus original sites.</p>	
3	<p><b>Connect Services to remain open and Highcliffe, Wallisdown and Westbourne Plus services to return to their original sites and Moordown and</b></p>	<p>1: Responds to the consensus from the consultation to not close Connect services (93%) and Plus services:</p>	<p>4: Impact on any proposed additional MTFP savings. See financial implications section below. (significantly increased risk)</p>

	<b>Poole Plus to continue at their current sites.</b>	<p>1 a) Moordown (71%).</p> <p>1 b) Poole (65%)</p> <p>1 c) Highcliffe, Wallisdown and Westbourne Plus services (55%).</p> <p>5: To develop the Connect services to create community hubs.</p> <p>10: Responds to the majority view of the consultation for Plus services to remain open.</p>	<p>5: Does not respond to the majority of opinion of current people accessing these services who were directly engaged for Highcliffe, Wallisdown and Westbourne Plus.</p> <p>6: Upheaval for existing client group and carers for Highcliffe, Wallisdown and Westbourne Plus in returning to original sites.</p> <p>7: Not in keeping with the draft Day Opportunities Strategy to have a mixed model of building-based and community-based provision.</p> <p>8: Significant cost association with Highcliffe, Wallisdown and Westbourne Plus services to return to their original sites in re-commissioning buildings and ensuring properties are fit for purpose.</p>
<b>4</b>	<b>Connect Services to remain open and incorporate Highcliffe, Wallisdown and Westbourne Plus services already</b>	<p>1: Responds to the consensus from the consultation to not close Connect services (93%).</p>	<p>1: Does not respond to the majority view of the consultation for Plus services to remain open.</p>

	<p><b>based there. In addition, Poole Plus to be relocated to Parkstone Connect and Moordown Plus service to remain open. Highcliffe, Wallisdown, Westbourne and Poole Plus original sites to be closed. (Recommended option)</b></p>	<p>2: Responds to the majority of opinion of current people accessing these services who were directly engaged for Highcliffe, Wallisdown and Westbourne Plus.</p> <p>3: In keeping with the draft Day Opportunities Strategy to have a mixed model of building-based and community-based provision.</p> <p>4: To be able to consider necessary adaptations for reprovisioned Plus services to be permanently based at Connect centres.</p> <p>5: To develop the Connect services to create community hubs.</p> <p>6: Re-purposing/sale of the Plus sites for alternative use/capital income from sale of property.</p> <p>7: Financial saving for BCP Council.</p> <p>8: Responds to the majority view within the consultation for services to remain open.</p> <p>8 a) Moordown Plus (71%)</p> <p>9: 45% of</p>	<p>1 b) Poole (65%)</p> <p>1 c) Highcliffe, Wallisdown and Westbourne Plus services (55%).</p> <p>2a): Upheaval for existing client group and carers for Poole Plus in re-locating to an alternative provision.</p> <p>4: Impact on any proposed additional MTFP savings. See financial implications section below.</p> <p>9: Ensuring that different needs can be accommodated within Parkstone Connect for an older people's specialist service in a designated area.</p>
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		<p>respondents of the consultation agree or accept the proposal but have some concerns to close Highcliffe, Wallisdown and Westbourne Plus original sites.</p> <p>10: Maximising the capacity of Parkstone Connect and continuing to provide a specialist service for older people in Poole located 1.1 miles from current site.</p> <p>11: Continuation of provision of specialist older people services in all 3 locality areas of BCP.</p> <p>12: Capital investment savings associated with the significant repair and refurbishment of Poole Plus for the service to operate in the long term.</p> <p>13: Value for money in relation to £940k that was invested in refurbishment of the Moordown Plus site in 2018/19 and as a result lower amount of capital investment required for the existing buildings to continue to be fit for purpose for use as a</p>	
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		<p>specialist day service for older people.</p> <p>5 a) Potential for consideration of Moordown Plus becoming a community hub to provide a specialist service for older people and achieve separate space for community groups to access this site.</p>	
5	<b>Close all services (Consultation Proposal 2)</b>	<p>6a): Re-purposing /sale of the Plus and Connect sites for alternative use/capital income from sale of property.</p> <p>7: Financial saving for BCP Council.</p>	<p>1: Does not respond to the majority view of the consultation for Plus services to remain open.</p> <p>1 a) Moordown (71%).</p> <p>1 b) Poole (65%)</p> <p>1 c) Highcliffe, Wallisdown and Westbourne Plus services (55%).</p> <p>2b): Upheaval for existing client group and carers all services in re-locating to an alternative provision.</p> <p>5: Does not respond to the majority of opinion of current people accessing these services who were directly engaged for Highcliffe, Wallisdown and Westbourne</p>

			<p>Plus.</p> <p>7: Not in keeping with the draft Day Opportunities Strategy to have a mixed model of building-based and community-based provision.</p> <p>10: Does not respond to the consensus from the consultation to not close Connect services (93%).</p> <p>11: Inability to develop, at pace, alternative provision to fully meet demand of an additional approximate 6,173 support hours per week</p> <p>12: Significant redundancy of Tricuro staff or considerable costs associated with TUPE if services are provided by other organisations.</p> <p>13. Transport implications in accessing alternative services.</p> <p>14: Lack of alternative specialist provision particularly for older people with a dementia diagnosis and people with a mental health issue.</p>
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## Summary of financial implications

18. The following table shows the financial implications of the 5 options:

**Table 1 Financial Implications of the Recommended Options**

	Option 1	Option 2	Option 3	Option 4	Option 5
	Tricuro Core Costs 2024-25 with no Plus Services	Connect Centres, Poole and Moordown Plus remain open	All services remain open in their original buildings	Connect Centres and Moordown Plus remain open	All services close
<b>Impact on Tricuro Services</b>					
Tricuro 2023/24 core costs	4,472,000	4,472,000	4,472,000	4,472,000	4,472,000
Tricuro permanent core cost reduction	(2,472,000)	(1,448,000)	(709,000)	(2,025,000)	(4,472,000)
<b>Tricuro permanent base for day Services</b>	<b>2,000,000</b>	<b>3,024,000</b>	<b>3,763,000</b>	<b>2,447,000</b>	<b>0</b>
One off transition funding for 24/25 only	600,000	300,000	-	600,000	
Tricuro base for 2024/25 only	<b>2,600,000</b>	<b>3,324,000</b>	<b>3,763,000</b>	<b>3,047,000</b>	<b>0</b>
<b>Impact on BCP Council</b>					
Reduction in Tricuro Contract	2,472,000	1,448,000	709,000	2,025,000	4,472,000
less Loss of lease income	(264,800)	(121,000)	0	(193,600)	(582,800)
less 27% of contract value re-invested in	(672,000)	(391,000)	(191,000)	(547,000)	(1,208,000)
<b>Net saving</b>	<b>1,535,200</b>	<b>936,000</b>	<b>518,000</b>	<b>1,284,400</b>	<b>2,681,200</b>

19. The recommended Option 4 will result in a reduction of contract value of £2.025m. BCP Council will make available £600,000 transformation one off funding to support the transition of the reduced Tricuro provision during the 2024/25 financial year.

20. For BCP Council, the reduction in contracted services with Tricuro for recommended Option 4 will result in loss of rental income for the closed days centres and a requirement to re-invest in new community provision that promotes greater choice and more personalised services. The net saving for BCP Council will therefore be £1.284m if the recommended option is approved.

21. Dependent on decisions on the future of Tricuro day services, consideration of capital investment will be the subject of a future report to Cabinet. If the

recommended option is approved this would release Highcliffe, Wallisdown and Westbourne Plus properties for alternative use or disposal. Poole Plus property would also be released once people who currently access and work in the service are re-provisioned at Parkstone Connect or an alternative service.

### **Summary of legal implications**

22. 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 considers 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.
23. Section 5 of the Care Act provides a general duty for local authorities to promote diversity and equality in the market of care and support providers for people in their local area.
24. 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.
25. Legal Services will advise as and when necessary and required on the individual aspects arising from the progression of the Adult Day Opportunities Strategy.

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

26. There may be human resource implications for Tricuro staff. This will be dependent on the options for future services where there may be a significant reduction in the current Tricuro block contract which may impact staffing levels in services.

### **Summary of sustainability 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 long term benefits for the health and wellbeing of those who access services and their carers in the BCP area through implementation of the strategy. The recommendations on future Tricuro services above, would ensure that specialist provision for older people, people with



complex disabilities and people with enduring mental health issues who require a building-based service remains.

### Summary of equality implications

29. If Proposal 1 was recommended in its entirety and approved by Cabinet this would predominantly impact Moordown and Poole Plus services as the other three 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.
30. If Proposal 2 was recommended in its entirety and approved by Cabinet this would impact all eight Tricuro day services. For all eight Tricuro 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.
31. The following table shows for each Tricuro 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 people)</b>	32	15	644
<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>
<b>Total for Connect services</b>	268	38	4,278
<b>Total for Plus services</b>	137	32	1,894.5

32. The table below highlights the key perceived benefits and risks for people in terms of protected characteristic groups for each option. Full considerations have been explored in Equality Impact Assessments which are available on request.

**Table 3 Public Sector Equality Duty Benefit/Risk Analysis for the Five Options for the future of Tricuro Day Services**

<b>Public Sector Equality Duty Benefit</b>	<b>Public Sector Equality Duty Risk</b>
<b>1. Connect Services to remain open and incorporate or re-provide for the 5 Plus services, with all Plus service original sites to be closed. (Consultation Proposal 1)</b>	
<p><b>All protected characteristics</b> – potential to be able to explore a greater range of community-based opportunities that meet a wider range of individual needs and wishes.</p> <p><b>Age and Disability</b> – Opportunity to improve setting for those who would move from Poole Plus service to Parkstone Connect service, to appropriately support those older groups with dementia.</p>	<p><b>Age and Disability</b> - Change and/or increase to travel is potentially a barrier for older people with dementia (relevant to Moordown Plus closure as Poole Plus is very close to Parkstone connect).</p> <p>Potential impact for current attendees at Connect Services, adjusting to reduced space and new circumstances whilst managing their own conditions.</p> <p><b>Disability</b> - Risk of change for those with dementia, some mental health conditions, learning disability and/or autism (worsening health and wellbeing outcomes, loss of relationships,</p>

	<p>establishing new relationships). For Moordown, a change from 'freedom to roam' approach to more confined spaces if relocated.</p> <p><b>Carers</b> – risk of change experienced by person will impact carers.</p> <p><b>Women</b> – Impact of Tricuro staff redundancies would disproportionately impact women (though to a lesser extent than option 5).</p>
<p><b>2. Connect Services to remain open and incorporate Highcliffe, Wallisdown and Westbourne Plus services already based there, with Moordown and Poole Plus services to remain open. Highcliffe, Wallisdown and Westbourne Plus original sites to be closed.</b></p>	
<p><b>All protected characteristics</b> – Limited potential to be able to explore a greater range of community-based opportunities that meet a wider range of individual needs and wishes (as compared to option 3).</p> <p><b>Age</b> – protects current settings for those who may benefit from building-based services.</p> <p><b>Disability</b> – protects current settings for those who may benefit from building-based services.</p>	<p><b>Age and Disability</b> – Poole Plus service requires refurbishment to be able to appropriately support older groups with dementia.</p> <p><b>All protected characteristics</b> – Limits ability to explore a greater range of community-based opportunities that meet a wider range of individual needs and wishes.</p>
<p><b>3. Connect Services to remain open and Highcliffe, Wallisdown and Westbourne Plus services to return to their original sites and Moordown and Poole Plus to continue at their current sites.</b></p>	
<p><b>Age</b> – protects settings for those who may benefit from building-based services.</p> <p><b>Disability</b> – protects settings for those who may benefit from building-based services.</p>	<p><b>All protected characteristics</b> – Limits ability to explore a greater range of community-based opportunities that meet a wider range of individual needs and wishes.</p> <p><b>Age and Disability</b> – Poole Plus service requires refurbishment to be able to appropriately support those older groups with dementia.</p> <p><b>Age</b> – younger people require a wider range of options that are not building-based. Some older people would benefit more from</p>

	<p>community-based options to integrate with their local community.</p> <p><b>Disability</b> – people with some types of disability and/or mental health condition require a wider range of options that are not building-based and to have options to integrate with their local community. Building-based services potentially provide less flexibility or range of activities to meet individual needs.</p> <p>Risk of change for those with dementia, some mental health conditions, learning disability and/or autism (loss of relationships, establishing new relationships).</p> <p>Potential impact for current attendees at Connect Services, adjusting to new circumstances whilst managing their own conditions.</p> <p><b>Carers</b> – risk of change experienced by person will impact carers.</p>
<p><b>4. Connect Services to remain open and incorporate Highcliffe, Wallisdown and Westbourne Plus services already based there. In addition, Poole Plus to be relocated to Parkstone Connect and Moordown Plus service to remain open. Highcliffe, Wallisdown, Westbourne and Poole Plus original sites to be closed. (Recommended option)</b></p>	
<p><b>All protected characteristics</b> – Reduced potential to be able to explore a greater range of community-based opportunities that meet a wider range of individual needs and wishes (as compared to option 3).</p> <p><b>Age</b> – protects current settings for those who may benefit from building-based services, apart from Poole Plus.</p> <p><b>Disability</b> – protects current settings for those who may benefit from building-based services, apart from Poole Plus.</p> <p><b>Age and Disability</b> – Retains purpose-built space at Moordown Plus that includes elements which were co-designed with</p>	<p><b>Disability</b> - Risk of change for those with dementia, some mental health conditions, learning disability and/or autism (worsening health and wellbeing outcomes, loss of relationships, establishing new relationships).</p> <p>However, locations are very close and change would provide an opportunity to improve physical setting for those who would move.</p> <p><b>Age and Disability</b> - Potential impact for current attendees at Connect Services, adjusting to reduced space and new circumstances whilst managing their own conditions (limited to Parkstone Connect only).</p>

<p>people with dementia, as part of its refurbishment in 2018/2019.</p> <p>Opportunity to improve setting for those who would move from Poole Plus service to Parkstone Connect service, to appropriately support those older groups with dementia.</p>	<p><b>Carers</b> – risk of change experienced by person will impact carers.</p>
<p><b>5. Close all services. (Consultation Proposal 2)</b></p>	
<p><b>All protected characteristics</b> – potential to be able to explore a greater range of community-based opportunities that meet a wider range of individual needs and wishes. <b>However</b>, the potential is limited by capacity in the community – therefore carries more risk to protected characteristic groups than potential benefits.</p>	<p><b>Age</b> – risk of being unable to meet individuals’ eligible needs under the care act and/or respond appropriately to their needs in relation to protected characteristics.</p> <p>Change and/or increase to travel is potentially a barrier for older people.</p> <p><b>Disability</b> – risk of being unable to meet individuals’ eligible needs under the care act and/or respond appropriately to their needs in relation to protected characteristics.</p> <p>Change and/or increase in travel may be a barrier for those with complex disabilities and/or conditions.</p> <p>Risk of change for those with dementia, some mental health conditions, learning disability and/or autism (worsening health and wellbeing outcomes, continuity of care, loss of relationships, establishing new relationships)</p> <p><b>Carers</b> – risk that being unable to meet specific needs may impact the ability for carers to fulfil their role.</p> <p>Risk of loss of relationships.</p> <p>Risk of increase in carer strain</p> <p><b>Women</b> – Impact of Tricuro staff redundancies would disproportionately impact women.</p> <p><b>Other</b> – Change could disproportionately negatively impact those who are socially isolated and/or have neurodiverse conditions, such as autism.</p>

## **Summary of risk assessment**

33. 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.
34. 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.
35. Time pressure on the project, whilst achieving meaningful co-production.
36. Achieving MTFP savings on the Day Opportunities budget whilst still working in co-production, recognising effective co-production takes time.

## **Background papers**

1. Day Opportunities Strategy Consultation Full Report

## **Appendices**

1. BCP Council's Day Opportunities Strategy 2024-29
2. Executive Summary of the Day Opportunities Strategy Consultation Report
3. Matrix Summary Chart for Tricuro Day Services Options



## **Day Opportunities Strategy 2024—2029**



March 2024  
**[bcpcouncil.gov.uk](http://bcpcouncil.gov.uk)**





# Welcome

## Welcome to the first Adult Social Care Day Opportunities Strategy for BCP Council.

Day Opportunities are essential services for people with an assessed care need to engage in a wide range of activities and socialisation with others, which benefits their physical and mental wellbeing. Day Opportunities also provide people with the necessary support to maintain or increase their independence, consider employment opportunities and access community facilities. The short-term respite and support networks they provide are essential for carers to continue their caring role.

In recognising the importance of day opportunities to our communities, this strategy sets out our plans for the future development of services to provide a mixed model of traditional building-based day services and further development of community based options.

The strategy has been co-produced with various groups and individuals including people who access support, carers, advocacy, day opportunity providers and their staff, other local authorities, NHS Dorset representatives and Councillors. We would like to thank them for their valuable contribution.

The strategy is ambitious and wide-ranging in its plans to address the areas people who access, rely on and work in services have identified for the future development of sustainable day opportunities for all.



Councillor David Brown  
**Portfolio Holder for  
Health and Wellbeing**



Jillian Kay  
**Corporate Director  
for Wellbeing**

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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.

Buildings-based day opportunities are defined as larger organisations who have a purpose-built day service building but may also run outreach projects in the community and provide for a greater range of needs, including people with complex needs.

Community-based day opportunities are defined as smaller organisations that may or may not use a building in the community to run their services from but are not purpose-built day service buildings. These services tend to provide for a smaller number of people with less complex needs but have paid members of staff and assurances associated with a building-based day service e.g. insurance in place, training for staff, staff checks such as DBS, quality assurance measures, policies etc.

**Supported employment (1)** is defined as a personalised model for supporting people with significant disabilities to secure and retain paid employment. The model uses a partnership strategy to enable people with disabilities to achieve sustainable long-term employment and businesses to employ valuable workers.

## 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.

## #socialcarefuture

We all want to live in the place we call home with the people and things that 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.org.uk](https://socialcarefuture.org.uk)

## 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” (2)** 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, will be used to underpin the strategy.

#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 collectively take part in imagining, communicating and creating 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.



(1) [British Association for Supported Employment](https://www.base-uk.org/what-supported-employment)  
[www.base-uk.org/what-supported-employment](https://www.base-uk.org/what-supported-employment)



(2) [www.thinklocalactpersonal.org.uk/makingitreal/](https://www.thinklocalactpersonal.org.uk/makingitreal/)

# BCP Council's Corporate Strategy

BCP Council is one of the UK’s newest local authorities. It is the 10th 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.

As set out in the Corporate Strategy, the new vision for the area is “where people, nature, coast and towns come together in sustainable, safe and healthy communities” with two key priorities and a set of ambitions for each:

- a) Our People and Communities – everyone leads a fulfilled life, maximising opportunity for all.
- b) Our Place and Environment – vibrant places where people and nature flourish, with a thriving economy in a healthy, natural environment.

The corporate strategy identifies the following areas which have relevance to the day opportunities strategy:

## Our Place and Environment

- People and places are connected by sustainable and modern infrastructure
- Our inclusive, vibrant and sustainable economy supports our communities to thrive

## Our People and Communities

- High quality of life for all, where people can be active, healthy and independent
- Working together, everyone feels safe and secure
- Those who need support receive it when and where they need it
- Local communities shape the services that matter to them
- Employment is available for everyone and helps create value in our communities
- Skills are continually developed, and people can access lifelong learning

## Being an open, transparent and accountable council, putting our people at the heart of our services as its key ambitions

- Working closely with partners, removing barriers and empowering others
- Providing accessible and inclusive services, showing care in our approach
- Using data, insights and feedback to shape services and solutions
- Intervening as early as possible to improve outcomes
- Developing a passionate, proud, valued and diverse workforce
- Creating an environment for innovation, learning and leadership
- Using our resources sustainably to support our ambitions

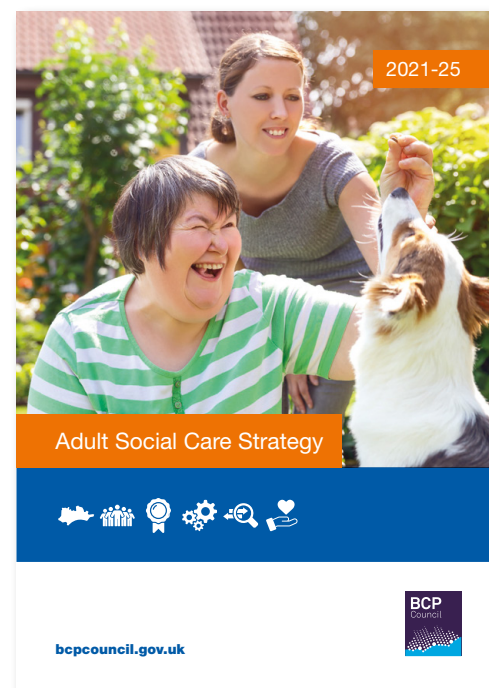
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# BCP Council's Adult Social Care Strategy

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

Any revised Adult SocialCare Strategy from 2025 onwards will be aligned with the Day Opportunities Strategy.



# BCP Council's Day Opportunities Review

## Strategy key themes

Co-production	The most important part of this project is co-production. This is when providers and people who access services get together to influence the way those 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 <b>3 Conversations Model</b> in regard to providing a strength-based approach to care planning for individuals and this will underpin the day opportunities review.
Asset based community development	Uses and builds on what is already available in the community for example leisure centres, long-established groups and 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.



## The 3 conversations model

### Needs assessment and care planning questions (3)

1

#### Initial contact

- 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?
- What do you want to do? What can I connect you to?

2

#### If people are at risk

- What needs to change to make you safe? How do I help to make that happen?
- What offers do I have at my disposal – including small amounts of money and my knowledge of the community – to support you?
- How can I pull them together in an 'emergency plan' and stay with you to make sure it works?

3

#### If long-term support is needed

- What is a fair personal budget and where do the sources of funding come from?
- What does a good life look like?
- How can I help you use your resources to support your chosen life?
- Who do you want to be involved in good support planning?



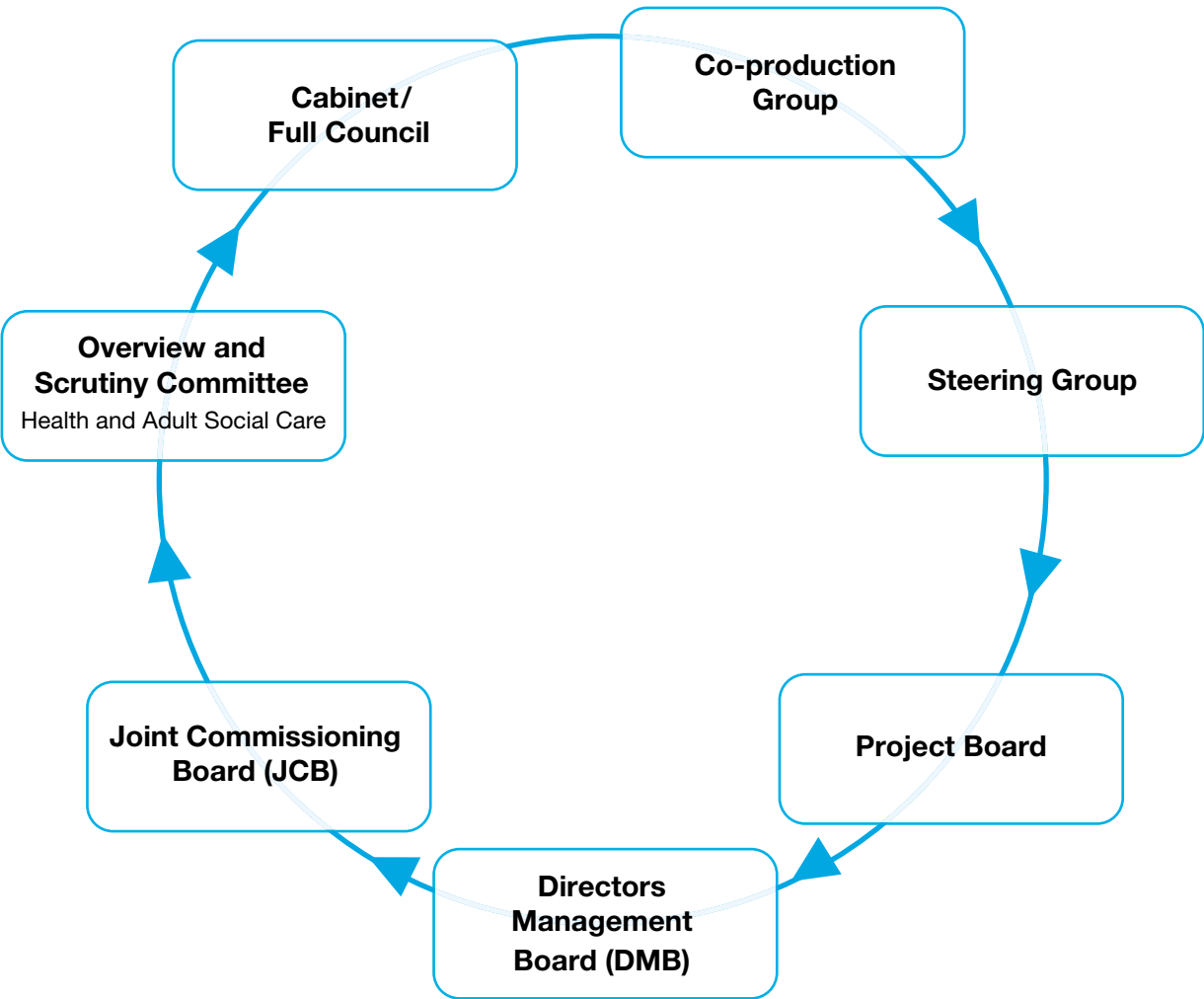
(3) [communitycare.co.uk](https://communitycare.co.uk) How three conversations have changed the way we work

# 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.

Governance chart for the Day Opportunities Review

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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)** currently consisting of BCP Council's Corporate Director for Wellbeing, Director of Adult Social Care and 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 who have a specific area of responsibility within the Council such as 'Health and Wellbeing', which includes Adult Social Care.

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 with and information was collected 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.

# Have your say



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.

5

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

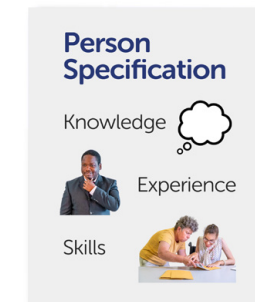
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### Day Opportunities Review



2

### Supported Employment Review



3

### Day Opportunities Standards/Support



4

### Cost/Eligibility of Day Opportunities



5

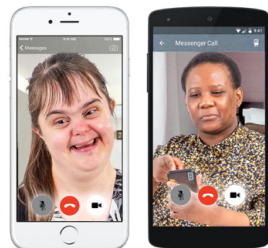
### Transport



6

### Accessible Information





# 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 living close to the day opportunity was important to them and 85% felt it was important to be able to use day opportunities to meet and make new friends. 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 I get to do something I 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.

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.

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.

What will we do? Day Opportunities proposals

- **Proposal 1**  
Look to enhance the day opportunity offer with a blended approach of day opportunity buildings and community organisations.
- **Proposal 2**  
Investigate investment in micro-providers to encourage a range of local, smaller services for specific needs.
- **Proposal 3**  
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.
- **Proposal 4**  
Larger building-based day opportunities to provide a community hub for access to all for activities/sessions.
- **Proposal 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.
- **Proposal 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.
- **Proposal 7**  
Work within budget to achieve identified financial savings (see Financial Information page 34) and reinvestment in a blended approach of day opportunity buildings and community organisations provision (see Building-based Day Service Review page 36) and the priorities agreed in the strategy.





## 2 Supported Employment Review

**Supported employment (4)** is defined as a personalised model for supporting people with significant disabilities to secure and retain paid employment. The model uses a partnership strategy to enable people with disabilities to achieve sustainable long-term employment and support businesses to employ valuable workers.

### 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.



(4) British Association for Supported Employment  
[www.base-uk.org/what-supported-employment](http://www.base-uk.org/what-supported-employment)

### What will we do? Supported Employment proposals

#### → Proposal 1

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.

#### → Proposal 2

Review current contractual arrangements with the 6 providers of supported employment/sheltered work opportunities.

#### → Proposal 3

Implement targeted support for those who wish to gain skills for employment.

#### → Proposal 4

Work with BCP Council's communities' team to enhance the accessibility, choice and diversity of volunteering opportunities across BCP in line with Empowering Communities BCP Council's Voluntary and Community Sector and Volunteering Strategy 2021-24.



### 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? Standards / Support proposals

##### → Proposal 1

Agree a charter of standards for all day opportunities to sign up to.

##### → Proposal 2

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.

##### → Proposal 3

Review monitoring/self-evaluation of services to give users and providers confidence in the quality of services.

##### → Proposal 4

Re-introduction of quality checkers visits to services to be considered.

##### → Proposal 5

Recording of day opportunities and supported employment schemes within integrated system of Mosaic to be reviewed so data is accessible about provision. Work with Information Governance team and practitioners to ensure input of information is accurate and provides evidence of outcomes for individuals.





## 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 as I am self-funding

Reduced funding means I get less days.

I love all my day opportunities. They all offer a wide range of different activities, learning skills, voluntary tasks and outings, and 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.

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

### What will we do? Cost / Eligibility proposals

#### → Proposal 1

Develop a framework of charges for day opportunities in order to be more consistent across services and provide more clarity to those using services. This would also enable any annual uplifts of services to be applied to all rather than individually as is currently the case.

#### → Proposal 2

Review eligibility criteria based on needs to accessing day opportunities to ensure those who require day support can access it. See below re: review of information about day opportunities so these are clear to those using services, their carers and practitioners.

#### → Proposal 3

Review Personal Budget access to make this process more accessible and increase direct payments and individual service fund take up.



## 5 Transport

### What did people tell us?

A key finding from the view seeking engagement identified 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.



In regard to the question: **Is there anything that makes it more difficult for you to use day opportunities ...**

**Comments included:**

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? Transport proposals

#### → Proposal 1

Implementation of a travel training programme for adults with disabilities linking with existing children and young people's schemes.

#### → Proposal 2

Consider a 'car pool' voluntary scheme to assist people to access their services.

#### → Proposal 3

Creation of more local services for local people (see micro-provision section above - Day Opportunities, Proposal 2), to reduce dependency on unpaid/paid support to services and increase independent travel.



## 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.

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. \(5\)](#)

### What will we do? Accessible information proposals

#### → Proposal 1

Work with Information and Advice Team to list current day opportunities available in an accessible format on Adult Social Care BCP Council web pages.

#### → Proposal 2

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.

#### → Proposal 3

Introduce a regular newsletter detailing day opportunities and available in day services, local libraries, community centres etc.



(5) [NHS England » Accessible Information Standard Specification](#)



# Day Opportunities in Bournemouth, Christchurch and Poole

## Providers

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.

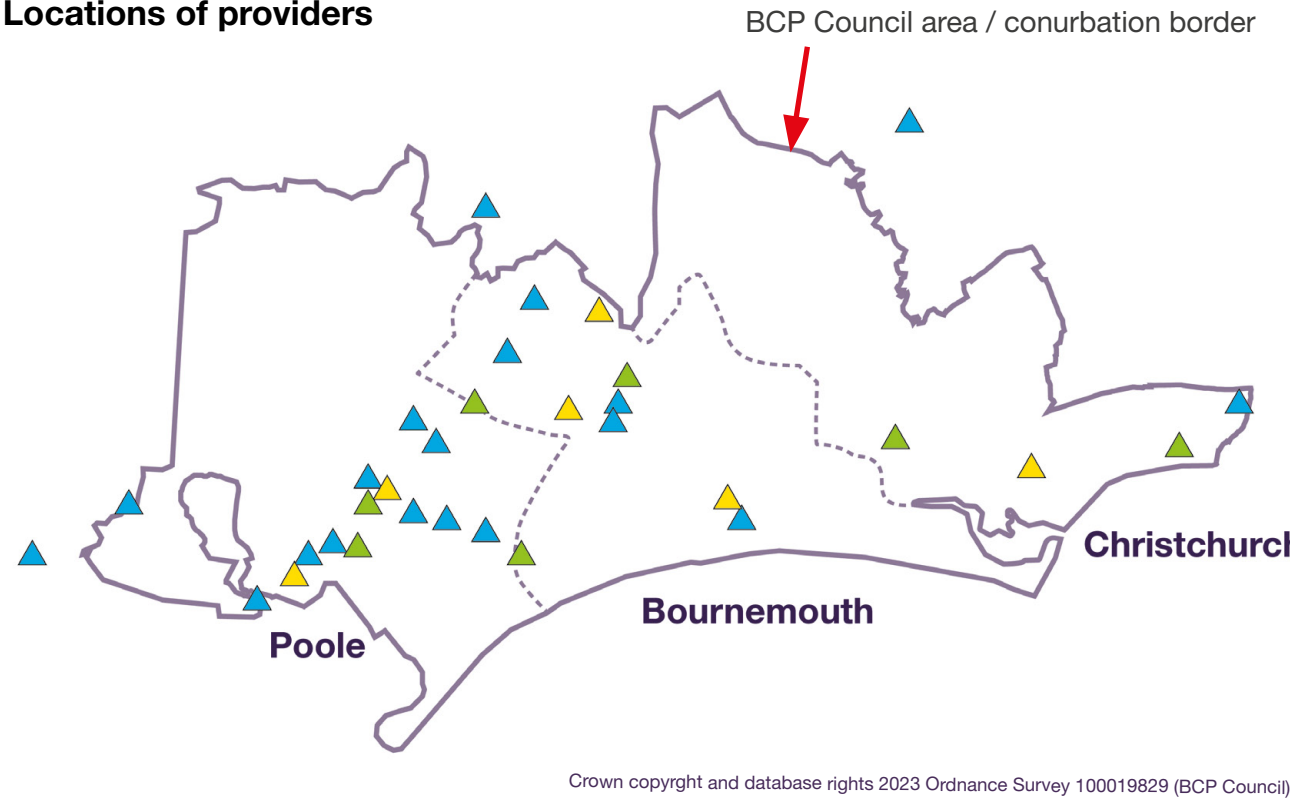
Day opportunity provision across BCP Council is made up of a range of different providers. Tricuro, a Local Authority Trading Company, operates eight day services across the conurbation. These services are based in buildings that are solely used by people who need social care support and are organised 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



### Colour key to provider type

- |  |                        |   |
|--|------------------------|---|
| ▲ BCP Council funded Day Opportunities | ▲ Tricuro Day Services | ▲ Commissioned Supported Employment providers |
|--|------------------------|---|

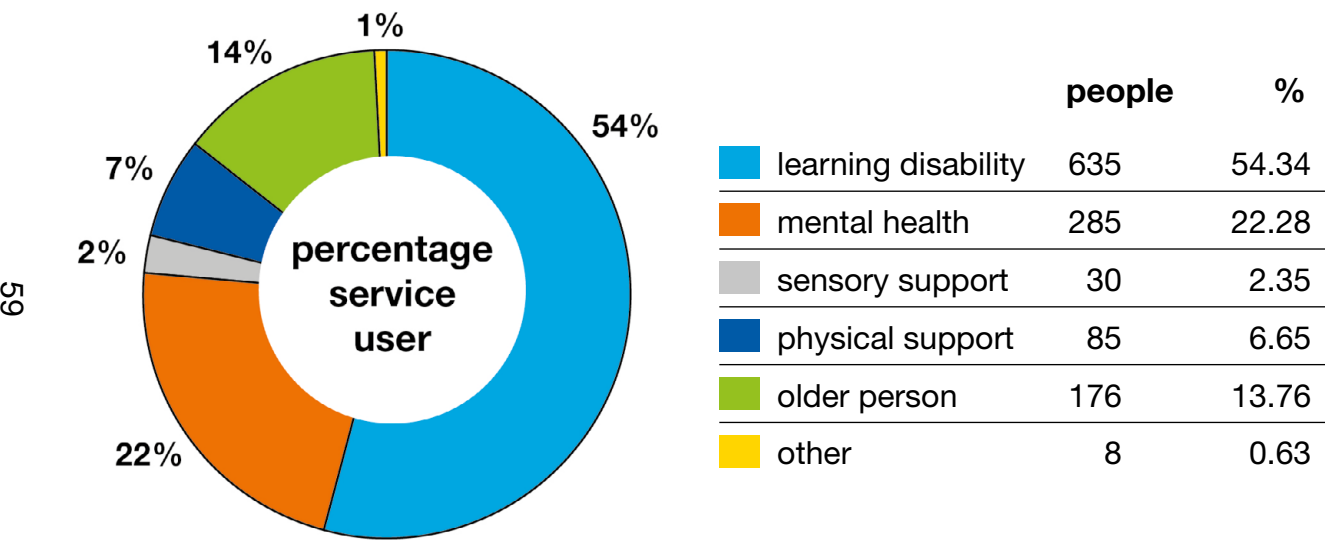
Service user profiles

Primary diagnosis / support reason and funding type

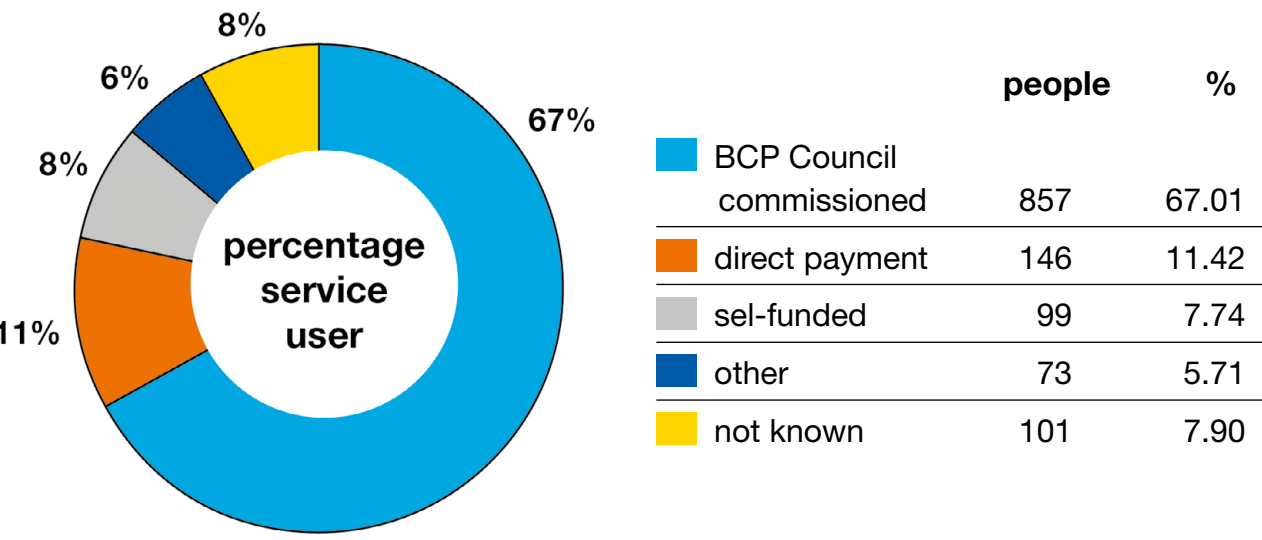
For all providers, over half of day opportunities provision is for those with a primary diagnosis of a learning disability (54%). In terms of funding this is primarily commissioned services (67%) with only 11% of the total accessing direct payments funding.

All providers -percentage charts of service user profiles (1279 people)

Primary diagnosis / support reason



Funding type



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

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.
- **Building-based 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.

## Average cost of day opportunity provisions in BCP (2022 data)

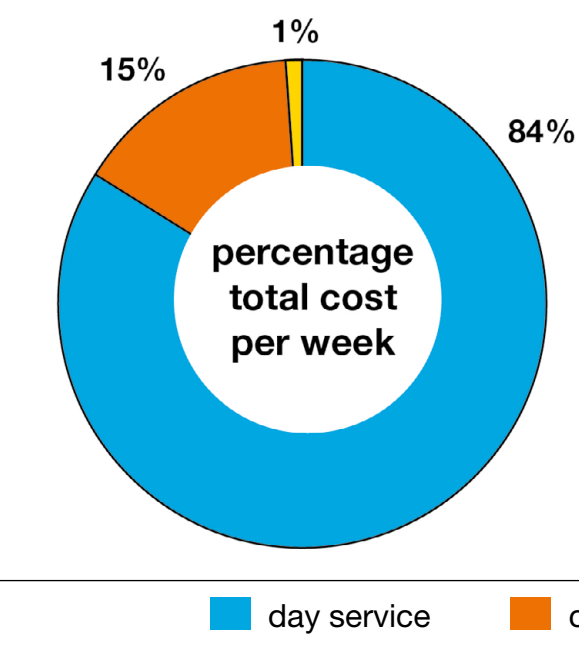
Provision	Average cost per hour
Low cost	£1.99
Communtiy based	£9.51
Building based day services*	£20.21

\*Building-based Day Services are often more expensive due to a range of factors including managing the needs of a more complex group of people (including personal care and a range of health issues), staffing costs related to this, maintenance and running costs of a building potentially owned by the company and for Tricuro services, having previously employed council staff on different terms and conditions in regard to pay and pensions schemes.

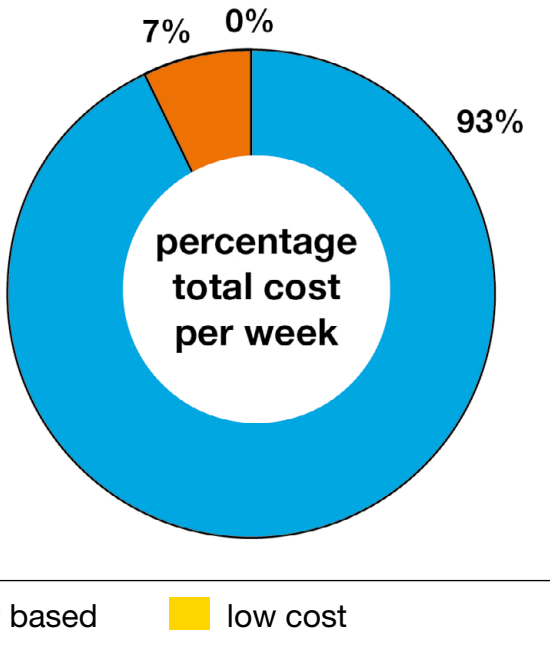
The mixed model of day opportunities includes community-based activities for people within their local area and hubs that will ensure a safe space for people who require a building-based service as well as broadening the day opportunities offer. However, when we look at the percentage of available funding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

## Percentage spent per week

### All types of provider



### BCP Council commissioned provider



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.

Pending decisions to be made by BCP Council's Cabinet on the future of Tricuro's building based services (see Building Based Day Service Review section below) the projected cost of future day opportunities and the savings against budget for re-investment in services will be determined.



## Building-based day service review

The eight 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 (as detailed above) largely supported these findings.

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

There have 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 others in their 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 was therefore planned to consult members of the public and any other relevant stakeholders on the future provision of services for these three day centres.

Due to financial pressures the local authority is facing, there was also a request to review the other two Plus services, namely Poole Plus and Moordown Plus (both for older people). In addition, there was a financially driven request to also review the three Connect centres. Consideration of these reviews were not co-produced, but authority led.

As per the financial section above, there is a need to re-balance the 93% of commissioned funding directed towards building based services and 7% funding directed towards community provision. A review of Tricuro 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 enable options for people to transfer to a community setting.

Following this, there will be ongoing review of all day opportunities to ensure that services continue to meet existing and future need in accordance with the priorities of the day opportunities strategy.

# Future governance and priorities

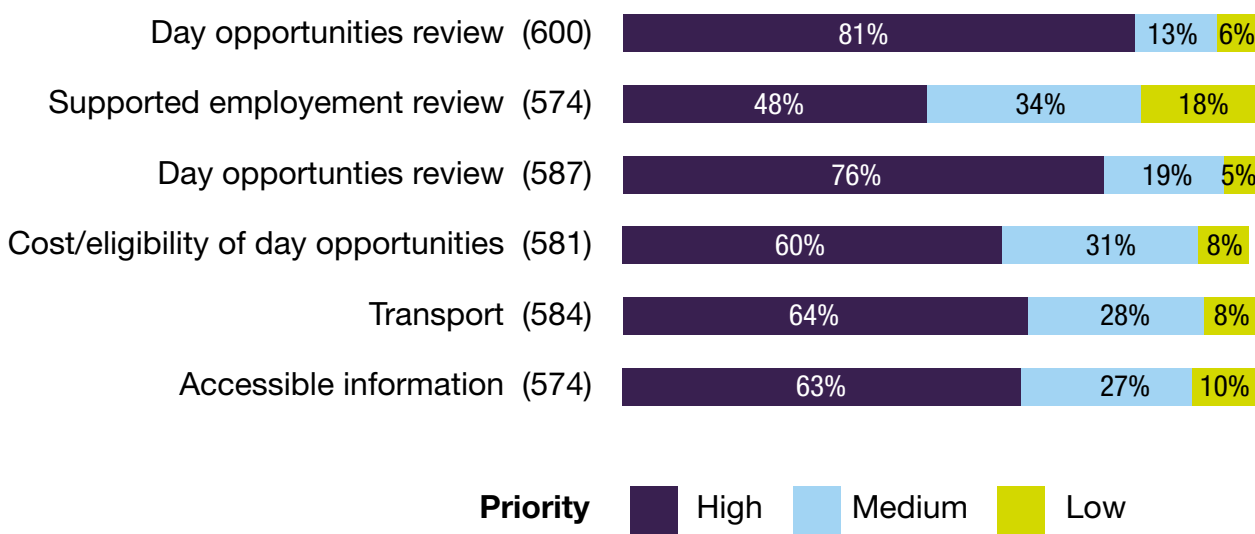
In consultation with the governance groups for this project we have looked to take forward three priorities for future workstreams to realise the proposals of each priority. Although all of the priorities are important and have overlap, the review of day opportunities and supported employment were considered the most urgent. In addition to the review of Tricuro day services detailed above, there is also a need to review existing supported employment contracts that no longer 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.

8 The draft strategy and priorities within were also released for public consultation in December 2023 to January 2024 and provided the following detail of how respondents viewed the priorities.

## Priority of the six key strategic priorities



The consultation results are in keeping with two of the three priorities identified by the governance groups of the project to be taken forward for review, with Day Opportunities Review (81%) and Day Opportunity Standards (76%) gaining the most support. The other priority identified by the governance groups of Supported Employment Review was the key strategic priority that the fewest respondents felt was a high priority (48%). This priority was understandably less relevant to non-working age people.

## Percentage of respondents who rated the Supported Employment Review as high priority (by protected characteristic of age)



The Supported Employment Review prioritisation was also impacted by the respondent profile for the consultation with over half of respondents being 55 years or older.

**Respondent profile for the 2023-24 Consultation  
(by protected characteristic of age)**

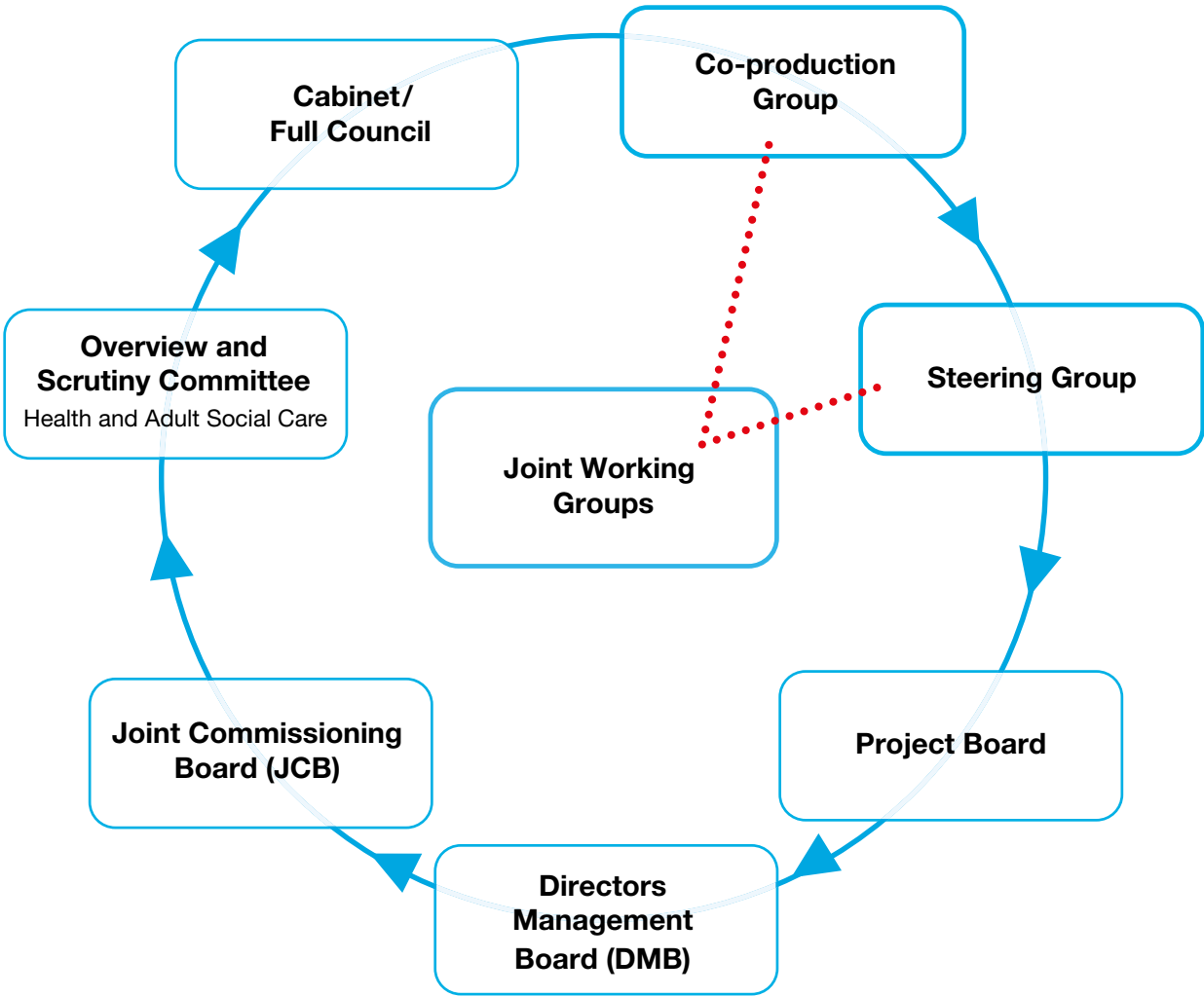
Age	Number	Percentage
16-24 years	23	3.7%
25-34 years	62	10.1%
35-44 years	81	13.2%
45-54 years	106	17.3%
55-64 years	137	22.3%
65-74 years	96	15.5%
75-84 years	54	8.8%
85+ years	23	3.7%
Prefer not to say	33	5.4%

In consultation with the governance groups of the project, there has been a strategic decision to include supported employment in the priorities to be taken forward. This is due to the more urgent need to review the existing provision, the lower rate of people with a learning disability in paid employment in our area compared to regional and national figures and the importance attached to younger people having the opportunities.

**Governance of the Working Groups**

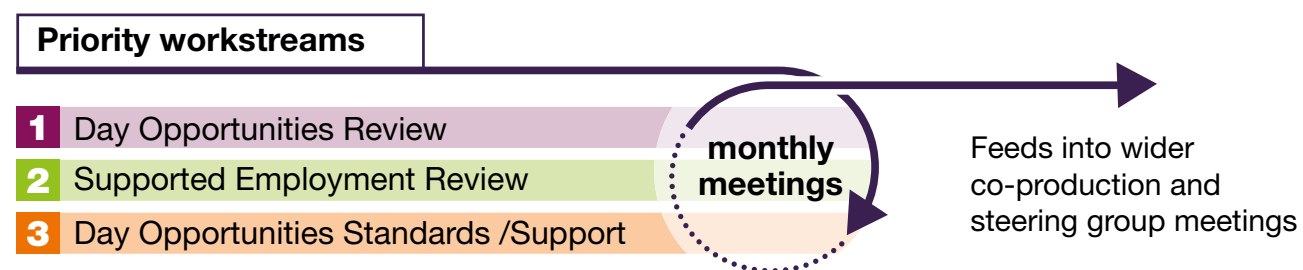
The co-production and steering groups have both agreed to merge to form smaller working groups for the three identified priorities, in order that decisions are agreed with those using, relying on and providing services, alongside relevant BCP Council staff who are managers and decision makers for these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

**Revised governance chart for Day Opportunites Strategy**



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.

### Working Group Meetings for identified priorities



## 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 page shows an overview of the different types of projects already in place that the day opportunities strategy has correlation with under the six 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 five years.

### Projects/departments related to the Day Opportunities Strategy

#### 1 Day Opportunities Review

- Micro-Providers
- Contracts - Tricuro
- Corporate Property Group
- Age Friendly Communities Initiative
- Communities and Children’s Asset Review
- Mental Health Integrated Community Care Programme Accommodation Review
- Learning Disability Partnership Board
- NHS Forward Plan 2023-28
- Asset Review
- Library Strategy
- Finance

#### 2 Supported Employment Review

- Supported Employment Review 2020
- Voluntary and Community Sector and Volunteering Strategy 2021-2024
- Preparing for Adulthood
- Contracts -Supported Employment

#### 3 Day Opportunities Standards/Support

- Strength based approach
- Information Governance - Data/Mosaic
- 3 Conversations roll out

#### 4 Cost/Eligibility of Day Opportunities

- Personal Budgets
- Care manager assessments
- Framework creation
- Charging policy
- Self Funders

#### 5 Transport

- BCP Travel Plan
- Childrens - Travel Training
- Local Cycling & Walking Infrastructure Plan (LCWIP)

#### 6 Accessible Information

- Accessible Information Standard - NHS England
- Carers Strategy 2022-27 - Wellbing Collaborative Virtual Hub
- Integrated Care Board - Strategy - Working Better Together

# Measuring success

## 1 Day Opportunities Review

- 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.
- Increase choice of bespoke community-based day opportunities through Micro-Provider development and consider tender for establishing this initiative.
- 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.
- Promote and share good practice of digital day opportunity provision to increase access and choice for people using services.
- Work with the Preparing for Adulthood team to create a smoother transition and greater range of services for younger people to access.
- 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.
- Checking with individuals, using the 3 Conversations Model, to see who may wish to try alternative day opportunities, without impacting on their current provision.

## 2 Supported Employment

- 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.
- Supported employment contracts to be reviewed and agreed where they sit within the flow chart.
- 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.
- Increase access to voluntary schemes in partnership with Empowering Communities - BCP Council's Voluntary and Community Sector and Volunteering Strategy 2021-24.

## 3 Day Opportunites Standards / Support

- Co-produce a charter of standards for day opportunities.
- Create a regular forum for day opportunity providers.
- Introduce monitoring systems to check on the quality of provision of day opportunities against an agreed set of standards.
- Review data collected on day opportunity access to inform the impact of the strategy and focus on outcomes for individuals accessing services.

## 4 Cost / Eligibility of Day Opportunities

- Create a framework of charges for day opportunities so these are more consistent, best value and equitable between providers.
- An increased number of people being able to access a greater range of services within the community so that their eligible budget goes further.
- An increased uptake of Individual Service Fundsas measured by BCP Council's finance department.

## 5 Transport

- An increased number of people being able to access their services independently through joined up travel training schemes
- 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.
- Reduce travel times, distances and cost through a greater choice of services that are more local to individuals.

## 6 Accessible information

- Creation of accessible directories of services in a range of formats for people to have an informed choice of available day opportunities.
- 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.





# Day Opportunities Strategy and future of Tricuro Day Centres Consultation

February 2024

## Research and Consultation Team

Analysis and Report by Darmax Research



# Executive Summary

BCP Council ran a consultation that asked respondents their views on the proposed Day Opportunities strategy and changes to Day Centres.

There were 665 responses to the Day Opportunities Strategy and future of Tricuro Day Centres Consultation survey. In addition, there were 50 responses gathered from meetings, email responses and impact letters that were received throughout the consultation period.

## Respondent type

23% of respondents were someone that attends a day centre, while 19% were an unpaid carer for a person that attends a day centre and 18% were someone who lives with a person who attends a day centre. 10% of respondents were a member of staff at a Tricuro day centre.

106 respondents indicated that either they attend or were an unpaid carer for / someone who lives with a person who attends one of the five Tricuro 'Plus' day centres. 219 respondents indicated that either they attend or were an unpaid carer for / someone who lives with a person who attends one of the three Tricuro 'Connect' day centres.

## Strategy

### Key strategic priorities

During 2022-23 a co-production group made up of people with lived experience, advocacy groups, providers of day opportunities, councillors, colleagues from neighbouring local authorities, and NHS Dorset produced a draft Day Opportunities Strategy. The strategy identifies six key strategic priority areas to focus on:

- Day Opportunities Review
- Supported Employment Review
- Day Opportunities Standards / Support
- Cost / Eligibility of Day Opportunities
- Transport
- Accessible Information

### Priority

Respondents were asked to prioritise the six key strategic priorities. 81% of respondents felt that the Day Opportunities Review was a high priority, while 76% felt that the Day Opportunity Standards was a high priority. Just over 60% of respondents felt that Cost / Eligibility of Day Opportunities, Transport and Accessible Information were high priority. Supported Employment Review was the key strategic priority that the fewest respondents felt was a high priority (48%).



## Other feedback

Respondents were then asked to provide any other feedback about the draft Day Opportunities Strategy. Comments were themed and assigned to the strategic priority that they related to. Some respondents commented on their views regarding the proposed closures to the Tricuro Day Centres within this question as opposed to directly relating to the strategic priorities.

### *Day Opportunities Review*

There were 398 comments that related to the Day Opportunities Review. Respondents felt that day opportunities are vital and that they should remain open. Respondents were concerned about the support that would be available for the elderly, vulnerable and those with complex needs, including those with dementia, learning disabilities and those who are neurodiverse. Continuity of care is important for many of these individuals, familiar staff recognise changes in individuals and changes in setting, staff and activities can be distressing. Respondents also commented that Plus centres specialise in the type of care that they provide and that it was not appropriate to mix people with different needs. Day centres are important to respondents because they help foster friendships, provide socialising opportunities and reduce loneliness, while they also benefit the mental health and wellbeing of those who attend. Family members and unpaid carers benefit from service users attending day centres as it provides them with their only respite from their caring responsibilities, prevents them having a breakdown and they feel reassured that the person they care for is in a safe place where they are happy and looked after. Reduced day centre provision would result in a need for more residential, full-time and hospital care as carers would not be able to cope, which could result in increased costs to the council.

### *Supported Employment Review*

There were 20 comments that related to the Supported Employment Review. Respondents commented that the provision of employment opportunities is vital and that they have benefited from employment support opportunities previously. However, respondents commented that the supported employment review priority lacks detail, supported employment is not as much of a priority as the other key strategic priorities, employment is not suitable for many service users and that it is a different service to day opportunity provision.

### *Day Opportunities Standards*

There were 114 comments that related to the Day Opportunities Standards. The majority of these comments related to the current standard of day opportunities provision rather than about creating a set of standards. Respondents commented that the current quality of care provided by staff at day centres is good, while day centres provide a safe and secure environment. Individual needs cannot be met in community based settings and community buildings lack specialised equipment and appropriate facilities. A one size fits all approach is not suitable as people have varying needs.

### *Cost / Eligibility of Day Opportunities*

There were 31 comments that related to the Cost / Eligibility of Day Opportunities. Respondents commented that the proposals impact on those who pay for services privately, day opportunities need to be provided to those who have already been assessed as having a need, while others commented that the assessment process needs improvement. In addition, respondents commented on the impact that the two proposals would have on day opportunities provision. Respondents were concerned for the staff who work at day opportunities. Comments related to whether the staff would continue to have a job and concern as to the skills and qualifications of staff at alternative service providers.

### *Transport*

There were 29 comments that related to Transport. Respondents commented that it is important that transport is provided to service users. Service users and carers lack their own transport, there is a lack of public transport and they are unable to travel or use transport independently. In addition, day centres and services need to be local and close to home.

### *Accessible Information*

There were 12 comments that related to the provision of Accessible Information. Accessible information is important and there needs to be greater awareness and promotion of care services that are available locally. The provision of information online is not suitable for the elderly, those with learning disabilities or those who do not have access to the internet.

### *Overall / other comments regarding the draft Day Opportunities Strategy*

There were 161 other comments that related to the draft Day Opportunities Strategy and the Tricuro day services review proposals. Respondents commented that they do not like the proposals or strategic priorities, they had been poorly thought through and criticised the late addition of the proposals to close Tricuro day centres without discussion with the co-production group. The suggested benefits do not justify the closure of day centres and savings should be made elsewhere. Respondents were critical of the length of time the consultation was open for, as well as it being undertaken in December and across Christmas and New Year, while there had been not enough promotion of the consultation to service users and their carers. Respondents also felt that the strategy and proposals lacked detail, were confusing and were difficult to understand.

## **Tricuro Day Centres Proposals**

### **Proposal One: Close five Tricuro 'Plus' day centres**

The draft Day Opportunities Strategy recommends providing more community-based services, therefore reducing the need for building-based services. Proposal one looks to close 5 Tricuro Plus Centres. The services that people access from these centres would still be delivered, either in one of the three Connect Centres (located in Boscombe, Christchurch and Parkstone) or in the community.

By closing these buildings and supporting people to access day opportunities in their community the council could save £1.1m a year. The day centre buildings would return to the council's property portfolio and could be used for another council purpose or sold.

### Agreement with Proposal One

Respondents were asked whether they agree or disagree with the proposal to close these Plus day centres. 71% of respondents disagree with the proposal to close Moordown Plus, while 65% disagree with the proposal to close Poole Plus. More than half of respondents disagree with the proposal to close Westbourne Plus, Wallisdown Plus or Highcliffe Plus.

### Reason for disagreement

Respondents who indicated that they disagree with the closure of any of the Plus day centres, as well as those who indicated that they accept the proposal but have some concerns were asked why they disagree or what concerns they have. The main reasons for disagreeing or having concerns with the closure of any of the Plus day centres were:

- Some people might not feel confident or comfortable in a community setting (71%)
- Not getting the same level of support in a bigger day centre (67%)
- Loss of a community facility (66%)
- Difficulty travelling to another location (65%)
- Losing relationship with staff at Plus centre (64%)
- Worried about change / not knowing what service can be accessed in the future (62%)
- Losing relationship with other service users at Plus centre (61%)
- Worried that carers won't get a break (61%)
- Connect centres are too busy – need / prefer a quieter environment (59%)
- Worried for staff jobs (58%)

The reason that the least number of respondents gave for disagreeing or having concerns with the proposal were that they were worried how the building might be used in the future (32%).

### Impact of Proposal One

Respondents were asked how they will be affected if this change goes ahead.

### *Support proposal*

There were 43 comments that related to support for the proposal. The majority of these respondents commented that they would not be affected/impacted by proposal one, while others commented that the proposals seemed reasonable because service users at three Plus centres have already been relocated to nearby Connect centres following the pandemic in 2020.

### *Keep day centres open*

There were 136 comments that related to keeping day centres open in general. Respondents commented that all day centres should be kept open and that everyone deserves to be able to attend a day centre that makes them feel safe and secure. 17 respondents specifically commented that the Plus centres should remain open, while 29 respondents specifically commented that the Connect centres should remain open.

### *Reduced access / level of support*

There were 371 comments that related to reduced access / level of support should the Plus centres close. Respondents commented that the closures would impact on vulnerable people and specialist centres are required. Connect centres would become too busy and the same level of support would not be provided in bigger day centres. Community facilities lack the required equipment and facilities, while some people won't feel comfortable or confident in a community setting. Respondents also commented that it would be difficult to travel to another location.

### *Concern for relationships at day centres*

There were 156 comments that related to concern for the relationships built at day centres should the Plus centres close. Respondents commented that they would lose the relationship they have with staff, while respondents were also concerned for staff jobs. Respondents commented that they would lose the relationships they have built with other service users and would increase isolation, while their current venue improves their mental health and wellbeing.

### *Uncertainty that closures bring*

There were 98 comments that related to feelings of uncertainty should the Plus centres close. Respondents commented on a need for familiarity within their routine and were worried about change and not knowing what service can be accessed in the future. Respondents commented that there was a lack of detail in the proposal, while some respondents questioned how the building will be used in the future.

### *Concern for the impact on carers*

There were 119 comments that related to concern for the impact on carers should the Plus centres close. Respondents were worried that carers won't get a break as a result of the Plus centre closures and would result in an increased demand for residential care. Some respondents commented on the cost of private care should the Plus centres close.

## **Proposal Two: Close all eight Tricuro day centres**

The council are also considering whether they could close all eight Tricuro day centres. This means that in addition to the five Plus centres mentioned in Proposal One, the council would also close Boscombe Connect, Christchurch Connect and Parkstone Connect. All service users would move to either community-based services or a day centre operated by an independent provider.

It is estimated that this could save the council an additional £1.1million above the savings from Proposal One (£2.2million in total).

### Agreement with Proposal Two

The vast majority of respondents disagree with the proposal to close the three Connect centres in addition to the five Plus day centres.

### Reason for disagreement

The main reasons for disagreeing or having concerns with the closure of any of the three Connect centres were:

- Difficulty for service users travelling to another location (77%)
- Some people might not feel confident or comfortable in a community setting (74%)
- Losing relationship with other service users at my day centre (72%)
- Losing relationship with staff at my day centre (71%)
- Loss of a community facility (70%)
- Worried about change / not knowing what service can be accessed in the future (69%)
- Worried for staff jobs (64%)
- Worried that carers won't get a break (63%)
- My needs can't be met in a community-based service (56%)

The reason that the least number of respondents gave for disagreeing or having concerns with the proposal was that they were worried how the building might be used in the future (35%).

### Impact of Proposal Two

Respondents were asked how they will be affected if this change goes ahead.

#### *Overall impact of Proposal Two*

There were 16 comments that related to the overall impact of proposal two. Respondents commented that they would not be affected/impacted by proposal two and were critical that proposal two was not co-produced.

#### *Keep day centres open*

There were 205 comments relating to the need to keep day centres open in general. Respondents commented that all day centres should be kept open and that the centres provide a safe and secure environment. Respondents specifically commented that the Connect centres should remain open, while others commented that the Plus centres should remain open.

#### *Funding*

There were 138 comments relating to the funding of day centres. Respondents felt that the proposal was focused on cost savings as opposed to providing suitable care provision, while others commented that the proposals would result in increased costs to the council in the long run. The council should ensure that day centres receive appropriate funding and that cost savings should be made from other services and

schemes. Some respondents commented that day care should be funded by the council and not private or voluntary organisations.

#### *Reduced access / level of support*

There were 358 comments relating to reduced access and support if the Connect centres were to close. Specialist centres are required, the closures would impact on vulnerable people and community facilities lack the required equipment and facilities. Respondents commented that the needs of service users cannot be met in community settings, while it would be difficult to travel to another location. Some respondents commented that the day centres provide them with hot meals that they may not otherwise have.

#### *Concern for relationships at day centre*

There were 297 comments relating to the impact the closures would have on the relationships they have built at their day centre. Respondents commented that they would lose the relationship with staff who know them and their needs, while respondents were also concerned for staff job losses. Respondents commented that they would lose the relationships they have built with other service users and would result in increased isolation, while their current day centre provision improves their mental health and wellbeing.

#### *Uncertainty that closures bring*

There were 148 comments relating to uncertainty that the closures would bring. Respondents commented on a need for familiarity within their routine and that they were worried about change and not knowing what service can be accessed in the future. Respondents also commented that there was a lack of detail in the proposal.

#### *Concern for the impact on carers*

There were 168 comments relating to being concerned for the impact the closures would have on carers. Respondents were worried that carers won't get a break as a result of the Connect centre closures and it would result in an increased demand for residential care. Respondents also commented on the cost of private care should the Connect centres close.

Matrix summarising the benefits and risks of each option

	Option Detail	B1	B1a	B1b	B1c	B2	B3	B4	B5	B5a	B6	B6a	B7	B8	B8a	B8b	B9	B10	B11	B12	B13	R1	R1a	R1b	R1c	R2	R2a	R2b	R3	R4	R5	R6	R7	R8	R9	R10	R11	R12	R13	R14		
1	Connect Services to remain open and incorporate or re-provide for the 5 Plus services, with all Plus service original sites to be closed. (Consultation Proposal 1)	B1				B2	B3	B4	B5		B6		B7									R1	R1a	R1b	R1c	R2			R3													
2	Connect Services to remain open and incorporate Highcliffe, Wallisdown and Westbourne Plus services already based there, with Moordown and Poole Plus services to remain open. Highcliffe, Wallisdown and Westbourne Plus original sites to be closed.	B1				B2	B3	B4	B5		B6			B8	B8a	B8b	B9					R1			R1c					R4												
3	Connect Services to remain open and Highcliffe, Wallisdown and Westbourne Plus services to return to their original sites and Moordown and Poole Plus to continue at their current sites.	B1	B1a	B1b	B1c				B5									B10											R4	R5	R6	R7	R8									
4	Connect Services to remain open and incorporate Highcliffe, Wallisdown and Westbourne Plus services already based there. In addition, Poole Plus to be relocated to Parkstone Connect and Moordown Plus service to remain open. Highcliffe, Wallisdown, Westbourne and Poole Plus original sites to be closed. (Recommended option)	B1				B2	B3	B4	B5	B5a	B6		B7	B8	B8a		B9	B10	B11	B12	B13	R1		R1b	R1c		R2a			R4					R9							
5	Close all services. (Consultation Proposal 2)											B6a	B7									R1	R1a	R1b	R1c			R2b			R5		R7				R10	R11	R12	R13	R14	

Benefits

B1	Responds to the consensus from the consultation to not close Connect services (93%).
B1 a	Moordown (71%).
B1 b	Poole (65%).
B1 c	Highcliffe, Wallisdown and Westbourne Plus services (55%).
B2	Responds to the majority of opinion of current people accessing these services who were directly engaged for Highcliffe, Wallisdown and Westbourne Plus.
B3	In keeping with the draft Day Opportunities Strategy to have a mixed model of building-based and community-based provision.
B4	To be able to consider necessary adaptations for reprovisioned Plus services to be permanently based at Connect centres.
B5	To develop the Connect services to create community hubs.
B5 a	Potential for consideration of Moordown Plus becoming a community hub to provide a specialist service for older people and achieve separate space for community groups to access this site.
B6	Re-purposing / sale of the Plus sites for alternative use / capital income from sale of property.
B6 a	Re-purposing / sale of the Plus and Connect sites for alternative use / capital income from sale of property.
B7	Financial saving for BCP Council.
B8	Responds to the majority view within the consultation for services to remain open.
B8 a	Moordown Plus (71%).
B8 b	Poole Plus (65%).
B9	45% of respondents of the consultation agree or accept the proposal but have some concerns to close Highcliffe, Wallisdown and Westbourne Plus original sites.
B10	Responds to the majority view of the consultation for Plus services to remain open.
B11	Continuation of provision of specialist older people services in all 3 locality areas of BCP.
B12	Capital investment savings associated with the significant repair and refurbishment of Poole Plus for the service to operate in the long term.
B13	Value for money in relation to £940k that was invested in refurbishment of the Moordown Plus site in 2018/19 and as a result lower amount of capital investment required for the existing buildings to continue to be fit for purpose for use as a specialist day service for older people.

Risks

R1	Does not respond to the majority view of the consultation for Plus services to remain open.
R1 a	Moordown (71%).
R1 b	Poole (65%).
R1 c	Highcliffe, Wallisdown and Westbourne Plus services (55%).
R2	Upheaval for existing client group and carers for Poole and Moordown Plus in re-locating to an alternative provision.
R2 a	Upheaval for existing client group and carers for Poole Plus in re-locating to an alternative provision.
R2 b	Upheaval for existing client group and carers all services in re-locating to an alternative provision.
R3	Space at Boscombe Connect limited to effectively achieve a specialised provision for older people currently offered at Moordown Plus.
R4	Impact on any proposed additional MTFP savings. See financial implications section.
R5	Does not respond to the majority of opinion of current people accessing these services who were directly engaged for Highcliffe, Wallisdown and Westbourne Plus.
R6	Upheaval for existing client group and carers for Highcliffe, Wallisdown and Westbourne Plus in returning to original sites.
R7	Not in keeping with the draft Day Opportunities Strategy to have a mixed model of building-based and community-based provision.
R8	Significant cost association with for Highcliffe, Wallisdown and Westbourne Plus services to return to their original sites in re-commissioning buildings and ensuring properties are fit for purpose.
R9	Ensuring that different needs can be accommodated within Parkstone Connect for an older people's specialist service in a designated area.
R10	Does not respond to the consensus from the consultation to not close Connect services (93%).
R11	Inability to develop, at pace, alternative provision to fully meet demand of an additional approximate 6,173 support hours per week
R12	Significant redundancy of Tricuro staff or considerable costs associated with TUPE if services are provided by other organisations.
R13	Transport implications in accessing alternative services.
R14	Lack of alternative specialist provision particularly for older people with a dementia diagnosis and people with a mental health issue.

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# HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Health and Wellbeing – Strategy into Action
Meeting date	4 March 2024
Status	Public
Executive summary	<p>The Health and Adult Social Care Overview and Scrutiny Committee is asked to review three papers and use it to inform their discussions about work priorities. The papers are:</p> <ul style="list-style-type: none"> <li>- The updated Joint Strategic Needs Assessment (JSNA)</li> <li>- Health and Wellbeing Board paper 'strategy into action'</li> <li>- Briefing on integrated neighbourhood teams</li> </ul>
Recommendations	<p><b>It is RECOMMENDED that:</b></p> <p><b>The Committee reviews these papers and discusses what this means for scrutiny over the next 12 to 18 months.</b></p>
Reason for recommendations	These papers can provide background information to inform the Committee's work.
Portfolio Holder(s):	Cllr David Brown, Portfolio Holder for Health and Wellbeing
Corporate Director	Jillian Kay, Corporate Director for Wellbeing
Report Author	Jillian Kay, Corporate Director for Wellbeing
Wards	Council-wide
Classification	Recommendation

## Background and recommendation

1. The Committee has expressed an interest in taking a strategic and data-led approach to setting its priorities and forward plan.

2. The Health and Wellbeing Board recently considered two papers which may be of interest to the Committee for this purpose:
  - An updated Joint Strategic Needs Assessment. The annual JSNA narrative is produced by Public Health Dorset and the latest update includes insights from engagement with Integrated Care System (ICS) organisations, health data and insight developed by ICS Intelligence/Research teams including Healthwatch Dorset and qualitative insights from Local Authority resident surveys and the ICP 100 conversations project.
  - Health and Wellbeing – strategy into action. At its February meeting, the Health and Wellbeing Board approved a new approach to the Health and Wellbeing strategy, which is to have a light touch refresh of the strategy and to focus on practical actions and priorities for a place-based partnership workplan. The paper highlights a number of potential areas for the workplan, and a more developed version will be brought to the next Board meeting in April.
3. One proposed priority project is the development of Integrated Neighbourhood Teams in the BCP Council area. A third paper is attached, providing background briefing on the Integrated Neighbourhood Team approach.
4. The Committee's consideration of these papers can feed in both to the Committee's forward plan and can inform the development of the place-based partnership workplan.

#### **Summary of legal implications**

5. There are no legal implications arising from this report.

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

6. There are no financial implications associated with this report.

#### **Summary of sustainability impact**

7. There are no sustainability implications arising from this report.

#### **Summary of equality implications**

8. There are no equality implications arising from this report.

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

9. There are no HR implications arising from this report.

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

10. There are no public health implications from this report. The updated JSNA has been approved by the Health and Wellbeing Board and will be published.

#### **Summary of risk assessment**

11. There are no risks directly associated with this report.

## **Appendices**

Appendix 1 – JSNA

Appendix 2 – Health and Wellbeing Board paper – strategy into action

Appendix 3 – Briefing note on Integrated Neighbourhood Teams

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Report subject	<b>Joint Strategic Needs Assessment (JSNA): Narrative Update</b>
Meeting date	5 <sup>th</sup> February 2023
Status	Public report
Executive summary	To share with the board the latest annual update of the Bournemouth, Christchurch and Poole Joint Strategic Needs Assessment Narrative
Recommendations	<p><b>It is RECOMMENDED that:</b></p> <ol style="list-style-type: none"> <li>1) Members note the updated JSNA document</li> <li>2) The Board approve publication of the document</li> </ol>
Reason for recommendations	<p>Each Health and Wellbeing Board should produce a Joint Strategic Needs Assessment under the Health and Social Care Act 2012.</p> <p>A Joint Strategic Needs Assessment (JSNA) looks at the current and future health and wellbeing needs of the local population. It provides an evidence base, pulling from both qualitative and quantitative data, of health and wellbeing needs to support planning and commissioning and preparation of bids and business cases.</p> <p>Locally, the Joint Strategic Needs Assessment is co-ordinated by Public Health Dorset, on behalf of both BCP and Dorset Health and Wellbeing Board's. An annual JSNA narrative is produced for each Board, highlighting data trends and qualitative insights relevant to the Board's local population.</p> <p>The latest update collates insights from engagement on key health and wellbeing issues with Integrated Care System (ICS) organisations, health data and insight developed by ICS</p>

	Intelligence/ Research teams including Healthwatch Dorset and qualitative insights from Local Authority resident's surveys and the Integrated Care Partnership 100 Conversations project.
Portfolio Holder(s):	Councillor David Brown, Portfolio Holder Health and Wellbeing
Corporate Director	Sam Crowe, Director of Public Health, Public Health Dorset
Contributors	Natasha Morris, Team Leader Intelligence, Public Health Dorset
Wards	All Wards
Classification	For Recommendation

## **Background**

1. Each Health and Wellbeing Board should produce a Joint Strategic Needs Assessment under the Health and Social Care Act 2012.
2. Locally, the Joint Strategic Needs Assessment is co-ordinated by Public Health Dorset, on behalf of both BCP and Dorset Health and Wellbeing Board's. An annual JSNA narrative is produced for each Board, highlighting data trends and qualitative insights relevant to the Board's local population.
3. A Joint Strategic Needs Assessment (JSNA) looks at the current and future health and wellbeing needs of the local population. It provides an evidence base, pulling from both qualitative and quantitative data, of health and wellbeing needs to support planning and commissioning and preparation of bids and business cases.

## **Summary of Joint Strategic Needs Assessment Insights**

4. The latest update collates insights from the following sources
  - engagement on key health and wellbeing issues with Integrated Care System (ICS) organisations
  - health data and reports developed by ICS Intelligence/ Research teams including Healthwatch Dorset
  - Qualitative insights from Local Authority resident's surveys and the Integrated Care Partnership 100 Conversations project
  - Nationally benchmarked data such as Public Health Fingertips Tool, Office for National Statistics Census and the Local Government Association
5. Some of the key issues related to the theme of thriving communities include
  - The social gradient in life expectancy between the most and least deprived areas in BCP. Circulatory related deaths, cancer and respiratory disease are the main contributors to this inequality gap.
  - The impacts of poverty, deprivation, and the cost-of-living crisis. There has been a notable increase in clients aged 65+ seeking support for a variety of issues from Citizen's Advice services for example.
  - A high demand for homelessness support - households being owed a homelessness reduction act duty is above the national average (12.6 per 1,000 in BCP, 11.7 per 1,000 in England).
  - The percentage of children achieving a good level of development at 2.5 years is above the England average. However, there are needs around communication skills and personal social skills.

- Pupil absence increased in the 2021/22 school year to 7.7% - previously this had been consistently around 4.7% for many years. This increase has also been observed nationally and has continued in 22/23.

6. Some of the key issues around the theme of healthy lives include

- Although levels of childhood obesity are better than England, around 1 in 5 Year 6 children are obese and we see variation across the Local Authority.
- The mental health and emotional wellbeing of children – the rate of inpatient admissions for mental health conditions (143.2 per 100,000) and self-harm (706.9 per 100,000) are worse than England.
- The increasing prevalence of common mental health conditions, such as depression and anxiety.
- Social isolation and feelings of loneliness are higher among some groups such as carers, adult social care users and people with long-term health conditions.
- Although in line with England, the local percentage of adults who are overweight or obese is still high and has changed little over time.
- Smoking prevalence has been reducing in BCP – currently 10.1%. However, some vulnerable groups have much higher rates of smoking.
- Twenty-two percent of adults in BCP are physically inactive – doing less than 30 minutes moderate intensity activity a week. An estimated 49% of children and young people across Dorset are not meeting recommended guidelines of 60 minutes activity per day.
- Generally, our mortality rates are in line with England - however it is important to consider variation by geography and in deaths considered preventable. We also compare poorly for some indicators relating to emergency hospital admissions for conditions like hip fractures, COPD and heart disease. There could be more opportunities to encourage prevention, early help and support people to manage their health, especially when someone has multiple long-term conditions and/or are frail.

### **Summary of financial implications**

7. There are no financial implications to note

### **Summary of legal implications**

8. Each Health and Wellbeing Board should produce a Joint Strategic Needs Assessment under the Health and Social Care Act 2012.

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

9. There are no human resources implications to note.



### **Summary of environmental impact**

10. There are no environmental implications to note

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

11. The Joint Strategic Needs Assessment (JSNA) looks at the current and future health and wellbeing needs of the local population. This includes needs relating to the areas of early help and prevention, and wider determinants of health such as housing and the economy.

### **Summary of equality implications**

12. The JSNA narrative includes consideration of variation of needs and health outcomes within the local community, such as by deprivation, demographics or specific vulnerable populations.

### **Summary of risk assessment**

13. HAVING CONSIDERED: the risks associated with this decision; the level of risk has been identified as:

Current Risk: LOW  
Residual Risk: LOW

### **Background papers**

Appendix One: BCP JSNA Annual Narrative

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# Bournemouth, Christchurch and Poole Council (BCP) JSNA Summary

Updated November 2023



# Purpose

In the BCP area people are generally healthier and live for longer than England overall. However, not everyone has the same experience. This report focuses on some of the current and future strategic health and wellbeing issues for Bournemouth, Christchurch and Poole (BCP) Local Authority.

It contains 3 sections

- **Thriving Communities** (Our population and wider determinants of health)
- **Healthy Lives** (Health conditions and behaviours, opportunities for prevention and early help)
- **Health and Care** (How services work together)



Evidence from key national and local data indicators, is combined with insights from local research and engagement and qualitative interviewing.

Links are available throughout to relevant content and further data resources. Thanks to business intelligence teams and partner organisations across our Integrated Care System for the research and insights referenced in this report.



# Thriving Communities – Our Population

BCP is home to just over **400,000 people**. Over the last 10 years the population has grown by 5.6% (21,306 more people).

Around **87,000 residents are aged 65 and over**. This is a growth of 12% since 2011. BCP also has university, college and foreign language school connections which sees **inward migration to the area from young people**.

18%, around **70,000 people, identify as a minority ethnic group**, and this has increased by 60% since 2011. The largest minority ethnic group in the BCP area is 'Other white'.

15% of residents are **non-uk born** (61,949 people). The majority arrived in the UK in early adulthood (43%) or as children (29%).

∞ BCP is home to both serving **military personnel** and veterans. Almost 16,000 residents aged 16+ have previously served in the UK armed forces.

In 2021, 8.8% of BCP residents reported providing **unpaid care**, a slight decrease from 11.3% in 2011. 2.5% of residents are providing 50 hours or more of unpaid care a week.

[Household and resident characteristics](#)

[Ethnicity – Key Statistics](#)

[International Migration](#)

[UK Armed Forces Veterans](#)



84% are satisfied with the local area and 87% feel they belong to their local community.  
(BCP residents survey 2021)

The local natural environment is greatly valued by residents and used to help support and improve their health and wellbeing.  
(100 Conversations)



# Thriving Communities - Inequalities

**Health inequalities** are the unfair and avoidable differences in people's health across social groups and between different population groups.

In the BCP area people are generally healthier and live for longer than England overall. Latest life expectancy data shows women to live approximately 83.3 years and men 79.7 years.

However, we have a **social gradient in life expectancy** between the most and least deprived areas in BCP – 6.9 years for men and 6.4 years for women. Although COVID-19 had an impact in most recent years, **circulatory** related deaths, **cancer** and **respiratory disease** are the main contributors to this inequality gap.

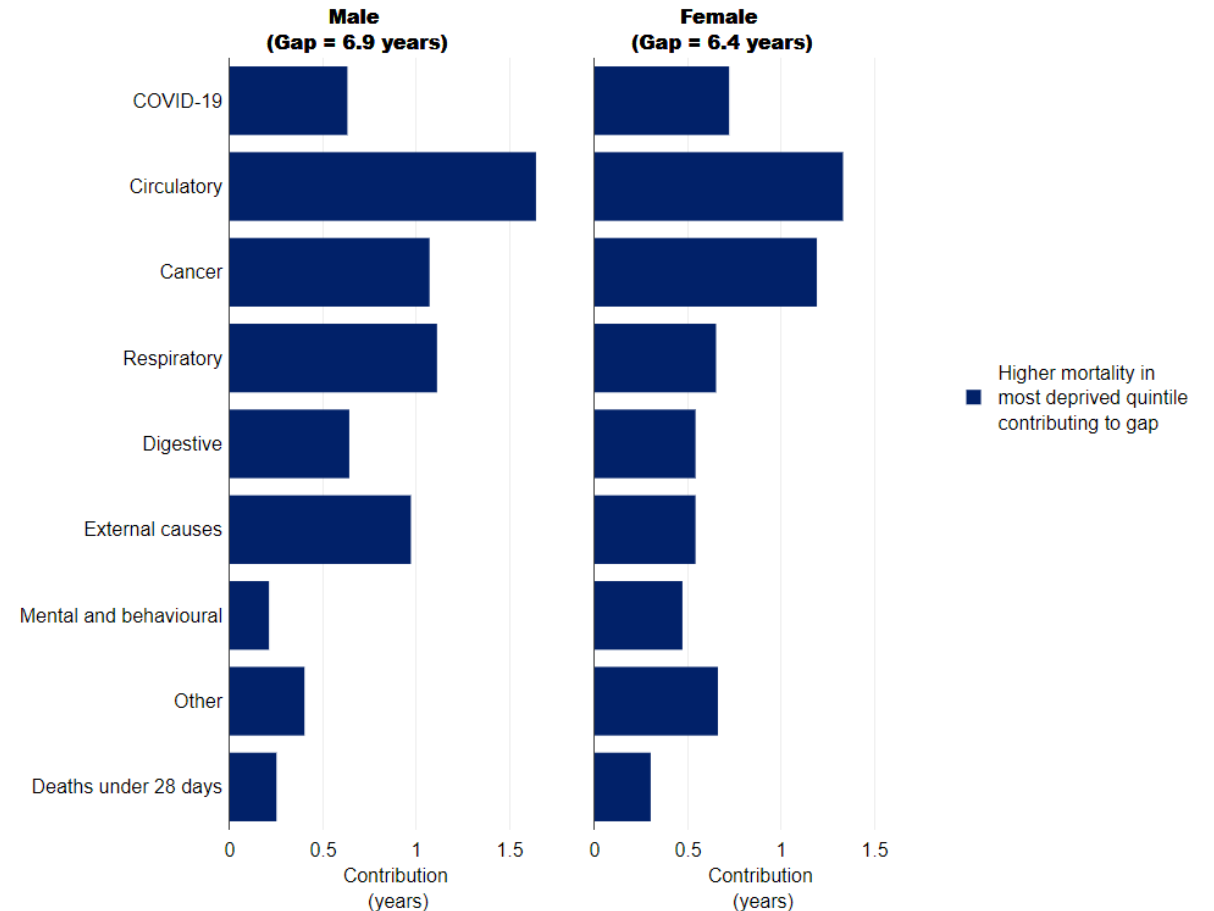
Healthy life expectancy is another important measure of health and inequality. **Men in BCP will spend around 15 years in poor health and females around 18 years.** We know from national data a social gradient is also seen in how long people will live with “good” health.

[An Overview of Health Inequalities in BCP](#)

[Dorset Health Inequalities Virtual Academy](#)

[OHID Segment Data Tool](#)

Breakdown of the life expectancy gap between the most and least deprived quintiles of Bournemouth, Christchurch and Poole by cause of death, 2020 to 2021



Source: Office for Health Improvement and Disparities based on ONS death registration data and 2020 mid year population estimates, and Department for Levelling Up, Housing and Communities Index of Multiple Deprivation, 2019



# Thriving Communities - Deprivation

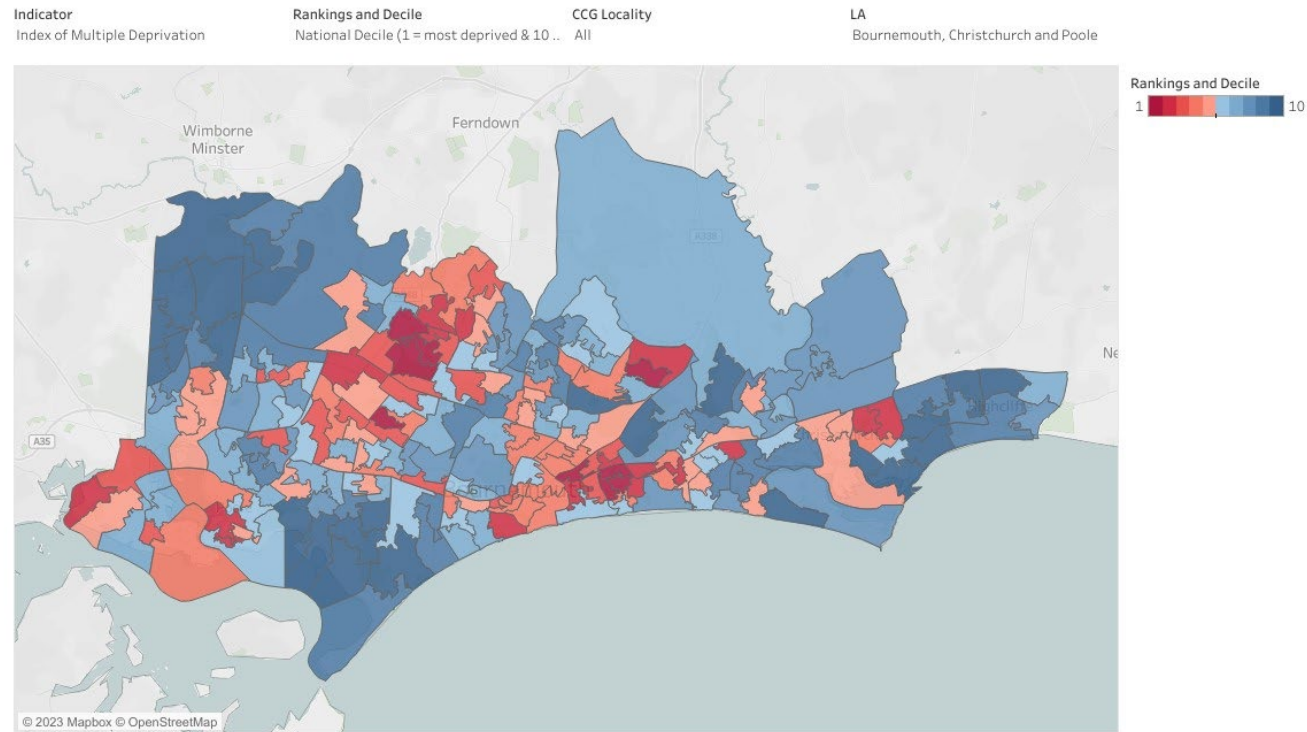
BCP Council has a **mix of high and low deprivation areas**. Some areas, such as Sandbanks, Canford Cliffs, Christchurch and Broadstone fall within the least deprived areas nationally.

In contrast, there are communities experiencing some of the highest levels of deprivation in Turlin Moor, Alderney, Turbary Common and West Howe, Boscombe and Somerford.

**Deprivation is strongly linked with many health outcomes.**

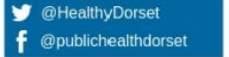
[Indices of deprivation](#)

## Indices of Deprivation 2019 (IMD & Domains)



Created and maintained by the Public Health Dorset Intelligence Team  
Last updated 12/11/2019

[www.publichealthdorset.org.uk](http://www.publichealthdorset.org.uk)



# Thriving Communities – Economy & Cost of Living

In 2021/2, 4.6% of the working age population were unemployed. Unemployment has generally been declining nationally, with a slight increase in 2020/21 due to the impact of the pandemic.

In contrast, the economic inactivity rate has been increasing nationally since 2019/20 (currently 21.2%). In BCP, 18.6% of the working age population are economically inactive – this includes people who are temporarily or long-term sick, or away from the workforce for other reasons.

Although job claimant numbers have fallen significantly from their peak in May 2020 (affected by the Pandemic), numbers remain nearly 20% higher than pre-pandemic levels.

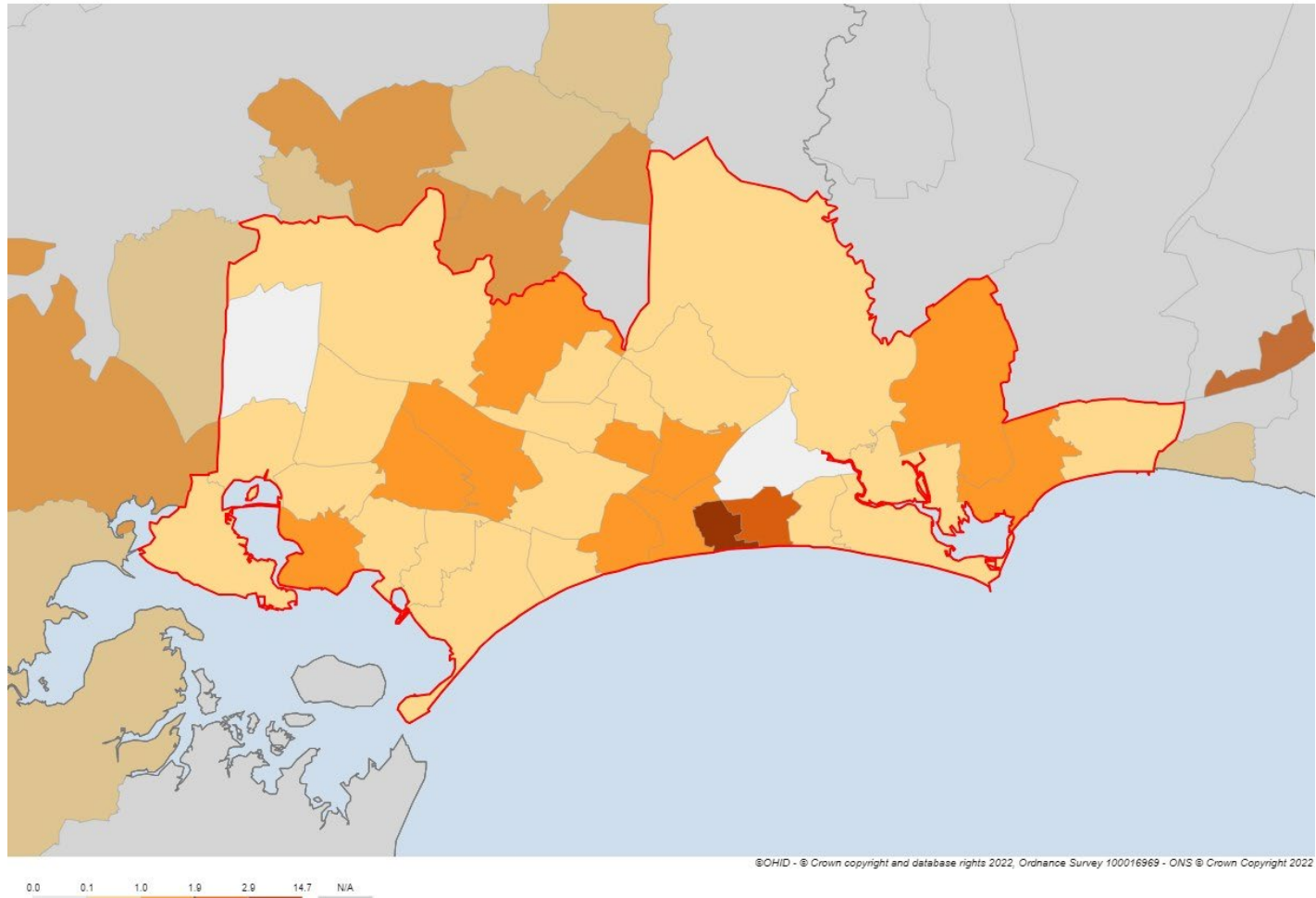
Data from Citizen's Advice Services in BCP shows notable increase in clients aged 65+ seeking support for a variety of issues, such as requests for foodbank vouchers, issues with utilities or pension-age benefits. The financial pressures experienced during the cost-of-living crisis impacts on their lives and wellbeing.

[BCP Economic Data](#)

[An Overview of Health Inequalities in BCP](#)

[Impact of winter pressures in England](#)

Long term unemployment (Crude rate per 1,000) - Source: NOMIS Labour Market Statistics





# Thriving Communities - Housing

There has been modest growth in the number of households in BCP, however the proportion **living in communal establishments** has increased significantly more than regionally and nationally (this includes communal accommodation like halls of residence, armed forces bases or care homes). BCP has a larger proportion of **single person** and other person households.

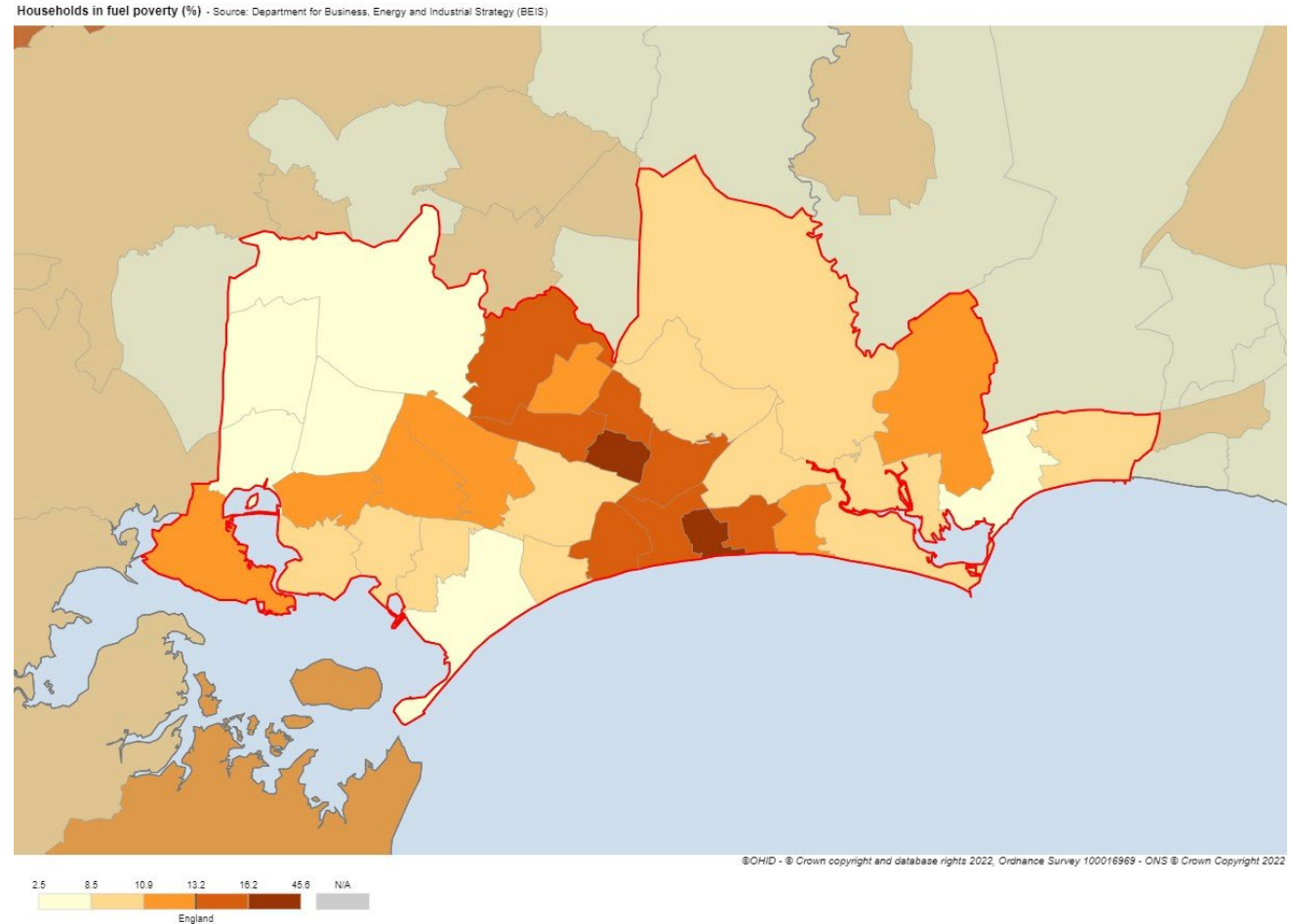
BCP's population is ageing, and projected household growth is largely driven by **an increase in older households**. Older households are more likely to live alone or in smaller households. Therefore, one person households show the biggest increase in BCP, by 10.3 thousand (17%) to 2043. The remainder of the household growth will be among multi-adult households.

**Housing affordability** is an issue in the area – BCP is in the 2nd worst quintile for England for affordability of home ownership.

**Homelessness** is associated with severe poverty and poor health outcomes. There is high demand for support in BCP - households being owed a homelessness reduction act duty is above the national average (12.6 per 1,000 in BCP, 11.7 per 1,000 in England). These are households who are homeless or threatened with homelessness. Around 2.4 in 1,000 households are in temporary accommodation.

[Census 2021 Household and Resident Characteristics](#)

[BCP Housing Dashboard](#)



# Thriving Communities – Education, Skills and Learning

Disparities in child development are recognizable in the second year of life and have an impact by the time children enter school. In BCP the % of children achieving a good level of development at 2.5 years is above the England average. However, within the skills measured there are needs around **communication skills** and **personal social skills** which fall below the England average.

Average Attainment 8 Score – measures the achievement of pupils across 8 qualifications at the end of Key Stage 4. BCP – 52.1, England 48.7. One of the highest areas in the South West and also in comparison to CIPFA nearest neighbours. However, the average **attainment of Children in Care** is much lower – 18.9 – second worst quintile in England.

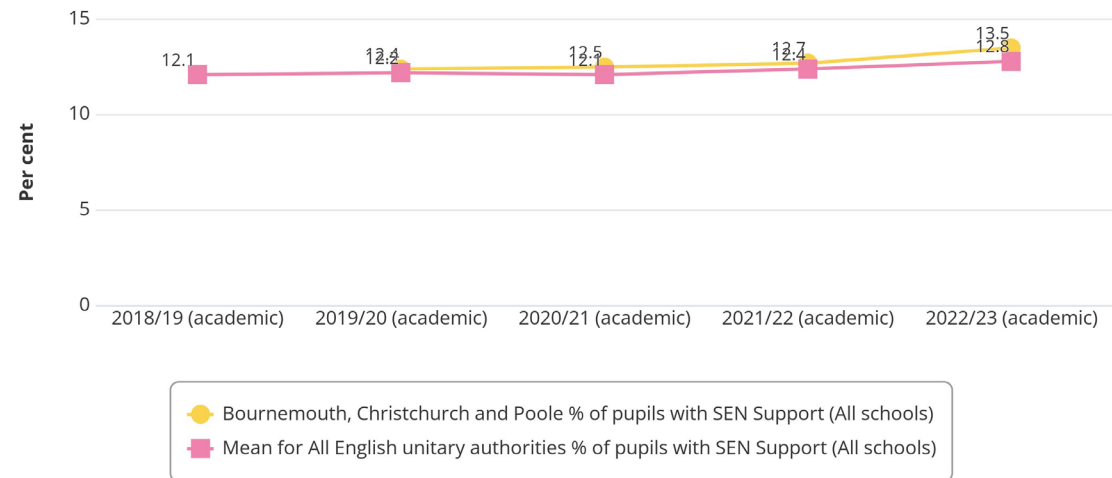
**Pupil absence** increased in the 2021/22 school year to 7.7% - previously this had been consistently around 4.7% for many years. This increase has also been observed nationally, and has continued in 22/23. The majority of absence in England was due to illness.

The proportion of NEET children in BCP is one of the lowest in the South West at 4% - better than the England average.

2023 annual data shows 7118 pupils attending BCP area mainstream and special schools are identified as having **Special Educational Needs (SEN)**; 49% are primary school age and 49% secondary school. 61% are male. Primary support needs identified are commonly speech language and communication, specific learning difficulty or social, emotional and mental health needs. 32% were persistently absent, similar to national. However, the suspension rate is higher than national (26.6% BCP compared to 18.6%).

3621 pupils have an **Education, Health and Care Plan (EHCP)**, of which 12% are open to Children's Social Care Services. 21% of pupils with an EHCP living within our most deprived areas.

% of pupils with SEN Support in all schools (from 2018/19 (academic) to 2022/23 (academic))



Source:

Metric ID: 2214, Department for Education, Special Educational Needs in England, Data updated: 23 Jun 2023

Powered by LG Inform



# Thriving Communities – Other Resources Available

[State of BCP Report](#)

[BCP Council Residents Survey](#)

[Thriving Places Index Scorecard for BCP](#)

[BCP Economic Overview](#)

[Monthly Economic Bulletin](#)

[BCP Ward Profiles](#)

[Greenspace Accessibility Model](#)

95 [Local Authority – Wider Determinants of Health](#)

[Rural Urban Classification Map](#)

[SEN and Disabilities report for BCP LGA Inform](#)

[Census data for BCP](#)

## Bournemouth, Christchurch and Poole



Thriving Places Scorecard - 2022



# Healthy Lives – Childhood Health

Comparing local indicators with England averages shows the health and wellbeing of our children and young people is mixed.

Babies born with a low birth weight is better than average. The percentage of babies being breastfed in BCP is also better than England – in Q4 22/23 54% of babies were being breastfed at 6-8 weeks. A&E attendances in under 5's is also better than average.

Levels of **childhood obesity** are better than England and have decreased in the most recent year - although around 1 in 5 Year 6 children are obese and we see variation across the Local Authority.

The **mental health and emotional wellbeing** of children is a priority – the rate of inpatient admissions for mental health conditions (143.2 per 100,000) and self-harm (706.9 per 100,000) are worse than England.

Of  
in terms of physical health;

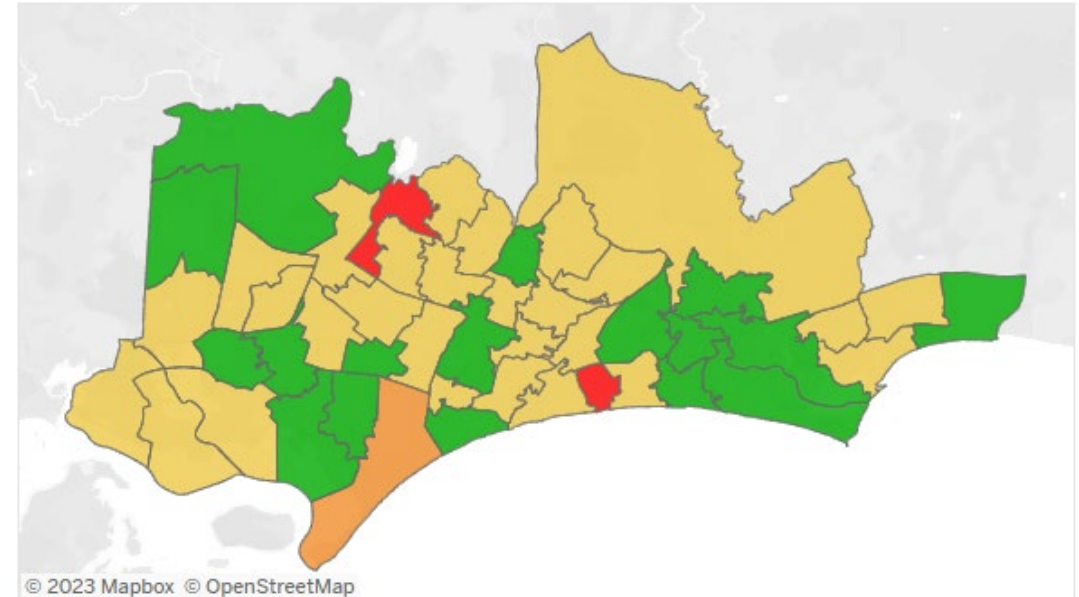
- **Children in care immunisations** worse than England – in 2022 39% of children in care were up-to-date with vaccinations.
- Admissions for **alcohol specific conditions** in under 18's and **substance mis-use** in 15-24 year olds is higher than England average
- Admissions for unintentional and deliberate **injuries** is higher than England for both 0-14 year olds and 15-24 year olds

[Child Health Profiles \(phe.org.uk\)](https://phe.org.uk)

[Children and Young People's Public Health Services](#)

[LGA Inform: Children's Health and Wellbeing in BCP](#)

Year 6: Prevalence of obesity (including severe obesity), 3-years data combined



Time period  
2019/20 - 21/22

Indicator  
Year 6: Prevalence of obesity (including severe obesity), 3-ye...

Compared to England (value or percentiles)

Better Similar  
Not compared \* Worse

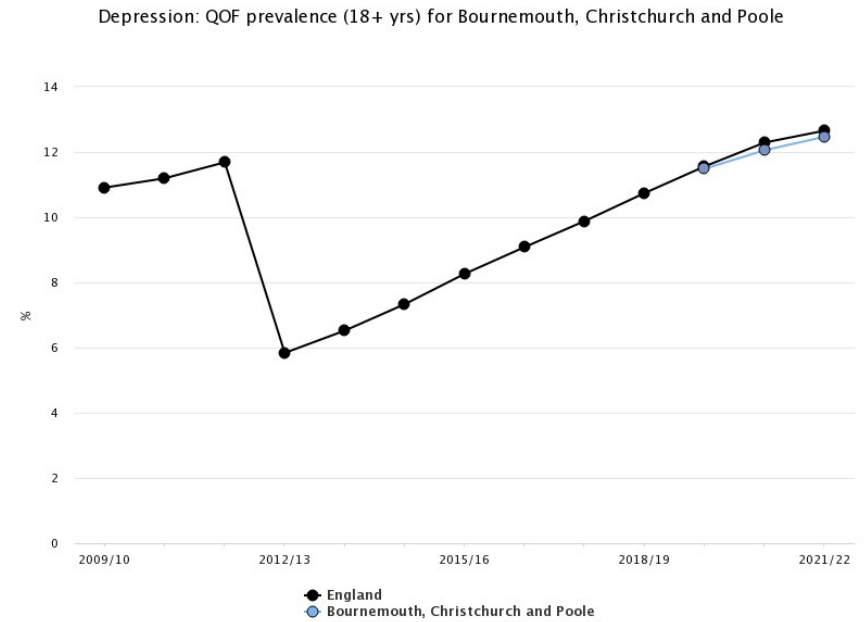
\* Not Compared - this is where we have not been able to make comparisons to England or LA areas. This could be due to small sample size, disclosure control or data quality reasons.



# Healthy Lives – Mental Health

The 2014 survey of Mental Health and Wellbeing in England found that 1 in 6 people aged 16+ had experienced symptoms of a **common mental health problem**, such as depression or anxiety, in the past week. People with higher well-being have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.

The prevalence of **depression** in adults is currently 12% in BCP – similar to England. This has been increasing, in line with national trends. In the most recent annual population survey, just under a quarter of adults had a high **anxiety** score. England saw a decrease from 2020/21 (likely impacted by the pandemic) whilst the proportion has increased in BCP.

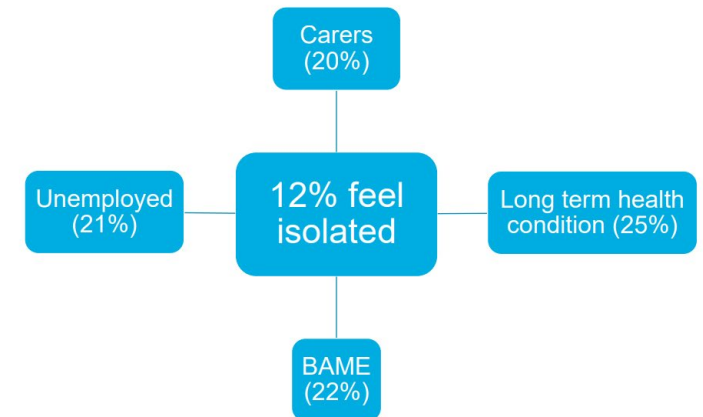


97

We can all feel lonely at times for many different reasons. **Social isolation** refers to availability of support networks and social contacts – we might be socially isolated but not feel lonely and vice versa. National research links loneliness and isolation to detrimental effects on our physical and mental wellbeing.

Although data tends to reflect the experiences of older people, loneliness and isolation can affect us at any age. Around 12% of residents said they **feel isolated** in the BCP resident survey – and this varied among different groups. 42.7% of **adult social care users** said they had as much **social contact** as they would like to.

## Social contact – who feels isolated?





# Healthy Lives – Healthy Lifestyles

The percentage of **adults who are overweight or obese** in BCP is similar to England. However, at 63% of adults this is still high and has changed little over time. Having excess weight or obesity has significant implications for both physical and mental health. Excess weight increases the risk of several conditions such as heart disease, Type-II diabetes and some cancers, which in turn increases the likelihood of premature death.

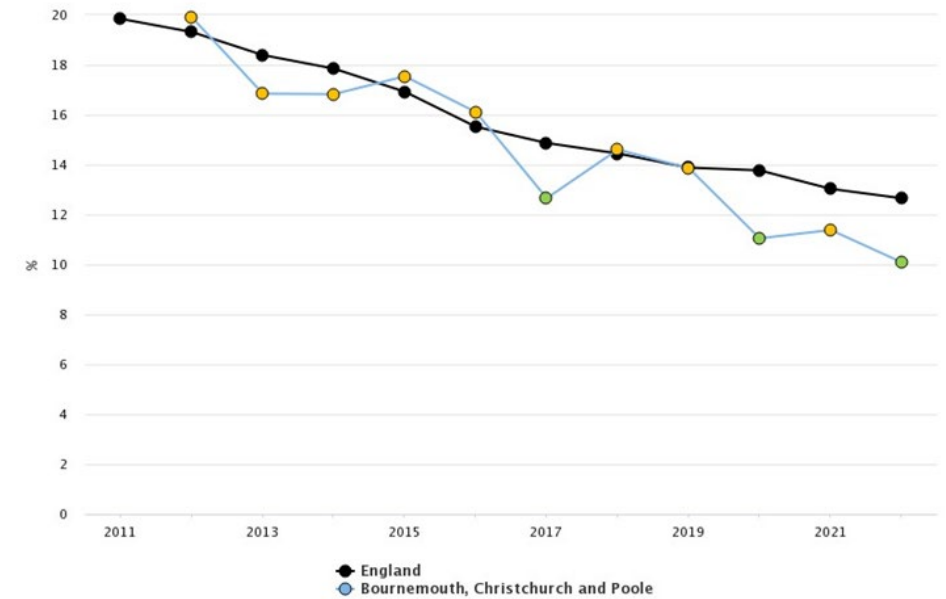
**Smoking** is one of the main causes of health inequalities in England, with the harm concentrated in disadvantaged communities and groups. Smoking prevalence has been reducing in BCP – currently 10.1%, better than England. Being a smoker at the time of delivering a baby has also continued to reduce locally (9.1%). However, prevalence is higher among adults in routine and manual occupations (15.9%) adults with a long-term mental health condition (21.4%) and adults admitted to treatment for substance misuse.

Twenty-two percent of adults in BCP are **physically inactive** – doing less than 30 minutes moderate intensity activity a week. The Active Dorset Active Lives Survey found whilst activity levels have improved since the pandemic, 49% of children and young people across Dorset are not meeting recommended guidelines of 60 minutes activity per day.

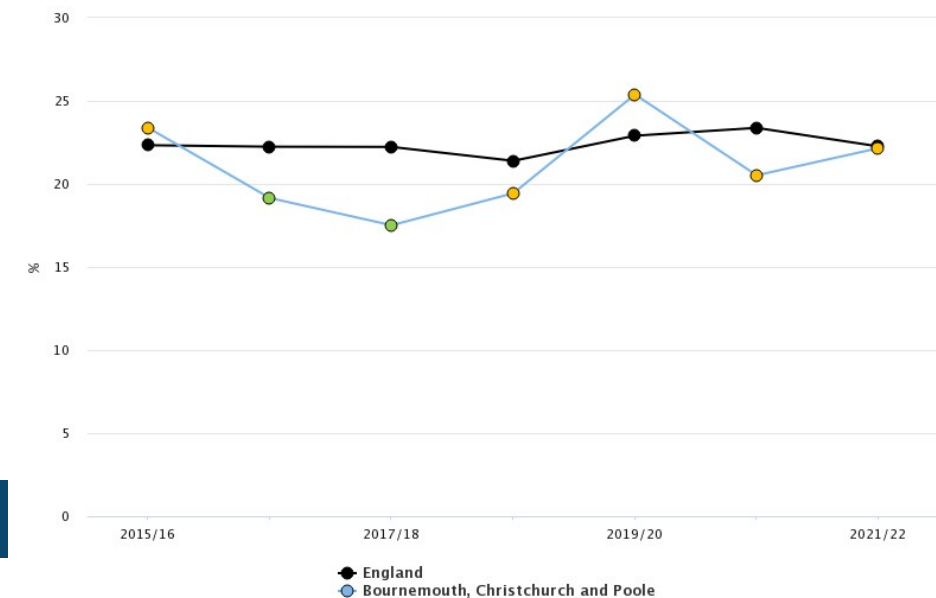
Admissions to hospital for **alcohol related conditions** are higher in BCP compared to England (890 per 100,000 BCP, 626 England). By age, admissions are higher in young people and adults up to the age of 64, while admissions in older age groups are similar to the England average.

Deaths from **drug misuse** are also higher than England (6.9 per 100,000 compared to 5.0 in England). Nationally the rate of drug poisoning deaths continues to increase and is elevated among those born in the 1970's ([Deaths related to drug poisoning in England and Wales - Office for National Statistics \(ons.gov.uk\)](#))

Smoking Prevalence in adults (18+) – current smokers (APS) for Bournemouth, Christchurch and Poole



Percentage of physically inactive adults for Bournemouth, Christchurch and Poole



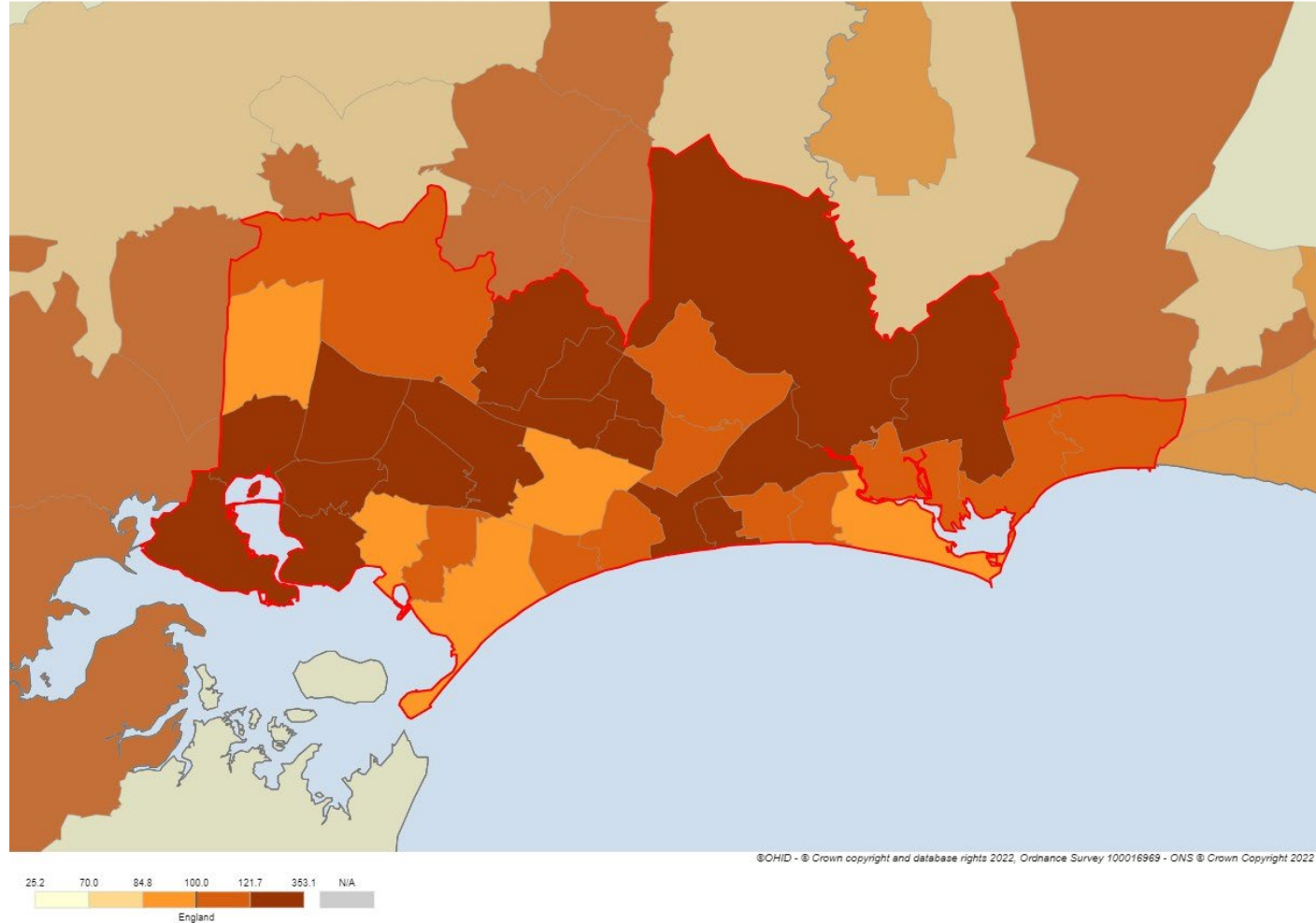
# Healthy Lives – Major health conditions

Generally, our mortality rates are like England however it is important to consider **variation** by geography and in **deaths considered preventable**. We also compare poorly for some indicators relating to **emergency hospital admissions for conditions like hip fractures, COPD and heart disease** – suggesting there could be opportunities to encourage prevention, early help and support people to manage their health, especially when someone has **multiple long-term conditions**.

As of November 2023, almost 15% of registered patients in BCP have **hypertension** recorded – a population of nearly 65,000. Many of these patients have co-morbidities such as depression (22%), Diabetes (22%) and Chronic Kidney Disease (22%).

**Type 2 diabetes** is the most common type of diabetes, for which treatment often includes eating well and moving more. Anyone can develop type 2 diabetes, however living with overweight or obesity is one of the risk factors, along with ethnicity. Across registered adult patients in BCP 3.7% have a diagnosis of Diabetes (24,450 patients) and of these nearly 22,000 have Type-II. 47% have a **BMI of 30 or above** recorded, and 13% are **current smokers**. Prevalence of Type-II diabetes in adults varies with highest prevalence in Christchurch PCN (5.7%) and North Bournemouth (5%).

Emergency hospital admissions for coronary heart disease (SAR) - Source: Hospital Episode Statistics (HES) NHS Digital



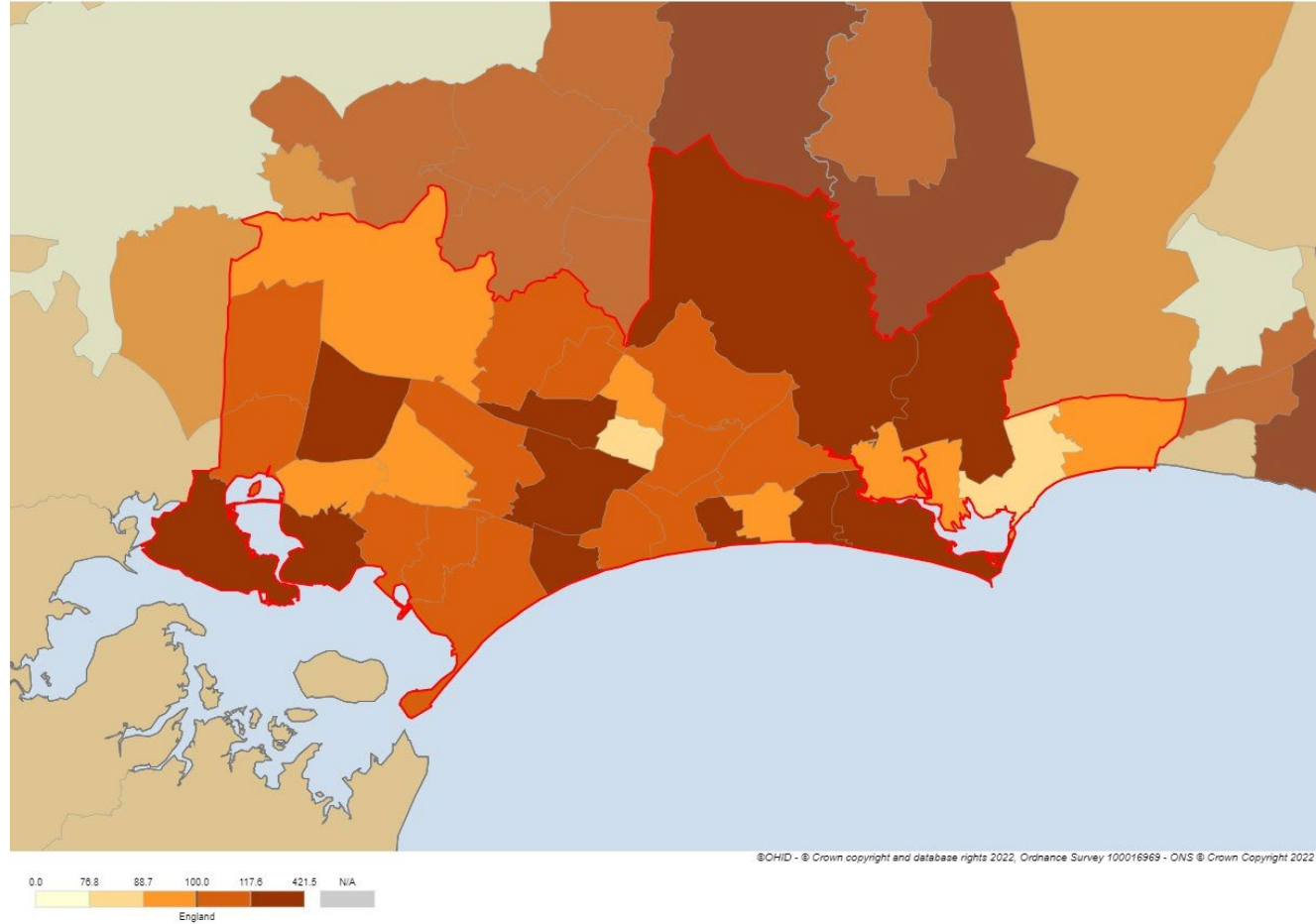
# Healthy Lives – Major health conditions

In BCP 7.2% of the patient population are **frail**, and just over 40,000 of these people are classed as 'mild' on the frailty index. These patients experience symptoms that limit activities but are not dependent on others for daily help or might need help with transportation or heavy housework. As frailty progresses, they will need more support in and outside the home, so may benefit from support to maintain their mobility. 61% of people with mild frailty have **3 or more long-term conditions** such as respiratory illness or hypertension. Having health conditions, multiple medications and frailty may increase risk of falls.

Hip fractures are a debilitating condition that can leave people with reduced mobility, chronic pain and at risk of depression. Nationally, only one in three sufferers ends up leaving their own home and moving to long-term care. BCP has one of the **highest rates of hip fractures** in the South West (578 per 100,000 aged 65+) and there is geographical variation as shown in the map.


In BCP, as of November 2023 almost 4,000 patients were on the **Dementia** register, 0.9% of Dorset patients. The population varies from 1.76% of the patients in our most deprived to 11.9% in our least deprived areas. This may be reflecting diagnosis rather than prevalence. It is estimated that 61% of over 65's who may have dementia have a recorded diagnosis – below the target of 66.7%.

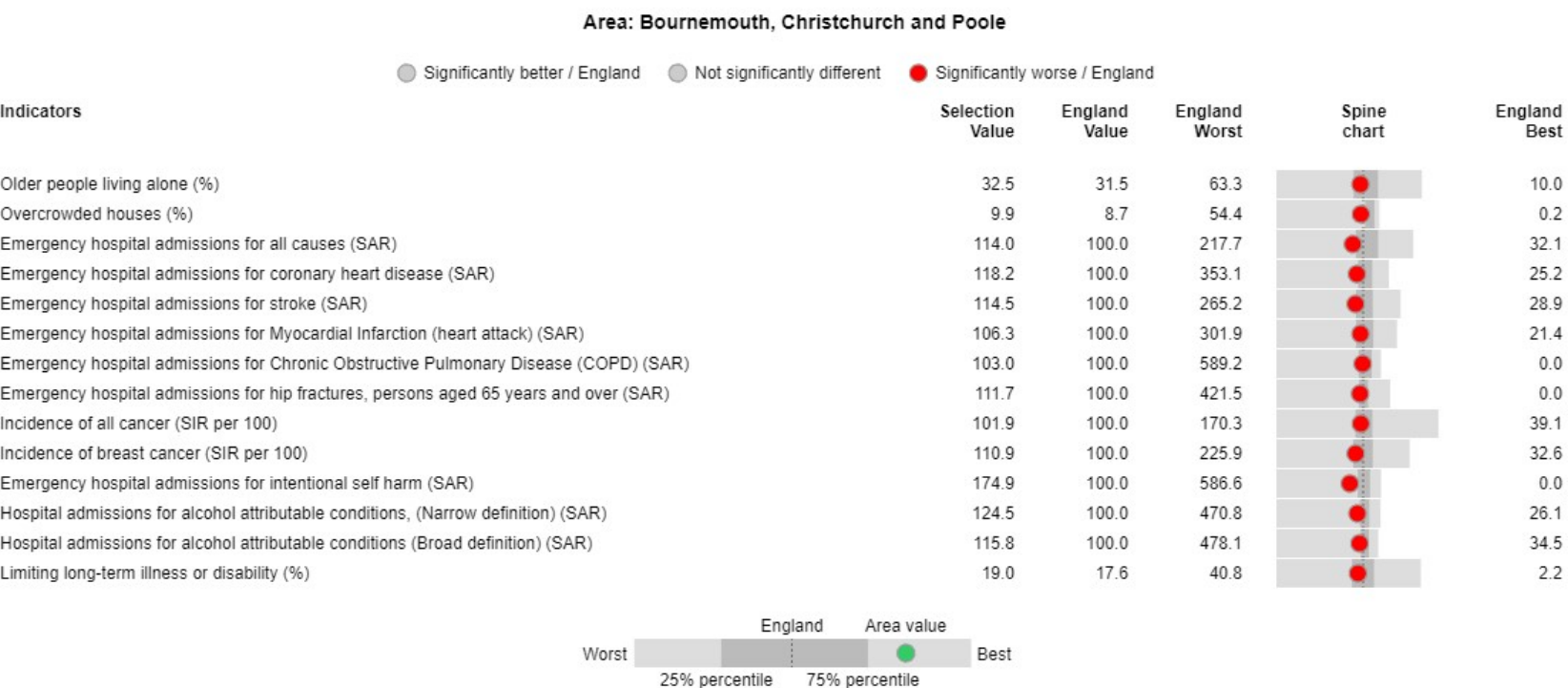
Emergency hospital admissions for hip fractures, persons aged 65 years and over (SAR) - Source: Hospital Episode Statistics (HES) NHS Digital





# Healthy Lives – Other Resources Available

- [Local Area Health Profile](#)
- [Local Health data for small areas](#)
- [Child Health Profiles \(phe.org.uk\)](#)
- [Children and Young People’s Public Health Services](#)
- [Health Watch – Young People’s views of mental health services](#)
-  [Active Lives Survey](#)
- [A Movement for movement – Physical Activity Strategy](#)
- [National Drug Treatment Monitoring Services](#)



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# Health and Care – Working Better Together

Whilst the appreciation for NHS services was evident from participants of the [100 conversations](#) project, there was concern that healthcare services are stretched and do not have the time or capacity to listen to patients' concerns.

People felt that services need to **work together** in an integrated approach, **communicate** between each other to discuss patients' needs and adopt a **multi-disciplinary approach**.

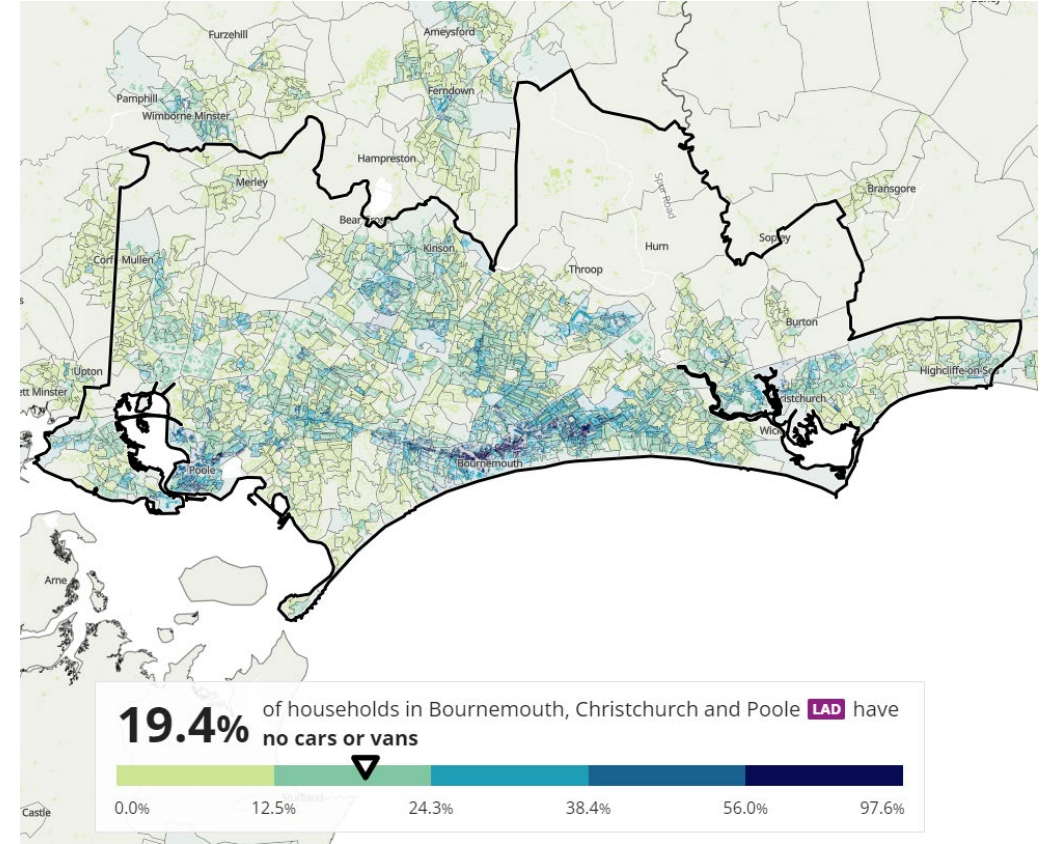
A need to improve **sharing of patient data** and medical records was also raised – sharing across multiple disciplines means that patients and carers would not have to repeat the same story.

The need for **local access to services** was a key theme throughout – those with limited access to transport and travel links are adversely impacted when having to travel further distances.

A number proposed that services and treatments could be in satellite hubs, community hospitals and through outreach clinics.

**Appointment times** should be person-centred and fit around the lives of patients. Similarly, issues can occur when multiple services do not **co-ordinate appointments**. We know from data that some of our population with health issues often have **multiple conditions** they are managing.

Office for National Statistics **census2021**



© Ordnance Survey | © OpenStreetMap

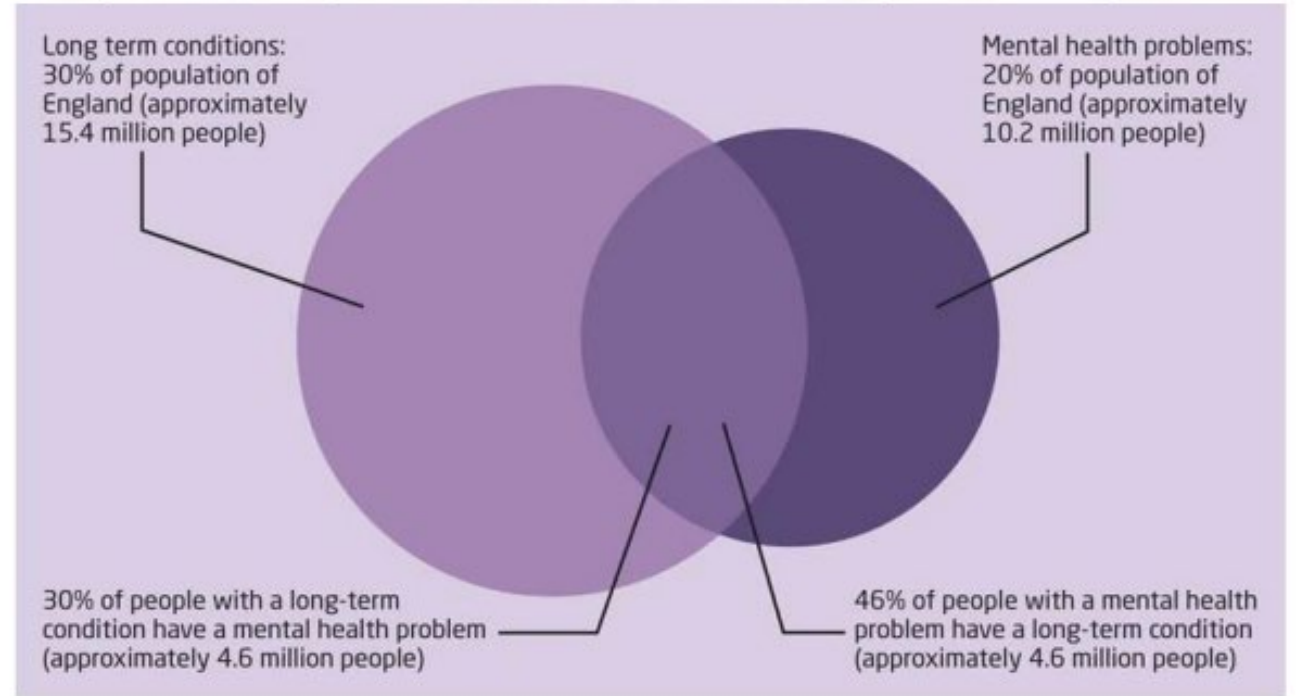


# Health and Care – Working Better Together

It is known that physical health issues can increase the risk of experiencing poor mental health, and vice versa. The Kings Fund report that around **30% of people with a long-term physical health condition also experience poor mental health**, for example depression or anxiety.

Having a mental health issue can also seriously exacerbate physical illness – affecting people's outcomes and cost to health and care services. People with **severe mental illness** also have higher rates of **physical illness and lower life expectancy**. It's estimated that the effect of poor mental health on physical illness costs the NHS at least £8 billion a year and medically unexplained physical symptoms (often having a basis in poor mental health).

Overlap between long-term conditions and mental health problems in England



Source: Naylor C, Parsonage M, McDaid D, Knapp M, Fossey M, Galea A (2012). Report. Long-term conditions and mental health. The cost of co-morbidities The King's Fund and Centre for Mental Health



# Health and Care – Future Focus

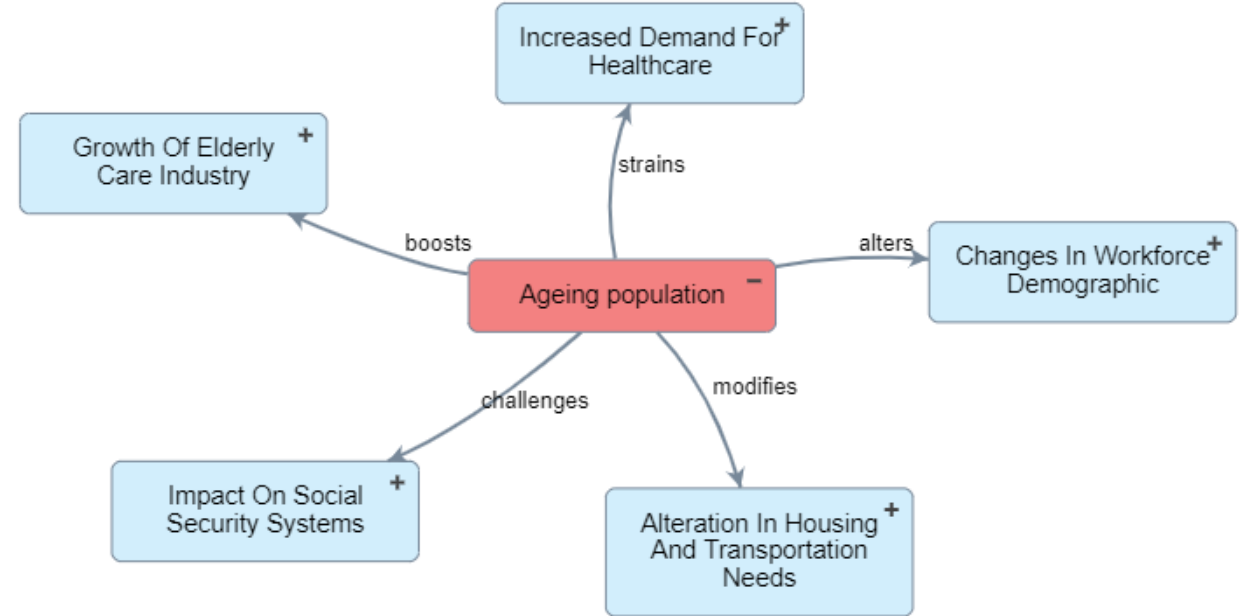
The 2023 Chief Medical Officer report focuses on **health in an ageing society**. This sets out some of the trends and health needs to consider for this population, including;

- **Maximise independence** and **minimising time spent in ill health** by reducing disease and adapting the environment
- Older people migrating away from cities who may not have **informal support networks** in their new home
- The importance of **primary and secondary prevention** to reduce co-morbidities and time spent in ill health
- Early identification of **frailty**
- **Rising mental health needs** in later life, and how these might present differently

In BCP our older population has grown by 12% over the last 10 years, currently **22% of residents are aged 65+**. This is predicted to continue to grow.

Other global and national trends to consider include

- the increasing adoption of, and demand for, **personalised care**
- the potential of **Artificial Intelligence**
- increasing **mental health** issues and **health inequalities**



# Health and Care – Other Resources

[Dorset Integrated Care Strategy – Working Better Together](#)

[NHS Dorset Joint Forward Plan](#)

[BCP Council Statistics](#)

[Director of Public Health Report 22/23](#)

[Children in Need and Care in BCP LGA Inform](#)

[LGA Inform Adult Social Care Reports](#)

[Dorset Health Protection Report 2022](#)

[Improving patient access to urgent and emergency care in Dorset](#)

[Chief Medical Officer Reports](#)

## ICP Strategy Outcomes



Joined-up health and wellbeing, consider mental and physical health



Invest in and involve informal care and support



Care closer to home



Children's health, and best start in life



Inequality, or 'fairness' in access, outcomes and experience



Social isolation, loneliness



Listen and involve people in solutions



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Report subject	<b>From strategy to action: next steps following the development session</b>
Meeting date	5 <sup>th</sup> February 2023
Status	Public report
Executive summary	To update the board on the output from the development session, held to consider next steps in updating the strategy. The over-riding message from board members was to focus more on practical actions to improve prevention and integration through the place-based partnership, with a light touch refresh of the HWB strategy. This paper proposes some areas for board members to consider, along with next steps for developing the partnership.
Recommendations	<p><b>It is RECOMMENDED that:</b></p> <ol style="list-style-type: none"> <li>1) Board members support the proposed approach to the strategy – i.e. light touch refresh with a clear focus on priorities for the place-based partnership workplan.</li> <li>2) Members discuss and agree the next steps in developing the Board's lead governance role in relation to the place-based partnership.</li> </ol>
Reason for recommendations	<p>Each Health and Wellbeing Board should produce a Health and Wellbeing Strategy. This should consider issues arising from the Joint Strategic Needs Assessment and priorities in other plans and strategies (e.g. BCP Council corporate strategy, Integrated Care Strategy).</p> <p>A development session was held in December 2023 to discuss approaches to refreshing the strategy. Members considered the draft findings of the JSNA, the council's corporate strategy, and the overarching aims of the integrated care system strategy, Working Better Together.</p>

	<p>Feedback from the session recognised the need for a focus on action, especially getting clarity on priority work programmes for the emerging place-based partnership. The existing strategy's themes were broad enough to serve as a framework. Members felt the emphasis should be on action through the place-based partnership rather than spending time refreshing the strategy.</p> <p>Members recognised their leadership role in supporting a strong place-based partnership. The Board would offer a lead governance role to the partnership, to enable delivery, championing early help and prevention.</p>
Portfolio Holder(s):	Councillor David Brown, Portfolio Holder Health and Wellbeing
Corporate Director	Jillian Kay, Corporate Director of Wellbeing
Contributors	Sam Crowe, Director of Public Health
Wards	All Wards
Classification	For Recommendation



## Background

1. Each Health and Wellbeing Board should produce a health and wellbeing strategy according to [updated guidance](#) published in 2022.
2. The [current strategy](#) was published by the Board in 2020 and covers the period to 2023. Progress under the strategy was limited due to the pandemic. It is now timely to consider refreshing the strategy. This is because there is a new BCP Council Corporate Strategy and delivery plans in development, and a [strategy](#) for the Integrated Care System.
3. BCP Council Health and Wellbeing Board met to consider approaches to refreshing the strategy at a development session in December 2023. This short paper summarises the output from that session, and includes recommendations for how work under a new strategy should be taken forwards.

## Insights and views from the development session

4. The development session considered evidence from the updated Joint Strategic Needs Assessment, the draft corporate vision for BCP Council, and the development of place-based working (partnership) under the integrated care system changes. A summary of the discussions is set out in Appendix A to this report. Some common themes emerged from the discussions:
  - Strong links between the themes in the current strategy, and other local plans and strategies
  - The need to work smarter and add value in a crowded space
  - Working upstream, promoting best start in life, and not getting drawn into responding to urgent pressures
  - Board has a chance to shape what kind of strategy we have in future – and focus on enabling action. This is where the Board wished to put energy – identifying opportunities for action, not spending time writing another strategy.
5. During discussions, the board recognized it had a lead governance role to enable delivery, through the place-based partnership. It would champion early help and prevention, and integration. To do this, there would need to be further work:
  - To develop specific targets and focus for the Board in its strategy refresh – drawing on existing plans and strategies;
  - Clarify reporting and responsibilities of the board – avoiding duplication with scrutiny for example;

- Establish how the Board would lead the place-based partnership in setting clear direction, expectations and hold the executive accountable for delivery.

### **Next steps in refreshing the strategy**

6. Based on the discussions from the development session, it is recommended that the Board keeps the broad themes from the 2020 – 2023 strategy:
  - Empowering communities – close link to Thriving communities priority in the integrated care strategy, and BCP Council Corporate Strategy
  - Supporting healthy lives – links to early help and prevention priority of the ICS strategy, and BCP Council Corporate Strategy
  - Support and challenge – links to the Working Better Together priority of the integrated care strategy and should consider how to promote integration.
7. Further work should be done to develop specific objectives and indicators under these broad priorities. Given the Board's ambition to lead the place-based partnership work – providing governance to enable action – these should be based on key programmes for the place-based partnership that will deliver the ambitions around prevention and integration. Programmes will also need to consider how they support the delivery plan for BCP Council's corporate strategy too.
8. Initial suggestions for programmes and transformation work that the place-based partnership should focus on include:
  - Development of family hubs, and other community assets including the proposed wellbeing hubs;
  - Integrated neighbourhood teams – including the proposed pilot in Boscombe. This should have a strong focus on working upstream, and strengths based approaches; it is recommended that this work also incorporates learning from the Poverty Truth Commission (especially task and finish groups on housing, and humanising the process).
  - Supporting adults to live well and independently through the Better Care Fund (including the adult social care prevention strategy, transformation and integrated intermediate care strategy)
  - Community mental health transformation – including services for children and young people

- Going smoke-free by 2030 – to accelerate smoking cessation and develop community champions to support initiatives like Swap to Stop (vaping starter kits).
- Cost of living, poverty and housing – this was raised by Members as an important issue affecting all communities currently. Place-based working should consider working closely with Poverty Truth Commission members on issues like including people with living experience, housing and ensuring people centred focus.

### **Next steps in developing place-based working**

9. The Health and Wellbeing Board should continue to work on how it will add value as a board, with a focus on governance to enable action through the partnership. This should recognise the alignment with BCP Council Cabinet and the developing delivery plans for the Corporate Strategy.
10. Work is underway to form an executive for the place-based partnership – drawn from senior officers from BCP Council and health partners. As this team comes together they will consider:
  - What functions will be needed at place-level to support this work
  - How quickly an outline programme can be agreed, for the Board to work with in developing some clear deliverables
  - How wider partners and stakeholders will link with the partnership
  - Reporting lines, and accountability, avoiding duplication where possible.

### **Summary of financial implications**

11. There are no financial implications to note

### **Summary of legal implications**

12. Each Health and Wellbeing Board should produce a Health and Wellbeing Strategy under the Health and Social Care Act 2022.

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

13. There are no human resources implications to note.

### **Summary of environmental impact**

14. There are no environmental implications to note.

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

15. The strategy is a chance to highlight the board's role in championing prevention and integration, with a focus on delivery of key programmes in the place-based partnership. These should clearly show how outcomes for population health will be improved through the planned changes.

### **Summary of equality implications**

16. The JSNA which is used to develop the strategy includes consideration of variation of needs and health outcomes within the local community, such as by deprivation, demographics or specific vulnerable populations.

### **Summary of risk assessment**

17. HAVING CONSIDERED: the risks associated with this decision; the level of risk has been identified as:

Current Risk: LOW

Residual Risk: LOW

### **Background papers**

Appendix One: Summary of Development Session, December 2023

# BCP's Health and Wellbeing Board Development Session – 18 December 2023

The following are the notes taken from the development session.

## Group One Ambitions and Priorities:

### Children and Young People:

- Opportunity to focus on prevention and early help - our future adults.
- Issues such as Obesity oral health etc get set in childhood.
- Understanding how we end up with health related problems? Best start in life.
- How do we hear young person's voice? **What do children & YP describe their place as?** For example what is it like for Bournemouth students who have moved into the area?
- How can we make sure that data / voice feeds strategy? Overlaying data.
- Understanding what works for different communities - learn from previous programmes.
- Family Hubs can be an opportunity for us to come together. BCP workstream to look at community hubs also an opportunity.

### "Supporting and challenging" – does the strategy provide opportunity for check and balance on how we work together?

- BCP strategy and ICP strategy provides a strong steer.
- Opportunity to take more targeted approaches and measure the impact with some of the tools and developments available to us e.g. DiiS

### Having a 'place focus' to resources

- How do we work as a system to support, strengthen, grow our own, - can we work smarter and enable our capacity to be greater?
- Neighbourhood teams - building blocks? Who is around? Are most at risk families being visited quickly? Using local capacity and resources.
- Recognising the differences between the two places - and how we allocate health resource - what do we do at a neighbourhood level vs at a place / system level.
- **Non-statutory assets** - wellbeing hubs. Community spaces for people to work together.

### Challenge r.e. our ambitions and priorities - Are we adding priorities to our own list or is it an opportunity to draw from other visions and strategies and focus on how we work together.

- Focus on how we work together, as a system. Is our focus on how the system works together - on top of the BCP vision, 5 pillars etc.

## Group One - Working with Place

Support for the role – will need to define the opportunities for the board to make a difference, focus on a lead governance role to enable delivery, championing early help and prevention.

Strategy - Need to have one, but the board can shape what kind of strategy it is.

- What programmes could the health and wellbeing board help to develop and move forward?

- How do we discuss problems, put resources together – could we delegate to place? H&WB would want some assurance that delegation is being delivered. Executive group sitting below H&WB in place structure, that has an accountability to the Health and Wellbeing Board.
- **Championing early help and prevention.** Scope of place is broad, so need high level to check and balance working together.
- **Do we have maturity as a board** to deliver on that strategic role?
- **Clarity on reporting to / responsibilities of the board - TOR and avoiding duplication with scrutiny processes.**

## Workshop conversation group 2

We began with a **recap on where we got to with the last strategy**; the three priorities being empowering communities, promoting healthier lives and support and challenge. Colleagues reflected on the **need for clearer targets / outcomes in the next strategy**. How do we make the strategy 'real'?

We discussed the **links to other local strategies** in what we recognised is a crowded space – ICB 5 pillars, ICP Strategy etc.

What would add value at the moment, and how could we do it?

Colleagues noted the lack of resources in the system and recognised the **need to 'work smarter'**. The impacts of Right Care, Right Place were noted and how this potentially cut across aspirations for more joined up working.

**Upstreaming interventions was held to be key** to keep people healthier in their communities, and out of hospital.

We came back to the previous strategy and questioned what we have achieved in the last 3 years. Colleagues wished to understand more fully **what the data tells us** about needs and progress being made to tackle them. An emphasis was placed on mapping what is in place at present. Do we do enough by way of 'mapping' patient (young people's) journeys? Do we do this through service provider eyes or put ourselves in the shoes of the public?

**The impact of cost of living (CoL) on the public is enormous** and often pushes other concerns down the priority list.

Do we understand patient / public perspectives on why they present at A&E rather than accessing other parts of the system?

Do we measure what really counts? Could we begin **measuring the value of relationships / public trust** in services?

Colleagues value highly public engagement and would like to see front line staff experiences being similarly valued.

And what about the challenge of delivery? We can reduce this by changing how we work. We tend to 'fix' problems we don't fully understand; embracing empowerment as part of 'discovery' and then working with the public to design solutions may take time (and require us to trust the public) but there is evidence that the results are stronger.

We came back to the question of the **clarity of the role of the H&WB Board**. How does the Board relate to PBPs? **The function and form of the H&WB Board needs further work.**

Who leading in forming PBPs? We understood this to be the Local Authority, So what does it mean to the Council?

Is there anything the H&WB Board could stop doing?

We came back at the end to:

- Pressure points for the system (C&YP, Mental Health, CoL and fractured neck of femur)
- The three priorities from the previous strategy are still valid and we need to get better at what we do under these priorities and how we measure impact.

## Plenary session headlines

- Essence of discussions -- 'Governance to enable delivery'.
- Consider interlap and connection with Cabinet.
- Understand demarcation from scrutiny processes. Opportunity for H&WB to be something different from assurance/scrutiny role - are the right plans in place to respond to future pressure points, remembering the H&WB unique focus of prevention and integration. Could be asking questions in this specific space.
- Thinking about the need for upstream interventions to keep people well - investment and not being drawn into firefighting system pressure points.

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## Development of Integrated Neighbourhood Teams / Working

### Why Integrated Neighbourhood Teams / Working?

- A shared strategic priority to make a fundamental shift in the model of care delivered in the Community, building on from the Clinical Services Review outcomes and recommendations.
- The belief that if we are to address the significant challenges across the system (General Practice sustainability and wider system pressures across health and care that are directly impacting on individuals and their families) reflected in system delivery – quality, performance and money, this model and way of working will make a measurable difference.
- We see this approach as key to improving population health and wellbeing outcomes and achieving our shared strategic priorities as a system.

### Working with NAPC to bring this to life:

- The National Association of Primary Care (NAPC) was jointly commissioned by Dorset HealthCare, Dorset GP Alliance and NHS Dorset to support the delivery of this ambition.
- We asked NAPC to help develop an Integrated Community and Neighbourhood Care Framework that starts to build consensus across the system on what the future model might look like and to recommend the work needed to get us there.

### What the Framework recommends:

Based on an extensive engagement exercise (recognising an unequal weighting towards health colleagues) and following two workshops with multiple partners in August, NAPC pulled together a Development Framework for the ICS. The Framework confirms the agreed vision and ambition for this work and sets out the key elements of the model:

1. *Building integrated teams around the natural communities of Dorset*
2. *Building the right leadership environment*
3. *Developing flourishing autonomous teams*
4. *Developing/bringing together the skills, roles, capabilities needed*
5. *Tackling inequalities and focus on outcome measures*
6. *Building a continuous learning and improving environment, supported by data.*

### 2.2 How will we take this forward?

The Framework has received widespread positive endorsement from system partners and there is clear commitment to moving this work forward and as quickly as feasible.

To date a small system senior leadership group across Local Authority, General Practice and Health has formed to scope the programme. We have agreed that this

group should be expanded to include other key partners, such as University Hospitals Dorset, the Voluntary and Community Assembly and potentially Healthwatch.

**We need to commit to making this change happen:**

- Senior leads are essential in key roles – the ability to problem solve and direct resources are key skills needed, as are influencing and persuading others.
- A full-time dedicated core team is vital to help drive changes and to act as a team of relationship managers for each emergent Integrated Neighbourhood and Team; these roles will be vital in corralling the necessary resources and/or problem-solving expertise.
- Subject matter experts need to be part of/partner with the core team.
- There needs to be a focus on realising benefits as quickly as possible – each lead and team needs to have some of their focus on extracting and sharing case studies, quick wins and important developments.

To support this, the following principles have been approved by the System Executive Team to help design and secure this resource:

- a) **Sustainability:** This is a long-term programme of change, requiring continuity of knowledge and evolution from design to live operation. A key point is the need to develop and build capacity within the system – it is important to ensure that those who will run it also help to create it.
- b) **Flexibility:** Access to different skill sets will be important at different points in development and implementation.
- c) **Expertise:** This is a highly complex and technical transformation that will require a range of specialist input.
- d) **Working together:** This is system-wide change and will need workforce, VCS, population and our provider & commissioner perspectives.
- e) **Learning together:** This has not been done before at such large scale in the NHS, so the delivery team will need to learn and adapt together.

**2.3 What we need to consider in our planning:**

- The journey towards the implementation of Integrated & Neighbourhood Community Teams is going to be challenging – we are breaking new ground with only limited experience in the UK to draw upon.
- It is essential therefore that as a system we commit to a fully joined up and pragmatic approach to problem solving throughout the life of the programme – this is needed to ensure we grow and develop together and that we have shared ownership of the outcomes.

- As with any complex change programme there are several strands of work that need to be carried out simultaneously and in a sequential and incremental order (the 'critical path') to enable the full achievement of programme objectives.
- Based on the Framework recommendations, the programme will need to establish workstreams, (at a place and/or system level) that takes into account each of the following key areas:

#### **Engagement, Co-design & Build**

1. *Building teams around the natural communities of Dorset.*
2. *Developing/bringing together the skills, roles, capabilities needed.*
3. *Building the model based on core standard with local flexibilities.*

#### **Leadership and culture**

1. *Building the right leadership environment.*
2. *Developing flourishing autonomous teams.*

#### **Impact and continuous Improvement**

1. *Tackling inequalities and focus on outcome measures.*
2. *Building a continuous learning & improving environment, supported by data.*

Whilst we are still at the scoping stage for this programme, we have already begun to develop our approach to the development of integrated neighbourhoods and communities with a project in Portland that began last year. We have also begun the conversation including through the BCP Council Health and Wellbeing Board about how we move forward equally in the BCP Place. .

As part of developing our programme scope, we recognise the need to clearly define what we mean by 'Neighbourhood', using the Council Ward footprint as a starting point and then mapping both practices and Primary Care Networks, taking into account the need for local versus economies of scale.

**Author's name and title: Kate Calvert Acting Chief Commissioning Officer**

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# ASC Performance Data and Quality Improvement Overview – OSC Data Working Group

121

25 February 2024

# Presentation overview

1. What do we mean by data?
2. What data do we collect and use? Quantitative
3. What data do we collect and use? Qualitative
4. ASC approach to using data
5. Quality Improvement Framework
6. Data strengths and limitations
7. Ambitions and plans

# What do we mean by 'data'

Data or intelligence is the **quantitative and qualitative** information we gather from systems and people, so we can understand outcomes for people and ensure the service we deliver are the right ones.

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In order to be meaningful and useful, data and intelligence needs to be **timely and measurable**

# What data do we collect and use?

## Quantitative performance data

### Published data –

- **LGA Inform** – [Explore data | LG Inform \(local.gov.uk\)](https://local.gov.uk/explore-data)
- **ASCOFs** – Adult Social Care Outcomes Framework [Measures from the Adult Social Care Outcomes Framework - NHS Digital](https://www.nhs.uk/what-we-do/our-services/adult-social-care-outcomes-framework/)
- 124 • Some **SALT** – Short and Long Term NHS Digital return [Short and Long Term \(SALT\) Data Return 2021-22 guidance - NHS Digital](https://www.nhs.uk/what-we-do/our-services/short-and-long-term-data-return/)

### Internal officer data -

- A Core Data Set has been identified to ensure senior managers have visibility of activity, performance and risk, which is provided through an interactive PowerBi Dashboard.
- It comprises of 120 individual performance measures across 13 themes
- The full data set is monitored by Performance and Quality Improvement SMT and reported by exception into the Executive Board.



# What data do we collect and use?

## Qualitative data and intelligence

### Published data –

- NHS Digital Annual Service Users survey [Adult Social Care User Survey \(ASCS\) 2022-23 guidance and materials for councils - NHS Digital](#)
- NHS Digital Biannual Carers Survey [Personal Social Services Survey of Adult Carers in England, 2021-22 - NHS Digital](#)
- Statutory complaints details [BCP Council ASC Annual Complaints report](#)
- Local Government and Social Care Ombudsman reports

### Internal officer data –

- Feedback from all stakeholders and staff through a number of different Quality Assurance mechanisms
- Audits and Practice Learning reviews
- Compliments, Stories of Difference and Our Journeys
- Bespoke team level surveys
- Safeguarding and serious incident reviews

# ASC approach to using data

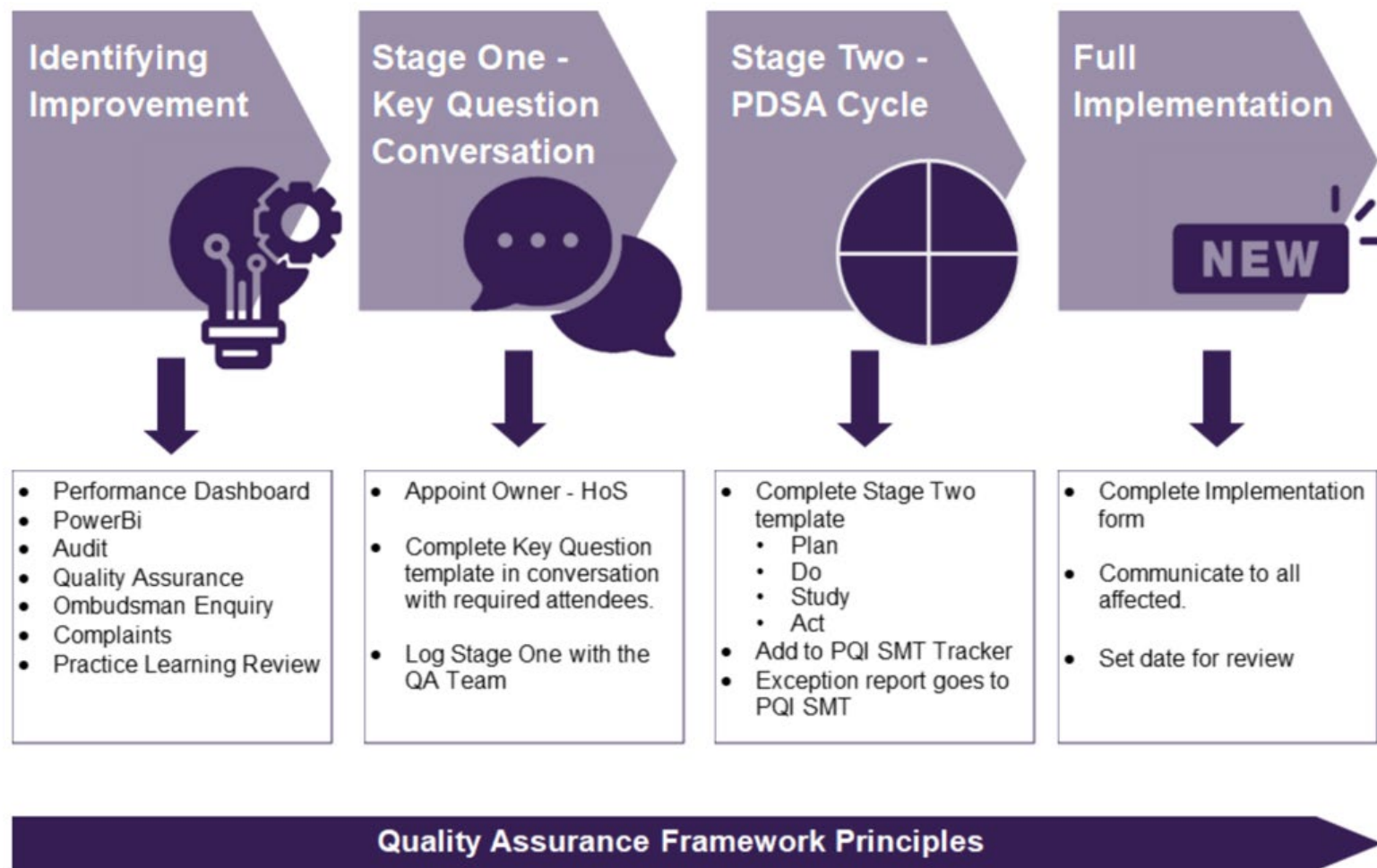
ASC uses a range of **performance data and quality assurance intelligence**, to make evidence-based decisions on service delivery and improvement.

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We ensure clear governance and accountability through –

- The ASC Quality Improvement framework
- Performance and Quality Improvement Board (PQIB)
- Executive Performance and Quality Improvement Board (EPQIB)

# ASC Quality Improvement Framework process -



# Strengths and Limitations of data

## Strengths –

- Allows us to understand outcomes and how we are performing
- Ensures we make evidence based decisions
- Enables us to bench mark
- Assists with planning for demand and budgeting

## 128 Limitations –

- Some data is sensitive and confidential
- Data accuracy - data is only as good as we put in
- We need ask what we want to know
- Data is not useful without targets, target setting needs to be done with care
- Data needs to be timely
- There are challenges when benchmarking as recording and collections can be different
- Difference between data for operations and data for improvement
- Data doesn't explain the context

# Ambitions and plans

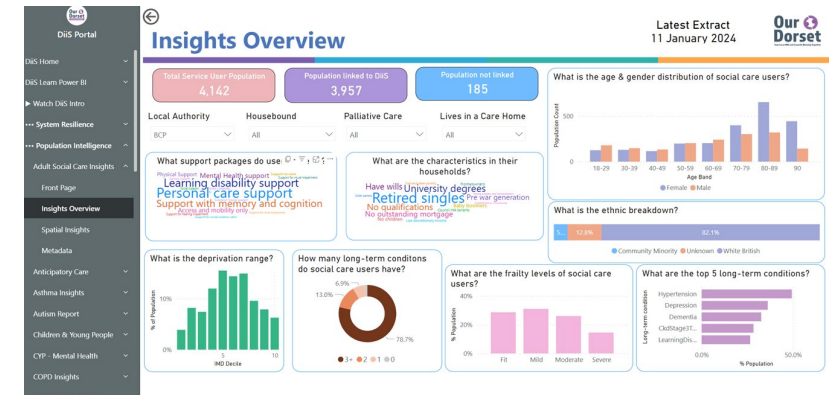
## Next steps for ASC data –

Closer working across the ICB / Diis

Reviewing the Core Data Set

Developing richer data for EDI

Brining data across other directorates such as Communities and HR



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## Data Working Group notes – 25 January 2024

In attendance:

Cllr Patrick Canavan (Lead Member), Cllr Joe Salmon, Cllr Stephen Bartlett, Jillian Kay (JK), Sam Crowe (SC), Roger Jones (RJ), Nicky Mitchell (NM), Lindsay Marshall (LM) and Louise Smith (LS)

Notes and actions detailed as follows:

- SC shared the slide which had been previously circulated to advise the group of the level of data available and the levels that would be appropriate to be considered by the group. Links in the presentation can be accessed to consider data. **ACTION by working group members.**
- LM advised that considering the key lines of enquiry and understanding b) would be a useful exercise at this meeting.
- The group discussed the Dorset intelligence and insight Service (DiiS) dashboard and who could have access to that data. SC to take away to see if Committee members could gain access. **ACTION (SC)**
- It was noted that that ASC had provided some data to DiiS who had formulated a dashboard for BCP to pilot.
- NM shared a powerpoint presentation (copy attached)
- Following the presentation the group discussed how data was collected differently by authorities and agencies which made it hard to draw comparisons.
- Cllr Salmon advised he would expect the following to be provided with reports to scrutiny:
  1. historical trends
  2. regional and national comparisons
  3. costings and budget implications
  4. Limitations of any data provided (added by Jillian)
  5. Demographic comparisons
- The need for context and comparators was highlighted to enable effective scrutiny and recommendations and the challenges were detailed.
- It was highlighted as an aspiration of the Performance Executive Board which was chaired by the Chief Executive, to align finances to performance data and the benefits of this were detailed. How it worked at the moment was by identifying the questions that were key and then working across the finance and performance teams to try and give us the best picture to work with.
- It was noted that there were still variations within BCP regarding systems used due to the joining of the three authorities which also presented difficulties.
- The group was advised the best way to scrutinise data effectively would be to have a strong framework and focused questions to work from.

- In response to an aspiration from the Chair about forward thinking regarding items coming on the forward plan and how to ensure the relevant information was supplied to the Committee, LM advised of the gift of the Committee to consider items coming forward and to think about what key lines of enquiry it wanted to focus on when at Committee and ensuring Officers were clear about what was being asked of them to be included in the report. LM advised this could be explored further. **ACTION.**
- JK highlighted JS providing questions to officers regarding reports prior to meetings to enable an opportunity for them to ensure they had the information to hand was good practice.
- The group discussed the performance and quality improvement board, its purpose and how it considered operational data and the challenge would be what would be considered by O&S so that it wasn't swamped with data and could focus scrutiny
- The patient journey and feedback through qualitative data was highlighted as a very important source of data information as the quantitative data could show that the service was going in the right direction in a certain area but the patient journey could tell a different story.
- The Director of Public Health advised that at the next meeting of the group he could share some of the dashboards which are monitored in his service.  
**ACTION – SC.**
- It was highlighted that asking good focused questions such as why did BCP have higher levels of older people falling and fracturing their hips compared to Dorset and what type of questions and data could be considered when scrutinising that
- The difference between horizon scanning and deep diving into a specific issue was discussed
- The working group was advised of the work BCP had been undertaking with DiiS regarding dashboards which would provide indicators and the next piece of work bringing their data scientists together with ours to start using a programming language called Python to look at predictive analytics to that, which would show patterns and trends within the data.
- The working group discussed formulating a proforma which would be provided to officers regarding what the Committee would like to see as part of any scrutiny item report. **ACTION for dem services.**
- LM highlighted the key lines of enquiry and what data was available, what scrutiny needed to fulfil its role and was there a gap between the two and suggested that the members of the working group look through the data from the links provided and consider what might be useful for the Committee to consider. **ACTION for members of the Working Group.**
- LM highlighted that whilst the Committee could have access to the data all year round, it could be considered once a year as part of a forward planning session to consider some focused items to scrutinise
- SC highlighted the importance of national reports provided by organisations like the Health Foundation which provided good benchmarked data on the performance of health and care systems.



- Another example given was a Care Quality Commission report called Beyond Barriers which showed more nurses were being employed within acute services as opposed to community care however all local plans and strategies were focusing on providing care closer to home.
- SC advised he would pull together some information on organisations which provided national reports and provide it to the working group. **ACTION (SC)**

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## Dorset Community Pharmacy

January 2024

# Provision of Community Pharmacy

- Like GPs, **Community Pharmacists are independent contractors**, but they are also part of the NHS family. Every day about 1.6 million people visit a pharmacy in England;
- Community pharmacies are situated in high street locations, in neighbourhood centres, in supermarkets and in the heart of the most deprived communities. **Some are open long hours when other health care professionals are unavailable.** There are several different types and sizes of community pharmacies, ranging from the large chains with shops on every High Street or in edge of town supermarkets, to small individually owned pharmacies in small communities, in the suburbs and often in deprived areas or rural settings;
- The **traditional role of the Community Pharmacist as the healthcare professional who dispenses prescriptions written by doctors has changed.** In recent years Community Pharmacists have been **developing clinical services** i.e. undertaking **minor illness referrals** from GP Practices and NHS111, partaking in the **Covid and flu vaccination** programmes, in addition to the traditional dispensing role to allow better integration and team working with the rest of the NHS.

# Community Pharmacy – Types and Hours

## Types of pharmacy

- 40 hours Community Pharmacy;
- 100 hours Community Pharmacy (not now an option to enter the market);
- Distance Selling Pharmacy.

## Hours of provision

137

- 40 hrs (100hrs) are Core Hours: **only changed by NHSE consent, but decisions can be appealed;**
- 100 hrs contractors are able to reduce to 72 hours – **giving 5 weeks' notice;**
- Supplementary Hours: pharmacy can change - **giving 5 weeks' notice;**
- **Not required to open on Bank Holiday:** cover from voluntary opening and commissioned rotas.

# Community Pharmacy – Services

## Community Pharmacy Contractual Framework (CPCF)

The Community Pharmacy Contractual Framework (CPCF) is made up of three different service types; essential services and clinical governance, advanced service and locally commissioned services.

### Essential Services (required)

- **Dispensing:** provision of medicines and appliances, giving advice to patients on use. This includes electronic repeat dispensing, which reduces practice workload;
- **Discharge Medicines Service:** support patients with changes to medicines following a hospital stay and reduces risk of readmission;
- **Disposal of Unwanted Medicines:** receive and safely dispose of unwanted medicines, supported by the clinical waste service;
- **Healthy Living Pharmacies:** pro-active support to patients, promoting behaviour change and improving health and wellbeing, supporting reduction in health inequalities;
- **Public Health Campaigns:** participate in six nationally defined health campaigns – display/distribute leaflets i.e. ‘help us to help you’.

# Community Pharmacy – Advanced Services

## Advanced Services (nationally offered, optional provision)

- **Community Pharmacist Consultation Service (CPCS):** 111 / GP / UEC to the pharmacist for minor illness or an urgent supply of repeat medication. National GP-CPCS Pilot. Highest volume from 111;
- **Pharmacy First:** commencing on 31/1/24. This will replace CPCS– 3 key elements – referral for urgent medicine supply, referral for minor illness and clinical pathway consultations for seven clinical conditions. Referral can be made from 111, IUC CAS, 999, GP Practice and UTC. For the clinical pathways consultations only, patients are able to access the service by attending or contacting the pharmacy without need for a referral;
- **Flu:** 18 yrs and over at risk, as defined in the Green Book, offering extended hours and flexibility of access;
- **Pharmacy Contraception Service:** Initiation and on-going management of oral contraception;
- **Hypertension Case Finding Service:** 1st stage identifies over 40 yrs at risk and offering a blood pressure measurement. Stage 2 offered 24 hr ambulatory blood pressure monitoring, where clinical indicated. Results are sent to the patient's Practice;
- **New Medicines Service:** support people with long-term conditions to use new medicines effectively and enable self-management;
- **Smoking Cessation Service:** referred on hospital discharge for smoking cessation advice and support;
- **Covid-19 Lateral Flow Device (LFD):** enable eligible patients who have risk factors for progression to severe Covid-19 to obtain LFD test kits from participating pharmacies.

## National Enhanced Services

- **Covid-19 Vaccination Service:** provision of Covid-19 vaccination alongside Vaccination Centres and PCNs.

## Locally Commissioned Services (optional sign up)



- **NHS Dorset:** Palliative Care Drug Service hold an agreed stock of End-of-Life (EOL) medicines;
- Public health in Dorset commission sexual health services, needle and syringe exchange services, smoking cessation services, supervised methadone consumption from selected pharmacies.



# Community Pharmacy – Services

## Community Pharmacy Contractual Framework (CPCF)

### Community Pharmacy Quality Scheme

- **Year 5 Scheme 2023/24**

- Launch 1 June 2023;
- One gateway criterion New Medicines Service (NMS):
  - Minimum of 15 New Medicines Service between 1/4/23 – 31/12/23
- Three domains:
  1. **Medicines Safety & Optimisation:** re-audit and implement learning on reducing harm from anticoagulants / palliative and EOL Care as per year 4.
  2. **Respiratory** – as per year 4.
  3. **Prevention** – as per year 3&4, plus advice on safe disposal of unwanted.
- Annual funding of £45 million to support national health priorities;
- Maximum points available to each provider increase with the volume of items dispensed;
- Minimum Value per point of £68.75 and maximum of £137.50;
- Aspiration payment can be claimed in September: max of 70%, at minimum value.

# Community Pharmacy Assurance Framework (CPAF)

CPAF is a national toolkit to **assess compliance and quality against the community pharmacy contract**. The process is detailed below:

- Commenced in 2015;
- 3 Levels, with Level 3 demonstrating exemplary practice;
- 2 stages:
  - Part 1 – 10 questions, completed by all providers;
  - Part 2 – Full Survey 207 Question, targeted at specific pharmacies, using a national criteria;
- Responses to Part 2, using the national criteria, inform which pharmacies are chosen to be visited;
- Virtual and In-person visits undertaken which are based on risk;
- Actions plan developed and monitored;
- Themes and learning fed-back to all pharmacies.

# Community Pharmacy – Market Entry

- **Pharmaceutical Needs** Assessment: **Local Authority** led;
- **Pharmaceutical Services Regulations Committee (PSRC)**
  - Current or Future Need;
  - Unforeseen Benefit;
  - Relocation with No Significant Change;
  - Consolidation;
  - Distance Selling;
  - Rurality Review;
  - Dispensing Practice;
- NHS Resolution: **appeals process**;
- Full regulations can be found [here](#).

# Pharmacy Integration Fund (PhIF)

The Pharmacy Integration Fund (PhIF) was established to **accelerate the integration** of:

- Pharmacy professionals across health and care systems to **deliver medicines optimisation** for **patients** as part of an **integrated system**;
- **Clinical pharmacy services** into Primary Care Networks building on the NHS Five Year Forward View and NHS Long Term Plan;
- 144 • Supporting “out of hospital care” to **dissolve the historic divide between primary and community** health services;
- Redesign and **reduce pressure on emergency hospital services**;
- Deliver **more personalised care** when it is needed to enable people to get more control over their own health;
- **Digitally enable** primary and outpatient care to go mainstream across the NHS.

*The continued work of the pharmacy integration programme needs to build on what has already been delivered and support these priorities ensuring the continued development of the evidence base that informs future commissioning in line with these priorities for transformation.*

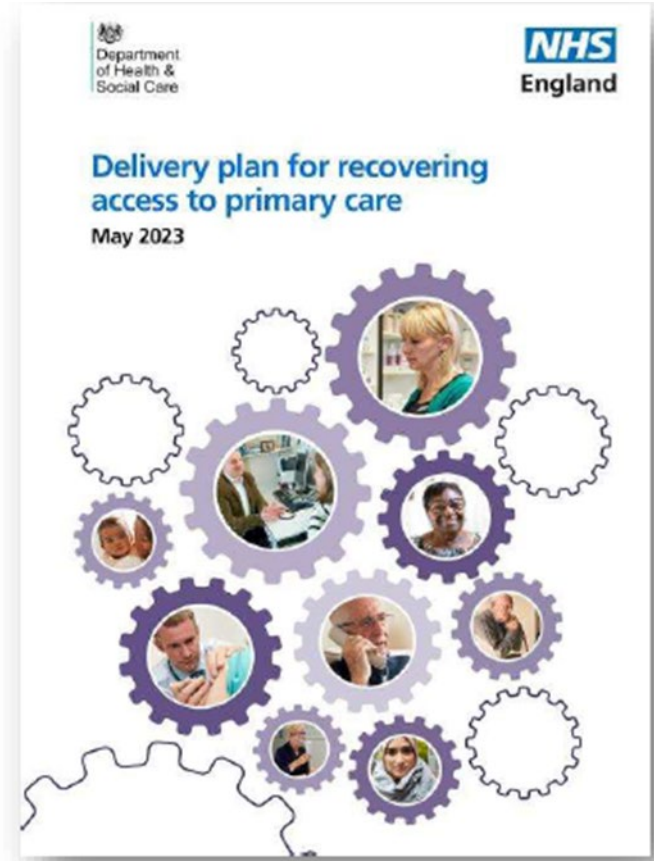
# Pharmacy Integration Fund pilots across the South-West

- **New Medicine Depression Pilot (Devon)**
  - The aim of this pilot is to test the value of including depression as a therapeutic area for the New Medicines Service and provide the opportunity to enhance and augment care for patients newly prescribed antidepressants.
- **Cancer Diagnosis (Cornwall)**
  - The aim of this pilot is to support Community Pharmacy teams proactively identifying possible cancers in people who have not yet recognised that their symptoms might add up to an early flag for an undetected cancer. Pilots will be run in volunteer Cancer Alliances with their local pharmacies to collect evidence to see if this is an effective way to directly support cancers being identified at an earlier stage.

# Expanding Community Pharmacy Services

Community Pharmacy has been seen as an **essential part of primary care** offering patients easy access to health services in the heart of their communities. As **over 80% of patients live within a 20-minute walk of their pharmacy** who give expert clinical advice.

Building on the success of the existing services outlined in the CPCF delivered by Community Pharmacy - this plan wants to **expand the range of services** offered making **better use of the clinical skills** in community pharmacy, making them the **first port of call** for patients for many **minor illnesses**.



# What does this mean for Community Pharmacy?

- **Common Conditions** - Pharmacists to **supply Prescription Only Medicines (POMs)** including **antibiotics and antivirals** where clinically appropriate, treating **seven common health conditions** – without the need for the patient to visit the GP;
  - The national service will cover:
    - Uncomplicated UTIs;
    - Shingles;
    - Impetigo;
    - Infected Insect Bites;
    - Sinusitis;
    - Sore Throat;
    - Acute Otitis Media;
- **Hypertension Case Finding Service** - Further funding for Community Pharmacies to support the ongoing monitoring in partnership with GP Surgeries has been agreed;
- **Oral Contraception Service** - Further funding for Community Pharmacies to support the ongoing monitoring in partnership with GP Surgeries has been agreed.

# What does this mean for Community Pharmacy?

- **IT System Connectivity** - work with **community pharmacy suppliers and General Practice IT suppliers** to develop and deliver **interoperable digital solutions**;
- Greater Flexibility:
  - VAT relief on medication supplied through PGD and on medical services provided by the wider pharmacy team;
  - Subject to consultation / further work:
    - Enable better use of skill mix;
    - Pharmacy technicians to work under PGD;
    - Greater flexibility to dispense medicines in their original packs and increase Hub & Spoke models.;
    - Move more medicines from Prescription Only Medication (POM) to 'available in a pharmacy'.



# Primary Care Networks (PCNs)

- Funding supported for a Community Pharmacist lead for each PCN area;
- **Working collaboratively** and building **trusted relationships** between **Community Pharmacy and PCN teams**, to **support** future **delivery** of current and future commissioned **pharmacy services**;
- **Improve communication** and **collaboration** between PCNs, GP Practices, and Community Pharmacies.

# IP Pathfinder Programme

**Strategic aim:** Establish a framework for the future commissioning of NHS community pharmacy clinical services incorporating independent prescribing for patients in primary care.

## Objectives:

- To establish Pathfinder sites to test the delivery of IP across all NHSE regions aligning with the ICB Fuller Demonstrators;
- To **identify the optimum processes including governance, reimbursement and IT requirements** required to enable independent prescribing in community pharmacy;
- To inform the **development of professional and clinical service standards** that support assurance of IP activities in the context of NHS community pharmacy services;
- To inform the **professional development** needs of community pharmacists and wider **workforce strategy** for pharmacy professionals in primary care;
- To inform the **post 2019-2024 community pharmacy contractual framework strategy** ;
- To inform the **ICB delegation responsibilities** necessary to support national and local commission of clinical services;
- To undertake appropriate local and national **quantitative and qualitative evaluation / research**, including patient experience and the experience of community pharmacy, general practice, community services and secondary care teams.
- Dorset will have **four sites**, and the model will be prescribing for minor illness (CPCS+)

# Current provision in Dorset

Dorset Pharmacy Contractors	Number of Contractors January 2024
Total Community Pharmacies	145
Total 40 Hour Contracts	133
Total 100 Hour Contracts	12

# Market entry activity for Dorset – from April 2023

- Change of ownerships – 3;
- Relocations – 1;
- Distance Selling Provider – 1;
- Boots closures as at 03/01/2024:
  - Moordown, Bournemouth – closing 26/01/2024;
  - Fortuneswell, Portland – closing 17/02/2024;
  - Beaufort Road, Bournemouth – closing 15/03/2024;
- Lloyds Sainsburys closures:
  - Bournemouth – closed 22/04/2023;
  - Christchurch – closed 13/03/2023;
  - Poole - closed 22/04/2023;

# Support provided when notified of a market exit

- Liaison with the outgoing provider to ensure safe closedown processes are in place;
- Seek feedback from nearby contractors regarding capacity and any queries or concerns;
- Notify the H&WB Boards, Healthwatch, Local Medical Committee, Community Pharmacy Local, etc;
- 153• Share information regarding the closure with nearby GP Practices;
- Provide regular updates to stakeholders in relation to the closures.

# Contractual context for Dorset

## Impact of developments within contracting:

- Understanding the impact of **changes to the provider landscape** and ongoing monitoring;
- Impact assessment following **market exits** and **changes to 100-hour contracts** using the same process as Lloyds Pharmacy closures and communication with stakeholders;
- Ensuring appropriate contract management and sanctions i.e., implementing new unplanned closure policy;
- Bringing the Dorset system view to the SW Pharmaceutical Services Regulations Committee (PSRC);
- **Bank holiday rota review;**
- Continued **national negotiation** impact on this year and the next 5-year settlement.

## Health and Adult Social Care Overview and Scrutiny Committee



Report subject	<b>NHS Dorset Report – Merger of The Quarterjack Surgery, Wimborne and The Old Dispensary, Wimborne</b>
Meeting date	4 March 2024
Status	Public Report
Executive summary	NHS Dorset have received an application to merge Practices from the Old Dispensary and Quarterjack Surgery in Wimborne.
<b>Recommendations</b>	<p><b>It is RECOMMENDED that:</b></p> <p>The Health and Adult Social Care Overview and Scrutiny Committee scrutinise the contents of this report and raise any questions at a subsequent committee meeting with the commissioners.</p>
Reason for recommendations	As members of NHS Dorset Integrated Care Board, we have a joint duty to work together on matters relating to the planning, provision and operation of health services in Dorset.

Portfolio Holder(s):	<i>For Council to update</i>
Corporate Director	Kate Calvert, Acting Chief Officer, Commissioning, NHS Dorset Rob Payne, Deputy Director of Strategic Commissioning, NHS Dorset
Contributors	Celia Canter, Project Lead, NHS Dorset
Wards	
Classification	For information

## 1. Background

- 1.1 Small Practices are finding it increasingly difficult to recruit to their clinical GP workforce or attract clinical partners. This is a national issue and Dorset has seen many of its GP Practices merge to become more sustainable and attractive to recruiting clinicians.
- 1.2 The Old Dispensary was at risk of closure in 2023 following concerns raised by CQC and the removal of the GP partner. Quarterjack Surgery stepped in to take on the contract and sustain the service. The logical next step is to merge both contracts into one.
- 1.3 The Old Dispensary (registered population 3458) and Quarterjack Surgery (registered population 15609) are part of Wimborne and Ferndown Primary Care Network (PCN).
- 1.4 A formal application to merge has been submitted to NHS Dorset for approval.
- 1.5 The merger will eliminate the current risk of Old Dispensary closure, the loss of local primary care estate and patients otherwise being reallocated to another GP Practice.
- 1.6 Primary Care is an increasingly challenging environment in which to sustain a viable business model. The merger will greatly improve resilience for both Practices and provide an opportunity to make more efficient use of joint resources to protect and enhance front line patient care.
- 1.7 Patients will be able to choose whether to be seen at either surgery, and access to a wider range of clinicians and clinical services from a combined team.
- 1.8 Staff welfare will improve with a larger and more resilient team.
- 1.9 Both Practices are working from a single 'implementation plan'.



- 1.10 The newly merged Practice will continue to provide Primary Medical Services from the existing current locations.
- 1.11 Other than the blending of the inner and outer boundaries, there are no further changes.

## **2. Review of the Process & Outcomes**

- 2.1 The application to merge was approved by the Primary Care Commissioning Committee (PCCC) held on 20 July 2023. As part of this process, the proposal has been considered by members of the Primary Care Operational Group (PCOG) including the Local Medical Committee and was supported.
- 2.2 Both Practices have confirmed that they have taken both legal and financial advice regarding the proposed merger.
- 2.3 The Practices have contacted PCN colleagues to inform of their intentions.
- 2.4 NHS Dorset have informed Public Health England regarding screening cycles. At present there are no particular concerns as early indications are that patients across the different Practices are in the same cohorts.

## **3. Primary Care Network (PCN) Changes**

- 3.1 There are no planned changes to the PCN.

## **4. Stakeholder Engagement**

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

## **5. Service Provision**

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

## **6. Summary of legal implications**

- 6.1 There are no legal implications.

## **7. Summary of human resources implications**

- 7.1 Some staff may be eligible for redundancy payments.

## **8. Summary of environmental impact**

- 8.1 No environmental change implications identified.

## **9. Summary of public health implications**

9.1 The merger aims to sustain access to General Practice for patients in this highly populated area.

## **10. Summary of equality implications**

10.1 An Equality Impact Assessment (EIA) has been completed:

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

## **11. Summary of risk assessment**

11.1 Risk assessment:

<b>Theme</b>	<b>Risk</b>	<b>Mitigation</b>
Completion of the merger	If the merger does not complete there is a risk that the Old Dispensary will close.	Both Practices have common partners and there is a robust leadership model already in place.
Destabilising Quarterjack Surgery	The vulnerability of the Old dispensary may adversely impact on the Quarterjack Surgery if the current number of clinical partners and employed GPs are not maintained.	There will be regular contract review meetings with the merged practice and also monitoring by CQC.

## **12. Background papers**

12.1 No background papers attached.

## **13. Appendices**

13.1 No appendices attached.

## Health and Adult Social Care Overview and Scrutiny Committee



Report subject	<b>Closure of Christchurch Medical Centre branch Practices in Burton and Bransgore</b>
Meeting date	4 March 2024
Status	Public Report
Executive summary	NHS Dorset have received an application to close the branch Practices at Burton and Bransgore.
<b>Recommendations</b>	<p><b>It is RECOMMENDED that:</b></p> <p>The Health and Adult Social Care Overview and Scrutiny Committee scrutinise the contents of this report and raise any questions at a subsequent committee meeting with the commissioners.</p>
Reason for recommendations	As members of NHS Dorset Integrated Care Board, we have a joint duty to work together on matters relating to the planning, provision and operation of health services in Dorset

Portfolio Holder(s):	<i>For Council to update</i>
Corporate Director	Kate Calvert, Acting Chief Officer, Commissioning, NHS Dorset Rob Payne, Deputy Director of Strategic Commissioning, NHS Dorset
Contributors	Celia Canter, Project Lead, NHS Dorset
Wards	
Classification	For information

## 1. Background

- 1.1 Christchurch Medical Centre (CMC) have applied to close their two branch sites. The closure of Bransgore Medical Centre on 31 January 2024 has been approved by the ICB. The closure of Burton Medical Centre on 1 April 2024 is under consideration by the ICB. CMC propose to retain their registered population offering appointments at the main site.
- 1.2 The two branch sites are owned by ex-partners or their families who wish to sell the properties. This has been the catalyst for change. NHS Dorset and the practice have explored options in relation to retaining the premises for GP use but to date no viable option is available.
- 1.3 There are currently 17,766 patients registered with CMC who access the Christchurch Medical Centre at Purewell and the nearby Burton Health Centre.
- 1.4 Burton Health Centre, Burton is 1.74 miles from the main site at Purewell by transport or 1.3 miles by foot.
- 1.5 Bransgore does not see patients face-to-face on site and is situated over the border in Hampshire, adjacent to a Practice (Twin Oaks) which falls under the Hampshire and Isle of Wight ICB. The distance to Twin Oaks is 0.0miles by transport, and the main site at Purewell is 4.61miles by transport, 3.8miles by foot
- 1.6 Following closure, patients will remain registered with CMC and able to access services at Purewell. There is no need to re-register.
- 1.7 Patients who reside in the Bransgore area may choose to register with Twin Oaks. We are working with Hampshire and IOW ICB to manage activity and capacity should patients wish to change Practices.
- 1.8 There is no foreseeable impact on employees and it is the intention to retain all current employees of the Practice.

## **2. Review of the Process & Outcomes**

- 2.1 NHS Dorset have a process for branch closure which includes patient, staff and wider stakeholder engagement to ensure that accurate and timely information is shared. Importantly for patients it is imperative that they understand there is no change to their registration and they may access their usual services at the main CMC site in Purewell.
- 2.2 NHS Dorset has approved the closure of Bransgore as it does not see patients face-to-face and is across the border with Hampshire, therefore relatively low impact on patients.
- 2.3 The closure of Burton is under discussion pending further enquiries.
- 2.4 There are currently 17,766 patients registered with CMC who access services across four sites: two neighbouring premises in Purewell and two branch sites in Burton and Bransgore.

## **3. Primary Care Network (PCN) Changes**

- 3.1 There are no planned changes to the Christchurch PCN.

## **4. Stakeholder Engagement**

- 4.1 A comprehensive programme of engagement with patients, wider healthcare communities, HOSC, Healthwatch, NHS England (NHSE), Primary Care Support England (PCSE) and Public Health is under way:
  - a. Since announcing a possible consolidation of existing services in late 2023, staff at Christchurch Medical Practice have been inviting feedback and questions from registered patients who have raised their concerns from ongoing care and waiting times through to the number of parking spaces.
  - b. To help reassure patients about the future, senior GP partner Dr Clive Quinnell has created a series of videos which are available online, answering some key questions. For those who do not have internet access, the videos have also been produced as a handout which is available at all current Christchurch Medical Practice sites. These are available on the practice website.  
<https://www.christchurchmedicalpractice.nhs.uk/>
  - c. Further communication/general information for patients and wider stakeholders can be found at:
    - i. <https://youtu.be/9leF1cvlegU> .
    - ii. Answers to key questions raised by patients: [https://youtu.be/o-O\\_pbODipU](https://youtu.be/o-O_pbODipU) .
    - iii. Full version of all FAQs, visit: [https://youtu.be/jFOWvk\\_o1IQ](https://youtu.be/jFOWvk_o1IQ)

- 4.2** There has been some media interest, as would be expected; and community groups have raised some concerns. NHS Dorset Communications Team are supporting the practices to ensure that patients have accurate information about the changes and know where they may access services in the future.

**5. Service Provision**

- 5.1 Services will continue to be provided for the registered population of CMC at the main site in Purewell.

**6. Summary of legal implications**

- 6.1 There are no legal implications.

**7. Summary of human resources implications**

- 7.1 Some staff may be eligible for redundancy payments.

**8. Summary of environmental impact**

- 8.1 No environmental change implications identified.

**9. Summary of public health implications**

- 9.1 No Public Health Implications.

**10. Summary of equality implications**

- 10.1 EIA drafted. To be completed and submitted with subsequent report to committee.

**11. Summary of risk assessment**

- 11.1 A risk assessment will be undertaken to ensure fair and equitable access for patients.

**12. Background papers**

- 12.1 No background papers attached.

**13. Appendices**

- 13.1 No appendices attached.

## HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	<b>Forward Plan</b>
Meeting date	4 March 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 **6 February 2024** 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:

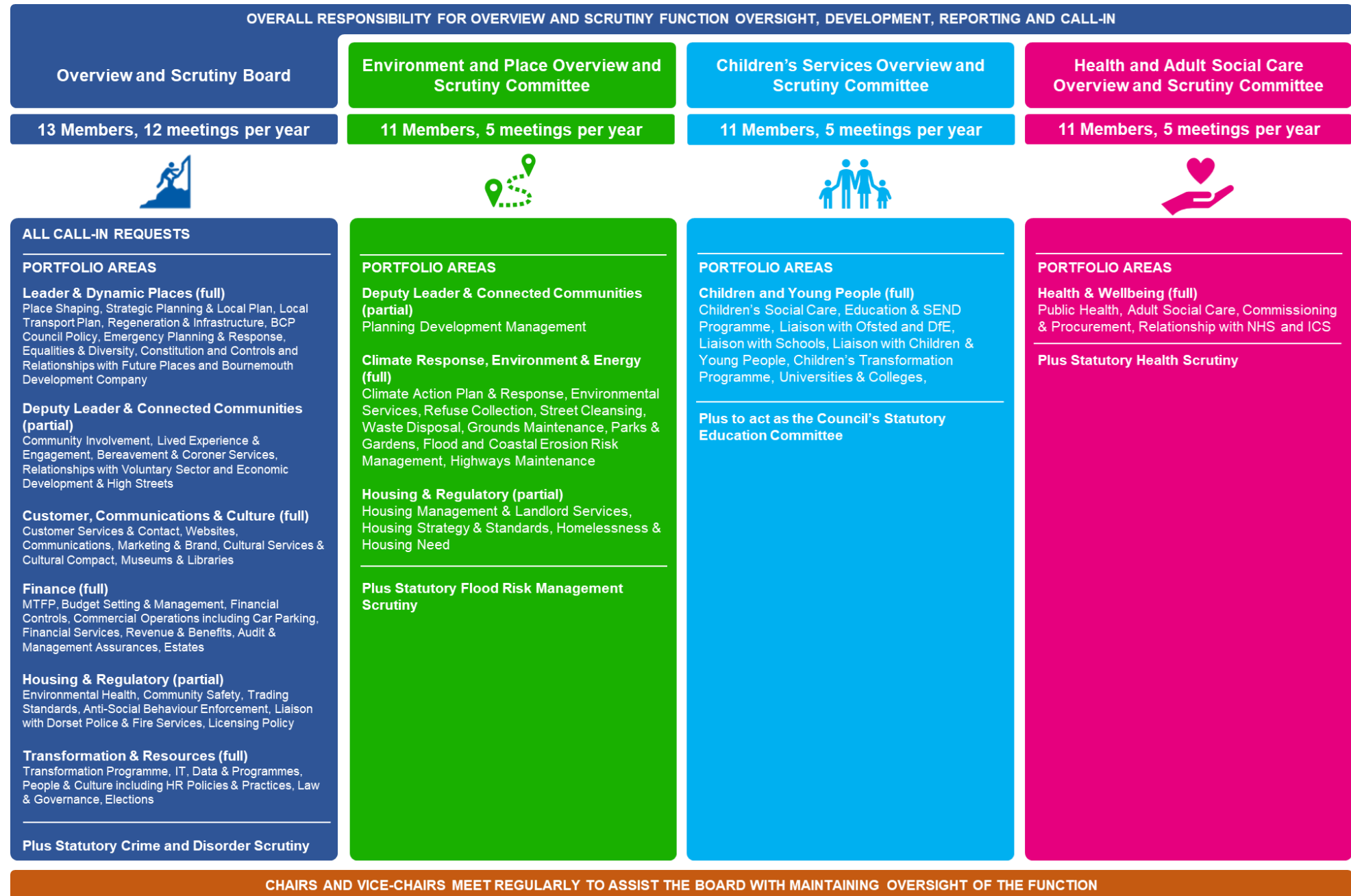
- Considering decisions that have been called-in
- Undertaking scrutiny of the Council's budget processes
- Carrying out the Council's scrutiny functions relating to crime and disorder, and discharging any other statutory duty for which the O&S function is responsible, other than those that relate to 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 22/2/24

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>4 March 24</b>					
	<b>Day Opportunities Strategy</b>	To receive and scrutinise the proposed strategy and make recommendations to Cabinet.	Committee Report	Kevin Gillings	Requested by officers at forward planning session on 2/10/23.
	<b>Data Working Group Update</b>	To receive an update regarding the work of the group	Verbal update, presentation and notes	Cllr Patrick Canavan	
	<b>Health and Wellbeing – Strategi into Action</b>	Consider work of HWB - consideration of reports for Forward Planning to include briefing on integrated neighbourhood and community teams	Committee Report	Jillian Kay, Corporate Director for Wellbeing	Considered at the forward planning session at 2/10/23.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
<b>20 May 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>Update on Tricuro?</b>				
<b>15 July 24</b>					
<b>24 September 24</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>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 <b>SC to catch up with Elaine and Ben to see when good to consider.</b>	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.
5.	Think Big Project update	The Committee will be updated on the progress of	Verbal update	Ashleigh Boreham,	Requested by Committee at their

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
		the Think Big Project in BCP Council.		Deputy Director Design and Transformation Community Diagnostics – Health Villages – Dorset Innovation Hub.	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 2024.
7.	<b>Joint scrutiny on 'substantial variations to health services'.</b>  To consider the criteria that has been proposed to be added to the constitution, setting out	To consider the criteria that has been proposed to be added to the constitution, setting out what constitutes a 'substantial variations to health services' in the Joint Health Scrutiny Protocol.	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>
	what constitutes a 'substantial variations to 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.
	<b>The Right Care, Right Person</b>	Briefing	Informal briefing	Gavin Dudfield	Discussed at Forward planning session – held on 5 February 24

	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 – held on 5 February 24
<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
<b>Items requested from Cllrs</b>					
	<b>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?</b>	TBC	TBC	TBC	Requested by Cllr Carr-Brown at work programming session – not yet determined by Committee
	<b>Impact of climate change and preparation for it.</b>	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.  Considered at meeting on 15 Jan 24
	<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.			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 FEBRUARY 2024 TO 31 MAY 2024

(PUBLICATION DATE – 06 February 2024)



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
Mainstream Schools and Early Years Funding Formulae 24/25 Report	The purpose of the report is to agree the funding formulae for mainstream schools and early years providers.	No	Children's Services Overview and Scrutiny Committee 23 Jan 2024  Cabinet 7 Feb 2024	All Wards	Schools and Early Years Providers.	The school funding consultation period was 15 November to 7 December 2023 and presented to schools forum for making a recommendation in January 2024.  The Early Years Provider consultation is from 9 - 29 January 2024 with a recommendation from schools forum w/c 12 February 2024.	Amanda Gridley, Sharon Muldoon, Nicola Webb	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)?
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, Graham Farrant	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

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)?
Funding Agreement to support Russell-Cotes Art Gallery & Museum to become an Independent Trust	To secure the Financial settlement between BCP Council (current sole trustee of the Russell-Cotes) and the new Corporate Entity which will become the new sole trustee and take responsibility for the charity. This accompanies the agreement for the governance change, administered through Charity Commission and Parliament, approved at BCP Council meeting on 10 Jan 2023.	No	Russell Cotes Art Gallery and Museum Management Committee 25 Jan 2024  Cabinet 7 Feb 2024				Sarah Newman	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)?
PDSCP Annual Report 2022-23	The production of an annual report is a statutory responsibility. This has been endorsed by the four statutory partners (Dorset Council, BCP Council, NHS Dorset, Dorset Police) and is being shared with cabinet as part of those governance arrangements.	No	Children's Services Overview and Scrutiny Committee 23 Jan 2024  Cabinet 7 Feb 2024	All Wards			Rachel Gravett	Open
Creekmoor Community Land Trust Affordable Housing Deveelopment	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

<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>
School Admission Arrangements 2025/26 – Determination	To determine admission arrangements for the 2025/26 academic year for all maintained schools for which it is an admission authority and to agree co-ordinated admission arrangements for all admission authorities in the area.	No	Children's Services Overview and Scrutiny Committee 23 Jan 2024  Cabinet 7 Feb 2024	All Wards			Sharon Muldoon, Paul Reidy	Open

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Childcare Sufficiency Assessment 2023-24	The Council has a statutory duty to provide working families of children aged 0-14 (18 with SEND) enough childcare places in its area, where reasonably practicable. Each year Research and Children's Services colleagues assess the position of the market, providing parent's, councillors and private business ward level information as a planning tool to support access or expansion of places where needed, while highlighting areas of concern for the year ahead.	No	Children's Services Overview and Scrutiny Committee 23 Jan 2024  Cabinet 7 Feb 2024	All Wards			Sharon Muldoon	Open



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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
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 7 Feb 2024	All Wards			Matti Raudsepp	Open
The Royal Arcade, Boscombe - Bournemouth Towns Fund Update	To update Cabinet and Council on the status of the Royal Arcade scheme and to authorise officers to reprofile spend across other approved Towns Fund projects.	Yes	Cabinet 7 Feb 2024  Council 20 Feb 2024	Boscombe West	The Lead Member for Regeneration	Ongoing on project since 2020	Julian McLaughlin	Open

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Dolphin Shopping Centre Poole Update	To seek approval to release the council and the head lessee from obligations under a subsisting Development Agreement.	Yes	Cabinet 7 Feb 2024  Council 20 Feb 2024	Poole Town	Ward Councillors, Lead member for Regeneration, Portfolio Holder, Chief Finance Officer and Monitoring Officer.	Via briefing.	Irene Ferns	Fully exempt
Christchurch Area Speed Limit Amendments (S101 2023)	To consider consultation results and approve recommendation to speed limit amendments at the following locations: - Burley Road, Winkton, 40mph proposal - Lymington Road and Ringwood Road, Highcliffe, 30mph proposal	No	Cabinet 7 Feb 2024	Burton & Grange; Highcliffe & Walkford	Ward Councillors, Parish Councils, Police, residents	Traffic Regulation Order notice period has already taken place - 15/09/23 to 6/10/23 Results are included in the report	Andy Brown	Open

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Climate Progress Report 2022/23	To provide an update on the performance against the Council's Climate and Ecological Declaration targets and Climate Action Plan	No	Environment and Place Overview and Scrutiny Committee 28 Feb 2024  Cabinet 6 Mar 2024	All Wards			Neil Short	Open
Accommodation BID	To enable the set up of a Tourism Levy by endorsing ballot proposals to establish an Accommodation BID. Also for the Council to vote in favour of the ballot as a levy payer. Also to collect the levy and accept a voting seat on the ABID board for its initial 5 year term	Yes	Cabinet 6 Mar 2024	All Wards	Key stakeholders: Hoteliers (BAHA), Destination Management Board, 4 Business Improvement District & BCP Council are all members of the ABID Shadow Board. Secretary of State also to be informed of the ballot proposal.	Secretary of State and CEO of BCP Council informed in writing of ABID proposal in October 2023, as per the BID legislation. Hoteliers(levy payers) to be consulted upon in February / March, led by the ABID Shadow Board. Ballot to form ABID to follow in April	Andrew Emery	Open

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Early Years Funding Formula 24/25	The council receives the ring-fenced dedicated schools grant (DSG) to fund the early years funding formulae. The contents of the formula are highly regulated by the Department for Education (DfE). The council is to decide the local formulae after considering the recommendations of the Schools Forum.	No	Cabinet 6 Mar 2024	All Wards	Early Years Providers	Consultation from 09/01/24-22/01/24 to request views on the councils Early Years Single Funding Formula proposal, the outcome of which is shared with School's Forum who then make a recommendation to Cabinet.	Amanda Gridley	Open
Day Opportunities Strategy and Consultation Proposals Recommendations	To approve the day opportunities strategy and make decisions on the future of eight Tricuro day services.	Yes	Health and Adult Social Care Overview and Scrutiny Committee 4 Mar 2024  Cabinet 6 Mar 2024	All Wards			Kevin Gillings	Open

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Our People and Communities: 20mph 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
Our Place and Environment: LTP Capital Programme 2024/25	Approval of LTP 2024/25 Capital Programme	Yes	Cabinet 6 Mar 2024	All Wards			Susan Fox, Julian McLaughlin, Richard Pincroft	Open

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Permanent Traffic Order for Livingstone Road, Bournemouth School Street (Ref M103)	Seeking a decision on making a permanent traffic order for the existing motor vehicle restrictions in place under an experimental traffic order on Livingstone Road, Bournemouth. The restrictions facilitate the school street in the vicinity of Pokesdown Community Primary School.	No	Cabinet 6 Mar 2024	Boscombe East & Pokesdown			Julian McLaughlin	Open

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Residential Disabled Parking Bay Proposals - Sealing of Traffic Order Ref P45 2023	A decision is required on making and sealing the proposed Traffic Order which will amend the Bournemouth, Christchurch and Poole (Parking Regulation, On-Street Parking Places and Off-Street Parking Places) Consolidation Order 2024.	No	Cabinet 6 Mar 2024	Boscombe East & Pokesdown; Boscombe West; Burton & Grange; Commons; East Cliff & Springbourne; Kinson; Moordown; Muscliff & Strouden Park; Oakdale; Poole Town; Queen's Park; Wallisdown & Winton West; West Southbourne; Westbourne & West Cliff; Winton East			Clare Griffiths	Open

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Traffic Order Proposal, LTP Safer Routes to School, Sandecotes Road P42 M102 2023	To seek approval to make and seal the Traffic Regulation Orders after the statutory consultation with stakeholders and the public.	No	Cabinet 6 Mar 2024	Parkstone	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 follows. A 21 day public consultation opened on Friday 22 September 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 displayed in relevant locations. The Deposited Documents (consultation documents) were also published on the Council's website.	Julian McLaughlin	Open



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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
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 10 Apr 2024	Canford Cliffs			Rebecca Landman	Open
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 10 Apr 2024	Commons			Rebecca Landman	Open

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Housing Strategy - Annual Summary Review		No	Cabinet 10 Apr 2024				Kerry-Marie Ruff	
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

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Governance of Poole Museum	To consider a report on the potential externalisation of Poole Museum.	No	Cabinet 10 Apr 2024	Poole Town	National Lottery Heritage Fund, Arts Council England and Community in addition to employees and other services.		Matti Raudsepp, Michael Spender	Open

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Safer Routes to School Traffic Regulation Order Review P43 2023 - Various Sites	To consider representations to proposed TRO's as advertised.	No	Cabinet 10 Apr 2024	Alderney & Bourne Valley; Bearwood & Merley; Broadstone; Burton & Grange; Canford Cliffs; Commons; Creekmoor; East Southbourne & Tuckton; Highcliffe & Walkford; Moordown; Muscliff & Strouden Park; Newtown & Heatherlands; Parkstone; Penn Hill; Talbot & Branksome Woods; Wallisdown & Winton West	Ward Councillors, emergency services, residents	21 day legal notice - already taken place	Andy Brown, Julian McLaughlin	Open

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Modification to Cemetery Rules & Regulations for BCP Council		Yes	Cabinet 22 May 2024	All Wards			Liz Hall	
BCP Urban Forest Strategy	To present to cabinet, for adoption, the BCP Urban Forest Strategy	No	Cabinet 22 May 2024	All Wards	Public consultation is taking place pre Christmas 2023, leading in tot his decision; and follows extensive workshops and cross-service development of the strategy.	As above	Martin Whitchurch	Open

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CNHAS Update 2024-2028 including scheme approvals	CNHAS update requesting PRS funding reallocated to temp accom, reviewing Temp accom budget for 2024/25 to increase capacity, budget approval for LAHF (refugee homes), scheme approval for Darracott, Surrey Rd and Crescent Rd (all three schemes in Temp accom/SHAP/LAHF programmes).	No	Cabinet 22 May 2024	Boscombe East & Pokesdown; Bournemouth Central; Talbot & Branksome Woods			Nigel Bower, Jonathan Thornton	Open
Improvement of the environment in Poole Park through a trial closure of a park entrance to motor traffic	To consider a report on the improvement of the environment in Poole Park through a trial closure of a park entrance to motor traffic	No	Cabinet 22 May 2024				Martin Whitchurch	Open

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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 17 Jul 2024  Council 23 Jul 2024	Christchurch Town; East Southbourn e & Tuckton; Highcliffe & Walkford; Mudeford, Stanpit & West Highcliffe	Landowners, BCP residents, businesses, organisations, BCP services	Several levels of public enegagement and consultation throughout the development of the Strategy between 2021 and 2023.	Catherine Corbin, Alan Frampton, Matt Hosey	Open

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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				Open
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



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Our Place and Environment - Strategic Transport Scheme Prioritisation	To present the outputs of public engagement on Strategic Transport Schemes and to seek recommendation from Cabinet to Council relating to the progression of the schemes in consideration of the consultation outputs. Noting: this is likely to include some selected schemes being promoted as a priority at the Western Gateway Sub-National Transport Body.	Yes	Cabinet Date to be confirmed	All Wards				Open
Affordable Fairer Broadband for all (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

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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
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
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

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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

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