

Notice of Health and Adult Social Care Overview and Scrutiny Committee



Date: Monday, 20 May 2024 at 6.00 pm

Venue: HMS Phoebe, BCP Civic Centre, Bournemouth BH2 6DY

Membership:

Chair:

To be elected

Vice Chair:

To be elected

Cllr P Canavan
Cllr J Edwards
Cllr H Allen
Cllr L Dedman

Cllr D Farr
Cllr M Gillett
Cllr C Matthews
Cllr J Richardson

Cllr J Salmon
Cllr P Slade
Cllr A-M Moriarty

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=5931>

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

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

This notice and all the papers mentioned within it are available at democracy.bcpCouncil.gov.uk

GRAHAM FARRANT
CHIEF EXECUTIVE

10 May 2024

**DEBATE
NOT HATE**



Available online and
on the Mod.gov app



Maintaining and promoting high standards of conduct

Declaring interests at meetings

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

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



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

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

Bias Test

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

Predetermination Test

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

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

For more information or advice please contact the Monitoring Officer
(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. Election of Chair

To elect the Chair of the Health and Adult Social Care Overview and Scrutiny Committee for the 2024/25 Municipal year.

4. Election of Vice Chair

To elect the Vice Chair of the Health and Adult Social Care Overview and Scrutiny Committee for the 2024/25 Municipal year.

5. 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.

6. Minutes

5 - 14

To confirm the Minutes of the meeting held on 4 March 2024.

a) Action sheet

15 - 20

To consider any outstanding actions.

7. Public Issues

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

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

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

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

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

ITEMS OF BUSINESS

- | | |
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| 8. Future of Public Health in BCP Council | 21 - 26 |
| <p>The Committee have been offered a briefing on the Council's public health responsibilities to inform their findings. The Committee's discussion will inform design work.</p> | |
| 9. Update on Home First (Intermediate Care) Development across Dorset | 27 - 38 |
| <p>To provide an update on Home First (Intermediate Care) development across Dorset to the Health and Adult Social Care Overview & Scrutiny Committee.</p> | |
| 10. Data Working Group final report | 39 - 76 |
| <p>The Health and Adult Social Care Overview and Scrutiny Committee commissioned a Data Working Group to consider how it could effectively use data to strengthen scrutiny.</p> <p>The purpose of this report is to inform the committee of the findings and output of the working group and to present recommendations.</p> | |
| 11. Healthwatch update on NHS Dentistry | 77 - 88 |
| <p>The Committee at its meeting on 4 March 2024 requested an update from Healthwatch Dorset regarding NHS Dentistry be provided which is being given in the form of presentations.</p> | |
| 12. Integrated Neighbourhood Teams Programme | 89 - 92 |
| <p>This report provides an update on the development of integrated neighbourhood teams within the Dorset Integrated Care System.</p> | |
| 13. Forward Plan | 93 - 134 |
| <p>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.</p> | |

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

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

Minutes of the Meeting held on 04 March 2024 at 6.00 pm

Present:-

Cllr P Canavan – Chair

Cllr J Edwards – Vice-Chair

Present: Cllr H Allen, Cllr L Dedman, Cllr S Carr-Brown, Cllr M Gillett,
Cllr J Richardson, Cllr P Slade and Cllr S Moore

Also in attendance: Cllr J Salmon and Louise Bates, Healthwatch attended virtually.

54. Apologies

Apologies for absence were received from Cllr Matthews and Farr. Cllr Salmon attended remotely.

55. Substitute Members

Cllr Moore substituted for Cllr Matthews on this occasion.

56. Declarations of Interests

Cllr Sharon Carr-Brown declared a personal interest as her husband was a non-executive director on Integrated Care Board for the Dorset area and as a support worker for an autistic man who was in receipt of direct payments from BCP Council, Cllr Joe Salmon declared a personal interest as an employee of Dorset Healthcare and a member of Unison and Cllr Lesley Dedman declared an interest as a Board Member of Age Concern Christchurch UK and a Board Member of Christchurch Housing Association.

57. Minutes

The Minutes of the meeting held on 15 January 2024 were confirmed as an accurate record and signed by the Chair.

58. Action Sheet

The action sheet was noted.

59. Public Issues

The following statements and questions were received:

Statement from People First Forum:

You have signed up to our Bill of Rights.

This says we have:

- The right to say no
- The right to have our voices heard

Our members with learning disabilities have spoken up about your proposals –

1) Keep 3 centres 2) lose all 8.

We did not know about proposal 2

People with profound and multiple learning disabilities use the centres.

They are a very vulnerable group.

We think everyone should have their say

“Nothing about Us, Without Us.”

Our members are upset, fearful and angry. They say you should not close the centres.

People need centres that are:

- Accessible and give us enough space to move freely
- Safe
- Have staff with specialist skills who know us well

“It is terrible, shouldn’t shut them down.

They should stay open.”

“Where will I go to be with my friends?”

“Respect us, listen and keep our centre!”

Question from Jan Ryland:

Prior to Covid my daughter attended 3 different day services including Christchurch Connect. 2 of the day services both run by Livability have since closed permanently so now Christchurch Connect is her only service. Also after reading that the proposal said that community halls could be used I have briefly researched hiring public venues. I found that the availability was very limited. My problem is picturing what a future without Christchurch Connect would look like.

My question is can anyone outline what my daughter's day would look like regarding transport, venues, safety, activities and staff, is there a clear vision of an alternative?

The Portfolio Holder for Health and Wellbeing provided the following answer:

We recognise the value of day service buildings and are therefore proposing that, following consultation feedback, Christchurch Connect remains open.

There is also recognition that the community-based day opportunities market requires development and investment to provide alternative options for people to access. We already have a small but thriving provision of

community-based day opportunities which include smaller organisations who run services by paid staff and for some, provide their own transport to and from their service.

These services access community resources such as church halls, libraries, community centres and Council owned buildings and we intend to ensure that any capacity of remaining Tricuro Day Services allows rental of space for community groups.

We acknowledge that for some people a community-based option may not be an appropriate provision depending on their needs. Therefore, the day opportunities strategy promotes a mixed model of buildings-based services and the development of community-based day opportunities.

It is intended that this will lead to a greater range and choice for people to access services that meet their needs and wishes.

Statement from Neil Drury:

Our adult son Peter has Downs Syndrome and Autism. His care needs are challenging and complex and his vulnerability demands high levels of professional and expert care. Apart from providing a safe and secure environment, the staff and management of existing Day Centres understand Peter's needs and the importance of continuity and consistency of care. This professionalism allows us to enjoy some essential respite safe in the knowledge that Peter is being well looked after and safeguarded.

We recognise the severe financial pressures on BCP and appreciate that professionally managed Day Centres cost more than other types of day opportunities. That said they are 'tried and tested, and fit for purpose', and it is important when comparing alternatives to compare 'like for like'. I fear that the level of support and care presently provided by our Day Centres is unlikely to be present in many of the alternatives being considered.

Questions from Neil Drury:

Q1.

As my wife and I get older, we need the peace of mind and continuity the present building based provision affords. Many of the Strategy's proposed day opportunity providers have 'open door' policies. This would be totally unsuitable for the safety of our son.

Independent/private sector providers use of community halls and such buildings, which, from previous experience, often lack reliable services, e.g. adequate heating, hot running water, cleanliness etc., fill my wife and I with anxiety for the health, safety, comfort and mental wellbeing of our son and other clients.

Most of the current clients accessing the building based day centres need continuity in their lives. Without continuity, their anxiety levels will cause distress for them and their carers. Has any consideration been given to the potential damage this will cause to these vulnerable individuals and carers already under extreme daily pressure, 365 days of the year?

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY
COMMITTEE
04 March 2024

The Portfolio Holder for Health and Wellbeing provided the following answer:

We recognise the value of day service buildings and are therefore proposing that, following consultation feedback, Christchurch Connect, where we understand your son Peter attends, should remain open.

We acknowledge that for some people a community-based option may not be an appropriate provision depending on their needs.

Following the consultation and drop-in sessions we arranged in January 2024, we have incorporated the concerns of carers and those who access Tricuro day services in the papers provided for Health and Adult Social Care Overview and Scrutiny Committee and Cabinet. The potential closures of services have been subject to an Equalities Impact Assessment and as per the papers for these meetings have identified the following relevant risk factors:

For people with a Disability – Risk of change for those with dementia, some mental health conditions, learning disability and/or autism. This includes negatively impacting the health and wellbeing of a person, lack of continuity of care, loss of relationships with other people using the service and their staff team and establishing new relationships in an alternative service.

Risk of being unable to meet a person's needs.

Change and/or increase in travel may be a barrier for those with complex disabilities and/or conditions.

Change could disproportionately negatively impact those who are socially isolated and/or have neurodiverse conditions, such as autism.

For Carers – Risk that being unable to meet a cared for person's needs may negatively impact the ability for carers to fulfil their role.

Risk of loss of relationships and support networks for carers.

Risk of increase in carer strain.

The recommended proposal for the future of Tricuro Day Services is therefore:

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.

We hope this reassures you that we have listened to people's concerns and provided an option that continues to meet the needs of people who access Tricuro Day Services and their carers.

Q2.

During the previous O & S Council meeting, Councillor Salmon asked an Officer to explain why there was such a difference between the cost of day opportunity provision by individual community workers, community groups

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY
COMMITTEE
04 March 2024

and independently run private companies, offering day opportunities and the existing Tricuro Connect day centres? This question was not answered during the meeting. My suspicion being that the independent and private sector operates on profit motives and operates with inexperienced and reduced staff levels, meaning corners will be cut along with staff pay and the quality of training, resulting in a service which is not fit for purpose. Can the Officer please answer Councillor Salmons question on this satisfactorily?

The Portfolio Holder for Health and Wellbeing provided the following answer:

Following the consultation work and attendance at the Health and Adult Social Care Overview and Scrutiny Committee on 15th January 2024, we subsequently met with the Day Opportunities co-production group on 24th January, which you kindly attended. Following feedback from this meeting, we met again as a group on 9th February (appreciating you did not attend this meeting) to confirm revisions to the strategy.

As a result, we added into the finalised strategy the following note regarding the cost of building based day services:

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.

We also added the following definition of community-based provision into the strategy as there was a need to define these services. This is as follows:

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.

We have successfully commissioned these services for many years from existing providers who are primarily charitable and/or not for profit organisations. Our experience has been that the safety and outcomes for those accessing these services has been positive and the cost implications have been competitive.

The Day Opportunities strategy therefore proposes a mixed model of buildings-based services and the development of community-based day opportunities to meet the needs and wishes of people who access services and their carers now and in the future.

Statement from Mr and Mrs Hardcastle:

Closure of Day Centres will impose an enormous burden on the parents/guardians who care for the users, many will be unable to cope resulting in the users having to be housed by the local Authority at great expense to the public.

Using parks, cafes and local halls will not be suitable for many users.

Autistics need routine, many users have an obsession with eating, using parks will be weather dependent and many local halls are heavily booked.

Will staff be able to cope with medical or behavioural problems in the wider community?

Some users are known to wander off, will they be safe in the community?

Users need to feel safe, will they if they are meeting in different places?

60. BCP Council's Adult Day Opportunities Strategy

The Commissioning Manager – Disabilities 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 day opportunities strategy had 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 supported 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.

The Committee discussed the report including:

- In response to a query regarding the closures of the Plus centres during Covid detailed in the report, the Committee was advised of the feedback gained from users which included that the majority were happy with the alternative provision, however it was acknowledged that some were struggling to adjust and that there had been requests for refurbishments and adaptations. Some of the proposed adjustments were detailed and it was noted that once the strategy had been approved, these could be progressed.
- In response to a query regarding the improvements needed to be made to Parkstone Connect to accommodate the users being relocated from Poole Plus and their feelings regarding the move, the Committee was advised of the work ongoing through engagement and the potential refurbishment work which could be undertaken.

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY
COMMITTEE
04 March 2024

- In response to a concern regarding how the data had been gathered and collated, the Committee was advised that when the proposals were sent out to consultation two options were detailed, following criticism of the limited consultation and the options provided, the Committee was advised that this would be feedback to the consultation team. **ACTION.**
- In response to a concern regarding the adaptations detailed and whether, if they were necessary, when would they be undertaken, the Committee was reassured that Poole Plus users could be relocated to Parkstone Connect without any adaptations however there were some enhancements which could be made which would require capital funding, subject to approval.
- In response to a query regarding the day centre buildings which were no longer being used or required, the Committee was advised that they would be considered either for an alternative use within the Council or they could be sold, and any monies could then be deployed within the Council.
- In response to a concern that the strategy detailed it would improve services for users, which would not be the case for users of the Highcliffe Day Centre before its closure during the pandemic, the Committee was advised that the strategy had taken a long time to develop and it was felt that the mixed model of day opportunity buildings together with enhanced community based provision would be beneficial to the majority of users.
- In response to a query regarding micro providers, the Committee was advised of the ongoing work identifying services which were required and finding micro providers to match the needs of users. It was highlighted that although some of these providers would not be directly commissioned by the service, they would be commissioned by individuals through direct payments or personal funding.
- In response to a query whether full consideration had been given to keeping some of the proposed buildings open but widening their use within the community to increase viability, the Committee was advised that some of the buildings were not running at full capacity and once the strategy was approved, further consideration to engaging with community groups to maximise use would be undertaken.
- In response to a concern that any proposals should be data driven, the Portfolio Holder for Health and Wellbeing advised that the Day Opportunities Strategy had been developed through coproduction, consultation, and engagement over the last 18 months and that the recent consultation had focused on the day opportunities building provisions.

The Chair concluded the item by advising he would feed the views and concerns of the Committee to Cabinet for consideration.

RECOMMENDED that the

- a) Committee review BCP Council's Adult Day Opportunities Strategy for any comment.**

b) Committee scrutinise the recommended option for Tricuro Day Services review and provide any comment for Cabinet consideration:

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.

61. Health and Wellbeing – Strategy into Action

The Corporate Director for Wellbeing presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'B' to these Minutes in the Minute Book.

The Health and Adult Social Care Overview and Scrutiny Committee was asked to review three papers and use them to inform their discussions about work priorities. The papers were:

- The updated Joint Strategic Needs Assessment (JSNA)
- Health and Wellbeing Board paper 'strategy into action'
- Briefing on integrated neighbourhood teams

The Committee discussed the report including:

- The Chair highlighted the Integrated Neighbourhood Teams (INTs) work and the Committee was advised that this was a joint piece of work and consideration was now being given to aligning resources and implementation. It was highlighted that it could come back at a future date for scrutiny by the Committee. **ADD TO FORWARD PLAN.**
- In response to a concern regarding residents being moved to different doctors' surgeries and then struggling to get appointments, the Committee was advised of the challenges faced which included difficulties in recruiting workforce and in delivering against contracts. It was hoped that the introduction of INTs would help maximise resources to meet the health needs of the local population and also support and assist general practices.
- A Committee Member highlighted the Dorset Care Record and requested an update on its work be provided to the Committee. **ADD TO THE FORWARD PLAN.**
- In response to a query regarding whether the Boards and partnerships detailed were doing similar, duplicative work, the Committee was advised of the governance of the Integrated Care System and the role of the Health and Wellbeing Board was clarified. It was acknowledged that there could be a risk of duplicative work across the system however the reluctance for this in terms of wasted time resulted in focused governance.

- The Portfolio Holder for Health and Wellbeing stressed that the focus of the ICB and HWB was to start delivering and progressing actions to see positive outcomes for residents.
- In response to a concern regarding higher than average hip fractures detailed within the report, the Chair advised that this was very much on Public Health's agenda due to the impact it had on residents and services.

RECOMMENDED that these papers can provide background information to inform the Committee's work.

62. Data Working Group update

The Chair of the Data Working Group gave an update to the Committee and detailed the documents circulated. The Chair advised of another meeting which had since taken place focusing on data available from health partners. He advised of the plan to bring a full report to the next Committee in May which would include a toolkit which could be used as a reference point for considering data to assist the Committee with its work programming.

63. Items for Information

The following items were circulated for information only with no presentations:

- Dorset Community Pharmacy Briefing
- Merger of the Quarterjack Surgery and the Old Dispensary, Wimborne
- Closure of Christchurch Medical Centre Branch Practices in Burton and Bransgore.

A Committee Member highlighted the need to consider the environmental impact of travel and accessibility when closing general practices and relocating patients to new surgeries further away.

64. Portfolio Holder Update

The Portfolio Holder for Health and Wellbeing provided a verbal update which included:

- Budget setting for 2024/25 was now complete
- Work regarding the Day Opportunities Strategy
- Work of the Health and Wellbeing Board
- Consideration to the Council's vision and priority planning arising from the budget setting.
- Highlighted that its Social Care week starting on Monday 18 March 2024.

65. Forward Plan

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 Chair highlighted the proposed items currently scheduled for the next meeting and requested the addition of further information regarding the Integrated Neighbourhood Teams and advised of the inclusion of the outcome of the data working group.

A Committee Member requested further information regarding micro providers and the community catalysts discussed at the meeting be added to the Forward Plan.

A Committee Member requested an update from Healthwatch regarding their work on dentistry provision.

66. Dates of future meetings for 2024/25

The dates for the 24/25 Municipal year were noted.

The meeting ended at 7.55 pm

CHAIR

ACTION SHEET FOLLOWING 4 MARCH 2024 – BOURNEMOUTH, CHRISTCHURCH AND POOLE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
Actions arising from Committee meeting: 30 November 2020				
110	Home First Programme (including update on the Better Care Fund)	For the Committee to receive data on the readmission rates to hospitals in BCP following discharge through the Home First Programme. Actioned: to come to Committee in May 2024	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.
Actions arising from Committee meeting – 25 September 2023				
20	National Suicide Prevention Strategy	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. Action – Public Health aware		

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>Action – Officers aware and added to Forward Plan with date to be allocated.</p>		
21	Access of GP Practices in BCP Area	<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>Action – Officers aware.</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>Action – NHS Dorset aware.</p>		
22	Closure of Winton Health Centre: Review of Process and Outcomes	<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>Action – NHS Dorset aware.</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. Action – NHS Dorset aware.		
Actions arising from Committee meeting – 27 November 2023				
	Dorset and Bournemouth, Christchurch & Poole (BCP) Safeguarding Adults Boards Annual Report 2022-2023	Decision Made: That next year's Annual Report would include data for self-neglect as a separate entity. Action – Chair of SAB aware. 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. Action – to be considered by Officers and Committee.		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
	Annual Adult Social Care Complaints Report	Decision Made: Core data used to formulate report be shared confidentially with the Committee. Action – Director of Adult Social Care aware.		
Actions arising from Committee meeting – 15 January 24				
	Health Inequalities – background briefing	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. Action – Director of Public Health aware.		
Actions arising from Committee meeting – 4 March 24				

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
	BCP Council's Adult Day Opportunities Strategy	Decision Made: To feedback concerns regarding the consultation to the team. Action – Officer aware.		
	Health and Wellbeing – Strategy into Action	Decision Made: To add INTs to the Forward Plan. Actioned – coming to Committee in May 2024. Decision Made: To add Dorset Care Record to the Forward Plan. Actioned – possible briefing before July Committee – TBC.		
	Forward Plan	Decision Made: To add micro providers and an update from Healthwatch regarding dentistry to the Forward Plan. Actioned.		

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Future of Public Health in BCP Council
Meeting date	20 May 2024
Status	Public Report
Executive summary	The Committee have been offered a briefing on the Council's public health responsibilities to inform their findings. The Committee's discussion will inform design work.
Recommendations	<p>It is RECOMMENDED that:</p> <p>Committee members consider the report and provide their findings.</p> <p>Committee members agree that a further report will be provided ahead of the meeting in July.</p>
Reason for recommendations	This falls under Procedure at Overview and Scrutiny meetings 18.2.4 consideration of any matter referred to the Committee by Full Council or by the Cabinet.

Portfolio Holder(s):	Cllr David Brown, Portfolio Holder for Health and Well-Being.
Corporate Director	Jillian Kay, Corporate Director for Well-Being.
Contributors	Jillian Kay, Corporate Director for Well-Being Sam Crowe, Director of Public Health
Wards	All
Classification	For recommendation

Background

1. The Health and Social Care Act 2012 enacted the transfer of public health responsibilities into local government. In Dorset, those responsibilities have been discharged as a shared service since then. The current arrangement is that Public Health Dorset operates under a shared service agreement between BCP Council and Dorset Council.
2. BCP Council's corporate strategy sets out a new vision for the Bournemouth, Christchurch and Poole area: 'Where people, nature, coast and towns come together in sustainable, safe and healthy communities'. It was adopted in January 2024 and puts greater emphasis on the principles of developing healthy communities, putting public health more strongly at the heart of the Council's strategy and aspirations.
3. On 10 April 2024, in this context, BCP Council Cabinet agreed to give notice to terminate the shared service agreement and to establish a programme to shape the future public health function. The Chief Executive wrote to Dorset Council's Chief Executive on 19 April, providing the requisite notice. A joint programme board has been established across the two Councils, and planning has begun to oversee the transition and deliver the separation by April 2025.
4. As part of the process, Cabinet invited the Committee to:

'Assess options for configuring public health functions within the council's corporate structures to maximise community benefit, and to report findings to the Corporate Director for Wellbeing by the end of May to inform this work ahead of any job design or appointments process'.

Shaping the future of public health in BCP Council

5. The ambition is to achieve greater community benefit through an embedded public health function. To achieve this, we need to establish a future model for public health which is:
 - **Influential** - across the whole of BCP Council's agenda for people and place
 - **Expert** – we need to maintain a strong professional function, which is data led
 - **Ambitious** – to drive the Health and Wellbeing Board's ambitions for 'strategy into action'
 - **Collaborative** – connected with communities and working with partners across Dorset and beyond
 - **Safe** – for example, in our health protection responsibilities
6. The Committee may find it helpful to consider the 'models of practice' at Annex A. This is drawn from a 2008 paper, when joint Director of Public Health appointments between

the NHS and local authorities were first mooted. It continues to be a relevant reference document for the design of public health functions.

7. Public health will be a central part of the Wellbeing Directorate, with the Director of Public Health a member of the Health and Wellbeing Board. The public health team will need to influence horizontally across the whole council – within the Directorate, this includes adult social care, commissioning, housing, communities and regulatory services. Beyond the Directorate, this means working with children's services, planning, transport and environment.
8. Many councils have gone further and created Director of Public Health roles with direct responsibilities for some of these related services – for example, communities, libraries and regulatory services. In any configuration of functions, it is essential that the DPH role has sufficient capacity to carry out the core public health responsibilities, and that ideally there is an opportunity to achieve greater community benefit through alignment between services and funding streams.

Does the Committee agree with the criteria in para 6? Are there any others to add?

Does the Committee have any views on the 'models of practice' best suited to BCP Council's ambitions?

Can the Committee see any particular opportunities for public health influence across the council?

In terms of functions reporting into the DPH, are there any configurations that could work well? And any that should be ruled out e.g. because of conflicts of interest?

Summary of financial implications

9. None

Summary of legal implications

10. None

Summary of human resources implications

11. None

Summary of environmental impact

12. None

Summary of equality implications

13. None

Summary of risk assessment

14. None

Background papers

BCP Council Cabinet paper – 10 April – Future of Public Health in BCP Council

Appendices

Appendix A – Models of Practice (taken from [Perspectives.pdf \(adph.org.uk\)](https://www.adph.org.uk/Perspectives.pdf))

Appendix A: Models of practice¹

The expert

Characteristics This appointment is the in-house information expert. The DPH will be a skilled statistician who is aware of levels of health and sickness, and is able to correlate these with measures of affluence and social disadvantage across the area, mapping them using scientific and objective methodologies. The emphasis is on facts. This DPH may have less regard for attitudes and opinions and little understanding of the views and motivations of local politicians or those of local people.

Commentary This role is a legitimate one. It sets a baseline for action, but the responsibility for action lies elsewhere. The purity of the model comes from the scientific objectivity of the post holder, and the concentration on producing a balanced picture of need for the locality.

Local authority best fit The local authority must have capacity to understand the material presented and develop policies to create change. It will have a track record of drawing on an evidence base for effective health interventions. Health improvement and tackling health inequalities will already be strong priority for the leaders in management and councillor roles. There will be strong management systems in place and resources to develop action plans that lead to real impacts on the health and well-being of the area.

The critical friend

Characteristics In this role the DPH will have an understanding of the facts about the health of the community, together with an understanding of the health impact of different policies and service delivery models. This information is used constructively to challenge the status quo and suggest ways in which the council can improve its health improvement performance.

Commentary This role is well established across the country. DsPH have often attended scrutiny committees, and presented their annual reports on the state of health in the area to the council's political and managerial executives. The DPH will be used to review council plans and policies and will make suggestions for change that maximise health benefits. Crucially, there is little or no personal accountability for delivering change. The DPH is firmly independent of the executive leadership of the authority and can speak with professional freedom.

Local authority best fit There needs to be a leadership at both managerial and elected member level that is aware of health issues and motivated to listen. The authority will have a strong and effective scrutiny function which examines health improvement issues. Their deliberations will influence future priorities. Information and decision making processes will be open and inclusive. This model can enable elected members who are close to their communities to become well informed health champions, using messages provided by the DPH. The model will work less well in a confrontational political culture.

The adviser

Characteristics This jointly appointed DPH is part of the executive support to the political and managerial leadership of the authority. The main difference between this role and that of the critical friend is one of accountability. He or she will go beyond advising on what should

¹ Perspectives on joint Director of Public Health appointments, Edited by David J Hunter, Durham University, commissioned by IDEa, December 2008.

be done to helping to reach conclusions about what can be done within available resources. This may make the DPH less able to speak out as the independent expert. The scrutiny committee may on occasions hold the DPH to account for progress in areas of his or her responsibility.

Commentary This role offers more direct influence than the expert or critical friend as there is significant involvement in the decision making process. There is opportunity to argue for approaches that maximise health improvement. This influence comes at a price of having to take some form of collective responsibility and publicly support decisions once made. The DPH will rarely be able to circumvent this by claiming professional privilege and independence.

Local authority best fit This model will work best where there is an understanding of the health improvement agenda and a willingness to support it in policy development and operating practice. Ideally this should be both at political and managerial leadership levels, although it can work where only the management team is committed. The management and political culture needs to be a reasonably open one, with appropriate forums for debate. The model will probably work most effectively in councils without a very confrontational political tradition that seeks to exploit and polarise differences in opinion.

The provider

Characteristics The significant feature of this model is that the DPH has taken on significant operational management and budgetary responsibilities within the council. Usually, although not always, it is restricted to staff involved with work that has a clear impact on health promotion.

Commentary The model can offer an opportunity for the DPH to demonstrate operational best practice. Mainstream services such as social welfare housing and environmental health have historic links to health in local authorities. Social and economic regeneration areas also have obvious links. These can be drawn together with NHS services such as health visiting and school health to create an integrated provider service.

Local authority best fit This role will be familiar to those local authorities where senior managers hold service responsibilities alongside a contribution to corporate strategic planning and development and may be helpful in strengthening the perceptions of the importance of the DPH role. It may also be helpful in authorities that struggle with capacity at senior level. Sharing the burden of managing service delivery can create space for new initiatives in areas like health improvement.

The catalyst

Characteristics The focus of this model is on maximising the benefits of partnership work. The DPH will use the role to develop trust and a shared understanding across two very different organisational cultures. The technical expertise will still be there but the balance of time will be weighted towards networking activities.

Commentary A DPH well versed in both cultures is well placed to facilitate shared understanding and effective partnership working. The role can also be influential in bringing in other partners in work to improve health and narrow health inequalities. The strength of the role may come from being slightly independent of the two employing agencies, especially in bringing in other public, private, voluntary and community group partners. Where the catalyst role is successful the partners will develop a commitment to working together towards a shared purpose.

Local authority best fit To give scope for this model partnership will not be working particularly well but there will be a recognition that it is worth cultivating. Key leaders must be prepared to work with the DPH to improve relationships and will accept health improvement and addressing health inequalities as part of their agencies' areas of responsibility.

The community advocate and leader

Characteristics The professional expertise and independence of the DPH is at the heart of this model. He or she speaks for the disadvantaged and advises the wider population on health issues. In doing this, the DPH may develop a substantial public profile, sometimes becoming better known than the council leader or chief executive. With the high public profile comes the potential for controversy and opposition from individuals and groups who do not share the DPH's analysis.

Commentary Historically, there are a number of examples of DsPH who have acted as the conscience of their communities in this way. The annual report of the DPH which usually receives publicity in the local media, can be seen as part of this role. There are no real parallels for this role within local government management. Elected members, who are increasingly encouraged to see themselves as local community leaders and advocates, would be the nearest equivalent. There are dangers and difficulties in this model, most obviously where the action being advocated is counter to the council's policies or priorities. It will not work well where there are significant political differences between groups on the council as the DPH's opinions will be used to fuel these debates.

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Update on Home First (Intermediate Care) Development across Dorset
Meeting date	20 May 2024
Status	Public Report
Executive summary	To provide an update on Home First (Intermediate Care) development across Dorset to the Health and Adult Social Care Overview & Scrutiny Committee.
Recommendations	<p>It is RECOMMENDED that:</p> <p>Committee members are requested to note and respond as appropriate to the update provided, with a recommendation that a further update is presented in twelve months (May 2025).</p>
Reason for recommendations	To ensure the Health and Adult Social Care Overview and Scrutiny Committee are fully updated on the Home First development.

Portfolio Holder(s):	Cllr David Brown, Portfolio Holder for Health and Wellbeing.
Corporate Director	Jillian Kay, Corporate Director for Wellbeing.
Contributors	Betty Butlin, Director of Adult Social Care. Becky Whale, Deputy Director – UEC and Flow, Operations Directorate – NHS Dorset.
Wards	All
Classification	For Update and Information.

Introduction

1. The purpose of this briefing is to provide an update to Committee members on the pan-Dorset programme to develop an effective, recovery focused intermediate care model for all Dorset residents. This is a joint delivery programme across health and social care which brings together the resource and expertise across both sectors to review the pathways and service models for 'step-up' and 'step-down' care and support.
2. The objective is to improve the responsiveness and impact of these services by developing the right mix of community-based rehabilitation and reablement services, and by simplifying the processes by which they can be accessed. This will contribute to better long-term outcomes for people by ensuring they have timely access to high quality recovery services in the community, ideally in their own homes, and by reducing delays in people exiting hospital.
3. There has been good progress in 2023/24 to roll-out a pan-Dorset 'discharge to assess' (D2A) approach but there is more to do to. There are still too many people delayed in the wrong places for too long (acute and community hospital beds) and as a result we have not yet been able to shift the focus of intermediate care towards preventing hospital admission which is where we know there are significant opportunity.
4. The key focus for 2024/25 is to progress at pace the joint commissioning approach needed to deliver a sustainable model for intermediate care that delivered at the right shape and scale to meet the needs of BCP Council residents (with an equivalent focus in the Dorset Council footprint). Delivering this, alongside continuing to target improvements at reducing hospital delays, will enable better flow and outcomes for the whole health and care system.

Background

5. The Dorset intermediate care redesign (Home First) programme was initially mobilised in March 2020 in line with the requirements of the national pandemic response¹. The primary objective in this initial wave of the pandemic was to ensure that sufficient acute bed capacity was created and maintained; but it also provided an opportunity for local systems to accelerate and extend work already in train to support a comprehensive discharge to assess approach.
6. The programme has evolved since this time from an 'incident response' programme to a structured programme of improvement and delivery that is focused on improving access to intermediate care services, and thereby reducing the time people need to spend in hospital, and ensuring a sustainable community recovery model is in place for the Dorset population. However, the core objectives remain unchanged:
 - a) To roll out a universal 'discharge to assess' approach that ensures people can recover and be assessed for their longer-term care needs in the right setting (not an acute hospital)
 - b) To right size the out of hospital intermediate care offer across health and social care to ensure a sustainable and responsive model of delivery for both step-up and step-down support.

About Discharge to Assess

7. Discharge to Assess (D2A)² is a model of care that supports people to leave hospital as soon as they no longer require an acute bed, and to continue their care and assessments at home or in a community setting. The goal is to provide people with additional time and support for recovery, before making choices about their longer-term care support.
8. Fundamental to D2A is the principle that comprehensive assessment (including assessment under the Care Act 2014) will take place out of hospital, although it is acknowledged that there will be exceptions where it may be required that the assessment be carried out in hospital if deemed essential and/or appropriate. Ideally a conversation with the person about their support needs will take place in a person's own home but can also be in a community or care bed where this is required. The key provider of recovery support in the community will be local intermediate care services.
9. In Dorset, we currently discharge around 85% of people leaving hospital using a 'Discharge to Assess' approach. We ideally want this closer to 95%.³

¹ [COVID-19: Hospital discharge service requirements \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/86444/covid-19-hospital-discharge-service-requirements.pdf)

² [Home First / discharge to assess | Local Government Association](#)

³ The primary reason some will not be discharged under D2A is if we do not have a community service that can meet their needs in the community. This is the often people with the most complex needs.

About Intermediate Care

10. Intermediate care is a multidisciplinary service that provides short-term support⁴ and rehabilitation to people at risk of hospital admission or who have been in hospital. It is focused on helping people to recover and increase their independence. It is typically grouped into four types of support⁵:
- a. Community-based rehabilitation service which provide assessments and interventions to people in their own homes or in a care home. This is typically therapy-led and commissioned and provided by the NHS.
 - b. Community reablement services which work in a similar way but have a greater focus on helping people to recover skills and confidence to live at home and maximise their independence. This is typically commissioned by Local Authorities
 - c. Community bed-based services which support individuals who cannot be safely recovered at home. This includes NHS community hospitals as well as beds in care homes specifically set up for reablement or discharge to assess purposes.
 - d. Crisis response services which are based in the community and provide rapid intervention to people in their own home with the aim of avoiding a hospital admission.
11. Individuals requiring intermediate care may often receive one or more of these services with health and social care working closely together to deliver the best outcomes for individuals. It is often the same community rehabilitation and reablement teams providing both 'step-up' (admission prevent) and 'step down' (supported discharge) care.
12. A refreshed model of community rehabilitation and reablement services has recently been published by NHS England and will form the foundation for the work of this programme in 2024/25⁶

Outcomes and Benefits

13. A well-designed intermediate care service jointly delivered by health and social care and underpinned by a comprehensive discharge to assess approach will not only lead to better recovery outcomes and experience for the individual but will also wider system benefits for sustainability and use of resources.
14. A recent report published by the County Council Network and Newton⁷ quantified these benefits at a national level:
- a) 175,000 fewer older adults (aged 65+) admitted to hospital and instead supported in the community (£0.6bn)

⁴ Typically, up to 6 weeks

⁵ [Intermediate care guide - SCIE](#)

⁶ [Intermediate care framework for rehabilitation, reablement and recovery following hospital discharge \(england.nhs.uk\)](#)

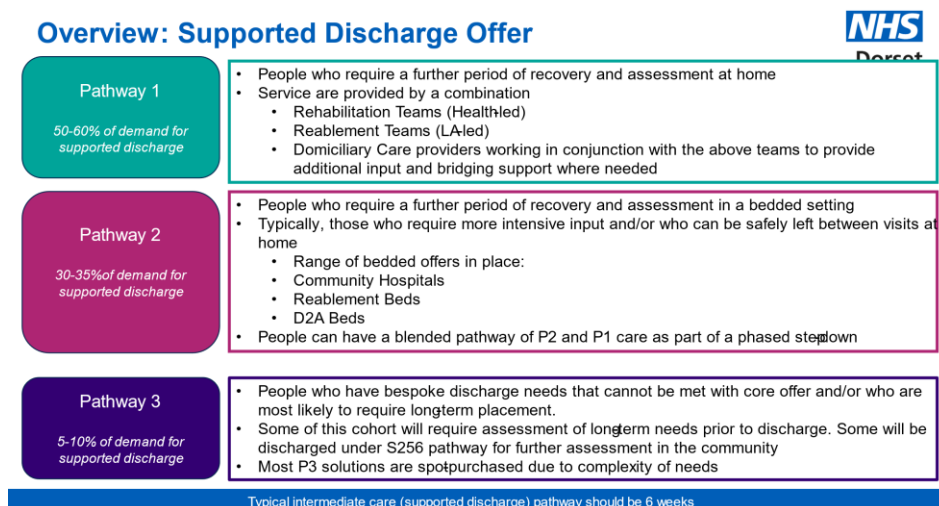
⁷ [Finding-a-Way-Home-CCN-Newton.pdf \(countycouncilsnetwork.org.uk\)](#)

- b) 1.1 million fewer beds days lost to 'complex' discharges, primarily as a result of improving capacity in intermediate care and reducing delays in the discharge process. (£356m saving)
- c) 43,000 people could have a more independent long-term outcome as a result of being discharged onto the right intermediate care pathway at the right time (£575m saving)

Our Current Position

Current intermediate care offer;

15. There is a broad range of home-based and bed-based intermediate care services available for Dorset residents and which are organised into three main pathways.



16. For BCP residents, most people are discharged one of the following services:

1. Pathway one services	2. Pathway two services
<ul style="list-style-type: none"> Acute hospital-led interim and bridging services run by University Hospitals Dorset (UHD) Community-based intermediate care teams run by Dorset Healthcare Reablement services run by Tricuro on behalf of BCP council. Rapid response and D2A domiciliary care commissioned by BCP 	<ul style="list-style-type: none"> Community Hospital beds (208 in total servicing all of Dorset area and run by DHC) 38 beds at Coastal Lodge providing a mix of rehabilitation and D2A beds (run by Tricuro) 24 D2A beds run by Care South and commissioned by NHS Dorset 20 beds at Figbury Lodge providing a mix of step up and step down beds, commissioned jointly by BCP Council and NHS Dorset.

17. Whilst having this breadth of capacity is helpful, the different commissioning and access arrangement contributed to extra complexity and hand-offs between different parts of the service which add to delays.

Demand for intermediate care in 2023/24

18. There have been 4,969 referrals for intermediate care step-down support to BCP residents between April 1, 2023, and March 31, 2024. About 73% converted to actual discharges⁸ with:

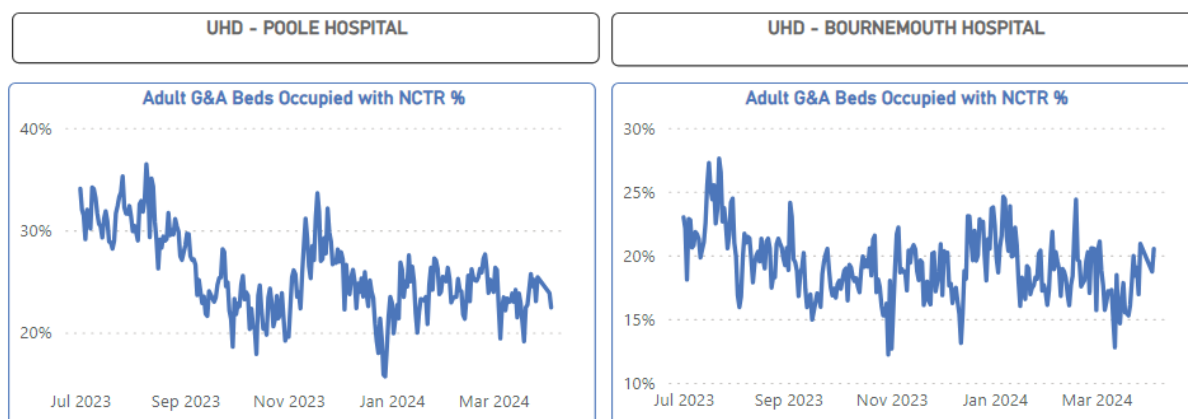
- a) 2,524 (65%) being discharged with home-based intermediate care services (Pathway 1)
- b) 1,114 (29%) being discharged with bed-based intermediate care services (Pathway 2)
- c) 239 (4%) being discharged into long-term care/placement (Pathway 3)

19. Whilst referrals in 2023/24 for intermediate care service were similar to 2022/23, there was an increase of circa four hundred discharges with a higher proportion leaving on Pathways 1 and 3 than in the previous year.

20. 87% of these discharges were from University Hospitals Dorset NHS Foundation Trust, noting that discharges into Pathway 1-3 represent about 13% of the total discharges from UHD.

System flow

21. Despite some evidence of in-year improvement in the number of delays waiting to leave UHD, the number of people not meeting the criteria to reside in hospital remains stubbornly high with between 20 and 25% of acute hospital beds blocked. This has a negative impact on both acute hospital flow (people waiting in A&E or for planned operation) and wider system flow (people waiting for ambulances); as well as carrying additional risks for the person delayed.



⁸ This figure excludes 1,432 episodes that were closed for other reasons e.g. person became medically unwell or died, or person was discharged into a specialist service.

22. There are typically around 150 patients waiting in UHD for intermediate care support at any one time, with the majority of these residing in the BCP area. Whilst we have seen some improvement in time taken to transfer individuals out of hospital to a Pathway 1 or Pathway 2 intermediate care offer, this is not yet at the level we need to consistently maintain flow through all our acute and community spaces.

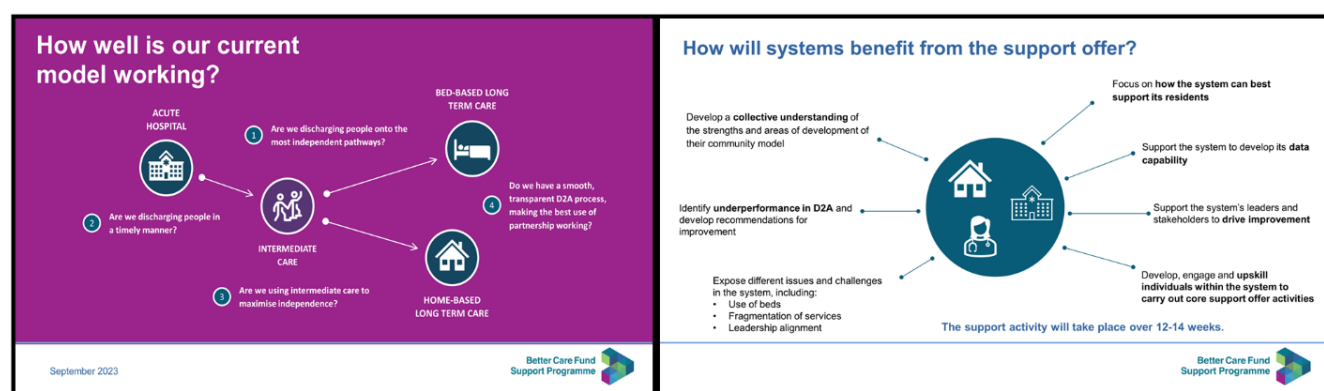
23. It typically takes circa 8 days for a Pathway 1 discharge from the point at which the person is medically fit to leave hospital and up to 14 days for a Pathway 2 discharge⁹. Our aim as a system is reduce this to below 5 days in the first instance with target aspiration of less than 3 days.

Our Plan for 2024/25

24. Having made some good progress in 2023/24 to improve the responsiveness, it is clear that there is still further to go to deliver the sustained improvement in our discharge to assess and intermediate care offer for all Dorset residents. Our work in 2024/25 will fall into two primary areas:

- a) Continued focus on targeted improvement to reduce the length of time people spend in hospital that is not required. This will primarily focus on bringing forward our discharge planning processes and reducing the number of hand-offs and decision points between different partners.
- b) A full review and redesign of our intermediate care model that will reduce the fragmentation between the different service offers in terms of how they are both commissioned and provided; and to address the gaps in our current service offer for those individuals with the most complex needs.

25. As a first step, we are about to commence a piece of work with the national BCF support programme to review our current D2A pathway and set the foundations for the redesigned intermediate model. This will be completed by early July 2024 and will include both qualitative and quantitative assessments of our current ways of working.



⁹ Circa 69% of all Pathway 1 acute discharges take place within 5 days; this applies to 30% of Pathway 2 transfers currently.

26. In parallel to this, we will continue to drive our targeted improvement work across all health and social care pathway with our focus for the first quarter in:

- a) Establishing acute-based Transfer of Care hubs which will bring all the key professionals involved in supporting site on-site in the acute hospital to work more collaboratively in sourcing discharge solutions for people in hospital. This should reduce the length of time it takes to discharge an individual and make better use of the intermediate care resources available.
- b) Scaling up the use of Expected Discharge Dates in acute and community beds and using this as lever for earlier discharge planning. This should reduce the length of time it takes to discharge an individual by ensuring all partners start the appropriate planning at the time someone is admitted rather than when they are medically ready to leave.
- c) Agreeing a set of standards for how long a person should expect to wait for different parts of their discharge and recovery plan to be completed. This will apply across health and care and support us to better hold each other to account when these standards are not met.
- d) Sourcing solutions for a better shared dataset across health and social care partners to help drive timely decision-making and enable us to spot more quickly when things are not happening as we would intend.
- e) Agreeing a consistent process senior escalation between organisations at place-level for when operational pressures increase and/or when our standards are not being met.

27. By tackling both these areas in tandem, it is our intention to both achieve a step-change reduction in hospital delays in the first quarter which will in turn release capacity and headspace to focus on our longer-term ambitions for an effective, recovery focused intermediate care services for BCP residents.

Performance data

28. The Hospital discharge Adult Social Care Outcomes Framework (ASCOF) were stopped in 2019 when the pandemic started as the hospital discharge process changed. The ASCOFs used to be around delayed transfers of care.

29. Client Level data (CLD) that has been collected since April 2023 gives us data about how many referrals come to BCP Council for support, for people leaving hospital.

30. On average CLD told us that over the last year 99 people received support from ASC to facilitate their discharge from hospital, each month. This number currently remains static.

31. Moving forward the ambition is to have agreed system wide Hospital Discharge data that will be available through the Dorset Intelligence and Insight Service (DiiS), that is provided by all partners within the Integrated Care System (ICS). This work is currently being scoped and data is being mapped from each partner. Project leads are also linked into the south west ADASS regional work for wider support with this.
32. Better Care Fund (BCF) metrics are reported and performance monitored by the Health & Wellbeing Board. A full report on how we are performing against the BCF targets will go to the next Health & Wellbeing Board meeting and can be shared with Health and Adult Social Care Overview and Scrutiny Committee.

Complaints and learning

33. In 2021/22, during the pandemic and when the D2A process was introduced, 9 complaints were received by the council around hospital discharge. These complaints were responded to jointly with health partners as were generally around the new process and how partners across the system were communicating or working together. One of those complaints went onto the ombudsman however was not found at fault, as the person had declined the care that was needed and offered by ASC. Learning was taken from these complaints and an Information and Advice leaflet was designed by the Council and Health to inform people of what to expect from discharge process.
34. In 2022/2023 complaint numbers fell to three and in 2023/2024, there were four complaints. The themes for these cases were generally around fees and funding for their placements from discharge.
35. The Council is working with Healthwatch as they roll out a feedback project around hospital discharge, leaving people with a diary that they can complete to let us know their experiences and what works well and what could be done better.

Summary of financial implications

36. The value of the funding for D2A system schemes for 2023/24 is £10.2m, of this £8.3m is funded by Health and £1.9m is funded by BCP Discharge fund.
37. There is further funding in the Better Care Fund dedicated to early support of hospital discharge of which £6.4m is health funding and £2.9m is BCP use of the Improved Better Care Fund grant.
38. For 2024/25 Health have reduced the level of funding for system schemes from £10.2m to £5.1m. BCP is planning to use its £3.1m Hospital Discharge Fund towards higher cost of care and meet the increased demand now imbedded in the base caseload as a direct result of the D2A approach. The Health funding for the Early Supported Discharge schemes in the Better Care

Fund have received an inflationary increase of 5.6% whilst the Government has frozen the allocation of the Improved Better Care Fund grant.

39. The Dorset ICB are minded to allocate £5.1m funding for 24/25 against specific schemes necessary to accommodate the Home First model, however this has not been agreed yet. Some of the schemes are realised in the form of block arrangement like block booked home care hours to provide rapid response in people's homes, or block booked care home beds in Coastal Lodge to provide out of hospital rehabilitation. There are also various staffing roles like brokerage and social work capacity.

Summary of legal implications

40. There are no legal implications directly arising from this report. However, issues referenced within the report may require legal advice and support as and when necessary, this includes case specific assessments in accordance with the Care Act 2014 and where appropriate strategic partnership working issues.

Summary of human resources implications

41. Important to note that we have operational and commissioning staff who are funded by non-recurrent monies which potentially could pose a risk should the funding alter.

Summary of environmental impact

42. Not applicable as this report is for information and update only.

Summary of public health implications

43. Improving community-based rehabilitation and reablement services is important for people's maintenance and recovery of independence. The more these services can be provided in the community or ideally in people's homes, is better for longer term outcomes. The length of time a person stays in a hospital bed due to delays to discharge, the greater the risk of acquiring infection and reduced function levels, both of which are important factors in staying well and maintaining independence in later life.
44. Given our demographic change and ageing population, reablement and rehabilitation services are a vital aspect of ensuring integrated care services cater to the needs of our population.

Summary of equality implications

45. Equality impact assessments will be completed to support decision-making in relation to redesign and implementation of services under this programme.
46. As described in the previous [Home First Programme Overview and Scrutiny Report](#) (January 2021) vulnerable people, including those with long term conditions and/or disabilities, will be impacted by the programme. Prolonged stays in hospital can increase the risk of hospital-related acquired infections

which would particularly impact these groups. We expect that Home First will have a positive impact on getting people home.

Summary of risk assessment

47. If there are any unforeseen delays around further work being implemented.

Background papers

Published works;

[COVID-19: Hospital discharge service requirements \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

[Home First / discharge to assess | Local Government Association](#)

[Intermediate care guide - SCIE](#)

[Intermediate care framework for rehabilitation, reablement and recovery following hospital discharge \(england.nhs.uk\)](https://www.england.nhs.uk/intermediate-care/framework-for-rehabilitation-reablement-and-recovery-following-hospital-discharge/)

[Finding-a-Way-Home-CCN-Newton.pdf \(countycouncilsnetwork.org.uk\)](#)

Appendices

None.

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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Data Working Group final report
Meeting date	20 May 2024
Status	Public Report
Executive summary	<p>The Health and Adult Social Care Overview and Scrutiny Committee commissioned a Data Working Group to consider how it could effectively use data to strengthen scrutiny.</p> <p>The purpose of this report is to inform the committee of the findings and output of the working group and to present recommendations.</p>
Recommendations	<p>It is RECOMMENDED that the Committee:</p> <ol style="list-style-type: none"> 1. notes the findings of the Data Working Group as set out at Appendix A to this report. 2. adopts the Data Use Toolkit at Appendix B to this report and implements it with immediate effect to support O&S work. 3. supports the standard data request to accompany all O&S reports as set out at section 6 of the toolkit. 4. shares the toolkit with the Council's Corporate Management Board to share the expectations of the committee in relation to data reporting, and to highlight the committee's commitment to evidence-based scrutiny. 5. agrees to undertake 'horizon scanning' research proactively and independently, raising any issues of interest or concern into committee. 6. explores the value of using the rapporteur model further in its next round of annual work programming. 7. agrees to review the identified primary sources annually, as part of work programming activity, to assist in setting a value-added programme of work for the forthcoming year. 8. annually reviews its training needs associated with accessing and interpreting data sources, this to form part of the committee's annual work programming activity. 9. agrees to follow the methodology, as set out in the toolkit at section 6, for the scoping of scrutiny items and identification of Key Lines of Enquiry and supporting data

	<p>requests.</p> <p>10. keeps the toolkit under review and strengthens it with additional suitable data and policy, as arising.</p> <p>It is RECOMMENDED that the Committee recommend to the O&S Board:</p> <p>11. that a similar toolkit be developed for all O&S committees to reflect the relevant data and policy landscape within the remit of these committees. This to be added to the O&S Action Plan.</p> <p>12. that the Data Use Toolkit be highlighted within the O&S annual report to Council.</p>
Reason for recommendations	To support an evidence led approach to scrutiny work within BCP Council. To provide a mechanism for councillors to access data and information resources independently, aligning to the principle that scrutiny should be a member-led function. To promote the principle of evidence led scrutiny across the wider council and officer corps.
Portfolio Holder(s):	Cllr David Brown, Portfolio Holder for Health and Wellbeing
Corporate Director	Jillian Kay, Corporate Director for Wellbeing
Report Authors	Lindsay Marshall, Scrutiny Specialist Louise Smith, Senior Democratic and Overview and Scrutiny Officer
Wards	Council-wide
Classification	For Decision

Background

1. The Health and Adult Social Care Overview and Scrutiny Committee agreed to commission a Data Working Group at its meeting on 27 November 23 and agreed the scope of the working group at its meeting of 15 January 2024. The scoping paper is attached to this report at Appendix C.
2. The Data Working Group met on 4 occasions between December 2023 and April 2024. During its meetings it considered the scope of the group and received and considered information and data demonstrations from colleagues within BCP as well as health partners. The group developed the Data Use Toolkit to capture the findings of its work and translate this into a resource that will support present and future O&S councillors. The toolkit is attached to this report at Appendix B.

Key Lines of Enquiry, Findings and Recommendations

3. The scope of the working group was to investigate eight Key Lines of Enquiry (KLOE). The majority of the group's findings were drawn together in a Data Use Toolkit, developed by the group to provide:
 - an understanding of the purpose and benefits of data use by the Health & Adult Social Care (HASC) O&S Committee
 - access to a range of data tools that will support a proactive approach to incorporating data into scrutiny work.

The toolkit is aimed at councillors and may also provide benefit to officers and partners of the council who work with data and/ or support the O&S committee.

4. The KLOE and a summary of related findings and recommendations are set out in Appendix A.
5. In addition to the findings set out at Appendix A, the working group particularly highlighted the enthusiasm of colleagues, both within the council and from NHS and Public Health, towards supporting the O&S committee in its ongoing use of data. Their guidance in data analysis has been captured in the Data Use Toolkit and thanks are given to all those who supported the work of the group.

Measures of Effectiveness

6. The scope of the Data Working Group established the following measures of effectiveness, as set out in the scoping report at Appendix C to this report:
 - a. A clear list of data requests is established that informs the work of the O&S committee.
 - b. If there are data requests that cannot be met, there is clarity in the group on the reasons for this, and any actions that can be taken to change this in future.
 - c. There is a clear process agreed for responding to future arising data requests.
 - d. The work of the O&S committee is enhanced by the data provision established. The Committee may wish to review this regularly, when considering the value added through its overall work to understand the contribution that has been made by data provided.

Measures a, b and c have been met and are set out in the findings of the group and within the toolkit. Measure d can be assessed when the use of data has become embedded by the committee. The committee may wish to reflect on this annually, during work programming activity, to consider how data use has enhanced its work and to use this reflection to inform future work programming choices.

Options Appraisal

7. The Committee is asked to consider and approve or amend the recommendations of the Data Working Group. There are no alternative options proposed.

Summary of financial implications

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

Summary of legal implications

9. There are no legal implications associated with this report. Adoption of the Data Use Toolkit will promote statutory guidance relating to overview and scrutiny which outlines that scrutiny work should be driven by evidence.

Summary of human resources implications

10. There are no direct human resources implications associated with this report.

Summary of sustainability impact

11. There are no sustainability implications associated with this report.

Summary of public health implications

12. There are no public health implications associated with this report.

Summary of equality implications

11. There are no equality implications associated with this report.

Summary of risk assessment

12. There are no direct risks associated with this report.

Background papers

There are no background papers to this report.

Appendices

Appendix A – Data Working Group - Key Lines of Enquiry, Findings and Recommendations
Appendix B – O&S Data Use Toolkit
Appendix C – Data Working Group Scoping Report

	Key Lines of Enquiry Established by HASC O&S Committee in scoping report	Findings and Recommendations
A	<i>Consideration of the definition of what data is and what type and level of data and/ or insight is useful for scrutiny</i>	The working group explored this and outlined findings in a Data Use Toolkit. Recommendation – that the O&S Committee adopts the Data Use Toolkit at Appendix B and implements it immediately to support O&S work.
B	<i>What data currently exists that may assist the committee in fulfilling its scrutiny role? Consideration to be given at separate working group meetings for the data available from Adult Social Care and health partners.</i>	The working group explored this in two separate meetings dedicated to Adult Social Care related data and health partner related data. Findings are outlined in the toolkit.
C	<i>Of the existing data established at B. above, what are the specific data requests of the committee and how will these be used to inform the committee's work? (eg. horizon scanning/ deep dive scrutiny)</i>	The working group explored this and outlined findings in the toolkit. The working group also agreed a standard data request for all reports to committee, as outlined in section 6 of the toolkit. Recommendation – that the O&S Committee supports the standard data request to accompany all O&S reports as set out at section 6 of the toolkit. Recommendation – that the O&S Committee shares the toolkit with the Council's Corporate Management Board to share the expectations of the committee in relation to data reporting, and to highlight the committee's commitment to evidence-based scrutiny.
D	<i>Do these data requests exist in a format that is digestible for scrutiny purposes? If not, can this be achieved?</i>	The working group explored the varying formats of data and isolated those which can be used by scrutiny councillors as 'self-serve' data. Other data is

		more suitable for supported access and analysis using the help of data experts. This is outlined in full in the toolkit.
E	<i>With what frequency will the data be received and by what mechanism? (eg. within committee meetings/ supplied outside of meetings/ links to other bodies' data/ rapporteurs).</i>	<p>The working group agreed a standard data request for all reports to committee, as outlined in the toolkit and referenced at C. above.</p> <p>The working group was keen to support councillors to independently access data. The toolkit identifies 'self-serve' data to enable councillors to access these sources at any time as part of their independent research into specific scrutiny topics and to strengthen work planning judgements. The working group highlighted that O&S committees and councillors have limited resources to undertake their work. Independent, regular review of horizon scanning resources by councillors, outside of committee meetings, will ensure that committee time is reserved for value added scrutiny. The toolkit will be shared with each committee agenda for ease of access.</p> <p>Recommendation – that the O&S Committee agrees to undertake 'horizon scanning' research proactively and independently, raising any issues of interest or concern into committee.</p> <p>The working group discussed and supported the rapporteur model as a means of maximising resources by sharing responsibility for horizon scanning across committee members. The benefits of this model are set out in section 6 of the toolkit.</p> <p>Recommendation - that the O&S Committee explores the value of using the rapporteur model further in its next round of annual work programming.</p> <p>Of the data resources considered, a set of primary sources have been identified by the working group as most useful for the committee in its work. These are set out in the toolkit.</p> <p>Recommendation – that , in addition to councillors' ongoing independent research, the O&S Committee agrees to review the identified primary</p>

		<p>sources annually, as part of work programming activity, to assist in setting a value- added programme of work for the forthcoming year.</p> <p>To support effective use of the toolkit, the working group considered potential training needs of the committee in accessing and interpreting data.</p> <p>Recommendation – that the O&S committee annually reviews its training needs associated with accessing and interpreting data sources, this to form part of the committee’s annual work programming activity.</p> <p>The working group were keen to ensure that the data aspirations set out in the toolkit could be practically applied to scrutiny work. To achieve this, the group supported the use of a Key Lines of Enquiry proforma for all scrutiny work including any specific data requests, as set out in section 6 of the toolkit.</p> <p>Recommendation - that the O&S Committee agrees to follow the methodology as set out in the toolkit at section 6 for the scoping of scrutiny items and identification of Key Lines of Enquiry and supporting data requests.</p>
F	<i>Are there any gaps between the availability at B. and the request at C? Are there any recommendations for how these gaps may be bridged?</i>	<p>The working group noted the vast amount of data and policy available to support it in its role. There were no gaps identified.</p> <p>The working group agreed that the toolkit should be kept under review by the committee in order that any future data gaps, or arising helpful data or policy opportunities may be added to the toolkit.</p> <p>Recommendation – that the O&S Committee keeps the toolkit under review and strengthen it with additional suitable data and policy, as arising.</p>
G	<i>What processes will the committee establish for arising requests for data to ensure officers can support requests? (eg. consider additional data</i>	<p>The working group explored this and outlined a methodology for accessing data within the toolkit at section 6.</p>

	<i>requests at the point of scoping a scrutiny item/ timescales to enable officers to respond to requests).</i>	
H	<i>Does this work lead to any wider, out of scope issues that have arisen as a result of discussions? These may form a suggestion for further scrutiny work.</i>	<p>There were no additional, out of scope, issues identified by the working group.</p> <p>In response to its work, two additional recommendations were made by the working group, to further embed the commitment of the council to evidence led scrutiny:</p> <p>Recommendation - that the O&S Committee recommends to the O&S Board that a similar toolkit be developed for all O&S committees to reflect the relevant data and policy landscape within the remit of these committees. This to be added to the O&S Action Plan.</p> <p>Recommendation – that the O&S Committee recommends to the O&S Board that the Data Use Toolkit be highlighted within the O&S annual report to Council.</p>

Foreword - Achieving Data Driven Scrutiny



Councillors Patrick Canavan, Joe Salmon and Stephen Bartlett

Members of the O&S Data Working Group

O&S has an important role to play in strengthening the decisions that are made on behalf of local people, with the HASC Committee focussed on supporting activity relating to health and adult social care services.

HASC councillors were mindful that there is a wealth of data available to support us in our role as effective scrutineers. This data tells a story of the needs and experiences of residents using health and care related services as well as the performance of services, the costs associated, and the judgements formed by the council and other responsible bodies on service direction.

Acknowledging that the data and policy landscape is extensive and complex, and with many new councillors joining BCP Council in

2023, we recognised that one of our first jobs as a committee was to better understand the various data sources and how these could provide a wider evidence base for the work of scrutiny.

A working group of councillors was established and has produced this toolkit with the support of expert officers and data analysts from both within the council and our colleagues from Public Health and the NHS. Thanks are given to the officers who have provided their time and expertise in bringing this toolkit together.

As our data and tools to understand it are growing more sophisticated, the potential for councils and health partners to use it to shape and target services and interventions is huge. Through our working group investigations, it was clear to us that as a council and a local healthcare system we're ambitious on that journey. As our data tools develop, this toolkit will be updated to reflect these.

Above all else, the working group acknowledged that scrutiny councillors are not expected to be data analysts or experts in the field. The strength of scrutiny lies in the ability of councillors to listen to residents and shine a light on issues of public importance, to ask the right questions of those designing and delivering services, and to draw upon the relevant evidence in response to those questions. The toolkit has been developed with this in mind and with the aim of being a resource for current and new councillors in their understanding of the data landscape.

1. Purpose

The purpose of this toolkit is to provide councillors with:

- an understanding of the purpose and benefits of data use by the Health & Adult Social Care (HASC) O&S Committee
- access to a range of data tools that will support a proactive approach to incorporating data into scrutiny work

2. How to use this toolkit

This toolkit is focussed on the data sources that will support work within the remit of the Health & Adult Social Care O&S Committee. Other O&S committees will find alternative data sets more relevant to their work.

Sections 3 – 7 provide guidance on the definitions of data, the value of data for scrutiny work, and guidance on how to request and use data.

Table 1 provides detail of the various data sources presented to and considered by the Data Working Group.

Data, research, reports and analysis sources have been provided in this toolkit. All may serve a purpose for scrutiny for different reasons. Sources include a brief description, advisory notes on how to use them and have been categorized in the following ways:

- Accessibility
- Local/ national relevance
- The type of scrutiny work that the source will support (deep dive/ horizon scanning)

Many data sources are public, with links provided for easy access. Some tools provide data with supporting narrative, whilst others may require an account to access, or present raw data in a way that may will benefit from the assistance of officers to interpret. Taking account of this, sources are categorised as 'self-serve' or 'supported access'.

Councillors can also use the sources available through this toolkit to support their own **background research** for O&S work and develop a wider understanding of health and adult social care issues to better inform their scrutiny enquiries and work programming judgements.

3. What is data?

Data or intelligence is the quantitative and qualitative information we gather from systems and people. It is used by the council and health providers to understand outcomes for people and ensure the services delivered are the right ones.

Quantitative data is data represented numerically, including anything that can be counted, measured, or given a numerical value.

Qualitative data is data that cannot be represented numerically and is instead based on an observation of described lived experiences and patterns of behaviours.

Quantitative data may be more **structured** (eg. numbers of people taking up immunisations) whereas qualitative data is **unstructured** (eg. feedback on a service gathered through a focus group). Both types of data represent a person using the services provided by the council and its partners and are of equal importance.

In order to be meaningful, the use of data and intelligence needs to be **timely and measurable**. Some data is available in **real time**. Other data has been gathered, cleansed and included within overarching reports, such as quarterly or annual reports. There will be a **lag in the data** provided in these types of reports. Both forms of data will be useful to O&S but judgements should be made regarding the timeliness of data that is required to inform O&S work.

4. Why is data important for overview and scrutiny?

The role of O&S is to **test and challenge** the assumptions and decisions of the council and its health partners, to strengthen the decisions that are made. It provides this test and challenge on behalf of the public and has a wide range of powers to scrutinise anything that affects the local area or its residents. This is a significant responsibility and the work undertaken by O&S should be **based on evidence**.

O&S work is selected by councillors and supported by officers and partners of the council (eg. NHS) who are experts in their field. Reports to scrutiny are provided by officers and partners who can provide information and narrative on issues selected for scrutiny. By incorporating data and additional insight into their work (eg. evidence sessions with relevant stakeholders, site visits, surveys), O&S councillors can form a broader understanding of an issue and **triangulate** information to test that what is being provided to them in reports is supported by relevant data. Through this, O&S findings become **evidence based** and scrutiny can better support the governance of the council and its partners as an effective '**critical friend**'.

There is no one person who holds all the data and answers about the performance of services in the local area. A unique **power of scrutiny** is the ability to **bring together** a range of **partners and information** to gain a picture of how well services are meeting the needs of residents, and to help find solutions where improvements are needed. Data is part of the clue package that can be drawn upon to build this picture.

Lessons can be learned from other areas of the country where data has not been used effectively by scrutiny, or councillors have not heeded the stories being told by the data provided. Where scrutiny has not been evidence led, it has been found to be a contributing factor to major service failure that has had a significant impact on the lives of residents.

5. Deep dive and Horizon scanning

Scrutiny work can be broadly divided into two categories of 'deep dive' and 'horizon scanning'. These are defined as:

Deep dive

- Detailed work focussed on policy development and exploring options for the future.
- Often in the form of a working group or a series of committee-based evidence sessions.
- Framed as a series of questions or key lines of enquiry (KLOE) to which O&S seeks answers through detailed enquiry. Answers are found through the gathering of evidence, with a view to informing future policy.
- Specific and potentially more granular-level data may form part of the evidence base in answer to KLOE.
- O&S may also gather insight by talking directly to partners, officers and residents, to build a fuller picture around the data gathered.

Horizon scanning

- Regular monitoring of a range of higher-level data, outside of a committee setting.
- Data selected should assist in giving the committee high-level narratives that tell the story of need or set the context for strategies.
- Using this data the committee can build an understanding of context and trends around performance and resident experience and identify any emerging 'red flags'.
- Red flags may be elevated to committee for a report or a working group deep dive, following background enquiries.
- Horizon scanning data sources should be reviewed collectively on an annual basis to inform onward work planning.

An example of the types of data sources that support deep dive and horizon scanning work is set out in **Figure 1** below.

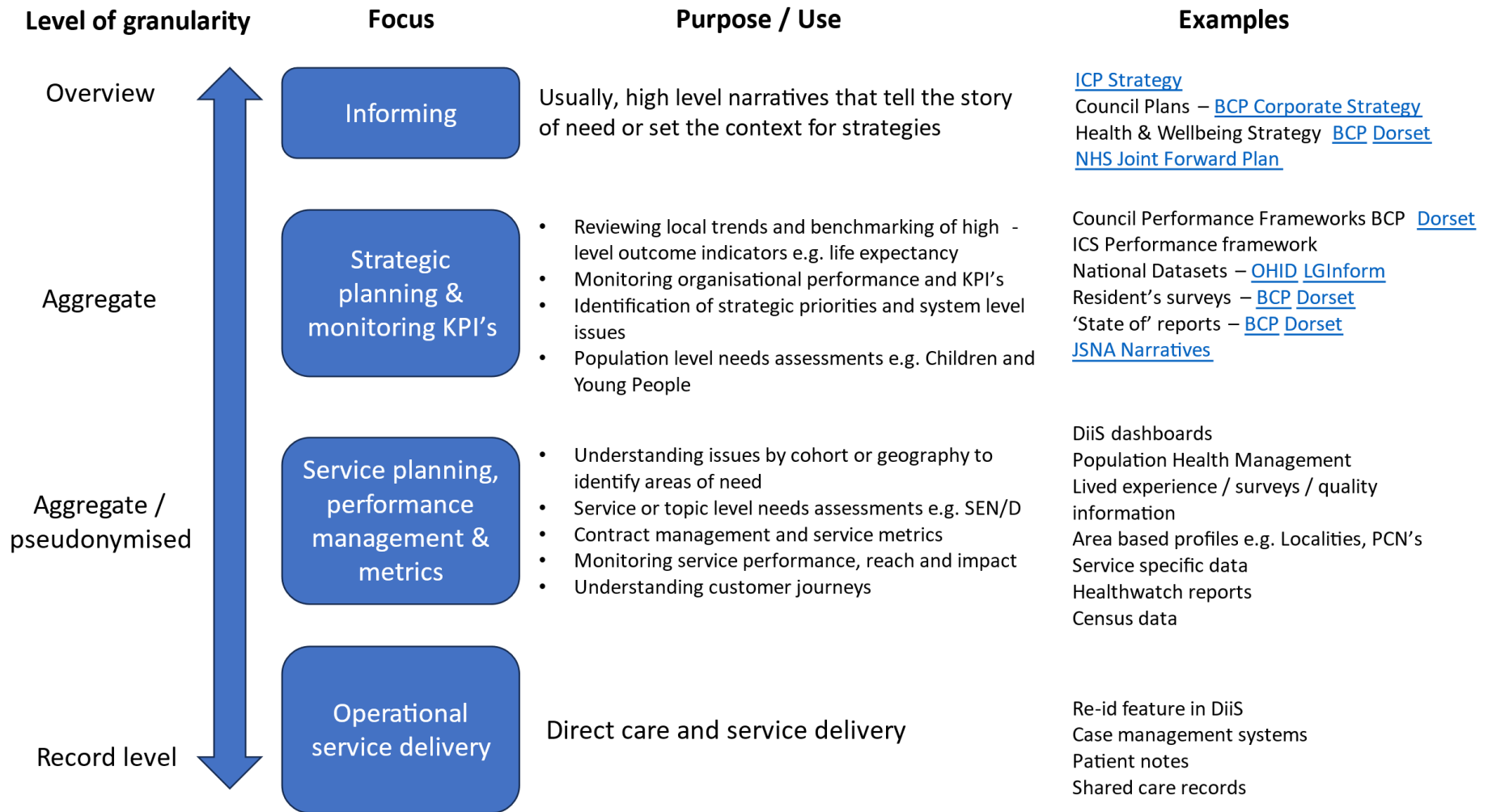


Figure 1 – Examples of data sources to support deep dive and horizon scanning (provided by Public Health colleagues)

6. Accessing data – a methodology for O&S councillors

Rights to information

Councillors, and scrutiny councillors in particular, have elevated rights of access to information held by the council and its partners. O&S committees have **statutory powers to request information** but with this right is a responsibility to **clearly set out what these requests are**, and to do so **in a reasonable timeframe** for requests to be provided. This will help to ensure that requests by O&S can be met effectively, and that relationships with officers and partners are built on mutual trust with a shared common aim of improving services and outcomes through scrutiny.

Using the following guidelines for data and information requests will assist with this. These should be followed in conjunction with the requirements of procedure rules within the BCP Council Constitution.

Key Lines of Enquiry

O&S outcomes are often most effective when work is targeted, rather than taking a broad ‘oversight’ approach. A good practice to achieving targeted scrutiny is the establishment of a set of key lines of enquiry (KLOE). This applies to one-off committee reports as well as more in-depth, deep dive reviews. By seeking answers to these KLOE, findings and recommendations will be evidence based and are more likely to be SMART, with a tangible benefit to residents.

Committees are encouraged to outline a set of KLOE for all items on their work programme, **at least one meeting cycle (2/3 months) in advance, and ideally on an annual basis when the following year’s work programme is set**. This will allow opportunity for respondents to gather and provide the requested information and to meet the council’s consultation and sign off requirements for public reports. KLOE should include any specific data requests to support the subject matter under scrutiny. Committees can collaborate on KLOE informally and formalise these requests at committee.

A link to a standard proforma for Key Lines of Enquiry can be found [here](#).

Standard data inclusions for HASC Committee reports

As part of its enquiries, the Data Working Group agreed a **standard set of data inclusions** that, where available, should accompany all reports to committee to enhance the evidence base provided to scrutiny. These are:

- ✓ Historical trends
- ✓ Regional and national comparisons
- ✓ Demographic comparisons
- ✓ Costings and budget
- ✓ An outline of any limitations in the data that should be taken into account by the committee

Officers will be able to provide tailored advice and support in analysing the data as appropriate for individual reports.

Additional requests for data and information

Reports to committee are published five clear working days in advance of committee meetings. After reading reports, committee members may have additional questions, over and above KLOE and standard data inclusions, that require technical detail to respond. Wherever possible, councillors should provide these questions in advance of the committee meeting to report authors, to give opportunity for supply of information into committee.

Where additional details, or further analysis of data is requested, it may be necessary to provide that information post-meeting or at the next committee. Committees are therefore encouraged to invest time in scoping scrutiny items to ensure that data requests can be identified at an early stage.

Horizon scanning and work planning

There are a variety of data sources that will support the horizon scanning role of the HASC Committee. These are identified in the table below, with many identified as '**self-serve**' resources that councillors can easily access and research independently.

O&S is one of many bodies that maintain a close oversight of data. Some of the resources provided are in the form of strategies produced by other bodies (such as the Joint Strategic Needs Assessment) where data has already been assessed to give a picture of the needs and service

aspirations for the area. Sources from the policy and strategy landscape will provide a shortcut to the committee in terms of understanding where their work programme may be most valuably directed.

Of the resources considered, a set of primary sources have been identified by the Data Working Group as most useful for the committee in its work. Primary sources have been identified within Table 1 and are also set out below.

Primary sources for O&S horizon scanning

- ✓ State of BCP Report
- ✓ BCP Adult Social Care Annual Complaints Report
- ✓ Joint Strategic Needs Assessment
- ✓ Integrated Care Partnership Strategy
- ✓ Health & Wellbeing Strategy 2020-23
- ✓ Health & Wellbeing Strategy refresh activity 2024
- ✓ Office for Health Improvement and Disparities (OHID) Public Health Outcomes Framework
- ✓ Office for Health Improvement and Disparities (OHID) Local Authority Health Profiles

Primary sources for deep dive O&S work

- ✓ LG Inform, including LG Inform Adult Social Care reports
- ✓ Dorset Intelligence and Insight Service (Diis)

These sources were identified in March 2024, and will be kept under review and updated as appropriate.

O&S committees and councillors have limited resources to undertake their work. Independent, regular review of horizon scanning resources by councillors will ensure that committee time is reserved for value added scrutiny. To share the load, the committee may wish to agree **rapporteurs** who will take responsibility for monitoring and researching specific agreed areas and reporting back to the wider committee. This may be achieved by undertaking a skills and interests audit of committee members to match areas of interests with appropriate members.

O&S work planning will be strengthened by a collective annual review of horizon scanning resources. With support from senior officers to provide further background information on services and any areas of strategic change, this will provide an evidence base for work programme

decisions for the year ahead. Planning an annual programme of scrutiny work will provide sufficient notice for report authors to meet the data requests identified for each scrutiny item.

7. How to be an intelligent user of data tools

The Working Group asked data analysts to provide guidance on how to approach data intelligently. They noted that where data is used to make judgements, it is essential that this is approached with some caution. Wherever possible, data should be **triangulated** across a range of sources, and **red flags in data should always be followed up with further enquiries** to understand a fuller picture - one that may not be evident from the data alone. For example, data changes may be a result of service change or a difference in the way that data is collected.

The following **'top tips'** may be useful for councillors when approaching data independently:

- Always treat high level data with some caution – consider who has produced the data or look for official statistics-type markings.
- Look at historical information and trends as well as the current data point.
- Consider the size of the data set – changes in smaller data sets will appear more significant than in larger data sets.
- Look at the description of how data has been calculated. Differences in collection and calculation of data in different councils will affect how the data compares.
- Data doesn't explain the context. Ask questions around service change or how data has been calculated to understand further what the data may mean.
- Be aware of the timeliness of data. Consider when real time data is required compared to quarterly/ annual reports, which will reflect a data lag.
- Data quality can vary and the output is only as good as the input. Care may need to be taken if the data beneath is of poor quality. Ask questions around data cleansing to understand the quality of the data provided.
- Seek assistance from council intelligence teams where a more analytical approach is required.

The council and its partners (Public Health, NHS, Diis Team) have experts who regularly work with the data sources outlined in **Table 1**. Accessing the support of data analysts for deep dive scrutiny work will assist councillors and strengthen scrutiny outcomes. Support required can be identified at the scoping stage of a piece of scrutiny work.

Table 1 – Data Sources for use by the Health & Adult Social Care O&S Committee

Source number and accessibility	Data Source (Primary sources identified)	Description	Local/ National Tool?	Deep dive/ Horizon scanning?	Notes
Self-Serve Supported Access					
Local Strategies/ Reports (general)					
1	BCP Corporate Strategy 2023-27 (high level summary)	The Council's vision for 2023-27, setting out key priorities and ambitions for the BCP area.	Local	Horizon scanning	Overarching Council Strategy and performance information, which includes people, health and care aims. These three sources accessed together will give a full picture of council aims and performance on working towards these. Corporate performance information will be updated following completion of the Corporate Strategy refresh.
2	BCP Corporate Strategy delivery plans (link to be added when published to Cabinet May 2024)	Detailed delivery plans setting out how the aims of the Corporate Strategy will be met.	Local	Horizon scanning	
3	Corporate Performance info	Information published quarterly about how BCP Council is working towards achieving the objectives in the Corporate Strategy. Includes updates on actions and key performance indicators	Local	Horizon scanning	
4	BCP Budget and Annual Accounts	Overarching BCP Council finance information	Local	Horizon scanning	See also Medium-Term Financial Plan reports, published throughout the year to Cabinet. These give a picture of likely

Source number and accessibility Self-Serve Supported Access	Data Source (Primary sources identified)	Description	Local/ National Tool?	Deep dive/ Horizon scanning?	Notes
					pressures, savings and changes in the finances of the council that may impact on service delivery.
5	BCP Council Residents' Survey 2021	Survey of residents in BCP area asking questions about what it's like living in the local area. The results of this survey provide baseline information which is used to measure satisfaction and perceptions over time.	Local survey of residents – not limited to a health focus	Horizon scanning	Due for a refresh – new survey conducted in Autumn 2023 Includes satisfaction in services & support for older people/ young people; carer satisfaction with BCP services; levels of social contact and isolation across a range of indicators
6	Primary Source State of BCP Report, 2023	'Key facts' document providing information on the BCP area and resident characteristics. Updated annually.	Local 'key facts' document	Horizon scanning	Includes a range of information on wellbeing indicators (eg. obesity, mental health, injury) as well as linked indicators such as deprivation, housing and economic factors.
Local Strategies/ Reports (health/ adult social care focus)					
7	Primary Source BCP Adult Social Care Annual Complaints Report (2022/23)	Statutory annual report, provides an overview of complaints received relating to adult social care services, including those that have been considered by the Local Government & Social Care Ombudsman.	Local - adult social care focus	Horizon scanning	Annual review of the report by the committee will assist in work programming by helping to identify any areas of concern that would benefit from scrutiny. See the cover report for the latest report to the O&S committee for summary and further context

Source number and accessibility	Data Source (Primary sources identified)	Description	Local/ National Tool?	Deep dive/ Horizon scanning?	Notes
Self-Serve Supported Access					
8	Safeguarding Adults Board Annual Report (Dorset and BCP area) 2022/23	Statutory annual report informing readers about how the Safeguarding Adults Board has carried out its responsibilities to prevent abuse, harm and neglect of adults with care and support needs during the reporting period.	Local – adult social care focus	Horizon scanning	It is a statutory requirement for the Safeguarding Adults Board to publish an Annual Report each year and to present that report to the Council's Health & Wellbeing Board. Many Councils also request that the report is presented to Scrutiny as the report enables a discussion on the work of the Safeguarding Adults Board.
9	Primary Source Joint Strategic Needs Assessment (BCP Summary Narrative, November 2023)	Report provided by Public Health for the local Health and Wellbeing Board. Provides an assessment of current and future health and wellbeing issues for 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. See HWB cover report for more context	Local – health focus	Horizon scanning. Recommended primary source for consideration in annual work programming activity.	Report production is based on an assessment of raw data sources also listed in this document, along with liaison with local stakeholders on issues for the area. This is used to present an assessment of current needs of the BCP area. The JSNA therefore provides a shortcut to committee in terms of horizon scanning vs. accessing the data independently. JSNA is refreshed annually. Thematic needs assessments, underpinning the summary assessment, are also available via this link (end of life care/ physical activity/ special educational needs and disability/ ADHD and autism). These sources would support any deep dive work selected for these particular issues.

Source number and accessibility Self-Serve Supported Access	Data Source (Primary sources identified)	Description	Local/ National Tool?	Deep dive/ Horizon scanning?	Notes
10	Primary Source Integrated Care Partnership (ICP) Strategy	Strategy which sets out how the NHS, councils, and other partners within the integrated care partnership (ICP) will work together to make the best possible improvements in the health and wellbeing of local people.	Local – health focus	Horizon scanning	
11	Primary Source Health & Wellbeing Strategy 2020-23	Strategy produced by Health & Wellbeing Board, setting out the aims of the Board based on an assessment of local need.	Local – health focus	Horizon scanning	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). This is the current strategy, now in the process of being refreshed (see below)
12	Primary Source Health & Wellbeing Strategy refresh activity 2024 From Strategy to Action report Health & Wellbeing Board Development	Reports providing an overview of work undertaken to date by the Health & Wellbeing Board on the refresh of its strategy	Local – health focus	Horizon scanning	An understanding of the work of the Health & Wellbeing Board, its priorities and proposed activity, will assist the scrutiny committee in its horizon scanning role and understanding where to direct its resources over the forthcoming year.

Source number and accessibility Self-Serve Supported Access	Data Source (Primary sources identified)	Description	Local/ National Tool?	Deep dive/ Horizon scanning?	Notes
	Session, December 2023				
13	Primary Source NHS Dorset Joint Forward Plan	NHS 5 year forward plan, based on 5 key outcomes.	Local – health focus	Horizon scanning	Officers are seeking operational plan/s from NHS colleagues for inclusion here. Operational plans are expected to provide more information on proposed major changes and help O&S in its horizon scanning role to understand which changes they may wish to engage with.
14	Annual Director of Public Health Report 2022/23	An annual overview of the work of public health	Local – health focus	Horizon scanning	Provides an overview of the programme of work. Scrutiny may wish to consider areas of alignment when planning its annual work programme.
15	Dorset Health Protection Report 2022 (Public Health)	An overview of the health protection function within the public health team; needs of, and plans to support, the health of the area's residents.	Local – health focus	Horizon scanning	Covers health matters such as infectious diseases, immunisations and environmental hazards. Scrutiny may wish to consider areas of alignment when planning its annual work programme.
16	Development of Integrated Neighbourhood Teams/ Working	Report of Chief Commissioning Officer, NHS, on plans for changes to the local approach to service commissioning	Local – health focus	Horizon scanning	This document outlines plans for fundamental shift in the model of care delivered in the community in Dorset, which is expected to be an area of significant work. Scrutiny may wish to consider alignment to the plans within this document through their annual work programme (2024).

Source number and accessibility	Data Source (Primary sources identified)	Description	Local/ National Tool?	Deep dive/ Horizon scanning?	Notes
Self-Serve Supported Access					
17	Our Dorset – A movement for movement	Local physical activity strategy for BCP and Dorset	Local - health focus	Horizon scanning	May support horizon scanning by providing potential areas of scrutiny focus from a prevention/ health promotion angle.
Local Data Portals					
18	Local Government & Social Care Ombudsman	Searchable database of the decisions made on complaints relating to BCP Council Services.	Local – all categories of council services, including adult social care	Horizon scanning	Maintaining a review of the database will provide an opportunity for the committee to monitor any trends in the levels and types of complaints relating to adult social care. This will assist in work programming by helping to identify any areas of concern that would benefit from scrutiny.
19 Available to relevant senior officers	BCP Internal Officer Data (quantitative data)	A core data set relating to Adult Social Care provides senior managers with visibility of activity, performance and risk. Provided through an interactive PowerBi Dashboard. Monitored and reported by exception into the Executive Board.	Local – adult social care focus	Deep dive	Relevant data will be incorporated into reports to O&S committee according to the subject matter (eg. workforce recruitment and retention data). O&S committee may request specific data from officers to support deep dive investigations. This is best established through a clear set of key lines of enquiry, agreed in advance by the committee.
20	BCP Internal Officer Data (qualitative data)	Data gathered and held by senior officers from a range of mechanisms such as:	Local – adult social care focus	Deep dive	Relevant data will be incorporated into reports to O&S committee according to the subject matter.

Source number and accessibility	Data Source (Primary sources identified)	Description	Local/ National Tool?	Deep dive/ Horizon scanning?	Notes
Self-Serve Supported Access					
Available to relevant senior officers		<p>Feedback from all stakeholders and staff through a number of different Quality Assurance mechanisms</p> <p>Audits and Practice Learning reviews</p> <p>Compliments, Stories of Difference and Our Journeys</p> <p>Bespoke team level surveys</p> <p>Safeguarding and serious incident reviews</p>			O&S committee may request specific data from officers to support deep dive investigations. This is best established through a clear set of key lines of enquiry, agreed in advance by the committee.
21 Available to relevant senior officers	BCP Finance Data (held on Finance and Operations 'F&O' software)	Adult Social Care finance data gathered and held by senior officers	Local – adult social care focus	Both	<p>For horizon scanning - finance related data, when paired with performance data, will provide a fuller picture around the performance of services and the impact of potential savings/ investment proposals. The committee may wish to request a regular update on an agreed set of key finance and performance measures within the adult social care area for horizon scanning purposes and consult annually when work planning.</p> <p>For deep dive – relevant finance data will be incorporated into reports to O&S committee according to the subject matter.</p>

Source number and accessibility	Data Source (Primary sources identified)	Description	Local/ National Tool?	Deep dive/ Horizon scanning?	Notes
Self-Serve Supported Access					
22	BCP hosted statistics, data and census	Portal to a range of public data hosted by BCP Council.	General local data portal, surveys and key facts	Both	<p>For deep dive - Information contained on the portal may give further background to an issue under review – eg. deprivation and poverty indices in BCP.</p> <p>For horizon scanning – an overview of health inequalities in BCP may be useful for the committee in determining where to direct its work programme.</p>
23	Adult Social Care Outcomes Framework - NHS England Digital	<p>The Adult Social Care Outcomes Framework (ASCOF)</p> <p>Shows how providers perform on these groups of measures:</p> <ul style="list-style-type: none"> enhancing the quality of life for people with care and support needs delaying and reducing the need for care and support ensuring that people have a positive experience of care and support safeguarding adults whose circumstances make them vulnerable and protecting users from avoidable harm <p>The ASCOF is used both locally and</p>	<p>Both -Data is provided at council, regional and national level for each outcome.</p> <p>Adult social care focus</p>	Deep dive	<p>Data is gathered through performance data and surveys.</p> <p>ASC officers provide 'SALT' returns (short- and long-term data) to inform this framework.</p> <p>Supports a deep dive review of performance in various aspects of adult social care.</p>

Source number and accessibility	Data Source (Primary sources identified)	Description	Local/ National Tool?	Deep dive/ Horizon scanning?	Notes
Self-Serve Supported Access					
		nationally to set priorities for care and support, measure progress and strengthen transparency and accountability.			
24	Personal Social Services Survey of Adult Carers in England, 2021-22 - NHS England Digital	<p>Adult Social Care-focussed qualitative data.</p> <p>This report contains findings from the Survey of Adult Carers in England, 2021-22 (SACE). This national survey takes place every other year and is conducted by Councils with Adult Social Services Responsibilities (CASSRs). The survey seeks the opinions of carers aged 18 or over, caring for a person aged 18 or over, on a number of topics that are considered to be indicative of a balanced life alongside their unpaid caring role.</p>	<p>Local, with regional and national comparisons</p> <p>Adult social care focus</p>	Deep dive	Will support deep dive work into the subject of Adult Carers by providing an overview of experiences and satisfaction levels for carers in the area
25 Requires registration to access	Primary Source for deep dive scrutiny LG Inform – adult social care reports	Series of ready-made reports on a range of topics to provide an easy way to access a deeper level of information and intelligence about the local area or community.	Local – adult social care focus	Deep dive	<p>Automated reports which pull together data sets to give a picture of the key headlines for the local area, including some benchmarking.</p> <p>Councillors may welcome this resource for their own background research prior to scrutiny in committee, to provide some wider context to the data provided by officers within reports.</p>

Source number and accessibility	Data Source (Primary sources identified)	Description	Local/ National Tool?	Deep dive/ Horizon scanning?	Notes
Self-Serve Supported Access					
					Reliance on the data contained should be accompanied by analyst support.
26 Requires officer/ Diis support as use of Diis is restricted to account holders. Technical support from specialised officers essential to also understand any limitations in the data.	Primary Source for deep dive scrutiny Dorset Intelligence & Insight Service (Diis) Examples of Diis dashboards have been sought by officers and will be provided here	Diis links data from health and social care across Dorset. Highly granular anonymised data about those using services in the Dorset area. Valuable local tool as data is supplied by a wide range of clinicians and analysts including BCP adult social care.	Local – wide range of health-related information including adult social care	Deep dive - reviewing selected data in response to key lines of enquiry	Data can be sliced in different ways according to specific enquiries. Potential to get lost in the vast range of data available – therefore best suited as a response to clear and specific query from committee eg. % of frail population living in care homes in BCP. Value of the data is only as good as the initial data that has been provided into the system. Note of caution in approaching the data, and a reason to be guided by an analyst in use of this data. Currently not possible to benchmark BCP against other local authority areas through Diis.
National Data Portals					
27	Fingertips Public Health Data from Office for Health Improvement	National profiles on a wide range of public health data eg. dental services, inequality tools, physical activity	National – health focus	Deep dive - reviewing selected data in	Provides a wider overview to operational performance in the BCP area. – eg. by providing national context, benchmarking against other LA areas, monitoring trends

Source number and accessibility Self-Serve Supported Access	Data Source (Primary sources identified)	Description	Local/ National Tool?	Deep dive/ Horizon scanning?	Notes
Publicly available, best accessed via officers/ public health officers supporting the committee to help navigate the breadth of information available.	and Disparities (OHID) Primary Source Within the profiles available, Public health outcomes framework and local authority health profiles recommended by Public Health officers as particularly useful datasets for scrutiny.	Provides a wider overview to operational performance in the BCP area. – eg by providing national context, benchmarking against other LA areas, monitoring trends over time for key performance indicators (KPIs)		response to key lines of enquiry Also supports horizon scanning with ability to review BCP performance against other areas across a range of indicators. Red flags may give clues about areas that could benefit from deeper scrutiny investigation.	over time for key performance indicators (KPIs). Some data may breakdown to lower levels, by ward or geographical hospital trust areas. Complements the granular local data available through Diis to provide an evidence base for deep dive scrutiny.
28 Publicly available, best accessed via officers/ public health officers supporting the committee to help navigate the breadth of	Primary Source for deep dive scrutiny LG Inform	National profiles on a wide range of specific KPIs eg. proportion of 5-year-old children free from dental decay, suicide rates, levels of activity in adults.	National – health focus	Deep dive - reviewing selected data in response to key lines of enquiry Also supports horizon scanning with ability to review BCP	Provides a wider overview to operational performance in the BCP area – eg. by providing national context, benchmarking against other LA areas, monitoring trends over time for key performance indicators (KPIs). Some data may breakdown to lower levels, by ward or geographical hospital trust areas.

Source number and accessibility	Data Source (Primary sources identified)	Description	Local/ National Tool?	Deep dive/ Horizon scanning?	Notes
Self-Serve Supported Access information available.				performance against other areas across a range of indicators. Red flags may give clues about areas that could benefit from deeper scrutiny investigation.	Complements the granular local data available through Diis to provide an evidence base for deep dive scrutiny.
Data Analysis & Strategy (local and national)					
29	Centre for Governance & Scrutiny Health Scrutiny – A Short Guide	This is a comprehensive introductory guide that aims to provide an overview of the main facets of Health and Adult Services Scrutiny, giving a summary of some of the key tools and skills needed to improve and enhance health scrutiny in local authorities.	National – health and adult social care focus	Horizon scanning	Overarching guide to approaching health and ASC scrutiny and potential areas of focus for scrutiny work.
30	Healthwatch Dorset Reports	Independent organisation, provides lived experience data and analysis for health services in the local area.	Local – health focus	Both	Useful ‘pitstop’ when considering pursuing an area of deep dive scrutiny to read any published analysis of similar issues. Eg. dental care access in Dorset. Review of Healthwatch reports for horizon scanning may give an indication of issues in the local area and potential areas of focus for scrutiny work.

Source number and accessibility Self-Serve Supported Access	Data Source (Primary sources identified)	Description	Local/ National Tool?	Deep dive/ Horizon scanning?	Notes
					NB Healthwatch representative is invited to attend and contribute to each O&S committee meeting.
31	NHS England Integrated Care Systems	An overview of the integrated care system model	National – health focus	Horizon scanning	Provides committee with a background to the Integrated Care System model
32	The King's Fund - insight and analysis	Produces a range of reports/ blogs/ overviews generating ideas and sharing evidence on particular topics. Reports provide rigorous and independent challenge. Not aligned with any political, professional or any other interests.	National – health focus	Deep dive	Useful 'pitstop' when considering pursuing an area of deep dive scrutiny to read any published analysis of similar issues. Eg. 'Tackling Health inequalities on NHS waiting lists'. Councillors may find welcome this resource for their own background research prior to scrutiny in committee, for background/ national context.
33	The Health Foundation	Independent organisation, produces data analysis including an evidence hub which explores the link between health inequalities and other factors such as housing, neighbourhoods and transport.	National – health focus	Both	Useful 'pitstop' when considering pursuing an area of deep dive scrutiny to read any published analysis of similar issues. Eg. ambulance waiting times. May also support horizon scanning by providing a national view on potential areas of focus for scrutiny work programme – eg. report on health trends and variations in England. Councillors may find welcome this resource for their own background

Source number and accessibility Self-Serve Supported Access	Data Source (Primary sources identified)	Description	Local/ National Tool?	Deep dive/ Horizon scanning?	Notes
					research prior to scrutiny in committee, for background/ national context.
34	Gov.uk Chief Medical Officer Annual Reports	A collection of independent reports presented to the government by the Chief Medical Officer	National – health focus	Both	Useful ‘pitstop’ when considering pursuing an area of deep dive scrutiny to read any published analysis of similar issues. Eg. air pollution. May also support horizon scanning by providing a national view on potential areas of focus for scrutiny work programme – eg. report on health trends and variations in England. Councillors may find welcome this resource for their own background research prior to scrutiny in committee, for background/ national context.
35	Chief Medical Officer Report - Health in Coastal Communities	An analysis of the health and wellbeing of England’s coastal communities	National	Horizon scanning	May support horizon scanning by providing potential areas of scrutiny focus from a prevention/ health promotion angle.
36	Department of Health & Social Care Major Conditions Strategy	Government strategy for improving outcomes relating to major health conditions over the next five years. Covering cancer, heart disease, musculoskeletal disorders, mental ill-health, dementia and respiratory diseases.	National	Horizon scanning	May support horizon scanning by providing potential areas of scrutiny focus from a prevention/ health promotion angle.

Source number and accessibility	Data Source (Primary sources identified)	Description	Local/ National Tool?	Deep dive/ Horizon scanning?	Notes
Self-Serve Supported Access					
37	LGA - Towards a Smoke Free Generation	A collection of case studies describing the efforts of local councils working towards a smoke-free future for their communities	National	Deep dive	Useful 'pitstop' when considering pursuing an area of deep dive scrutiny around smoking prevention and cessation.
38	Our Dorset – A movement for movement	Local, physical activity strategy for BCP and Dorset	Local	Horizon scanning	May support horizon scanning by providing potential areas of scrutiny focus from a prevention/ health promotion angle.

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Data working group - scoping report
Meeting date	15 January 2024
Status	Public Report
Executive summary	<p>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.</p> <p>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.</p>
Recommendations	<p>It is RECOMMENDED that the Health and Adult Social Care Overview and Scrutiny Committee agree:</p> <ul style="list-style-type: none"> 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 this report c. Timescale of meetings as set out at Paragraph 20 d. Measures of effectiveness as set out at Paragraph 24
Reason for recommendations	To ensure that the purpose for the working group is clearly established in line with the requirements of the Council's Constitution.

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

Background

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

Strategic context and good practice

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

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

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

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

Membership

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

Councillors:

- Patrick Canavan
- Joe Salmon
- Stephen Bartlett

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

Key Lines of Enquiry

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

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

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

Resources and Timetable

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

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

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

Objectives and Methodology

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

Measure of Effectiveness

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

Background papers

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

[Assurance Review Action Plan,](#)

https://bcpcouncil-my.sharepoint.com/:p:/g/personal/louise_smith_bcpcouncil_gov_uk/EY72BfPdmO1Jobb-oyvfNALQBxDuDCqgRCw1qQ7VQWKLOSg?e=ChjQwH



healthwatch Dorset

Healthwatch Dorset is the local independent champion for health & social care services



We listen to what people like about local health services, and what could be improved. These views are then shared with the decision-making organisations, so together we can make a real difference.

We also help people find the information they need about health and care services.





Access to NHS Dentistry

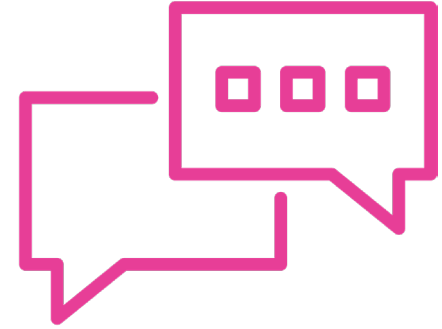
NHS Dentistry is the top issue people contact us about, trying to find a dentist taking on new NHS patients or for urgent care.

“I am 24 weeks pregnant and have bleeding gums. I am being told of the importance of looking after my teeth during pregnancy but cannot find any dentists locally taking NHS patients.”

We share feedback about dentistry with NHS Dorset and NHS England South West. Our insights have informed commissioning, including a child-friendly dental pilot practice and an additional 100 urgent care appointments per week for people who do not have a regular dentist.



Local initiatives



By working with NHS Dorset we've been able to influence the focus for local initiatives including:

- Flexible and Rapid commissioning - focussing on Looked after Children and commissioning additional capacity in areas of deprivation.
- Working with AECC to develop the oral health institute
- Addressing the backlog of community/special care dentistry in secondary care settings
- Oral health education in schools and communities





Recommendations

It is still very difficult to find any dentists taking on new NHS patients in Dorset. We would like to see:

- A more rapid and radical national reform of how dentistry is commissioned and provided
- clearer information for the public on accessing NHS dentistry
- oral health packs for communities facing health inequalities
- the developing integrated neighbourhood teams link oral health to other key issues, such as weight management and smoking cessation.



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Our Dorset

83
**Dorset Oral Health
Programme**



Summary



To develop the Oral Health Institute, we are collaborating with the Anglo-European College of Chiropractic (AECC). The establishment of the institute is part of Phase 1 of our Oral Health Programme, which aims to provide equitable and accessible oral health care for Dorset residents.

The scope of the programme includes providing equitable and accessible oral health care for all residents of Dorset. This involves gathering data, establishing a collaborative, developing a training hub, promoting research, and conducting community outreach.

High Level Objectives

1.Enhanced access to Dental Care:

- Increasing the number of dentists and dental health practitioners per capita providing NHS care.
- Working with the ADC Training Distribution Development Group to secure post-registration training posts for Dorset, thereby rapidly increasing the number of dentists in the area.
- Providing state-of-the-art facilities and access to clinicians at the forefront of their field.
- Integrating oral health into a multi-professional model of healthcare.

2.Establishing an Oral Health Training Hub:

- Providing a supportive learning environment for pre- and post-registration training of dental professionals.
- Offering hands-on training routes and skill development programmes leading to initial registration.
- Delivering pre-registration programmes and degree apprenticeships for dental care practitioners in collaboration with AECC.
- Supporting the skills escalator for career development in the dental workforce.
- ∞ • Facilitating interdisciplinary training of dental professionals and other healthcare providers.
- Serving as the foundation to launch a bid for a School of Dentistry.

3.Creating a provider collaborative or network to sustain the Oral Health ecosystem:

- Improving retention of oral health care professionals.
- Developing a Network/Community of Practice for existing oral health providers to share knowledge, best practice, and develop key relationships.

4.Community Outreach:

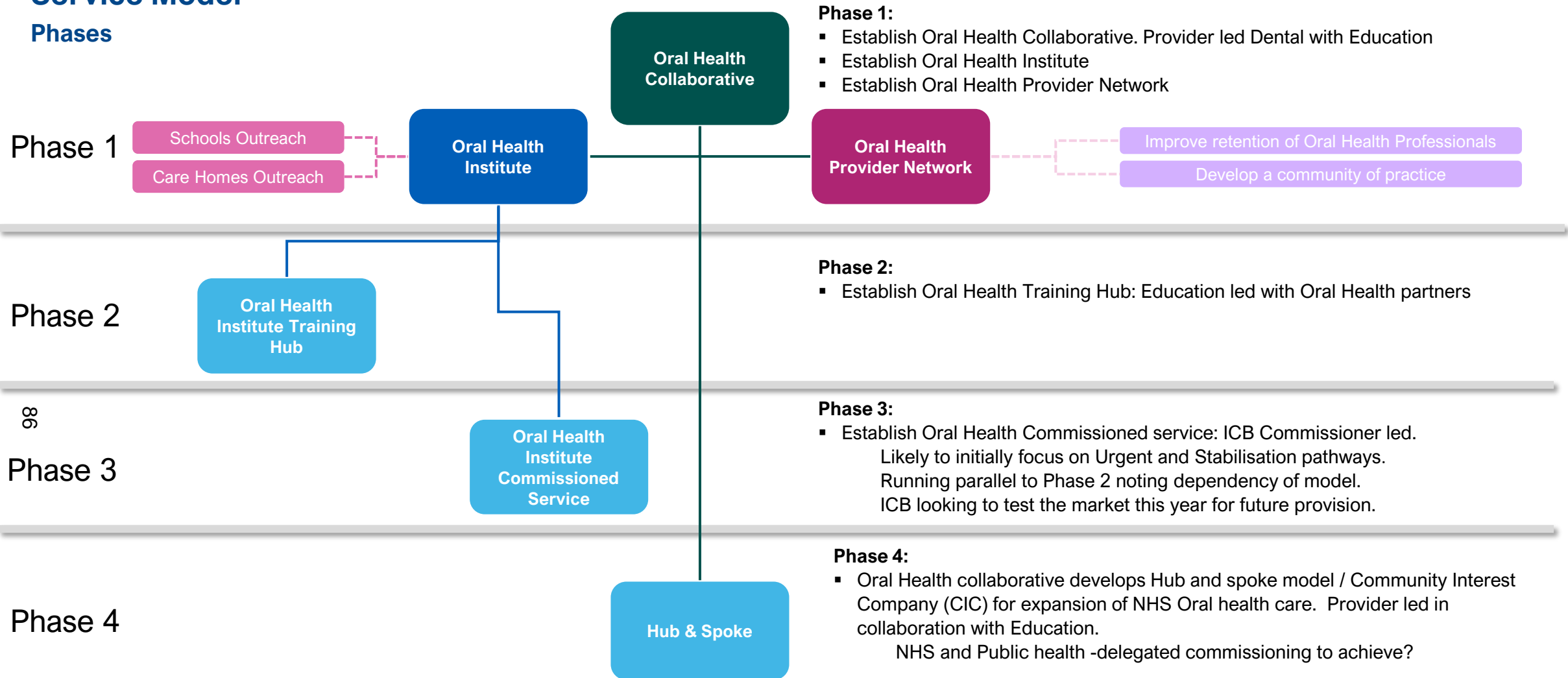
- Raising awareness of oral health and preventative measures.

5.Promoting and developing Oral Health research:

- Working with Wessex Health Partners to develop and design oral health research with reference to the needs of the local community.

Service Model

Phases



Notes:



It has not been confirmed where Awareness & Prevention and Research & Innovation development will be delivered. This needs to be confirmed.



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Health and Adult Social Care Overview and Scrutiny Committee meeting



Report subject	Integrated Neighbourhood Teams Programme
Meeting date	20 May 2024
Status	Public report
Executive summary	This report provides an update on the development of integrated neighbourhood teams within the Dorset Integrated Care System.
Recommendations	It is RECOMMENDED that: Committee members note the update.
Reason for recommendations	For information

Portfolio Holder(s):	Cllr David Brown, Portfolio Holder for Health and Wellbeing
Corporate Director	Jillian Kay, Corporate Director for Wellbeing
Contributors	Jillian Kay, Corporate Director for Wellbeing Kate Calvert, Deputy Chief Officer Commissioning, NHS Dorset
Wards	All
Classification	For information

Background

1. Dorset's Integrated Care Partnership (ICP) strategy, Working Better Together, sets out how the NHS, Councils, and other system partners within the ICP will work together to make the best possible improvements in the health and wellbeing of local people. This ambition requires partners to work in a more proactive way, particularly paying attention to early help and prevention and enabling communities to thrive.
2. The key to success is to understand local assets, utilise population health intelligence and insights, and most importantly listen to communities. It is believed that building teams around the natural communities of Dorset, teams that will be integrated, with the right leadership, skills, roles and capabilities needed to meet the needs of the community, is part of the solution to meet our shared ambition and the outcomes for our population that have been agreed through the development of the Strategy.
3. 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. The NAPC developed a framework on what the future model might look like and to recommend the work needed to get there.
4. The Health and Wellbeing Board for Bournemouth, Christchurch and Poole identified integrated neighbourhood teams as a priority programme for development.

The NAPC Framework

5. The Framework sets out the following elements of a model for integrated neighbourhood teams:
 - Building integrated teams around the natural communities of Dorset
 - Building the right leadership environment
 - Developing flourishing autonomous teams
 - Developing/bringing together the skills, roles and capabilities needed
 - Tackling inequalities and focus on outcome measures

- Building a continuous learning and improving environment, supported by data
6. A briefing note was provided to the Committee for their meeting on 4 March which describes the framework and approach more fully.

Current position

7. We are still in the early stages of developing this programme. The focus over the last two months has been on:

Governance

- Establishment of a pan-Dorset Programme Board. The co-sponsors for the programme within the ICS are Matthew Bryant, Chief Executive of Dorset Healthcare and Forbes Watson, Dorset GP Alliance. BCP Council and Dorset Council are represented, alongside partners from the voluntary and community sector.
- Agreement that the Programme will report to the two Health and Wellbeing Boards for the area, to ensure place-based oversight.

Scoping and data gathering

- Defining what we mean by 'neighbourhood' for the purpose of integrated neighbourhood teams – on the basis of c.30-50,000 people as recommended by the Kings Fund. For BCP Council, we are working on the basis of a footprint built from Council wards (rather than Primary Care Networks).
 - Defining outcomes and metrics for the programme and neighbourhood teams.
 - Preparing the ground for 'early adopter' areas - gathering data and insights about neighbourhoods to inform the next phase of work.
8. There will be a report to BCP Council's Health and Wellbeing Board in July. Regular progress reports to the Board can be made available to the Committee.

Summary of Financial Implications

9. None.

Summary of Legal Implications

10. None.

Summary of Human Resources Implications

11. None.

Summary of Environmental Impact

12. None.

Summary of Public Health Implications

13. None.

Summary of Equality Implications

14. None.

Summary of Risk Assessment

15. None.

Background Papers

Briefing note on development of Integrated Neighbourhood Teams/Working – annexed to papers for Health and Adult Care Overview and Scrutiny Committee, 4 March

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Forward Plan
Meeting date	20 May 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.
Recommendations	<p>It is RECOMMENDED that:</p> <p>The Committee considers, updates and confirms its Forward Plan whilst acknowledging the shortly anticipated work programming session.</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 **23 April 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:

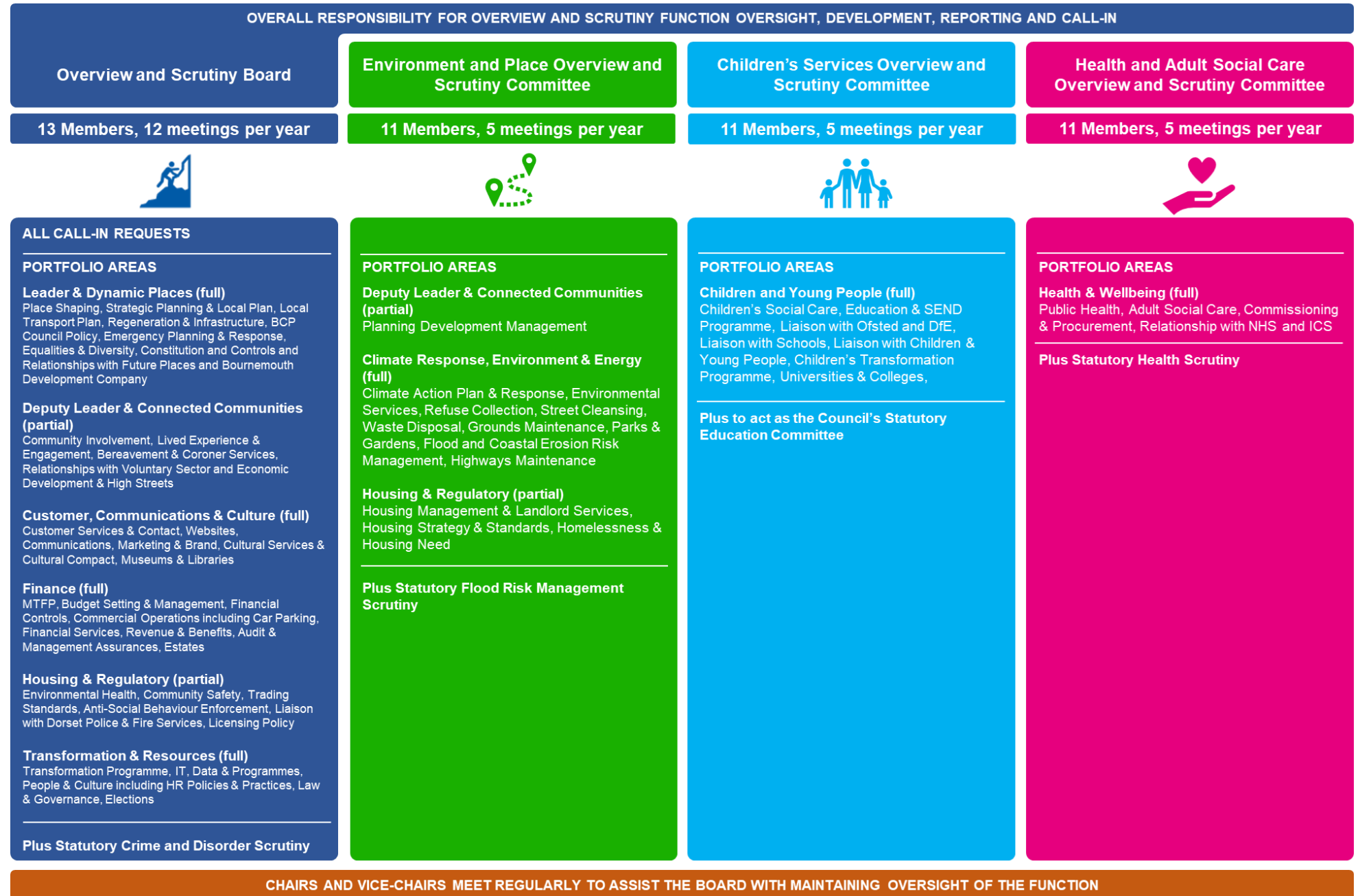
- Considering decisions that have been called-in
- Undertaking scrutiny of the Council's budget processes
- Carrying out the Council's scrutiny functions relating to crime and disorder, and discharging any other statutory duty for which the O&S function is responsible, other than those that relate to 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 8/5/24

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
20 May 24					
	The Future of Public Health in BCP	To consider the report to Cabinet including the recommendation for the Committee: to assess options for configuring public health functions within the council's corporate structures to maximise community benefit, as outlined in paragraph 5, and to report findings to the Corporate Director for Wellbeing by the end of May to inform this work ahead of any job design or appointments process.	Committee Report	Jillian Kay, Director of Wellbeing	Requested by the Chair following consideration at Cabinet on 10/4/24.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
	Home First integrated hospital discharge programme	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
	Integrated Neighbourhood Teams	To receive an update on the progress of implementation	Committee Report	Kate Calvert, NHS Dorset	Requested at Committee on 4/3/24.
	Data working group	To scrutinise the work of the data working group to include the proposed Toolkit	Committee Report	Cllr Canavan and Lindsay Marshall	
	Update from Healthwatch regarding dentistry	To receive an update on ongoing work	Presentation.	Louise Bates, Healthwatch	Requested at Committee on 4/3/24.
15 July 24					
	Update on Maternity Services	To enable the Committee to keep informed on the review of maternity services	TBC	Siobhan Harrington, Chief Executive, UHD.	
	Update on Tricuro	To enable the Committee to scrutinise the work of Tricuro and its proposed business plan.	Committee Report	TBC	

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
	ASC Waiting times?	TBC	TBC	Betty Butlin, Director of Adult Social Care	
24 September 24					
DATE to be allocated or Annual Reports					
1.	Micro providers and community catalyst	To receive information	TBC	TBC	Requested at Committee on 4/3/24.
2.	Health and Wellbeing Board	Consider work of HWB	TBC	TBC	Considered at the forward planning session at 2/10/23.
3.	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.
4.	Health services for people who are	For the Committee to scrutinise the health	Committee Report.	Ben Tomlin, Housing Services Manager.	BCP's Draft Homelessness

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
	Homeless and Rough Sleeping SC to catch up with Elaine and Ben to see when good to consider.	services available to people who are homeless and for a general update in the first Quarter of 2022.		Possible invite Dr Maggie Kirk re Health bus? TBC	Strategy was considered by the Committee prior to its consideration at Cabinet in April 2021.
5.	Dorset Care Record Update	To enable the Committee to receive an update on the Dorset Care Record	Committee Report	Stephen Slough	Requested briefing before July Committee.
6.	Think Big Project update	The Committee will be updated on the progress of the Think Big Project in BCP Council.	Verbal update	Ashleigh Boreham, Deputy Director Design and Transformation Community Diagnostics – Health Villages – Dorset Innovation Hub.	Requested by Committee at their meeting on 27 September 2021. Keep on FP to receive updates at appropriate intervals.
7.	Safeguarding Adults Board Annual Report and Business Plan To receive an update on the progress of objectives and the Board's Business Plan	The Committee will be updated on the work undertaken by the BCP Safeguarding Adults Board during the last year as well as the Board's Business Plan. The item will also provide opportunity for the Committee to consider how it would like to engage in future scrutiny opportunities relating to the Adult	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.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
		Safeguarding Board and consider any Committee training needs in this respect.			Next date to be considered - November 2024.
8.	Joint scrutiny on 'substantial variations to health services'. To consider the criteria that has been proposed to be added to the constitution, setting out what constitutes a 'substantial variations to health services' in the Joint Health Scrutiny Protocol.	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.
Information Briefings.					
Commissioned Work Work commissioned by the Committee (for example task and finish groups and working groups) is listed below: Note – to provide sufficient resource for effective scrutiny, one item of commissioned work will run at a time. Further commissioned work can commence upon completion of previous work.					

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
1.	Working Group to consider data available	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.	The South West Ambulance Service Trust Improvement and Financial Investment Plan	To enable Committee Members to scrutinise the impact of the improvement and financial investment plan on the response times and outcomes of the Ambulance Service.	Possible joint scrutiny with Dorset Council – need to contact Dorset		Informal briefing held on 26 January 23
3.	The implementation and performance of NHS Dorset Urgent Integrated Care Services Committee to agree enquiry session.	To scrutinise the impact, service performance and outcomes of the NHS Dorset Urgent Integrated Care Services (April 2020, 1 year after implementation).	Possible Joint Scrutiny with Dorset Council.	David Freeman – LS to Contact.	
4.	External Scrutiny – Quality Accounts.	To ensure Committee members have the opportunity to scrutinise the quality accounts of the NHS Trusts. Scrutiny leads for NHS Dorset Quality Accounts will need to be revised due to Committee	Rapporteur model.	Pete Courage, Head of Transformation & Integration	(Item has been postponed due to COVID19). ACTION - PH to find out if QA are still produced and how

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
		membership changes since first arrangements.			they could be scrutinised
5.	Dorset Integrated Care Board	Joint Scrutiny Committee with Dorset		TBC	Added in Jan 23
Update Items The following items of information have been requested as updates to the Committee. The Committee may wish to receive these in an alternative to format to Committee updates (e.g. by emailed briefing note outside of the Committee) to reserve capacity in Committee meetings for items of value-added scrutiny.					
None currently requested.					
Items requested from Cllrs					
	The manner and level of integration of BCP Council, the Health and Wellbeing Board and NHS Dorset – how effectively are they working together across all aspects of health and social care?	TBC	TBC	TBC	Requested by Cllr Carr-Brown at work programming session – not yet determined by Committee

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
	Impact of climate change and preparation for it.	Consider the NHS Sustainability and Green Plan. SC to consider this item further.	TBC	Sam Crowe, Director of Public Health	Requested by Cllr Rice at work programming session – not yet determined by Committee
	ASC Transformation programme	To scrutinise the Transformation programme before consideration by Cabinet. PH advised that the ASC programme had not yet started but could come to Committee at appropriate time.	Committee Report		Requested by Vice Chair at forward planning workshop
	ASC Budget	To scrutinise the budget for ASC - Dem services to circulate the budget to Committee for consideration and any feedback to be given to the Chair for his attendance at	Committee Report		Requested by Vice Chair at forward planning workshop

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
		Overview and Scrutiny Board on 29 Jan 24.			
Items requested from health partners					
	All Age Neurodevelopmental Review	<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	

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
	Mental Health Integrated Community Care (MHICC)	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. Recommend consideration in Q4 of 2023/24	TBC	David Freeman, NHS Dorset	
	Clinical Services Review	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.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
	Update on maternity services to follow-on from previously requested update	To receive an update on maternity services	Information only report	TBA - UHD	Suggested as an info only item Not yet determined by Committee.
	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

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

Document last reviewed – January 2022

Contact – democratic.services@bcpcouncil.gov.uk

CABINET FORWARD PLAN – 1 MAY 2024 TO 31 AUGUST 2024

(PUBLICATION DATE – 23 April 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)?
Corporate Strategy Delivery Plans	Setting out the core actions to achieve the aspirations set out in the high level summary.	Yes	Cabinet 22 May 2024 Council 4 Jun 2024	All Wards	Consultation was undertaken as part of the Corporate Strategy high level summary being developed	n/a	Sophie Bradfield, Isla Reynolds	Open

What is the subject?	What is the purpose of the issue?	Is this a Key Decision?	Decision Maker and Due Date	Wards	Who are the key stakeholders to be consulted before the decision is made?	What is the consultation process and period	Officer writing the report	Is the report likely to be considered in private (i.e., it contains confidential or exempt information)?
BCP Alcohol Public Spaces Protection Order Review	The BCP Alcohol Public Spaces Protection Order (PSPO) was implemented on the 01 July 2021 and expires on the 30 June 2024. There is a statutory requirement under the Anti-Social Behaviour, Crime and Policing Act 2014, to review a PSPO within 3 years of its implementation. The purpose of the report is to determine if the order should be extended, varied or discharged.	No	Cabinet 22 May 2024	Alderney & Bourne Valley; Boscombe East & Pokesdown; Boscombe West; Bournemouth Central; Burton & Grange; Canford Cliffs; Canford Heath; Christchurch Town; Creekmoor; East Cliff & Springbourne; East Southbourne & Tuckton; Hamworthy; Kinson; Littledown & Ilford; Moordown; Mudeford, Stanpit & West Highcliffe; Muscliff & Strouden Park; Newtown & Heatherlands; Oakdale; Parkstone; Penn Hill; Poole Town; Queen's Park; Redhill & Northbourne; Talbot & Branksome Woods; Wallisdown & Winton West; West Southbourne; Westbourne & West Cliff; Winton East	It is a statutory requirement to consult the Police and Crime Commissioner, Chief Constable and land owners. It is also recommended to consult with other appropriate community representatives: residents, councillors, Town and Parish councils, businesses, community groups, partner agencies and support services. This is not an exhaustive list.	A public consultation ran from 12 January 2024 and closed at midnight on 12 February 2024. Statutory consultees were also consulted.	Julia Howlett, Sophie Sajic	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)?
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 22 May 2024	Canford Cliffs			Rebecca Landman	Open
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

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)?
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
Tricuro Local Authority Trading Company Business Plan	Tricuro is the council's adult social care trading company and is required to produce a business plan for approval by the shareholder. This report sets out the strategic business plan for the company, aligned to adult social care priorities.	Yes	Cabinet 22 May 2024	All Wards			Phil Hornsby	Open
Simpler Recycling Waste Reforms	To progress necessary waste collection reforms for BCP, including food waste collections in Poole, in line with the Government's Simpler Recycling agenda and Environment Act 2021	Yes	Cabinet 22 May 2024 Council 4 Jun 2024	All Wards			Georgina Fry	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)?
Procurement & Contract Management Development	To update members on the history of Strategic Procurement - Current position & future approach	No	Cabinet 22 May 2024	All Wards			Jeremy Richardson	Open
SEND Progress Update re SEND Improvement Plan and Safety Valve	To share an overview of the action and progression of the DSG Management Plan.	No	Cabinet 22 May 2024 Children's Services Overview and Scrutiny Committee 11 Jun 2024	All Wards			Sharon Muldoon	Open

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Financial Outturn 2023/24	To provide the financial outturn for 2023/24	No	Cabinet 19 Jun 2024 Council 23 Jul 2024	All Wards	n/a	n/a	Adam Richens	Open
Medium Term Financial Plan (MTFP) Update	Present the latest medium-term financial plan (MTFP) of the council	No	Cabinet 19 Jun 2024	All Wards			Adam Richens	Open
Smart Place Programme Update	Due to changes in the economic climate, options are being provided to stop or proceed with this project.	Yes	Cabinet 19 Jun 2024	All Wards			Ruth Spencer	Open

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Poole Museum Capital Programme	To increase the Poole Museum's Capital Programme to accommodate new third party funding which has been awarded by The National Lottery Heritage Fund, Arts Council England, and grant funding from other local and national trusts and foundations.	Yes	Cabinet 19 Jun 2023 Council 23 Jul 2024	Poole Town			Alison Smith	Open
Pay and Reward: Update on progress in introducing new terms and conditions of employment		No	Cabinet 19 Jun 2024				Sarah Deane	

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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 19 Jun 2024				Amanda Barrie, Andrew Emery	Open
Match Funding for Towns Fund Programme	To inform Cabinet of a £2.5m match funding opportunity for the Department of Levelling Up, Housing and Community's Towns Fund Programme. To reach a decision on entering into a legal agreement with a private sector investor.	Yes	Cabinet 19 Jun 2024	Boscombe East & Pokesdown; Boscombe West			Ruth Spencer	Open

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Youth Justice Plan 2024/2025	To present the Youth Justice Plan 2024/25 for approval. There is a statutory requirement to publish an annual Youth Justice Plan which must provide specified information about the local provision of youth justice services. This report summarises the Youth Justice Plan for 2024/25, with a copy of the Plan appended.	No	Cabinet 19 Jun 2024 Council 23 Jul 2024	All Wards			David Webb	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
Housing Strategy - Annual Summary Review		No	Cabinet 17 Jul 2024				Kerry-Marie Ruff	

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Medium Term Financial Plan (MTFP) Update	To provide progress on delivering a legally balanced budget for 2025/26	No	Cabinet 30 Oct 2024	All Wards			Adam Richens	Open
Medium Term Financial Plan (MTFP) Update	Present progress in delivering a legally balance budget for 2025/26	No	Cabinet 18 Dec 2024	All Wards			Adam Richens	Open
Budget 2025/26 and Medium Term Financial Plan	To set out for Cabinet's consideration and recommendation to Council the proposed 2025/26 budget and council tax.	No	Cabinet 5 Feb 2025	All Wards			Adam Richens	Open

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BCP Urban Forest Strategy	To present to cabinet, for adoption, the BCP Urban Forest Strategy	No	Cabinet Date to be confirmed	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
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

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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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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 Date to be confirmed	Commons				Open