

Notice of Health and Adult Social Care Overview and Scrutiny Committee



Date: Monday, 2 December 2024 at 6.00 pm

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

Membership:

Chair:

Cllr P Canavan

Vice Chair:

Cllr L Dedman

Cllr J Edwards

Cllr H Allen

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=5934>

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 or email democratic.services@bcpCouncil.gov.uk

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

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

GRAHAM FARRANT
CHIEF EXECUTIVE

22 November 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. **Declarations of Interests**

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

Declarations received will be reported at the meeting.

4. **Minutes**

7 - 14

To confirm the Minutes of the meeting held on 24 September 2024.

a) **Action Sheet**

15 - 24

To check on any outstanding actions.

5. **Public Issues**

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

<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

- | | |
|---|-----------------|
| <p>6. Bournemouth, Christchurch & Poole (BCP) Safeguarding Adults Boards Annual Report 2023-2024</p> <p>The BCP Safeguarding Adults Board (SAB) publishes an Annual Report each year and is required, as set out in the Care Act 2014, to present this 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.</p> <p>The attached report is for the year April 2023 to March 2024. The report was agreed at the September meeting of the BCP Safeguarding Adults Board (SAB).</p> <p>The BCP SAB has successfully worked together with the Dorset SAB with joint meetings over the year.</p> <p>This year we have published 2 separate Annual Reports, one for each of the Boards as they are separately constituted. Throughout 23-24 The BCP SAB has delivered against all priorities which are set out in the annual work plan; this Annual Report summarises what the Board has achieved.</p> | <p>25 - 52</p> |
| <p>7. Health & Social Care for the Homeless</p> <p>Following the recent publication of Healthwatch Dorset report looking at health inequality for people experiencing homelessness NHS Dorset and BCP Council welcome the opportunity to consider how current systems through existing services seeks to address inequality for people experiencing or at risk of homelessness. A number of areas of concern and enquiry have been raised.</p> <p>The services available across the BCP area are varied to address this issue. In response to the recommendations within the research, the report describes how services, their interactions, together with how emerging plans and opportunities, are developing to address these themes.</p> | <p>53 - 66</p> |
| <p>8. Transforming Urgent and Emergency Care Services</p> <p>A system-wide transformation programme to transform and improve urgent and emergency care services for Dorset residents is underway. Involving health and care partners it is anticipated that the transformation programme will take 2 years to deliver and should substantially reduce the number of people admitted into hospital when better outcomes could be achieved elsewhere and should result in fewer people waiting in hospital to be discharged while ongoing care is arranged. Work has now progressed and in parallel with other health and care organisations across Dorset the Council must now consider whether to participate in the next phase of the programme.</p> | <p>67 - 96</p> |
| <p>9. Adult Social Care – Compliments, Complaints and Learning Annual Report 2023/24</p> <p>Adult Social Care has a statutory responsibility to produce an annual report on complaints received, issues that have been raised and any action that has been taken to improve services. Adult Social Care encourages feedback from a range of sources including complaints, compliments, comments.</p> | <p>97 - 124</p> |

This report provides a summary of complaints and compliments, including learning, for BCP Council Adult Social Care from 1st April 2023 to 31st March 2024.

ITEMS FOR INFORMATION

10. Adult Social Care Waiting Times	125 - 128
To provide an update to the Health and Adult Social Care Overview & Scrutiny Committee on the Adult Social Care (ASC) demand management of the waiting times for individuals who have requested a Care Act Assessment (CAA) from BCP Council.	
11. Gender Identity Disorder (GID)	129 - 134
To receive an information only report from NHS Dorset.	
12. Portfolio Holder Update	
To receive a verbal update from the Portfolio Holder for Health and Wellbeing.	
13. Work Plan	135 - 174
The Overview and Scrutiny (O&S) Committee is asked to consider and identify work priorities for publication in a Work Plan.	

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

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

Minutes of the Meeting held on 24 September 2024 at 6.00 pm

Present:-

Cllr P Canavan – Chair

Cllr L Dedman – Vice-Chair

Present: Cllr J Edwards, Cllr H Allen, Cllr M Gillett, Cllr C Matthews,
Cllr J Richardson, Cllr J Salmon, Cllr P Slade, Cllr A-M Moriarty and
Cllr C Adams

27. Apologies

Apologies were received from Cllr Duane Farr and Louise Bates, Healthwatch.

28. Substitute Members

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

29. Declarations of Interests

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

30. Minutes

The minutes of the meeting held on 15 July were confirmed as an accurate record and signed by the Chair.

31. Action Sheet

The action sheet was noted.

32. Public Issues

There were no public issues on this occasion.

33. Fulfilled Lives programme – approach to scrutiny

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 'A' to these Minutes in the Minute Book.

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY
COMMITTEE
24 September 2024

The report proposed an approach to scrutiny of the Adult Social Care transformation programme, Fulfilled Lives. This followed on from Council's agreement establish the programme and to an initial £1.79m investment.

Council agreed that the Health and Adult Social Care Overview and Scrutiny Committee should provide regular scrutiny of progress towards benefits and sustainable change. In particular, the Committee was invited to review the progress against the four priority areas of the Fulfilled Lives programme and the risks and opportunities of data with ASC transformation.

The Chair advised that the proposed starting point for this long term scrutiny would be an informal briefing session on 4 November which would focus on the two areas of 'how we work project' and the 'risks and opportunities of data'.

The Committee discussed the report, including:

- In response to a request for more information regarding micro providers and the Committee was advised of the plan to develop the smaller providers to enable a wider available market. The Committee was advised of the process and the timescales being worked towards. The Committee discussed the most appropriate time for this to be scrutinised to ensure the Committee could add value and it was highlighted that this fell under the strand of 'Self Directed Support' which would come to a future Committee. **ADD TO WORK PLAN**
- In response to a query regarding the 3.5 million saving detailed in the report, the Corporate Director for Wellbeing requested that this be considered under the next item of the budget presentation when the Committee would receive fuller detail around the transformation programme.
- In response to a query regarding the transformation programme, the Committee was advised that it had been built on advice from the Local Government Association (LGA) which was drawn from a wealth of experience from many local authorities.
- The Overview and Scrutiny Specialist suggested that time to scrutinise the different elements of the Fulfilled Lives Programme be plotted into the Committee's Work Plan to ensure capacity. **ADD TO WORK PLAN.**

RESOLVED that the Committee agree to the proposal at paragraph 7 of the Report, to consider a series of sessions over the next 18 months, starting with two areas – the how we work project and the risks and opportunities of data.

34. Adult Social Care Budget Presentation

The Overview and Scrutiny Specialist introduced the purpose of the item and invited the Corporate Director for Wellbeing and the Director of Public Health to present to the Committee.

The Corporate Director for Wellbeing's presentation highlighted the following:

- Wellbeing Directorate – Overview
- Total wellbeing budget 2024/25 – including a breakdown of gross expenditure
- Where the money is spent: 2024-25 BCP ASC/Commissioning Gross expenditure
- Budget narrative
- 2024/25 projected outturn
- Wellbeing MTFP – pressures
- Wellbeing MTFP – one off and transformation savings
- Wellbeing – ASC Transformation (Fulfilled Lives Programme): Investment per scheme, £ and % of total programme
- Wellbeing – ASC Transformation (Fulfilled Lives Programme): Programme Investment and Savings Schedule.

The Director of Adult Social Care highlighted the £5.1 million virement to Children's Services and explained that the budget had been set using assumptions on levels of care which, due to changes in circumstances, may no longer be required.

The Committee discussed the presentations, including:

- The Chair highlighted the slides detailed how the £3.5 million savings were going to be achieved.
- Following a query, clarification was given over the different ways the pie charts cut the budget
- In response to a query about consideration given to bringing services back in house as part of the transformation programme, the reasons why this had not been considered was provided including the large number of providers ASC commissioned. The Committee was advised that consideration had been given to how best to maximise the potential of the services commissioned, to ensure efficient services at the best value and ensuring there was no gaps within the provision.
- The Committee was reassured that Adult Social Care were a major player in the local market, who also commissioned on behalf of health partners and could use its influence as a positive.
- In response to concerns regarding the virement to Children's Services, the Committee was advised that the anticipated budget for some complex cases was not required and in order to balance budgets where possible, the virement was processed.

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY
COMMITTEE
24 September 2024

- In response to queries regarding waiting times within the service including for reviews and assessments, the Director of Adult Social Care suggested this could be a good area to focus on within the deep dive working group.
- In response to a query regarding the £10 million variance detailed, the Committee was given the reasons for that which included an increase in income generated, transferring users or sharing costs with health partners and changes in circumstances. It was noted that there was a breakdown of the variance which could be shared with the Committee.

The Director of Public Health's presentation highlighted the following:

- 24/25 Public Health arrangements
- 24/25 forecast
- Transition to 25/26 new arrangements
- 25/26 budget proposals
- Implications of agreements to date
- Risks, issues and uncertainties.

The Committee discussed the presentations, including:

- In response to a query regarding the cost and impact on residents of splitting the Public Health function, the Committee was advised that there would still be a lot of collaboration between the Directors of Public Health and their teams and that the split could enable the authorities to commission more targeted support to its population increasing responsiveness and flexibility. How each of the authorities would manage the cost of splitting the role was detailed.
- In response to a query regarding the activities and outcomes of the Live Well Dorset programme, the Committee was advised that it had managed to reach those living in the most deprived areas of BCP and that access could potentially be provided to the dashboard for the Committee to see the output. **ACTION.**
- In response to a query regarding the contracts currently retained in Dorset, the Committee was provided with details of the mix of contracts including those provided through a quality framework agreement. It was advised that there were some very complex contracts which would require time to retender as opposed to some of the smaller contracts which could be completed in a shorter timescale. It was noted that each contract would be considered and where appropriate, pan Dorset contracts would continue.
- In response to a query regarding the potential of redundancies, the Committee was advised that an HR process was currently being finalised and it would not be appropriate to discuss this at this time.
- A Committee Member requested the positives of the separation of the Public Health function be reported back to Committee at an appropriate time. **ADD TO WORK PLAN.**

35. O&S Budget working group - scoping report

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

The Committee was asked to confirm the establishment of a budget working group, including membership and key lines of enquiry, to undertake detailed scrutiny work to contribute to the developing 2025/26 council budget during September – November 2024.

The Committee discussed the report, including:

- Following some discussions it was decided that Cllrs Canavan, Moriarty and J Salmon would be the working group members, and that Cllr Canavan would be the lead member.
- The Committee discussed the Key Lines of Enquiry and the Chair provided the suggestions which had been detailed in the report.
- Areas highlighted by Committee Members during the discussion included ensuring there was adequate budget to support people within their homes.
- In response to a query, the Committee was reminded that the focus of this working group was to scrutinise and influence, where appropriate, the budget for Adult Social Care for the 2025/26 financial year only.
- The Committee was advised that demand management would be a good focus for the working group with specific strands under that umbrella targeted. Examples of targeted areas had been discussed which included care given, waiting times and what did data tell us.
- There was some discussion about the savings proposed within the transformation programme and it was highlighted that this would be scrutinised by the Committee but not before the budget working groups would be held.
- The Corporate Director for Wellbeing advised of the possibility at the start of the working groups that the members receive a briefing regarding how the ASC budget was structured looking at what where the data has come from to shape the proposed budget.

The Overview and Scrutiny Specialist advised she would capture the discussions and add them to a key lines of enquiry form. The limited time available for the working group was highlighted and the need to really focus and target the scrutiny to enable value to be added.

It was agreed that the Director of Adult Social Care would be the lead officer for the working groups.

RESOLVED that:

- a. The establishment of a budget working group, including the membership (Cllrs Canavan, Moriarty and J Salmon), lead**

member (Cllr Canavan) and lead officer (Director of Adult Social Care) for the group, as detailed at paragraphs 5 to 9 of the report.

- b. Key lines of enquiry for the working group (agreed to focus on demand management), as detailed at paragraphs 10-14 of this report.**
- c. The measures of effectiveness for the working group, as set out at paragraph 15 of this report.**

36. Overview and Scrutiny Annual Report

This was an information only report with no presentation or discussion planned and a copy of which appears as Appendix 'C' to these Minutes in the Minute Book.

37. Portfolio Holder Update

The Portfolio Holder for Wellbeing provided an update as follows:

- Highlighted meetings and discussions regarding Tricuro including commencing recruitment process for Chief Executive and Independent Chair following the sad passing of Charlie Sheldrick
- The closing of Fairways Care Home
- Progress on the implementation of the Day Opportunities Strategy
- Information regarding the progress in the NHS Clinical Services Review
- The need for the Transformation Programme in Adult Social Care to be integrated with the health system during this time of change
- Information regarding the Urgent and Emergency Care system review
- The date of the next Health and Wellbeing Board was the 21st October 2024
- The service was still waiting for an inspection from the CQC.

The Chair concluded by thanking the Director of Adult Social Care for arranging a visit for him and the Portfolio Holder to the Beach building.

38. Work Plan

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

The Committee was advised of the proposed items for the next meeting and was informed that a key lines of enquiry form would be circulated to scope out the ASC waiting times scheduled. **ACTION.**

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY
COMMITTEE
24 September 2024

The Chair advised of the addition of Healthcare for the Homeless for the December meeting, which he requested following the circulation of the Healthwatch report - urgent need for improved health and social care for homeless. The Committee discussed the report and considered the way in which it could scrutinise the issue. It was agreed that a key lines of enquiry form would also be circulated for this item. **ACTION.**

In response to a concern regarding the Gender Identity Services scrutiny request submitted, the Committee was advised that the Chair had been in contact with NHS Dorset to request an update and advised that a report on this matter was going to the NHS Dorset Quality Committee in October and could be shared with this Committee after that time to consider any future action.

There was some discussion over the lack of awareness of the closure of Fairways Care Home and the need for the Committee to be better informed on these important issues.

The Chair highlighted the All-Ages Neurodiversity Review which was on the work plan and advised he may request some information about that for the Committee to be better informed.

RESOLVED that the Overview and Scrutiny Committee review, update as necessary and adopt the draft Work Plan at Appendix B, which is based on recent annual work programming activity.

The meeting ended at 8.26 pm

CHAIR

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ACTION SHEET FOLLOWING 24 SEPTEMBER 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 – 25 September 2023				
20	National Suicide Prevention Strategy	<p>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.</p> <p>Action – Public Health aware</p> <p>Decision Made: The Chair advised it was important for the Committee to keep this issue under review and further scrutiny of the planed refresh of local action plans should be bought back to the Committee at the appropriate time in 2024.</p> <p>Action – Officers aware and added to Forward Plan with date to be allocated.</p>		

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

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
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 its closure and then being moved again and requested consideration regarding engagement with those patients regarding the impact it had on them.</p> <p>Action – NHS Dorset aware.</p>		
Actions arising from Committee meeting – 27 November 2023				

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
	Dorset and Bournemouth, Christchurch & Poole (BCP) Safeguarding Adults Boards Annual Report 2022-2023	<p>Decision Made: That next year's Annual Report would include data for self-neglect as a separate entity.</p> <p>Action – Chair of SAB aware.</p> <p>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.</p> <p>Action – to be considered by Officers and Committee.</p>		
	Annual Adult Social Care Complaints Report	<p>Decision Made: Core data used to formulate report be shared confidentially with the Committee.</p> <p>Action – Director of Adult Social Care aware.</p>		
Actions arising from Committee meeting – 15 January 24				
	Health Inequalities –	Decision Made:		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
	background briefing	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				
	BCP Council's Adult Day Opportunities Strategy	Decision Made: To feedback concerns regarding the consultation to the team. Action – Officer aware.		
Actions arising from Committee meeting – 20 May 24				
	The Future of Public Health in BCP	Decision Made: That the resolution agreed be considered by the Corporate Director of Wellbeing and that a further report come to Committee at the next meeting.	To enable the Committee to input and help shape	

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
		Action – Officers aware and added to Forward Plan	the role of the BCP Director of Public Health	
	Update on Home First (Intermediate Care) Development	Decision Made: That the Better Care Fund report going to BCP Health and Wellbeing Board be circulated to the Committee for their information. Action – Officers aware		
	Forward Plan	Decision Made: That the Portfolio Holders update be circulated to the Committee outside of the meeting: Actioned – email sent on 21 May 24 Decision Made: Add the Future of Public Health in BCP to the meeting in July. Actioned – added to Forward Plan. Decision Made: Add Gender Identity Services to the Forward Plan. Action – to be considered in forward planning session.		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
Actions arising from Committee meeting – 15 July 24				
	Adult Social Care Transformation Business Case	Decision Made: That key risks and Key Performance Indicators be included in future reports regarding the Transformation Programme Action – Officers aware	To enable the Committee to have this information when scrutinising	
	Tricuro Business Plan: Delivery Progress	Decision Made: To provide the Committee with statistics regarding the number people using its services to a future meeting. Action – Tricuro Director and Officers aware	To provide the Committee with this information	
	Items for Information	Decision Made: Any questions or comments regarding the University Hospitals Dorset (UHD) Maternity paper be sent to the Chair to arrange responses by 22 July 2024 Action – Committee aware of deadline Decision made: Pass congratulations on toe UHD for the reduction to zero vacancies in its midwife team. Action – Director of Adult Social Care to pass on		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
Actions arising from Committee meeting – 24 September 24				
33.	Fulfilled Lives programme – approach to scrutiny	<p>Decision made: In response to a request for more information regarding micro providers, it was agreed that this fell under the strand of 'Self Directed Support' which would come to a future Committee.</p> <p>Action: Add to Work Plan</p> <p>Decision made: The Overview and Scrutiny Specialist suggested that time to scrutinise the different elements of the Fulfilled Lives Programme be plotted into the Committee's Work Plan to ensure capacity.</p> <p>Action: Add to Work Plan</p>		
34.	Adult Social Care Budget Presentation	<p>Decision made: In response to a query regarding the activities and outcomes of the Live Well Dorset programme, the Committee was advised that it had managed to reach those living in the most deprived areas of BCP and that access could potentially be provided to the dashboard for the Committee to see the output.</p> <p>ACTION</p>		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
		<p>Decision made: A Committee Member requested the positives of the separation of the Public Health function be reported back to Committee at an appropriate time.</p> <p>Action: Add to Work Plan.</p>		
38.	Work Plan	<p>Decision made: The Committee was advised of the proposed items for the next meeting and was informed that a key lines of enquiry form would be circulated to scope out the ASC waiting times scheduled.</p> <p>Actioned – circulated to Committee</p> <p>Decision made: The Chair advised of the addition of Healthcare for the Homeless for the December meeting. It was agreed that a key lines of enquiry form would also be circulated for this item.</p> <p>Actioned – circulated to Committee</p>		

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Health and Adult Social Care Overview and Scrutiny Committee



Report subject	Bournemouth, Christchurch & Poole (BCP) Safeguarding Adults Boards Annual Report 2023-2024
Meeting date	2nd December 2024
Status	Public Report
Executive summary	<p>The BCP Safeguarding Adults Board (SAB) publishes an Annual Report each year and is required, as set out in the Care Act 2014, to present this 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.</p> <p>The attached report is for the year April 2023 to March 2024. The report was agreed at the September meeting of the BCP Safeguarding Adults Board (SAB).</p> <p>The BCP SAB has successfully worked together with the Dorset SAB with joint meetings over the year.</p> <p>This year we have published 2 separate Annual Reports, one for each of the Boards as they are separately constituted. Throughout 23-24 The BCP SAB has delivered against all priorities which are set out in the annual work plan; this Annual Report summarises what the Board has achieved.</p>
Recommendations	<p>It is RECOMMENDED that:</p> <p>Members note the report which informs how the SAB has carried out its responsibilities to prevent abuse, harm and neglect of adults with care and support needs during 2023-2024.</p>
Reason for recommendations	<p>1. In setting out how the SAB has delivered against the strategic plan during the year, this Annual Report also acknowledges the contribution each of the board partners has made to implementing its strategy. The Strategic Plan for this current year is set out on Page 7.</p>

	<p>2 The safeguarding data for Bournemouth, Christchurch & Poole is shown on Page 6 of the Annual Report.</p> <p>3 It is a statutory requirement that the Annual Report provides a summary of any Safeguarding Adults Reviews (SARs) which were published within the year. These are statutory reviews commissioned by the Board, where someone with care and support needs has died or suffered significant harm and where agencies could have worked better together. An outline of SAR 'Billy' is shown on Page 11.</p>
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Portfolio Holder(s):	Cllr David Brown, Portfolio Holder for Health and Wellbeing
Corporate Director	Betty Butlin, Director of Adult Social Care
Report Authors	Siân Walker-McAllister Independent Chair, Dorset and Bournemouth, Christchurch & Poole Safeguarding Adults Boards
Wards	All
Classification	For Recommendation

Background

- 1.1 It is a statutory requirement for the Bournemouth, Christchurch & Poole Safeguarding Adults Board to publish an Annual Report each year. The presentation of the report to Scrutiny Committee enables a discussion on the work of the Safeguarding Adults Board. Board Membership is detailed on Page 12 of the Annual Report and comprises statutory members from Adult Social Care, Dorset Police and NHS Dorset as well as representatives from other public services and the voluntary and community sector. Of note is that BCP Council is represented by Cllr David Brown, Portfolio Holder for Health and Wellbeing as well as senior officers of the Council, including the Director of Adult Social Services.
- 1.2 Members are advised that BCP Council hosts the Business Team for the Dorset & BCP SABs. Income is received from BCP Council, Dorset Council, NHS Dorset and Dorset Police.
- 1.3 The BCP SAB works closely with the pan-Dorset Safeguarding Children Partnership and the Bournemouth, Christchurch & Poole Community Safety Partnership, especially in relation to statutory reviews e.g., SARs, Domestic Homicide Reviews (DHRs) and the learning deriving from them. This ensures efficient working of the statutory boards and where there is an overlapping agenda, for example, where other reviews have identified adult safeguarding, we have been able to ensure there is joined up work and importantly joined up learning across professional disciplines.
- 1.4 The Board has a duty to include details of any Safeguarding Adults Reviews, published during the year. Members will note SAR 'Billy' was published during this year. Work continues with other Safeguarding Adults Reviews across Dorset and BCP and any published in 2024-25 will be included in the next year's annual report.

Options Appraisal

2. Not Applicable

Summary of financial implications

3. The budget for the Board is shown on Page 5 of the Annual Report – it shows contributions made by each Council and the partners. For this financial year (2023/2024), the Board has worked as a single business unit.

Summary of legal implications

- 4 As set out in the Care Act 2014, 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. The Annual Report must also include details of any Safeguarding Adults Review (SAR) which has been commissioned by the Board, SAR Billy is included.

Summary of human resources implications

- 5 Not applicable

Summary of sustainability impact

- 6 Not applicable

Summary of public health implications

- 7 Not applicable

Summary of equality implications

- 8 None identified

Summary of risk assessment

- 9 None applicable

Background papers

None

Appendices

Bournemouth, Christchurch & Poole Safeguarding Adults Boards Annual Report
2023/2024

Bournemouth, Christchurch & Poole Safeguarding Adults Board

Annual Report 2023-2024



The Safeguarding Adults Boards bring together all public, voluntary and community sector agencies across BCP and Dorset with the aim of working together to protect adults at risk from abuse, harm, or neglect. We achieve this through joined up strategic leadership and collective accountability.

Welcome to the BCP Safeguarding Adults Board 2023/2024 Annual Report. The Board meets jointly with the Dorset Safeguarding Adults Board and shares all subgroups of the Board. This enables us to work efficiently with our partners across the NHS and Police, and also with the many other public, voluntary and community sector agencies. A separate Annual Report is provided as we have constitutionally retained separate Boards enabling us to have place based meetings where required.

The primary role of a safeguarding adults board is to ensure that all public sector agencies work together to ensure that adults with care and support needs in the area are protected from abuse, harm, and neglect; where because of their care and support needs they are unable to protect themselves. The Care Act 2014 sets out that Safeguarding Adults Boards (SABs), should agree a local safeguarding strategic Business Plan and set out in the Annual Report how it has delivered that plan. The Board must also commission a Safeguarding Adults Review, (s.44 of the Care Act 2014) when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is a concern that partner agencies could have worked more effectively to protect the adult. SABs must also arrange a Safeguarding Adult Review if an adult in its area has not died, but the SAB knows or suspects that the adult has suffered serious abuse or neglect and must ensure that partners demonstrate how they work together so that lessons learned impact the future delivery of services to those with care and support needs.

In 2023 BCP SAB published SAR Billy, a summary of this review is included later in the report

During this year, the Board continued to hold alternate meetings in-person and by Teams and held several events:

- In May 2023 productive meetings were held in respect of the LGA Adult Social Care Peer Review. This was commissioned by Adult Social Care in BCP to ensure support in identifying any issues in preparation for forthcoming CQC assessment of adult social care. The Safeguarding Adults Board participated in the review and the outcome was helpful in providing assurance to the Board about the effectiveness of delivery of safeguarding by adult social care and also assurance about the effectiveness of safeguarding delivery by and about the partnership working to deliver effective services to protect those with care and support needs.
- I attended NHS England regional Mental Health Homicide Review Workshop as it is essential that in commissioning any reviews we work effectively with partners to ensure that the learning is delivered by the most appropriate organisation.
- This SAB has been proud to include representatives from Housing on our Board for a number of years. In July 2023 we hosted an event for a large number of registered housing providers attended by colleagues from the local authority, adult social care safeguarding, and learning & development teams. Attendees agreed to form a Housing & Safeguarding Reference group, enabling them to have a forum to share ideas & experiences. A second event was held in January 2024 for all pan-Dorset Registered Housing Providers with Professor Michael Preston-Shoot presenting on the theme of Adult Safeguarding & Homelessness. The event focussed on the need to identify and use evidence-based practice, ensuring that everyone works across agencies and thinks 'team around the person'. Rachel Young (Pause Dorset) spoke about housing issues for women whose children are removed. Regular engagement with housing has been welcomed and this network is proactively sharing learning. The SAB has now agreed to facilitate an annual event.
- In July 2023, the first face-to-face Community Engagement Subgroup (CEG) meeting was held providing networking opportunities to improve understanding of the important roles which the voluntary and community sector hold in promoting awareness of safeguarding. Effective engagement with and between community groups enabled participants to showcase their work, forging strong working relationships and understanding each other's remit.

In September 2023, I undertook 2 prison visits to HMP Portland & HMP The Verne, accompanied by the Dorset Council Adult Safeguarding Lead. HM Prison & Probation Services are represented on the Board and there is much to do to ensure that the Board has assurance that the Care Act 2014 responsibilities for prisoners with care and support needs are delivered. This is the responsibility of the local authority which commissions support from healthcare providers based in prisons. Given the numbers of those in prison with mental health needs and the high proportion of prisoners who are neurodivergent; we discussed the partnership work to ensure that preparation for release takes account of the services which will need to be available. This supports individuals and importantly is a matter for public protection. Whilst the Prisons are located in Dorset, some of the prisoners would undoubtedly come from the BCP area.

In September 2023, I met with a group of GP's in Boscombe, accompanied by a BCP Safeguarding Manager to follow up from a safeguarding review learning event. This was attended by over 150 primary healthcare practitioners. GPs felt that their challenges in supporting some people with very complex needs were listened to by the Board and all strategic partners.

Our subgroups have seen some changes in chairing arrangements due to changes in personnel but by the end of this reporting year a degree of stability has been achieved. This year saw the establishment of an additional subgroup of the Board - the Mental Capacity Act & Deprivation of Liberty Safeguards (MCA/DoLS) Subgroup (referred to later in this report) – important for the Board's assurance. This will help address the fact that issues regarding mental capacity assessments and executive function are recurring themes in very many safeguarding interventions and reviews

I established a quarterly meeting for the Board's subgroup chairs in September 2023 to ensure that partnership working improved. We are now seeing how the outcomes and learning from safeguarding adult reviews are also reflected in the audit plans for the Quality Assurance subgroup. There is also an improved understanding of the importance of engagements with colleagues in the voluntary and community sector across all groups.

31 Productive working continues between the Board and NHS Dorset and during the year I met regularly with the NHS Dorset Safeguarding Leads including discussion about the pilot CQC Inspection of the Integrated Care System, progress on SARs across the NHS system and revised Pressure Ulcer Guidance.

February 2024 saw improved capacity within the Board's business team with recruitment of a Project Officer enabling focus on key tasks including delivery of more effective communications and a new website which will be act as a reference point for safeguarding practitioners as well as providing accessible information for the public. During the year we updated policies and procedures which included our Constitution, Communication Strategy, and Document Retention Policy. Regular review ensures good governance and clarity of understanding across the partnership.

At the close of the year, we facilitated a Board development event in March 2024, which gave us the opportunity to review and update our 3-year strategy and all partners made a commitment to engage in 'horizon scanning' during the year ahead.

I would like to thank all those who have contributed to safeguarding adults, with dedication, hard work and strong leadership from across our partnership. In particular I would like to thank our Boards' Business Team, who have each contributed significantly to the delivery of our work.



Siân Walker-McAllister, Independent Chair

Safeguarding Adults

Safeguarding adults is about protecting the rights of people with care and support needs to live in safety, free from abuse, harm and neglect.

If you are concerned about a person who is over the age of 18 years, who has care and support needs, and you feel they are being abused or at risk of abuse from another person, you should seek help for them.

To report a safeguarding concern in the BCP Council area contact:

01202 123654

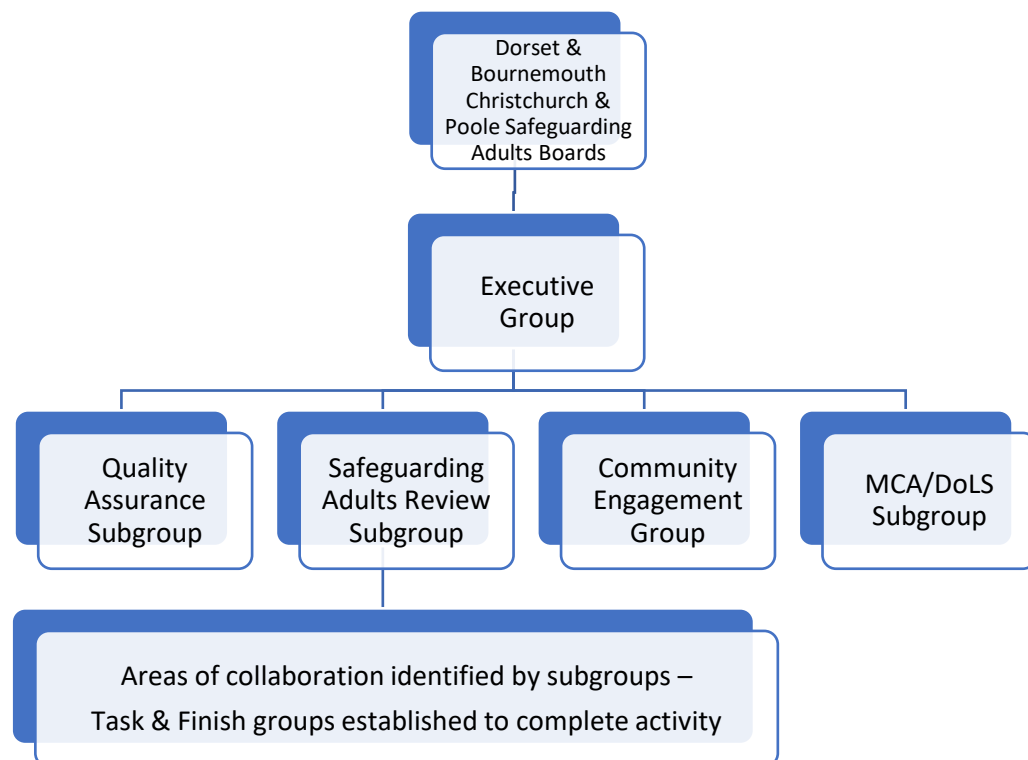
During evenings and weekends, telephone 0300 1239895



In an emergency dial 999. If the person is not in danger now, dial 101.

If you are not sure what to do, or need some advice, there are people who can help. You can talk to your GP or nurse, a social worker, a police officer or your key worker. They will help you to respond to the concerns.

Structure of the Dorset & BCP Safeguarding Adults Boards



Dorset & BCP Safeguarding Adults Boards Budget 2023-2024



The Dorset & BCP SABs maintain a working budget to enable them to undertake their work and the priorities identified in the business plan. Each year, contributions are received from statutory partners to support this work. During 2022-2023 the two Boards merged the Business Units and subsequently the budgets.

During much of 2023-2024, the Business team was carrying a vacancy for a Project Officer and a part time Administrator resulting in an underspend on staffing. During this year the SABs held 5 in-person events, so cost for venue hire had increased since the previous year.

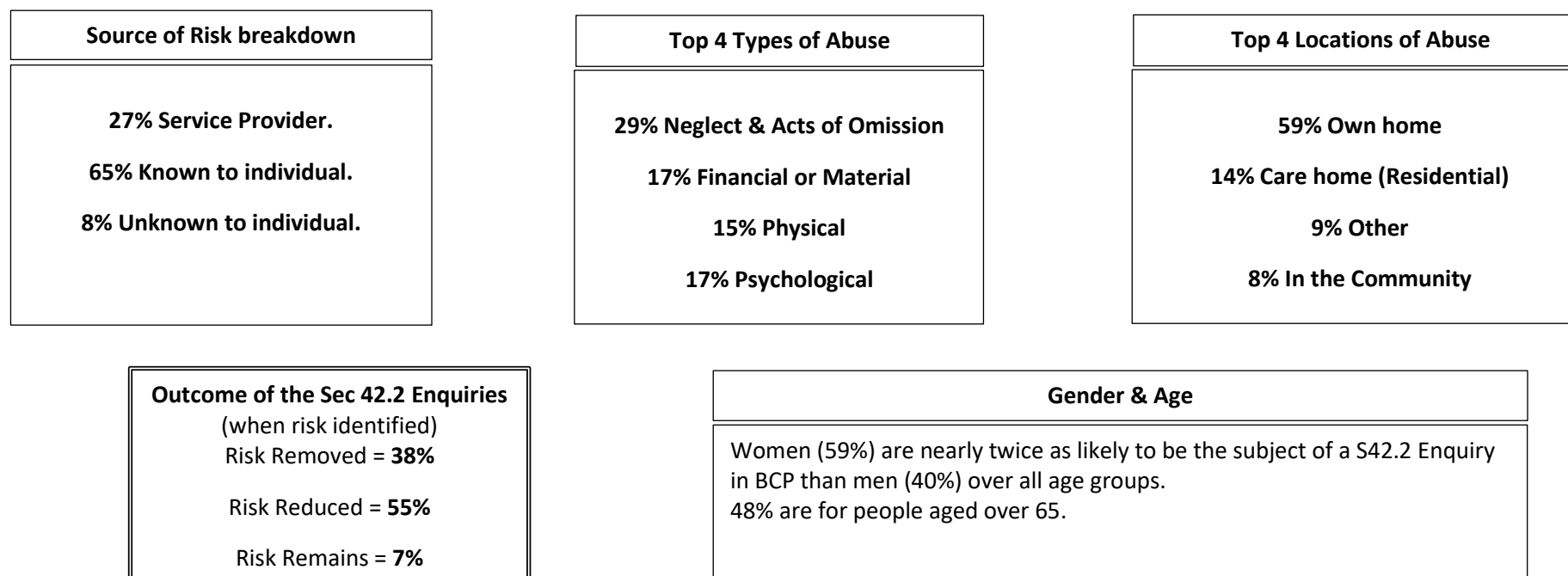
The Dorset and BCP SABs are grateful for the financial support of our partners which enables us to carry out our work.

BCP Council	£70,000
Dorset Council	£70,000
NHS Dorset	£38,745
Dorset Police	£19,404
Total	£198,149

BCP Council - Safeguarding Activity & Performance Information 2023/24



Breakdown of CONCLUDED Sec 42.2 Enquiries



*Volumes of concerns and enquiries as published in the Safeguarding Adults Collection by NHS Digital [NHS England Digital - Safeguarding Adults, England, 2023-24](https://www.nhs.uk/publications/safeguarding-adults-collection)

Strategic Plan for 2023-2026

The Dorset and BCP Boards strategic aim is to ensure adults are safeguarded by empowering and supporting them to make informed choices and decisions (Making Safeguarding Personal).

Preventative work in safeguarding	Seeking assurance on safeguarding practices	Assurance on delivery of 'Making Safeguarding Personal' (MSP).
Prevention Aim: Continued development with partners of preventative work in safeguarding.	Accountability Aim: Continuing to seek assurance on safeguarding practice across system partners.	Partnership working Aim: Assurance on delivery of 'MSP' using a whole family approach.
We will: <ul style="list-style-type: none"> Review learning from SARs from DBCPSAB & other Boards and revisit thematic learning from reviews to inform preventative work with adults with care and support needs. Ensure we always take account of the experiences of people who use services or receive safeguarding interventions. Seek assurance on an annual basis from partners that learning is embedded in the work of all frontline staff in all services in line with our Training & Development strategy. Ensure that the Boards' subgroups are able to provide evidence of system learning and working to deliver preventative work. Ensure there is good multi-agency working with a contextual safeguarding approach to preventative work with people who are homeless. Improve use of data from all partners to enable us to identify trends which influence preventative work across all agencies. 	We will: <ul style="list-style-type: none"> Continuously develop how we receive assurance as governance frameworks evolve across every statutory partner. Ensure data is understood/ used to identify themes for every partner to progress in their safeguarding work; that information and learning is shared across the system. Work in partnership across the safeguarding children and community safety partnerships to ensure that complexities of 'Transitional Safeguarding' are understood well. Seek assurance on delivery of safe and person-centred practice in private mental health hospitals and for all placements of people outside our area. Seek assurance that 'Think Family' practice across all agencies is embedded. Continue to seek assurance on health & social care practice and provider care quality. Seek assurance that the system is working to safeguard people via the new national policing initiative, 'Right Person, Right Care' 	We will: <ul style="list-style-type: none"> Seek assurance from all partners that Making Safeguarding Personal (MSP) is embedded throughout all agencies' safeguarding work. Seeking evidence that people have opportunity to express their outcomes at every stage in their safeguarding journey. Involve people in the work we do – review how we communicate more widely with people and listen to and act upon the voices of those who have experienced safeguarding interventions. Deliver our communication/ engagement strategy to the widest audience with the support of the voluntary and community sector through our Community Engagement Subgroup. Ensure that the Quality Assurance subgroup continues to audit application of MSP and provides data which evidences that application of MSP is embedded.

What we achieved in 2023-2024

In our strategy we said...	This is what we did
Continued development with partners of preventative work in safeguarding	<ul style="list-style-type: none"> Continued working with Partners and received updates from Dorset Police on 'Right Care Right Person' approach for working with vulnerable people Ongoing work with the Community Engagement Group (CEG) to facilitate shared learning and awareness of safeguarding Good partnership working with NHS Dorset and production of a revised local Pressure Ulcer Guidance, this was added to the Safeguarding Adults Procedures Delivered and published Three '7 Minute Learning' reviews on 'Multi-Agency Risk Management (MARM) processes', 'Safeguarding and Hospital Discharge' and 'Learning from BCP SAR Aziza' Delivered with partners, 4 x bite-sized videos, published on the Boards' websites, providing an overview of the MARM process Revised and updated the Safeguarding Adult Review (SAR) Referral form ensuring clarity and understanding about SAR referrals by agencies, enabling better-informed decisions as to whether the criteria is met for commissioning a SAR A Transitional Safeguarding Position Statement was published, written to ensure that agencies understand the needs of young people who are moving from Children's services and need support from Adult Social Care and other services Established the Housing & Safeguarding Reference group and arranged delivery of learning about 'Adult Safeguarding and Homelessness'
Continuing to seek assurance on safeguarding practice across system partners	<ul style="list-style-type: none"> Delivered a Safeguarding Adult Review on Billy, continuing to seek assurance through implementation of action plans Produced and published the Dorset & BCP SAB Communication Strategy The QA and CEG subgroup Terms of Reference were updated Subgroup Chairs and Deputies met quarterly to share practice and work together more effectively.
Assurance on delivery of 'Making Safeguarding Personal'	<ul style="list-style-type: none"> Making Safeguarding Personal (MSP) was a key feature of the Boards' Development session in March 2024, with workshops on this theme and discussions around why it is important for all partners to embed this into practice The focus on application of MSP is always included within terms of reference for safeguarding adult reviews and thus is reflected in recommendations QA subgroup will be undertaking an audit and review of MSP again in the next year to ensure it is embedded into practice.

Reports from the Chairs of the Subgroups for 2023-2024

Community Engagement Group (CEG) Subgroup	<p>CEG has continued to welcome an increased membership and more consistent attendance at meetings and events, contributing to the strategic plan. It is Chaired and Vice-Chaired by two Voluntary & Community Sector (VCS) representatives from BCP and Dorset Council areas, bringing together a wide range of skills and knowledge of the wider sector in Dorset.</p> <p>The CEG is working towards achieving the priorities outlined in the Safeguarding Adult Boards' 2021/24 Strategic Plan and continues to have a focus on informed and preventative work with safeguarding. This involves talking to various groups about how to ensure that people with care and support needs are kept safe. CEG has received presentations from Prama Care, People First Dorset and the Safeguarding Board business managers, looking at various themes such as hoarding, self-neglect and 7-minute learning reviews to help organisations and volunteers understand how they can support someone where there may be a safeguarding concern.</p> <p>CEG refreshes and reviews good safeguarding practices within the VCS and shares these findings and learning across the sector.</p> <p>CEG has worked with the subgroups and the board to ensure that the VCS is recognised as often being the first point of contact for Dorset residents and that the sector often initiates reporting a concern when supporting adults in the community.</p>
Safeguarding Adult Review (SAR) Subgroup	<p>The Safeguarding Adult Review (SAR) subgroup met on 7 occasions throughout 2023/2024. Until December 2023, the chair was Sarah Webb from BCP Council. From January 2024 a new chair, Kirsten Bland from NHS Dorset was appointed.</p> <p>During 2023/2024 the SAR subgroup facilitated the publication of a safeguarding adult review - SAR Billy.</p> <p>The subgroup has considered 8 referrals for a SAR over the last year and four of these met the criteria for commissioning a SAR.</p>
Quality Assurance (QA) Subgroup	<p>The Quality Assurance (QA) Subgroup met on four occasions throughout 2023/2024. Initially the subgroup was co-chaired by Jonathan Price (Dorset Council) and Liz Plastow (NHS Dorset). In May 2023 Simon Hester was appointed to co-chair after Liz Plastow left NHS Dorset. Tanya Dawson-Sheehan (Dorset Council) has chaired the subgroup, with Simon Hester as Deputy Chair since November 2023.</p> <p>The subgroup has welcomed updates and demonstrations of the 'Dorset Insight and Intelligence Service' (DiiS) Safeguarding Dashboard, commissioned by NHS Dorset but not intended for use only within the NHS. Discussions as to how partner agencies can be involved and use this new database are ongoing.</p> <p>During the year the group has discussed the case recording systems of partner organisations as detailed recording enables more accurate records. In Section 42 Enquiries more than one abuse type can be recorded which also enables more detailed analysis. Analysis of volumes of concerns received provided assurance to the SABs regarding the terminology used in both LA areas.</p> <p>Throughout the year the subgroup has undertaken a progressive audit concentrating on Self-Neglect. The most frequent abuse type in both LA areas (and nationwide) is Neglect and Acts of Omission. In November findings from the qualitative audit on Self-Neglect were presented from a variety of subgroup member organisations and others including the Fire & Rescue Service and voluntary and community sector. This provided rich information on what is going well and what improvements could be made; and identified common themes on 'wish lists' which will be examined further.</p>

	<p>The subgroup identified that the volume of advocacy referrals was lower than expected and will continue to examine the underlying reasons in the next reporting year.</p> <p>The QA Workplan was reviewed and updated with all tasks identified in the SAB strategic plan enabling the subgroup to track and plan our work and where required collaborate with other subgroups.</p> <p>Audit work undertaken by the QA Subgroup in previous years identified the need for greater understanding of the MARM process and promotion of the fact that any agency can convene a MARM meeting. Further progress on training materials for staff was made during this reporting year.</p>
MCA/DoLS Subgroup	<p>During this reporting year a new subgroup of the Boards was created in response to ongoing strategic discussions about the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) and the proposed forthcoming change of law to deliver Liberty Protection Safeguards (LPS) which will be introduced by the Mental Capacity (Amendment) Act 2019.</p> <p>In April 2023 the Department of Health and Social Care announced that implementation of LPS would be delayed “beyond the life of this Parliament”. Board partner organisations had been planning for some time in order to prepare practitioners for the changes in legislation and how these would impact on practice.</p> <p>In December 2023 the Board discussed a review of the governance of MCA / DoLS and unanimously agreed a proposal to convene a Mental Capacity Act Subgroup of the Board to provide consistent governance framework for all partners. Draft Terms of Reference were available at this meeting with some amendments approved at the March 2024 meeting. Betty Butlin from BCP Council Adult Social care was appointed the Subgroup Chair and the first meeting will take place in Q1 of the next reporting year.</p>

Safeguarding Adult Review (SAR) published in 2023-2024

SAR Billy (Published March 2024)

https://www.bcpsafeguardingadultsboard.com/uploads/7/4/8/9/74891967/bcpsar_billy_051023.pdf

Background

Billy, a White British man, died in 2021 from natural causes aged 47. Billy was described by his family as a 'likeable wee rogue' and was adored by his family, especially his nieces and nephews. When Billy moved away from Scotland, his close family remained there. Towards the end of his life, Billy talked about returning to Scotland but his plans were interrupted by poor health and the Covid-19 pandemic. He remained in close contact with his mother and sisters.

Billy was known to be 'strong willed' and did not want people to look after him. He had diabetes and could be 'lax' at taking his medication. He had broken his leg some years earlier and this combined with substance misuse and poor diabetes control lead to the amputation of his leg. Mobility issues, alongside substance misuse contributed to his self-neglect. His family were not aware how bad his health and well-being had become.

A commissioned package of care was provided for 30 minutes of daily support, and it was noted that Billy had a long history of non-engagement with health and social care staff; he often would deny carers entry to his home.

The day before Billy passed away in hospital, the Care Agency referred an adult safeguarding concern to the local authority regarding his self-neglect, poor health, unstable diabetes and poor mental health.

Key Learning Points:

- The use of the Multi-Agency Risk Management (MARM) Meetings should be used more widely to avoid discrepancies of understanding and to share knowledge amongst professional organisations.
- Partners should be aware of placing too much emphasis on one area of care rather than looking at a person holistically. This can be referred to as 'Diagnostic overshadowing.' A focus on his poorly managed diabetes may have resulted on a reduced awareness of other health concerns.
- Organisations need to be aware of a person's executive functioning, when Billy said he 'didn't want help' could an alternative approach be used and did Billy really understand the consequence of not following advice around medication and poor engagement with professionals.
- Improved communication across agencies would ensure that health practitioners, care agency workers and adult social care workers would have been aware of Billys holistic needs.

Other Safeguarding Adult Reviews which commenced in 2023/2024

We also commenced 3 other SARs in 2023/ 2024 and anticipate these will be published in 2024-2025. They will be referenced in next year's Annual Report.

The Dorset and BCP Safeguarding Adults Boards are made up of senior representatives from the following agencies:

Our Statutory Partners



**DORSET
POLICE**



Local Authority representatives from Dorset and BCP Councils include senior officers from Adult Social Care and Housing as well as Cabinet Members for Adult Social Care.

Our Board Member Organisations



Probation
Service



HMP Guys Marsh
HMP Portland
HMP The Verne



BCP Council Adult Social Care, Housing, Commissioning and Operational Services

Achievements during 2023-2024

We have focused on preventative interventions and:

- Re-launched the 'Self-Neglect & Hoarding' Panel with internal and external stakeholders and created a peer support network for all stakeholders to seek advice/support on working with people who self-neglect or hoard.
- Our 'Assertive Engagement' Team regularly links with the Multi-Agency Safeguarding Hub (MASH) to identify adults with care and support needs, who may need support to keep safe, i.e. those being exploited or at risk of harm or abuse who may fall outside of existing 'Preparing for Adulthood' pathways, which has led to some very positive outcomes for young people and their families.
- Have remodelled our approach to how we make decisions about Safeguarding Concerns, allowing people to receive more proportionate and timely responses, to keep safe and prevent delays.
- The Homeless Intervention Team (HIT) reach out to other teams within Adult Social Care and other stakeholders to promote awareness of the range of Homeless services, raising awareness about their role, and providing peer support to other practitioners in preventing homelessness.
- have initiated and launched an internal 'Serious Incident' process, which promotes a learning culture across Adult Social Care. This has enabled us to proactively manage the dissemination of learning e.g. Safeguarding Adult Reviews (SARs) etc.
- The Pan-Dorset Advocacy contract successfully went live with the new provider taking over the contract in June 2023

What have the challenges been?

- Operationally, whilst there has been commitment to our aspirations of working preventatively, there are challenges in achieving this whilst balancing day to day demand for services.
- Accessing bespoke services for people who self-neglect or hoard remains challenging, i.e. diagnostic and psychological therapies and specialist domiciliary services.
- Preparation for new CQC Regulation has been an additional challenge on top of business-as-usual activities.

Future organisational plans to continue work on SAB Strategic Plan priorities

- Providing more evidence of quality improvement within our safeguarding practice and in commissioning services, in addition to data. This includes evidence of routine audits, evidence of continued learning from SARs, Serious Incidents and care quality monitoring.
- Identifying repeat referrals for people who appear to be self-neglecting and who are not engaged with services; we aim to use this data to identify whether changes to practice and process are needed, e.g. how decisions are made at our front door or within other services, training needs etc.
- Continuing with proactive engagement and monitoring the impact of the various phases of the pan-Dorset 'Right Care Right Person' project and have supported production of a 'Memorandum of Understanding' We have been actively engaged with this and have supported production of a 'Memorandum of Understanding'.

Dorset Police

Achievements during 2023-2024

- The Safeguarding Hubs within each of the two Local Policing Areas (LPA's) are now well embedded, allowing strong partnerships to be developed with the Local Authority teams.
- We have seen examples of excellent cross-agency working in both local authority areas in response to potential adults at risk concerns, including modern slavery and vulnerable adults.

What have the challenges been?

- Demand for specialist resources remains strong against a limited capacity.
- The Safeguarding Hubs have seen a high turnover of resources, often as a result of internal staff promotions and other issues, which can mean having to re-train new staff and losing experience.
- The understanding of data could be improved. There are difficulties in extracting data which could assist in the identification of trends and issues which may allow earlier interventions.

Future organisational plans to continue work on SAB Strategic Plan priorities

- Dorset Police will continue to deliver 'Vulnerability' training every year for our frontline staff. This will include a focus on being trauma informed.
- Dorset Police is in the process of developing a new 'Vulnerability Strategy' and governance arrangements. It will use the findings of a recent review by the 'Vulnerability Knowledge Practice Programme' (VKPP).

Dorset Police now has a Multi-Agency Risk Management (MARM) co-ordinator role within the Safeguarding Hub and has developed a governance structure to support the partnership approach and adhere to the principles and guidelines. This includes robust triage management, an associated process map to streamline the practice and meaningful supervisory oversight. This is to ensure a whole system approach to understand and manage risk.

NHS Dorset

Achievements during 2023-2024

Continued development with partners of preventative work in safeguarding.

During 2023/24, NHS Dorset worked with NHS provider partners across Dorset and BCP to provide local guidance for the management of pressure ulcers through the policies and procedures published by the SAB.

Continuing to seek assurance on safeguarding practice across system partners.

NHS Dorset helped lead the quality assurance sub-group of the SAB during 2023/24. A highlight of this work during the year was a focus on improving safeguarding practice in self-neglect across system partners. NHS Dorset arranged for the development of a self-neglect dashboard by the 'Dorset Insights and Intelligence Service' (DiiS) to aid this work. The dashboard identifies risk factors for self-neglect in the populations of BCP and Dorset to inform the Boards' strategy.

Assurance on delivery of 'Making Safeguarding Personal.'

Safeguarding clinical leads from NHS Dorset undertook safeguarding insight visits during the year to acute and mental health settings and GP practices to meet frontline healthcare practitioners. These visits provided an opportunity to triangulate the assurances provided by commissioned NHS providers about their approach to MSP.

What have the challenges been?

There remain opportunities to improve the volume and quality of partnership data about safeguarding practice available to the NHS Dorset safeguarding leads. A new safeguarding insights and intelligence group was set up and facilitated by colleagues in the DiiS during the year. This has provided a forum for partners to discuss ways to improve the interconnection and flow of partnership data.

Future organisational plans to continue work on SAB Strategic Plan priorities

Whilst commissioning large-scale NHS healthcare services from NHS providers across BCP and Dorset, NHS Dorset also directly employs a small workforce of frontline staff who work with adults with needs for care and support and their families. The NHS Dorset safeguarding clinical leads will continue to provide training and supervision to these frontline staff. During 2024/25 the leads will focus on improving knowledge about strategies for working alongside people who self-neglect and embedding the principles of trauma-informed care into practice in the context of MSP.

Dorset HealthCare University NHS Foundation Trust (DHC)

Achievements during 2023-2024

'Safeguarding adults' remain a priority in service delivery and patient safety across all service areas - mental health, learning disability and community physical health services. DHC has:

- Introduced 'DASH RIC' (Domestic Abuse Stalking and Harassment, Risk -Indicator Checklist') and 'Coercive and Controlling Behaviour' training as a response to learning from Domestic Homicide Reviews.
- Established 'Sexual Safety' Task and Finish Group to improve sexual safety on inpatient mental health wards as a response to NHSE national quality improvement plan.
- Undertaken audits and developed plans to improve practice across all inpatient settings around 'Making Safeguarding Personal' including the use of the Mental Capacity Act 2005.

What have the challenges been?

- Supporting staff to complete safeguarding training remains a priority but can be challenging when where there are vacancies or workload pressures.
- Measuring the impact of learning from Safeguarding Adult Reviews on frontline practice. The embedding of the Patient Safety Incident Response Framework (PSIRF) will support this going forward.

Future organisational plans to continue work on SAB Strategic Plan priorities

Some of DHC objectives over the next year include a focus on:

- Homelessness (ensure preventative multi-agency working using a contextual approach to support people).

- Domestic Abuse (improve understanding of DA and coercive and controlling behaviours).
- Focus on Preventative safeguarding work - ensuring the principles of 'Making Safeguarding Personal' are applied in practice and continue to embed 'Think Family' into practice. This Includes knowledge and practice using the Mental Capacity Act 2005.

DHC will also focus on

- improving partnership working under Multi Agency Public Protection Arrangements; transitional safeguarding and improving data collection and analysis of safeguarding activity within DHC.
- continuing to provide quality assurance to the SAB that safeguarding priorities are in line with best practice and evidencing positive outcomes for families, whilst monitoring objectives to ensure they are delivered in line with the SAB strategic plans through the Trust's bimonthly Safeguarding Group and the Trust's Quality Governance Group.

Dorset County Hospital NHS Foundation Trust (DCH)

Achievements during 2023-2024

- Throughout 2023-2024 DCH has proactively contributed to all SAB meetings and subgroups as well as to Safeguarding Adults Reviews. DCH has actioned learning and reviewed its implementation through internal audit.
- DCH, has a clear governance framework in place to support the delivery of the safeguarding agenda and a framework providing assurance to our commissioners and to the SAB, that safeguarding is a priority throughout the healthcare system.
- Safeguarding sits within the portfolio of Director of Nursing & Quality and forms part of the Quality Strategy. There are established links from the frontline to the Trust Board of Directors with clear reporting mechanisms in place via structured internal governance committees.
- There is bespoke training for staff, supplementary to the mandatory safeguarding training, with a focus on the principle of 'Making Safeguarding Personal' (MSP), in combination with the application of the Mental Capacity Act to safeguard patients. Inclusion of the 'think family' approach is adopted throughout training and advice. The Safeguarding Team offers advice and encouragement to DCH staff to have conversations with the patients/ service users, giving them the opportunity to voice their wishes, needs and outcomes, therefore reflecting the safeguarding personal agenda.

What have the challenges been?

DCH and the whole of the NHS has seen numerous challenges: staff shortages and retention, industrial action, waiting list backlog impacting on patients, financial issues, health care inequalities, social care budgetary limitations, lack of housing for patients and staff & evolving healthcare needs of an ageing population.

Future organisational plans to continue work on SAB Strategic Plan priorities

Following a staffing review DCH has recruited to 3 new roles in the safeguarding team to offer opportunity for qualitative project, alongside operational demands. DCH has collaborated with partners to work with Children & Young people (CYP) transitioning through to adult services and has recruited a Complex Care Coordinator for CYP 0-25 who will work in conjunction with the safeguarding team to provide visible, credible professional clinical leadership, supporting the clinical management of CYP up to the age of 25yrs, with complex needs including social, emotional, and mental health needs.

University Hospitals Dorset NHS Foundation Trust (UHD)

Achievements during 2023 – 2024

- Strengthened the learning difficulties portfolio to include neurodiversity.
- Continue to support the wider system safeguarding agenda, working collaboratively with safeguarding partners in health, social care, and police.
- Continued to embed the 'Think Family' approach across UHD.
- Engaged in partnership working on the policing 'Right Person Right Care' model.
- Involved families in direct 'lived experience' training stories to improve care.
- Strengthening 'Making Safeguarding Personal' in training and updating our Cause for Concern form, post local audit.
- Achieved the Key Performance indicator for safeguarding adult level 1 and 2 training at 90%, and launched level 3 Adult training, ensuring staff are well informed on safeguarding practices.
- Recruitment of a perinatal mental health practitioner.

What have the challenges been?

- The Trust has been challenged with managing the Mental Capacity Act (MCA) / Deprivation of Liberties Safeguards (DoLS) interface for patients who are medically fit but detained in the hospital for their own safety. These processes are externally managed making the application of the correct framework difficult. Partnership working to resolve this issue has begun.
- The rise in patients presenting with challenging behaviours has continued, resulting in high-cost agency nurse spend to support safe care delivery. A partnership project with Dorset Health Care NHS Foundation Trust, has begun to look at models of care.
- The management of long length of stay 'no criteria to reside' patients awaiting specialist health or social care placement.

Future organisational plans to continue work on SAB Strategic Plan priorities

The key focus of the safeguarding teams at UHD will continue to be ensuring that all our staff continue to safeguard people. We will achieve this through on-going training, education and feedback to teams aligned with partnership working to meet the systems strategic plan and objectives. Key programmes of work this year include:

- Models of care for mental health patients in the acute physical health setting.
- Furthering understanding around neurodiversity in care.
- Refining of referral pathways from UHD to ensure the person's voice is heard and they receive the best fit signposting and offers of support.
- Trust Board assurance on safeguarding practices will continue through internal governance.

Dorset & Wiltshire Fire and Rescue Service (DWFRS)

Achievements during 2023-2024

We are an active member of the National Fire Chiefs Council (NFCC) Safeguarding Workstream and work for this year has included: the launch of four new guidance documents:

- safeguarding children and adult's competency framework
- managing allegations
- positive disclosure guidance
- guidance on DBS checks for specific FRS roles following the inclusion of fire and rescue authority employees in the Rehabilitation of Offenders Act (Exceptions) Order 1975.

We are represented on the NFCC workstream on hoarding and mental health awareness. We ensure that all training for staff is aligned to the principles of 'Making Safeguarding Personal'. We continually exceed our training targets across all levels of training and referrals continue to increase each quarter which supports that the training and campaigns are effective in embedding safeguarding into the organisation. Following an increase in incidents associated with mental health, we have updated our recording systems so we can collate accurate data on incidents related to mental health and suicide to identify possible gaps in training. This is especially relevant with the introduction of Right Care, Right Person.

What have the challenges been?

Like many organisations, uncertainty around finances continues, bringing challenges and a need to find significant annual savings. That said, the organisation takes its safeguarding responsibilities seriously and has invested in the expansion of the safeguarding team to meet demands and ever-increasing referrals. Challenges when making referrals can be finding support for individuals who are self-neglecting, hoarding and/ or have substance misuse issues. Given that we are seeing an increase in incidents related to mental health, we find that timely resources are lacking which can mean fire crews being delayed at incidents where they are not the right people to be dealing with the situation. Our staff are very positive about safeguarding but receiving feedback following a referral would be beneficial so they can evidence what a difference the referral may have made to an individual.

Future organisational plans to continue work on SAB Strategic Plan priorities.

Prevention is always at the forefront of our work. We are reviewing and increasing training and resources, with a particular focus on mental health, safer recruitment, preventative work for people who use emollients and application of 'Making Safeguarding Personal'. To support staff working at incidents with an individual in crisis, the Joint Emergency Services Interoperability Principles ([JESIP](#)) guidance has been finalised and will be implemented soon along with negotiator awareness training being delivered to our technical rescue teams. We are also looking at the possibility of accessing other emergency service mental health support desks to support crews with a timely response when FRS is the only emergency service in attendance. This will be beneficial to staff and the individual.

HMP The Verne (Prison)

Achievements during 2023-2024

- Despite not being funded for resettlement of prisoners we have been able to successfully house the vast majority of prisoners in the past year on release.
- Recognising that release is one of the most vulnerable times for a prisoner, we are employing a multi-disciplinary approach to preparing prisoners for release. Weekly re-settlement meetings are held to discuss prisoners entering their release window. We are signposting prisoners to support services ahead of release and co-ordinating with Community Offender Managers to minimise the risk of failure.
- Following introduction of the Neurodiversity Support Manager Role we now have a good understanding of the needs and vulnerabilities of the prison population. Approximately 34% are Neurodivergent. This has enabled us to put reasonable adjustments and support in place for them in education, skills and work. The overall aim being to reduce the risk of reoffending and focus on the needs of a population who have high rates of self-harm and suicidal ideation within the wider service.
- Significant steps have been taken to up-skill staff in terms of their knowledge of Neurodiversity and make HMP The Verne 'Neurodiversity friendly' for prisoners and staff.
- The Neurodiversity Support Manager has presented to the Dorset Domestic Abuse Forum to raise awareness of her work, which is as relevant to victims as it is to perpetrators.
- The Custodial Manager for Social Care has developed a positive relationship with the Local Authority. This has led to earlier identification of the support needs of prisoners and timely Care Act referrals and assessments.
- The prison's social care unit opened this year to provide 24/7 support to prisoners with social care needs.
- 'Oxleas' our Healthcare provider has employed a Senior Occupational Therapist who will help in identification of support needs and the service we are able to deliver to prisoners on-site.

What have the challenges been?

- Ageing population with increasingly complex needs.
- We are not currently funded to provide 24/7 *nursing* care or palliative support. Due to population pressures, we are receiving prisoners much sooner after sentencing. We are also receiving more younger prisoners, some of whom are vulnerable and susceptible to areas of risk such as grooming, county lines and have a history of substance misuse.
- Population of IPP (Imprisonment for Public Protection) prisoners is increasing and, nationally the rates of suicide among IPP prisoners are the highest. Whilst our data shows that the Verne does not reflect the national picture, we have put in place 'progression panels' and a support forum to support this vulnerable population.
- Employment opportunities for Prisoners Convicted of Sexual Offences (PCOSO) remain a challenge. Many prisoners are housed post-release in temporary accommodation such as 'Approved Premises' and require a period of stability before they are permitted to seek work. We know that employment is a key factor in reducing re-offending on release.
- High levels of self-harm among the prison population remains an ongoing area of safeguarding risk. For many prisoners this is an entrenched coping mechanism. However, the risk of accidental death during self-harm incidents remains high.

Future organisational plans to continue work on SAB Strategic Plan priorities

- Continue to embed staff with knowledge relating to areas of safeguarding risk i.e. grooming, self-harm, county lines.
- Ongoing training for staff regarding the Mental Capacity Act 2005 and Care Act 2014.

- Review of current Safeguarding policy to ensure that it is in line with both national and local policy and covers areas of emerging risk due to population pressure and changes in demography of the prison population.
- Continue to build links with the local community.

HMP Portland (Prison)

Achievements during 2023-2024

HMP Portland continues to run a weekly 'Release Planning Meeting' that identifies all prisoners within 12 weeks of release and checks that either accommodation is in place, or appropriate measures have been taken, such as DTR (Duty to Refer) and CRS (Commissioned Rehabilitative Services) to ensure accommodation can be provided as soon as practicable on release. Those prisoners assessed as vulnerable, are prioritised and where gaps are identified, actions are taken from the meeting to provide the necessary support. This involves multi-agency working with the Prison Offender Manager and the Community Offender Manager acting as liaison between prison and community services.

HMP Portland has successfully implemented the ECSL scheme (End of Custody Supervised Licence). ECSL is an administrative and operational scheme that enables the release of eligible prisoners for a period (the Specified ECSL Licence Period) in advance of their Conditional Release Date. Those prisoners released on ECSL will be subject to the full range of licence conditions (including good behaviour) following release.

ECSL will only apply to a specified number of establishments where local population trends indicate that maintaining safe and decent conditions and future new prisoners from courts will require the implementation of this scheme. We have worked closely with external probation departments to ensure that those being released under ECSL have been done so in a safe manner. Anyone who was considered to pose a risk to themselves or others, who had Approved Premises accommodation at their CRD (conditional release date) but not on their ECSL date, were kept in custody until their CRD or until the bed could be brought forward.

CAS3 (Community Accommodation Service level 3) has been introduced so that all prisoners will have up to 84 nights in basic accommodation provided but unfortunately this is not available for those men who are released without any supervision from Probation.

Those staff involved in domestic visits and family days have completed online safeguarding training.

What have the challenges been?

A shortage of staff in the Pre-Release Team and in the Offender Management Unit and a significant challenge continues to be the volume of prisoners who have been recalled to prison who, when released at end of sentence with no Probation supervision, have very limited access to support.

HMP Portland is committed to working on this area of need to support by expanding the Pre-Release on supervision and escalate to a manager in the community when support is not being provided leading up to release. Continual changes to early release schemes have put pressure on probation, prison offender managers and pre-release teams due to tight timeframes in which individuals must be released. HMP Portland has developed a working group and strategies to support the safe release, with the pre-release team commencing work earlier than the 12 week point to ensure that all individuals are captured.

Future organisational plans to continue work on SAB Strategic Plan priorities

- Homelessness: lack of suitable accommodation on release has been shown to have a direct impact on mental health, likelihood of reoffending, risk of self-harm, drug and alcohol misuse etc.

- There are many measures in place within the prison to support vulnerable adults such as the CSIP (Challenge, Support and Intervention Plan), SIM (Safety Intervention Meeting), ACCT (Assessment, Care in Custody and Teamwork) document. However, where support is not there in the community, other agencies are hampered when someone has no fixed abode.
- Continue information sharing with external partners on individual risk to ensure safeguarding measures are in place both in custody and upon release.
- The introduction of resettlement fayres which involve numerous external agencies and employers. These fayres can be accessed by those working towards release.

Dorset Probation Service

Achievements during 2023-2024

- We have ensured that all practitioner staff in Dorset have undertaken training and understand the Multi-Agency Risk Management (MARM) process and that it is considered for all appropriate cases.
- All staff are required to complete mandatory training on adult safeguarding. We have also raised awareness amongst middle managers in the organisation to ensure that they are aware when consideration of a Safeguarding Adult Review (SAR) referral should be made. Learning from a SAR was utilised as part of a MAPPA (Multi Agency Public Protection Arrangements) development conference which received positive feedback from attendees.

What have the challenges been?

Ensuring continuity of care within a criminal justice system can be a challenge particularly as some people are placed in prisons outside of the Dorset area and may be assessed in other areas of the country. Prison capacity concerns has meant we've seen people released with less time to prepare for release which has been a challenge when there are needs such as social care to coordinate.

Future organisational plans to continue work on SAB Strategic Plan priorities

- We are going to promote stronger awareness of the needs and challenges related to adult safeguarding in the Criminal Justice System and improve collaboration from all partners. This will include contributing to an extraordinary board meeting of the Adult Safeguarding Board focused on Criminal Justice topics and learning.
- We aim to present learning on developing more efficient working within the MAPPA process, overcome challenges relating to managing a higher proportion of people with social care needs both in prison and the community and raising awareness of the roles such as that of the Health and Justice Coordinator in Probation.

South Western Ambulance Service NHS Foundation Trust (SWASFT)

Achievements during 2023-2024

- Effective Governance - Safeguarding Team Governance processes have been enhanced to include a Safeguarding Committee meeting bi-monthly to monitor safeguarding activity and provide assurance on safeguarding practice. The Safeguarding Committee reports to the Quality Committee providing assurance and raising issues for escalation. The Quality Committee reports into the Trust Board.
- Safeguarding reports are provided to commissioners via NHS Dorset Integrated Care Board (ICB) and The Head of Safeguarding from Dorset is a member of the Safeguarding Committee.
- Effective Learning - In late 2023 a review of SWASFT safeguarding training was completed by independent reviewers. The review identified the need to strengthen safeguarding training and to undertake a Training Needs Analysis to review training provided to each staff group. This action has been

completed and a revised training offer is in place for 2024/25 which includes an additional 4.5 hour face-to-face safeguarding training on the development days, bespoke face to face training for the Emergency Operations Centres and enhanced two-day level 3 safeguarding training for identified senior staff groups. The delivery of formal training will also be supported by ad-hoc learning opportunities, digital learning resources, bespoke targeted training sessions and the provision of safeguarding supervision by the Safeguarding Specialists.

- **Effective Prevention and Protection** - The safeguarding team has undertaken a full review of all safeguarding referral forms, revised to ensure they align to the Care Act, and which provide local authority colleagues with the information they require to facilitate triage of Safeguarding Concerns raised. These also support SWASFT staff in raising high quality referrals and increase availability of data to support assurance reporting, audit and team learning and development.

What have the challenges been?

SWASFT safeguarding team had limited resource and capacity during 2023/24. This, coupled with a manual referral system handling approx. 51,000 referrals in the year across the whole SW region made it challenging for the team to progress with service improvement and to be a visible partner in the wider system. This has improved following the recruitment of a permanent Head of Safeguarding, a Deputy and an additional 5 Safeguarding specialists

Future organisational plans to continue work on SAB Strategic Plan priorities

SWASFT safeguarding improvement plan was developed following an independent review of safeguarding during 2023/24. Our plan is framed around 5 key deliverables which closely align to the SABs strategic plan. These are robust governance, assurance & reporting; Safeguarding team capacity, a new safeguarding referral system, data capture, audit and learning from incidents; and safeguarding education & supervision.

50

A Safeguarding Story

In the previous pages Board members have shared how they have worked towards achieving the Boards' objectives. It is important to answer the 'so what?' question - the context of how this might help safeguard an individual.

At its meetings, the Board always showcases a person's story, evidencing some of the work undertaken by agencies, in BCP to safeguard people. Here is a safeguarding story showcasing some of the work involving staff from the 'Assertive Engagement Team', which sits in the BCP Safeguarding Adult's Hub.

This young person was groomed into a high-risk 'County Line' drug trafficking group as a child; on reaching the age of 18 their service was due to be closed to Children's Services because they did not consent to intervention. Whilst not meeting the 'traditional or usual' S42 adult safeguarding criteria (as they were previously high achieving with no physical or mental health needs), it was felt that care and support needs were in evidence, being caused by harm and by exploitation. The young person's physical and mental health were being negatively impacted, their family relationships were falling apart and their ability to progress with previous hobbies, education or employment goals had come to a halt. This young person was at serious risk of harm which had not changed purely because they had turned 18; they could easily have been lost to follow-up by Adult Social Care and labelled or treated as an offender and not a victim.

An Adult Social Care (ASC) worker started work with the young adult to bridge a 'transitional safeguarding' gap and held Multi-Agency Risk Management (MARM) meetings and reviews with family and all agencies involved. She worked alongside the family to ensure they were informed about exploitation, felt safer, supported and knew how different agencies could respond if their adult child attempted to flee the gang. She used specialist advice from the National Working Group for Exploitation and worked alongside the Police offering joint-visits, intervention around home security, personal safety and wider considerations such as intelligence sharing and perpetrator disruption as to protect other potential victims.

The worker met with the family regularly, listening to them, advocating for them, and making herself 'known' as their single point of contact. This worked well. The Youth Worker, Social Worker and Manager from the Children's Social Care Complex Safeguarding Team remained involved, indirectly, giving advice and input on a young adult they knew well and offering/ completing joint visits when urgently needed. Good support was received from the Police and Youth Worker who became re-involved with diversionary activities when the young person fled the gang. The ASC Worker met with the 'National Working Group for Exploitation Police and Justice Lead' and the 'Transitional Safeguarding Lead' and 'Families Lead' to gain advice from them and regularly review the case. There were many challenges including risk management, the young person's evolving mental health needs, as well as securing another local authority to accept homelessness relief duty so the family could relocate as well as sourcing gang-related mentoring sessions with a youth worker in the new area.

Making Safeguarding Personal (MSP) was evidenced throughout and feedback was received from one of the parents – *"I would like to take this opportunity to thank you for your support and perseverance in helping me through the most difficult time I was going through with my child. I really appreciate you. You were my voice, my advocate, my assistant, my guider, and my professional leader. You came into my life at the right time when I needed you. It's all God's timing, I was almost giving up on my child, but your persistence and patience paid off. We are now settled all thanks to you and your amazing team. I used to hear that social services help, but I never thought that I would be the one to say the same thing. I am truly moved by your passion, drive and today I feel I have accomplished and won my child back from the gangster. It was a journey and half; it hasn't been an easy road. But you never gave up on my child. I hope you will continue to do the same thing to other families who are facing similar challenges. As I promise you, as soon as I settle in my chosen area, I am going to help other families with similar issues, obviously in a different way. I wish you all the best and wishing that most families would appreciate you for your hard working and caring nature. I feel this comes naturally and may you flourish in your work. Also not forgetting your manager, truly speaking I am speechless. All the immense help and support. Your colleague was like an angel sent when I did not have money to hire a car. I really appreciate her help. Your team is amazing and keep doing a great job."*

51

Thank you for reading our Bournemouth, Christchurch & Poole Safeguarding Adults Boards Annual Report 2023-24

If you would like to get in touch please do so using the following email or telephone contact details:

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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Health & Social Care for the Homeless
Meeting date	02 December 2024
Status	Public Report
Executive summary	<p>Following the recent publication of Healthwatch Dorset report looking at health inequality for people experiencing homelessness NHS Dorset and BCP Council welcome the opportunity to consider how current systems through existing services seeks to address inequality for people experiencing or at risk of homelessness. A number of areas of concern and enquiry have been raised.</p> <p>The services available across the BCP area are varied to address this issue. In response to the recommendations within the research, the report describes how services, their interactions, together with how emerging plans and opportunities, are developing to address these themes.</p>
Recommendations	Members are asked to note the content of the report.
Reason for recommendations	N/A
Portfolio Holder(s):	Councillor Kieron Wilson - Portfolio Holder for Homes & Regulation
Corporate Director	Jillian Kay, Corporate Director of Wellbeing
Report Authors	Elaine Hurl – Principal Programme Lead, NHS Dorset
Contributors	<p>Ben Tomlin – Head of Strategic Housing & Partnerships</p> <p>Karen Wood - Commissioning Manager – Drugs & Alcohol Adults & Young People</p> <p>Tracey Kybert – Specialist Housing Programme Lead</p>
Wards	Council wide
Classification	For Noting

Background

1. Ill health can be both a cause and consequence of homelessness. People experiencing homelessness often face some of the most significant health inequalities of all; with average life expectancy around 30 years lower than that of the general population. To help people minimise the impact homelessness has upon their health, integration of health and social care is important to help people access the healthcare services they require.
2. NHS Dorset welcomed the [Healthwatch Dorset report](#) looking at health inequality for people experiencing homelessness. The report highlighted areas of concern that NHS Dorset has been aware of and has emerging plans to address. The report is timely in that regard.
3. The recommendations highlighted in the report and the subsequent Key Lines of Enquiry from the Chair of the Health and Social Care Scrutiny Committee are welcomed. This report provides a summary of the services available and their delivery, highlighting work already underway, and planned intentions to address further areas as needed.

Summary of Services

4. NHS Dorset funds all NHS health Care across BCP and Dorset local authority areas. The universal services are available to all citizens living in BCP or Dorset regardless of accommodation status. Within those services are some that have a specific focus on people who are homeless.
5. The list and table below show that there are various services including health services in the current multidisciplinary mix. NHS staff and services working alongside provision commissioned by the Local Authority.
6. Anyone can register with any GP in their local area, as long as they have space for new patients and they live within the practice boundary. Homeless people cannot be refused registration based on where they reside because they are not in settled accommodation. South Coast Medical Primary Care Network has a contract, specifically to work with people who are homeless.
7. University Hospitals Dorset provide a homelessness team and alcohol team that the Foundation Trust has set up and funds. Dorset Health Care have the Homeless Health Service which is funded and commissioned by NHS Dorset.

Disciplines	Organisations	Where
Housing Partners	Local Authorities	BCP
Homelessness MDT	BCP Homelessness MDT	BCP
Housing Options	BCP Council	BCP
Supported Housing	BCHA, YMCA, Pivotal, St Mungo's	BCP
Homeless Outreach	St Mungo's	BCP
Mental health	Dorset Health Care WithYou	Dorset and BCP BCP
Drugs and Alcohol	WithYou	BCP
Adult Social Care	Homeless Intervention Team	BCP
Health Care	UHD Homeless Health Team Providence South Coast Medical	BCP BCP

Health Bus (charity)	BCP
Out of hospital team UHD	BCP
Homeless and alcohol teams UHD	BCP

The following sections address the specific Key lines of enquiry

What steps have been taken locally and nationally over access to GP's if you do not have a fixed address

8. Primary Care Networks and GPs do not need proof of address to register people homeless or not. Over the years there have been various mailshots and reminders around this. There is no legal requirement for proof of address or residence. All practices are aware that homeless individuals can register without proof of address.
9. The British Medical Association has provided [Guidance for practices on patient registration](#) outlining how this forms part of the core GMS contract. The guidance also outlines that there is not a legal requirement for patients to provide proof of address and suggests ways in which people without a fixed address can be registered, including using the practice address if necessary. Clearly it is easier to be in touch if people do have an address for mail etc however this is not a legal requirement more an issue of practicality.
10. Specific guidance for homeless people on registering with a GP has been produced by NHSE¹
11. In addition to enabling access to any General Practice with an open list, specific General Practice services for homeless individuals have been commissioned from South Coast Medical Primary Care Network.
12. Alongside this, additional services targeted to meet the needs of homeless people are provided by University Hospitals Dorset and Dorset Health Care NHS Trusts

Can work at the health bus be expanded to cover more of BCP

13. The Health Bus is a small local charity who can expand in any way they wish to as long as it is in line with their terms and conditions as outlined in the charity's registration.

Are there still links with the Crescent surgery in Boscombe

14. South Coast Medical have a contract that enables them to work with homeless individuals and they provide sessions at St Pauls Hostel. They have clinic space there and have recently increased their availability.
15. South Coast Medical no longer has any formal arrangement/partnership with the Health Bus. The main interaction between the two organisations will be if a patient is seen by outreach on the Health Bus and are then subsequently referred to primary care.

What are other areas doing with their homeless people's health care

16. Some areas have building based health facilities, other areas have mobile outreach models and some have a combination of both. Provision differs for a variety of reasons including geographic and demographic differences. BCP area partners

¹ [how-to-register-with-a-gp-homeless.pdf](#)

agreed that a mixed model is required because it enables the service to be taken to the person where they are unable to take themselves to the service. The mixed approach enables access to most people.

17. It should be noted that, where possible people should be supported to access mainstream NHS provision because that is funded to meet the health needs of all citizens across BCP and Dorset and where specific homeless provision is delivered the aim is to engage people so they don't feel excluded and confidently access mainstream services.
18. BCP Council are involved in a Test & Learn Project with Centre for Homelessness Impact (CHI) and Cardiff University, commissioned by the Ministry of Housing, Communities and Local Government (MHCLG) to evaluate the impact of nurse roles within a street outreach team. There are a number of test sites involved and the evaluation will be available in the next 12 months.

What would the homeless like to see to improve their access to healthcare

19. At various times over several years the views of homeless individuals have been sought. The Housing strategy includes a lived experience work stream and many people have contributed to the discussion about what people who are homeless want. In the main they have said they want:
 - Health care to be seamless where they do not have to repeat their stories continuously
 - As few access barriers as possible
 - To be treated with kindness, respect and understanding of their unique situations and health issues.
20. Most recently the 'I am More Than' project explored how best to enable people who have experienced homelessness and being vulnerably housed to design how they want to be involved and have a voice in research. This was a collaboration with health, social care, community, lived experience and academic partners¹. A report² from the I am more than stakeholder event in October 2024 has also generated more general insight which will be useful in informing future support for homeless and vulnerably housed people.

What steps are taken to ensure the homeless know about the health bus

21. The Health Bus is very well known across BCP for its work with people who are homeless and in need of health care. They advertise widely and have a wide contact list of organisations. They are exceptional at championing the cause of homeless health care and they have a good level of local interest in their approach.

Do we have adequate provision to meet the unmet need identified in the Health Watch report

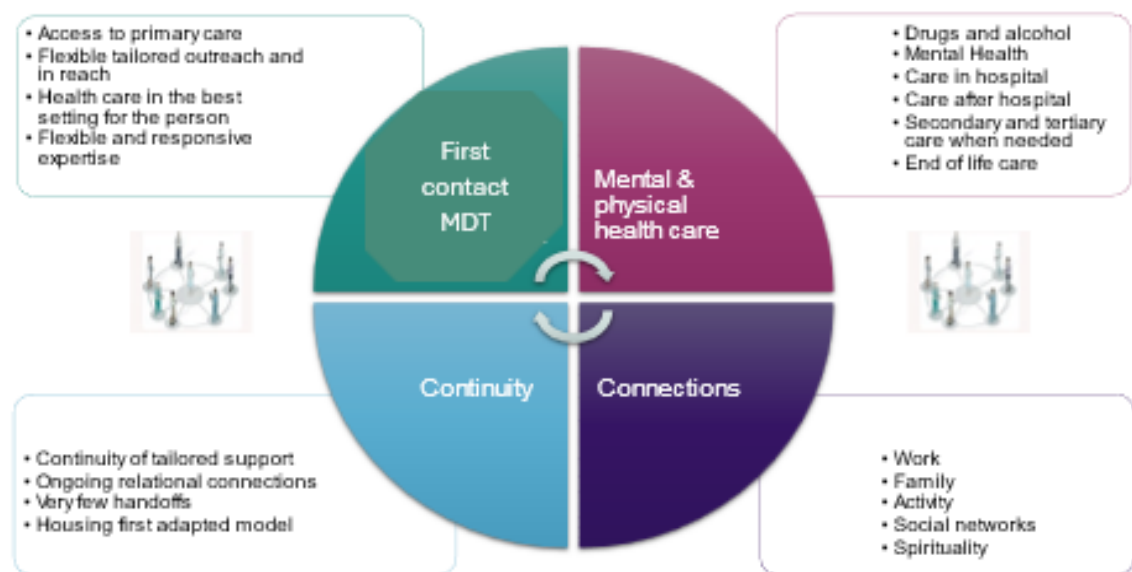
22. The Health Watch report was helpful and timely. The report enables system partners to consider all the work currently being done and to identify gaps in provision. For example, the work of the Homelessness Multi-Disciplinary Team (MDT) of which the Health Bus, third sector organisations NHS and social care partners are a part, is a great example of joined up work at the same time it recognises a need to make it even more connected to other parts of the system.

² [I am more than.. stakeholder event report for web.pdf](#)

23. There is also a lot of support commissioned via the Local Authority to provide support for people in temporary housing situations such as hostel environments. There is also health provision that is available for people who are homeless.
24. The report rightly highlights the need for these services to be more joined up and that is a key ambition of the MDT approach.

The report calls for the commissioning of an innovative service provision, what should that be? What does excellent look like, what would they like to see in the way of a targeted offer to this patient group

25. Excellent service provision is where services and teams work around the individual and tailor the response to their particular need. Some people engage on health-related issues and other people do not and partners need to respond to the individual. Services working together seamlessly in a multidisciplinary team where the MDT has responsibility and where all disciplines work together around the individual who will experience multiple disadvantages. The MDT model includes physical and mental health professionals, drug and alcohol practitioners, support workers, housing and homelessness professionals so that the offer to the individual is fully rounded without barriers.
26. Joint work in BCP to review and consider what good looks like is depicted in the diagram below:



27.

How do these services work together, to plan care to meet the needs of patients who may be under more than one of these providers at any one time.

28. Within the MDT context, care and support can be planned in a way that is joined up and wrapped around the individual with a person-centred plan for that person. Use of the MDT approach enables the person to receive the necessary care and treatment under the guidance of a singular plan. Whilst the MDT is in place, improving the current process to remove any barriers forms part of planned work.

If wound care is a particular unmet need and the traditional primary care offer is not being easily accessed by patients, then who is responsible for delivering wound care as an out-reach service where the unmet demand clearly is. Is there a specific community outreach role within the services commissioned, for example a Tissue Viability Nurse outreaching to those with wounds that require specialised input and regular dressings. If not, then can this be commissioned through reconfiguring services to offer this within existing provision and budgets or as a new initiative

29. Wound care is an issue especially in this population of people and over the last year there have been other complications in terms of wound care. Wound healing has been negatively impacted by a particular type of street drug. The system is also challenged when or if the dressings used cause allergic reaction. There are some complex issues amongst the street homeless population.
30. Primary care is available but for some individuals accessing the traditional service has been challenging if not impossible. Services have tried to adapt in order to meet the need but the model is not currently right for a small number of people who cannot use these more traditional services.
31. Drug services will commence wound clinics for individuals accessing treatment of which a vast number will be homeless. The homeless nurse already holds a weekly clinic at the homeless drop in to look at wounds and once trained and governance in place will start dressing wounds and issuing dressings to the patient to care for themselves in between appointments. This will not be for complex wounds.
32. Additional work is needed to address this issue and NHS Dorset and partners are keen to work this through as part of planned service development and improvement aligned to the MDT approach.

If GP registration and patients accessing primary care is a significant issue along with mental health services and dentistry, who within the services provided are tasked with enabling more patients to register and access these primary care services. How is GP provision, mental health care and dentistry helping patients overcome the barriers like securing an appointment and attending.

33. Currently no one is tasked with enabling more patients to register but this will be a key criteria for future services especially those working with homeless clients. The aim of the proposed first contact health service will be to enable access to mainstream services as quickly as possible after someone is more settled and this will mean that the service will have to:
 - Support mainstream services in terms of their understanding of the client
 - Offer training and support
 - Champion role in terms of enable other health colleagues to support people who are homeless
 - Help people in health care settings to consider flexible appointment times and other means of access to health provision.
34. Where people are not able to settle into accommodation and this happens for many reasons it is incumbent on the services to ensure continued support and treatment and contact until they are in a position to settle in to their accommodation. The onus being on the services to hold the relationship with that person.

35. It is worth mentioning the Homewards Project at this stage because the action plan evolving helps the BCP system to hone in on prevention but also enables different approaches to accommodation designed more flexibly to work with individuals who present with multiple disadvantages.
36. Access to Dentistry is challenging in Dorset as well as the wider country. Dental services are not commissioned in the same way as other NHS health provision but ICB staff are working with Dentist to encourage provision for health inclusion groups. Additional information about the work with dentists will be made available over the next few months.

Who funds the healthcare for the homeless? How can this money be used for the best access for the homeless to healthcare

37. NHS Dorset receives an annual allocation to meet the health needs of the Dorset population. This includes provision to address health inequalities such as those experienced by the homeless population.
38. This does not rule out other means of funding from Voluntary and Community Social Enterprise (VCSE) services or organisations or private companies. It also does not rule out Local Authority funding health care but in the main health care is delivered via the NHS and NHS Dorset has that commissioning responsibility.

What are the numbers of homeless needing treatment and does this number fluctuate during the year

39. The local authority receives £971,197 per annum through a rough sleepers drug and alcohol treatment grant to provide assertive outreach provision to people who are rough sleeping, in temporary / emergency accommodation or who are at risk to eviction from social housing and temporary accommodation. The funding goes towards employing 19 Full Time Equivalent workers including recovery workers, prescriber and nurse. The team work with single homeless individuals and families. They undertake daily visits to the main temporary accommodation providers and work closely with the Housing Options team to identify individuals who need support with addiction issues. They hold weekly drop ins around BCP at various locations – BH1 project, Roots to Roots, Fusion, and Trinity. They link in regularly with soup kitchens, housing providers and other third sector charities / organisation who support homeless individuals. They are part of the homeless MDT.
40. The team also consists of two mental health support workers who are currently funded by NHS Dorset. During April 2023 – March 2024, the team worked with 1,274 individuals in temporary / emergency accommodation and 413 individuals who were rough sleeping. They aim to work with approximately 300 individuals in accommodation per quarter and 100 individuals who are rough sleeping.
41. The team will continue to support individuals until they have been in permanent accommodation for six months and then they will transition the individual to mainstream drug and alcohol provision if still required. The team works closely with Dorset Healthcare for Mental Health provision, guidance and advice, Health Bus, UKSHA for infections, University Hospitals Dorset Homeless pathway team, Liver team, Infection control team, primary care, Adult Social Care Homeless Intervention team and Drug and Alcohol statutory safeguarding team, charity and voluntary sector agencies and all housing providers. Funding for this service is due currently to cease

on 31st March 2025. We are awaiting information from government to see if this funding will continue and the service remain for a further period of time.

What benefits do clients receive and would extra cover bus fares.

42. If someone is needing access to treatment provision and cannot get to a location to be seen, if they do not want the service to visit them, then drug and alcohol services will provide weekly bus tickets for individuals to access provision. This is only for people not on PIP, which covers this cost.
43. Rough Sleepers can also access Personalised budgets (from RSI grant) for expenditure such as travel and or other expenses which would ease accessibility into accommodation and or to access care and support.

Summary of financial implications

44. A number of housing related support and drug & alcohol treatment services for the homeless and rough sleepers provided across the BCP area are supported by Government Grant. This includes both accommodation based provision, outreach based, community and drop-in support. Whilst Government has indicated additional grant will be allocated to Council areas to support this agenda, it is not known at time of writing the specific allocations and funding criteria of those resources.

Summary of legal implications

N/A

Summary of human resources implications

N/A

Summary of public health implications

45. There are various public health implications for people who rough sleep and those who are impacted by homelessness. Those who rough sleep die younger and are at greater risk of chronic health conditions. Their mental health is often impacted and they are vulnerable to both cold and hot weather. Substance misuse is likely to be more prevalent amongst this population, alongside poor diet and personal hygiene. Consequently accessing services they need to support recovery is often more difficult.

Summary of equality implications

46. There is evidence that sleeping rough has a number of equality implications; including a greater likelihood of being a victim of crime, harassment or victimisation. We know women who experience rough sleeping have greater prevalences of Domestic Abuse and consequently the associated mental health and trauma impacts. Other groups disproportionately impacted by homelessness include younger people, Black & minority ethnic groups and the LGBTQ+ community.

Summary of risk assessment

47. A range of services and partnerships are in place across the BCP area who work together to mitigate the harmful effects of rough sleeping, working hard to prevent people becoming homeless in the first place, and when homelessness or rough sleeping does occur making this rare, brief and un-repeated.

Appendix A

Key Services in the BCP area to support single homeless and rough sleepers

Homelessness Multi-Disciplinary Team (MDT)

The MDT was formed following the success of the 'Everyone In' approach adopted by all Local Authority Housing departments during COVID. In BCP there were examples of positive and successful joint casework that meant people with multiple disadvantages accessed not only accommodation but health, social care and other specialist services in some cases for the first time ever and achieved outcomes that meant they remained accommodated, and their health and wellbeing improved. Agencies did not want to lose this way of working together and to revert back to day-to-day processes which can impede progress and exclude individuals in most need.

The MDT is made up of a range of organisations including statutory services, health partners and commissioned service providers who meet on a weekly basis to discuss and agree actions for the highest risk individuals that are currently rough sleeping. The purpose of the MDT is to improve individuals' situation, reduce risk and agree flexible and innovative service interventions over and above usual service delivery. The MDT has a memorandum of understanding that all organisations have signed up to and a risk and needs criteria is applied to ensure that at any one time the MDT is focused on those individuals that require a multiagency intervention where other services have failed to engage.

This approach means some of our most disadvantaged residents have started or maintained substitute prescriptions, attended the Health Bus or hospital for medical interventions, accessed assessments and support for mental health and successfully moved into accommodation.

There are no funding arrangements, every organisation takes responsibility for their own resource and capacity to attend and commit to this work. Housing are funding some resource for administration and facilitation of the meetings.

Hospital Housing Advice Team (HHAT)

The HHAT is an inhouse Council team within Strategic Housing & Partnerships, made up of 3 Housing Officers (1 dedicated to our mental health hospital) and 1 Reablement Officer overseen by a Senior Housing Options Officer and a Housing Principal Manager. The team work closely with the two acute hospitals and our mental health hospital. The purpose of the team is to facilitate a planned discharge into suitable accommodation for patients identified as homeless on admission or thereafter, to link in with health services and complete treatments to prevent readmission. The team were originally funded by DHSC through pilot funding however more recently the team has been funded year on year through the S256 hospital discharge funding, RSI grant funding and 1 role by NHS Dorset.

The team work closely with health colleagues to identify as early as possible anyone homeless on discharge and work with individuals to plan a safe and supported discharge into suitable accommodation with ongoing support where needed. The service has 8 stepdown beds in self-contained flats for people to be discharged to whilst other longer-term accommodation is sourced. The Reablement Officer supports patients as they are about to be discharged, on discharge into their temporary or long term accommodation linking in with health colleagues and other specialist services to ensure patients are sufficiently supported

to meet their health and housing needs and increase the positive outcomes for people with multiple disadvantage.

The main challenge that the team is facing is the high number of patients who require accessible accommodation owing to limited mobility and wheelchair use. This is causing delays when looking at both temporary and long-term accommodation options.

Since the beginning of 2024:

- 394 referrals from Poole and Bournemouth hospitals, 61 from out of area hospitals and 68 from mental health hospitals.
- 178 of these were verified or stated they were rough sleeping.
- 41 have been placed into temporary accommodation.
- 13 have been moved on into longer-term accommodation – either private rented, supported accommodation or social housing.
- 8 customers moved into hospital step-down beds. Of those that moved on from step-down beds – 2 passed away, 1 went into supported housing and 3 have moved into social housing.
- Only 6% readmissions have occurred

Homelessness Intervention Team (HIT)

The Adult Social Care (ASC) Homelessness Intervention Team (HIT) is commissioned by Strategic Housing Options & Partnerships. This was prompted by the 'Everyone In' approach during COVID and it was later identified that there was an ongoing unmet need amongst adults presenting as homeless with an appearance of care and/or support needs. These care and/or support needs often have an influence on the accommodation they require and the sustainability of their accommodation.

HIT is hosted by the Safeguarding Adults Specialist Service (SASS) and located within the Housing Duty Team. The team consists of a Team Manager, two Social Workers and a Social Work Assistant. The aim of HIT is to contribute to a Multi-Disciplinary Team (MDT) Approach to support people experiencing Homelessness. They use Social Work interventions to facilitate positive outcomes for people, to assist individuals experiencing homelessness and multiple disadvantages with accessing services and sustaining more permanent accommodation. They use assessment, risk management, safeguarding enquiries and care and support planning frameworks to achieve this.

A Social Work Assistant (SWA), funded by the drug and alcohol housing support grant via the local authority, focuses on working with vulnerable adults dealing with drug & alcohol issues with a history of multiple evictions. The post also supports Social Workers in delivering high-quality support and protective intervention for vulnerable adults.

The HIT Team takes a multi-disciplinary approach to reduce rough sleeping and recurrent homelessness in the area including:

- Taking the lead in Multi-agency Risk Management Meetings (MARMs) and statutory duty for Safeguarding Enquiry Meetings. Several of the referrals to HIT relate to self-neglect of either personal care, health and/or environment.
- HIT Team Manager attending the Housing First Core Meetings to ensure effective and integrated health and care solutions are considered and tailored around the needs of the adults.
- Working closely with both WithYou Drug and Alcohol Housing Support Team and Homeless Team as substance misuse can make it difficult for those who are experiencing rough sleeping to sustain any form of accommodation. This includes assessing any care and support needs (s9 Care Act, 2014), undertaking Safeguarding Enquiries (s42 Care Act, 2014), Mental Capacity Assessments and contributing towards any request for detox and rehab by the BCP Drug and Alcohol Panel.
- Working closely with health professionals in the community including GPs, Health Bus, Hospital Homeless Care Team and NHS Dorset Homeless Mental Health Team to address the health needs of rough sleepers. This might involve support with re-engaging with health professionals, attending hospital appointments, referrals to CMHT etc. to ensure support with current health needs or new conditions.
- Work closely with University hospital Dorset NHS Foundation Trust to ensure wards complete a holistic assessment and follow the Discharge to Assess (D2A) process where appropriate and consideration of step-down beds, rehabilitation beds or eligible care needs etc to avoid returning to rough sleeping when discharged from hospital.

Supported Housing

Strategic Housing Options & Partnerships commission a number of providers to deliver housing related support into a varied range of accommodation options including hostels, shared living properties and self-contained accommodation. The majority of service provision to the total of nearly 4 million is funded through Council base budget, Homelessness Prevention Grant (HPG) and Rough Sleeper Initiative (RSI) grant funding. There are around 360 units of accommodation over 22 scheme sites. Key providers are MDT members.

Service meets the needs of people with multiple disadvantages including care experienced, mental and physical health, offending history, domestic abuse, substance misuse and repeated periods of homelessness and rough sleeping.

Services aim to support people to gain the skills to maintain their tenancies, link in with specialist services and move on to independent sustainable accommodation.

In 2023/24 202 people moved on from a service

- 10% moved into higher supported housing/registered care/long stay hospital
- 49% moved successfully moved on to lower supported, family, social housing or private rented
- 41% moved out because of being recalled to prison, abandoning the scheme or being evicted. (This has improved in 24/25 year to date where evictions alone have halved.)

- It is estimated 40% of people living in supported housing are ready to move-on

WithYou – Drug & Alcohol Housing Support Team

This service delivers assertive outreach provision to people who are at risk to eviction from private rented accommodation. Visiting people regularly (sometimes daily) in their own homes to address their accommodation issues and once that is settled work with them on their addiction issues. In the first year of this service running they worked with 319 individuals at risk of eviction. The majority of individuals remained in their accommodation or were found alternative accommodation. Only one person did not find alternative accommodation and therefore had to rough sleep.

The service consists of 11.5 FTE housing support workers.

WithYou – Drug & Alcohol Homeless Team

A service who assertively target individuals who are rough sleeping, in temporary / emergency accommodation or at risk of eviction from social housing. They work with single homeless individuals and families who are homeless. Once people have engaged they will be offered treatment at a location of their choice.

The service has access to funding specifically for homeless individuals to access inpatient detoxification, residential rehabilitation, counselling and long lasting injectable buprenorphine. The team also consists of two mental health support workers who are currently funded by NHS Dorset.

The team will continue to support individuals until they have been in permanent accommodation for six months and then they will transition the individual to mainstream drug and alcohol provision if still required.

St Mungo's Street Outreach Service

This Council commissioned service plays a vital role in the contact, assessment and support of people who are some of the most marginalised individuals, who are rough sleeping and may struggle to access building-based services for support. The service provides early morning outreach to people everyday of the year is a critical member of the MDT and leads on the coordination of the Severe Weather Emergency Protocol. The service provides drop-in advice and support for anyone rough sleeping in the BCP area.

Housing Options Rough Sleeper Team

Funded from RSI grant, the Councils Rough Sleeper Prevention team are responsible for coordinating statutory housing assessment and support plans for people experiencing rough sleeping and those at risk of rough sleeping. Clients supported by the team often experience long term cyclical homelessness with multiple disadvantages.

The team is funded by the Rough Sleeping Initiative RSI and comprises of 15 support and inclusion officers, 3 housing options officer, Senior Practitioners and a Principal Housing Options Manager. The team are responsible for statutory homelessness assessment and

the coordination of support and access to services. The team facilitate access to a range of accommodation types, from off the street accommodation to social housing.

Funding

Rough Sleepers Initiative – (RSI) – Currently in its 4th year, BCP Council receives circa £2m each year. The grant program provides funding to local authorities and their partners to help people who are sleeping rough or at risk of doing so. It does not provide health interventions. The goal of the RSI is to reduce rough sleeping and improve local responses. In BCP, the grant provides over 50 units of emergency off the street supported housing; Housing 1st projects; contributes to street outreach service; delivers frontline support teams in housing and Adult Social Care; and targets help to support move-on accommodation in the private, social and supported housing sector.

Rough Sleepers Drug & Alcohol Treatment Grant – (RSDATG) – Currently in its 3rd year the Rough Sleeping Drug and Alcohol Treatment Grant funds local areas to implement evidence-based drug and alcohol treatment and wrap around support for people sleeping rough or at risk of sleeping rough, including those with co-occurring mental health needs.

Drug and Alcohol Housing Support Grant – (HSG) – Currently in its 2nd year, the Housing Support Grant funds local areas to reduce the number of people who are evicted due to substance misuse issues, or to reduce the number of people who successfully exit treatment having poor housing outcomes at the end of their treatment

All grants will currently end in March 2025, no announcement has yet been made upon the likelihood of their continuation.

Cabinet

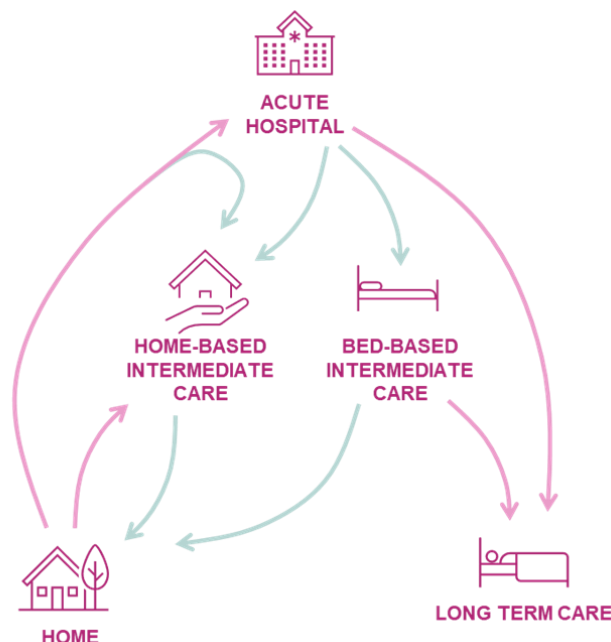


Report subject	Transforming Urgent and Emergency Care Services
Meeting date	Tuesday 10 December 2024
Status	Public
Executive summary	A system-wide transformation programme to transform and improve urgent and emergency care services for Dorset residents is underway involving health and care partners. It is anticipated that the transformation programme will take 2 years to deliver and should substantially reduce the number of people admitted into hospital when better outcomes could be achieved elsewhere and should result in fewer people waiting in hospital to be discharged while ongoing care is arranged. Work has now progressed and in parallel with other health and care organisations across Dorset the Council must now consider whether to participate in the next phase of the programme.
Recommendations	<p>It is RECOMMENDED that Cabinet recommends that Council:</p> <ul style="list-style-type: none"> (a) Notes the summary of the diagnostic review, including improved outcomes for residents and financial benefits for the Council. (b) Notes that anticipated benefits are significantly in excess of costs to the Council. (c) Delegates to the Corporate Director for Wellbeing, in consultation with the Portfolio Holder for Health and Wellbeing, the Director of Law and Governance and the Director of Finance, authority to finalise and enter into the Partnership Agreement to undertake the proposed transformation programme.
Reason for recommendations	To provide authority to continue participating in the system-wide transformation programme to improve urgent and emergency care outcomes for Dorset residents.
Portfolio Holder(s):	Cllr David Brown, Portfolio Holder for Health and Wellbeing
Corporate Director	Jillian Kay, Corporate Director for Wellbeing
Report Authors	Dylan Champion, Programme Director - Dorset UEC Transformation Programme

Wards	Council-wide
Classification	Recommendation

Background

1. On 30 October 2024, Cabinet received an update report on a Dorset system-wide programme to improve urgent and emergency care services across Dorset.
2. Despite ongoing and substantial joint work across the health and care system, there remains substantial challenges in the number of people across Dorset awaiting to be discharged from hospital. In September 2024, an average of 251 acute hospital beds across Dorset and 190 people in UHD hospitals were occupied by people who were fit enough to return home or to move to a non-acute setting. This is equivalent to 21% of acute hospital beds across Dorset and compares to a national average of 13%. In addition, at the same time, a further 82 people per day were waiting to be discharged from a community hospital bed.
3. To address this challenge a multi-agency programme is underway to improve health and care outcomes for residents who utilise urgent and emergency care services in Dorset. Partners include NHS Dorset, University Hospitals Dorset, Dorset County Hospital, Dorset Healthcare and Dorset Council. Dorset Healthwatch are also represented on the Steering Group.
4. The programme has focussed on unplanned hospital admissions, hospital discharge processes, bed based intermediate care services, home based intermediate care services and the interaction with long term adult social care commissioned services.



5. Work began on the programme at the end of July 2024 following a procurement exercise to identify a transformation partner which was undertaken by Dorset

Council on behalf of system partners. The procurement exercise identified Newton as the transformation partner most able to support Dorset's needs.

Diagnostic exercise and findings

6. Between 29 July and 9 September, Newton engaged with over 150 team members from across the Dorset system, interviewed more than 50 people to understand their experiences of the Dorset health and care system and analysed more than 100,000 lines of activity and finance data.
7. Findings from the diagnostic include:
 - While there are substantial opportunities to improve outcomes for people who are delayed in hospital, 86% of people are successfully discharged from University Hospitals Dorset (UHD) on the day that they become clinically fit and this is in line with the national average, which is 87%.
 - Up to 33% of people admitted into hospital beds from Emergency Departments could have been supported at home or in a short-term hospital ward if services worked together better and the right capacity was available.
 - There is a cohort of people in Dorset hospitals with complex needs or who require large care packages; these people can be stuck in hospital beds for long periods of time and as a consequence the average waiting time for patients not discharged on the day they become medically fit at UHD hospitals is 7.5 days, which is above the national average of 6 days.
 - On average 40% of patients in intermediate care beds (community hospital and council commissioned short term care beds) are medically fit for discharge and waiting to go home or to another long-term care setting.
8. As well as looking at data and outcomes for residents, the diagnostic also looked at staff experiences of working in the system and residents' experiences of urgent and emergency services. Team members identified substantial challenges in delivering the changes necessary. At the same time residents expressed their frustration with some of the experiences that they had had.



9. The diagnostic also identified substantial opportunities to improve outcomes for residents. It is estimated that each year 2300 people could avoid a hospital stay altogether if different services were available and a more person-centred approach to care was adopted. In addition, 27,000 acute bed days could be

saved if ongoing support could be identified more quickly and 470 people per year could avoid a stay in a community hospital bed or local authority intermediate care bed if different services were available.

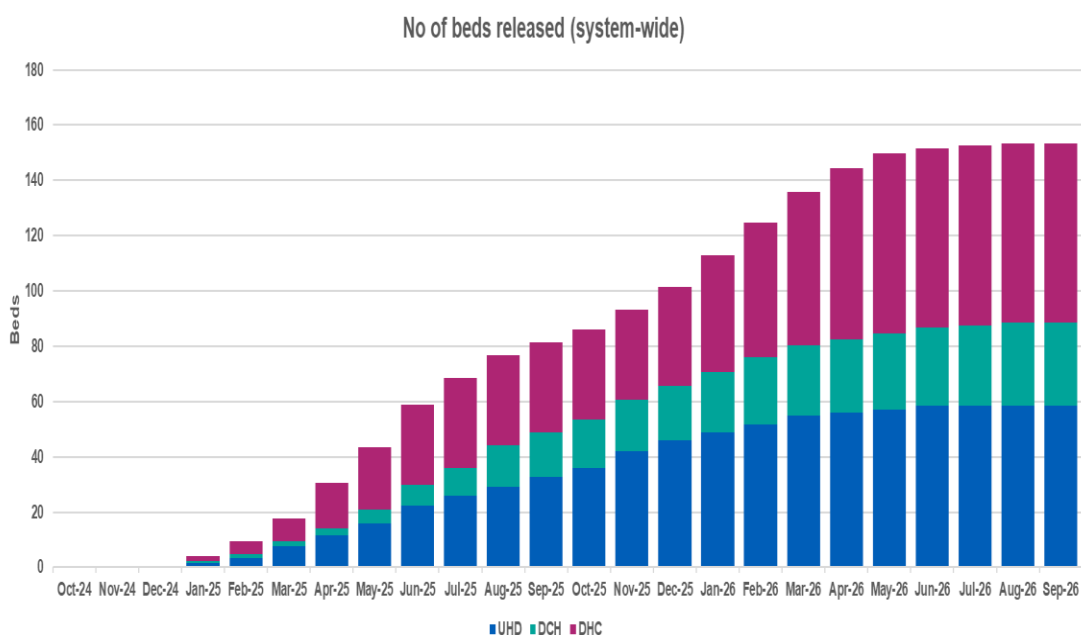
10. For those people referred to bed based intermediate care (community hospitals and local authority commissioned short term care home beds), it is estimated that the average length of stay could be reduced by an average of 8 days if better processes were in place. This could release 36,500 bed days per year, or the equivalent of 100 community hospital or short-term care home beds.
11. Following the Diagnostic Review, at the Dorset Health and Care System Executive's Group meeting on Thursday 26 September, partners agreed in principle to progress to the next stage of the UEC transformation programme, subject to obtaining support from sovereign bodies and agreeing with the transformation partner an achievable and affordable transformation programme.
12. Since then, work has been underway to update sovereign bodies and to agree a programme of work and commercial terms to commence a UEC transformation programme to address these challenges. As part of this process an update report was provided to the Cabinet on 30 October.

Update to Cabinet – 30 October

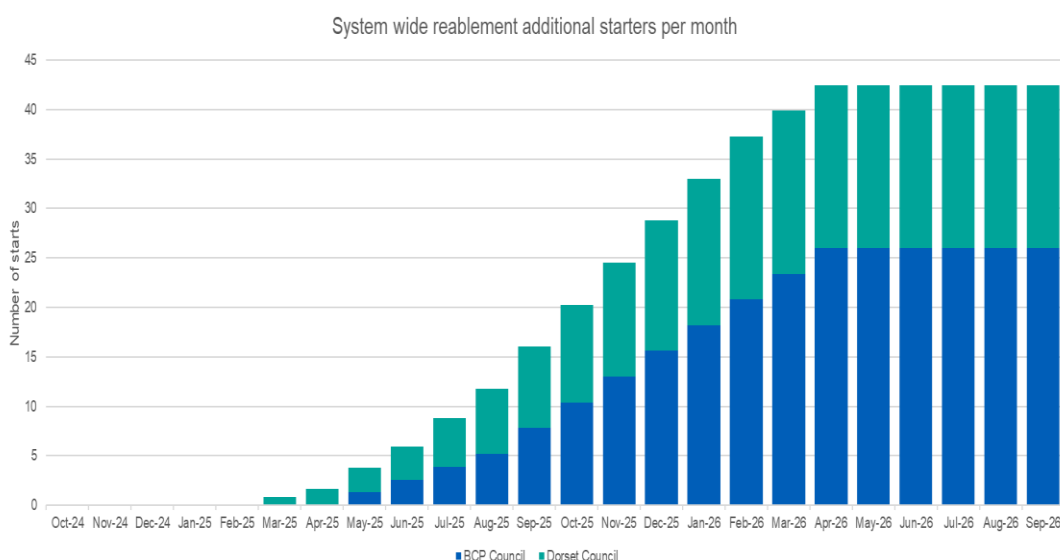
13. On 30 October, Cabinet agreed to: -
 - (a) *Note the work underway across the Dorset health and care system to transform urgent and emergency care services.*
 - (b) *Delegate to the Corporate Director for Wellbeing, in consultation with the Portfolio Holder for Health and Wellbeing, the Director of Law and Governance and the Director of Finance, authority to negotiate a Partnership Agreement with Dorset health and care partners to undertake the proposed transformation programme, based on a share of cost and benefits.*
 - (c) *Invite the Corporate Director for Wellbeing, in consultation with the Portfolio Holder for Health and Wellbeing, the Director of Law and Governance and the Director of Finance, to bring forward a Partnership Agreement for ratification by Council, provided that the agreed programme is achievable and affordable and anticipated benefits to the Council are significantly in excess of costs.*
 - (d) *Invite the Health and Adult Social Care Overview and Scrutiny Committee to scrutinise the approach to the partnership agreement and to provide regular scrutiny of progress towards benefits and sustainable change.*
14. This report provides an update on the progress made since that meeting and seeks approval to enter into a formal Partnership Agreement to participate in the programme. At the time of the October Cabinet report, the financial implications of the programme were uncertain and it was therefore agreed that ratification at the next stage be sought from Council. While the financial implications are now clear and within Cabinet's decision-making authority (as set out under financial implications, below), the report follows through on the commitment to seek Council approval.

Anticipated Benefits

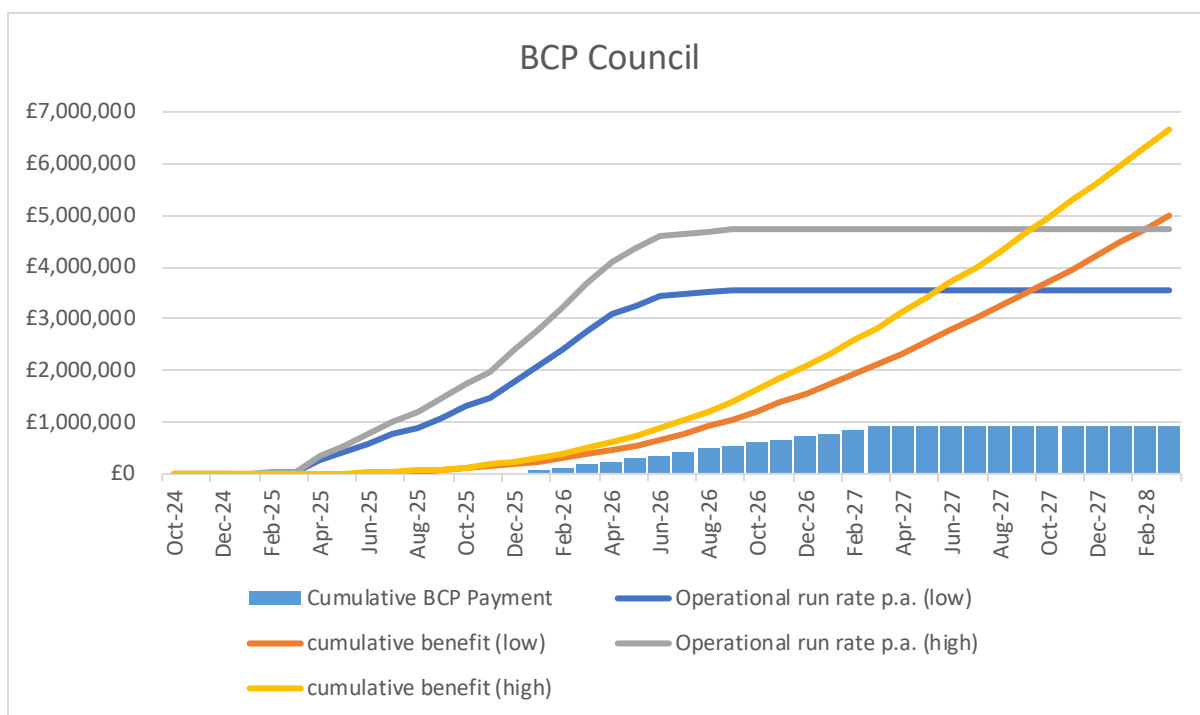
15. Further work has been undertaken to model the anticipated impact that the programme will have on available hospital capacity and on the amount of reablement capacity available to support more people to return home and live independently.



16. As can be seen, it is anticipated that providing all partners commit to the proposed transformation programme, more than 140 beds will be released across the Dorset hospital system by April 2026, substantially reducing the number of people waiting in hospital each night to go home. At the same time, enough additional reablement support will be released each month to support a further 42 people to be supported at home.



17. By April 2026, it is also anticipated that the programme will deliver significant financial benefit to the Council by reducing spend on long term homecare and residential and nursing placements as shown on the graph below.



Partnership Agreement

18. Since the Cabinet meeting on 30 October work has progressed rapidly in developing and agreeing a Partnership Agreement, payment arrangements and fee to continue working with Newton – the transformation partner – over the next 18 months.
19. The overall cost of the transformation support required is £9m. In recognition of the substantial impact that the programme will have on the effectiveness of hospitals across Dorset, health partners, led by NHS Dorset ICB have agreed to fund £6.9m of this cost.
20. As shown on the graph above, it is proposed BCP Council will contribute £912,000 to the costs of the programme, with contributions beginning in January 2026 and ending in the following 2026/27 financial year. Dorset Council – will contribute a slightly higher contribution, in proportion to benefits. In both cases, no payment will be made until an equivalent amount of benefit has been delivered and so if no benefit is delivered then no payment will be required from the Council.
21. In order to ensure that benefits are delivered in accordance with the anticipated trajectory, benefits will be tracked monthly from January 2025. In addition, a mid-programme Benefits Review will be undertaken in July 2025 and a formal update provided to partner organisations. At that time, if additional action is required to deliver the agreed benefits trajectory then at no extra cost Newton will invest additional resources. At the same time, with the agreement of other partners, individual organisations will have the opportunity to give 28 days notice of their intention to leave the partnership.
22. It is proposed Dorset Council will hold and manage the contract with Newton on behalf of system partners. To ensure that the partnership arrangement between Dorset partners and the contractual arrangement with Newton are legally binding,

Dorset Council Legal Services have drafted a comprehensive and robust partnership agreement with Dorset partners and draft contract with Newton.

23. The benefits of the Council formally joining the Dorset UEC Partnership and signing the Partnership Agreement are:

- Large numbers of BCP residents will benefit from shorter hospital stays or not needing to stay in hospital at all, more people will benefit from better reablement care and more people will be able to stay at home for longer rather than being placed in a residential or nursing care home.
- The Dorset health and care system will receive intensive and high quality support from Newton over an 18 month period to improve health and care services. Newton have extensive experience and expertise in working with partners to improve health and care systems across the UK, including successful programmes in Leeds, Gloucestershire, Birmingham and Manchester.
- Newton are also experts in using data and technology to improve health and care services and through the partnership, Dorset partners will be provided with cutting edge data tools and computer systems which will allow information to be shared between Dorset partners, more quickly and safely than at present so that better and quicker decisions can be made and people can receive better care more quickly.
- BCP Council will be able to play a leading part in shaping health and care services across Dorset throughout the lifetime of the programme.
- BCP team members working to deliver the programme will receive high quality and extensive training and support in delivering change and improving services.
- The Council will benefit financially as the requirement to procure additional homecare and residential care capacity is reduced.

Summary of financial implications

24. A fee of £9m has been agreed to provide the transformation support and data and technology tools required to deliver the programme. A payment schedule and a fee guarantee arrangement has also been devised which recognises the very substantial financial challenges of health and care partners across Dorset. For BCP Council this means a financial contribution of £912,000, with payments beginning in January 2026, funded by benefits.

25. The fee guarantee arrangement means that the Dorset health and care system will receive a rebate up to the full cost of £9m, if a minimum of £17m of recurrent annual benefits of £17m have not been delivered by 30 June 2026. A mid-programme Benefits Review will take place in July 2025, ahead of BCP Council's payments. At that time, if additional action is required to deliver the agreed benefits trajectory, then Newton will invest additional resources at no extra cost. At the same time, with the agreement of other partners, individual organisations will have the opportunity to give 28 days notice of their intention to leave the partnership.

26. In total around £2.2bn is spent on health and care services across Dorset each year. Of that, BCP spend around £198m on adult social care services, including £72m of contributions from residents toward the cost of their care.

27. It is anticipated that following the 2-year transformation programme, as well as making Dorset a better and safer place to live, with more people living at home

and fewer people stuck in hospital, annual financial benefits of around £28m per year will be delivered by 2029/30 and these savings will then be recurrent. Of this system-wide total it is currently anticipated that around £4.5m per year will flow to BCP Council.

28. The quoted benefits are high end benefits and may not be fully cashable. Allowing for this in addition to the costs of the programme, the MTFP will include a net saving of £3.6M by 2027/28.

Summary of legal implications

29. Dorset Council will be the lead organisation for contracting with the transformation partner, managing and overseeing the procurement process and managing the contract.
30. To ensure that costs and benefits are shared equitably a Dorset Health and Care Partnership Agreement has been drafted and once executed will be legally binding on partner organisations. A final draft of this partnership agreement has been circulated to partners.
31. Providing it is agreed that the Council should participate in the Dorset UEC Transformation Programme then it is proposed that the Corporate Director for Wellbeing, following consultation with the Portfolio Holder for Health and Wellbeing, the Director of Law and Governance and Director of Finance should be authorised to finalise and sign on behalf of BCP Council.

Summary of human resources implications

32. Adult Social Care staff and people employed in organisations contracted by BCP Council to deliver care services play an important part in the delivery of the services within the scope of this work programme. As a result of this programme, it is envisaged that many people will work differently but no substantial reorganisations to existing council structures or care organisations will take place.
33. Some changes in the delivery of home based reablement care services and intermediate bedded care services provided in care homes is envisaged but these will follow a co-design process and a subsequent re-commissioning of services if required. Where this is the case then an appropriate consultation and change process will be undertaken.
34. Some BCP resource will be required to support the delivery of the programme, and this may involve a reallocation of day-to-day responsibilities or short-term secondment opportunities. Where this is required then these changes will be made in accordance with the Council HR and Change policies.

Summary of sustainability impact

35. A sustainability impact assessment has not yet been undertaken. This will take place as part of the design and mobilisation phase of the proposed programme.

Summary of public health implications

36. The quality and effectiveness of urgent and emergency care pathways has a substantial impact on public health. In particular, the diagnostic identifies that it is primarily older people, with one or more long term condition that are most likely to be admitted into hospital unnecessarily or are likely to face delays in returning home following a hospital stay. There is a substantial body of evidence that suggests that each additional day that a person spends in a hospital bed leads to physical deconditioning and that substantial hospital delays can be very

detrimental to overall quality of life and can impact on whether a person is able to return home and live independently or will require long term residential care.

Summary of equality implications

37. The diagnostic has identified some variation in the outcomes achieved from different services across Dorset and by geographical area. As part of the design and mobilisation phase of the programme a more detailed equality impact assessment will be undertaken.

Summary of risk assessment

38. There is a significant risk that without a multi-agency approach to improving urgent and emergency care pathways and the development of better ways of working Dorset residents will continue to face challenges with urgent and emergency care pathways. A long-term transformational approach is required, and additional specialist change capacity is required to ensure the proposed programme is a success.

Appendices

39. Draft Partnership Agreement

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Dated

2024

**PARTNERSHIP AGREEMENT
RELATING TO THE DELIVERY OF THE
DORSET HEALTH AND CARE SYSTEM URGENT AND EMERGENCY CARE
TRANSFORMATION PROGRAMME**

**Dorset County Council
County Hall
Colliton Park
Dorchester
DT1 1XJ**

CLAUSE	CONTENTS
1	Definitions and Interpretation
2	Aims of Agreement
3	Period of Agreement
4	Partners' Roles and Responsibilities
5	Programme Governance
6	Financial Management (Including Fee Guarantee Arrangement)
7	Information and Monitoring Requirements
8	Audit
9	Equality and Diversity
10	Health and Safety
11	Criminal Records Checks
12	Information Governance and Data Protection
13	Freedom of Information
14	Indemnities and Liabilities, Risk Management and Insurance
15	Consequences of Breach of Agreement
16	Termination or Withdrawal from Agreement
17	Disputes
18	Third Party Rights
19	Variation
20	Waiver
21	Nature of Agreement
22	Notices
23	Communications, Publicity and Branding
24	Intellectual Property
25	Warranties
26	Prevention of Corruption
27	Conflicts of Interest
28	Fraud
29	Confidentiality
30	Review and Amendment of Agreement
31	Assignment or Transfer
32	Counterparts
33	Entire Agreement
34	Governing Law

SCHEDULES

- | | |
|---|--|
| 1 | Benefits Plan |
| 2 | Programme Delivery Plan |
| 3 | Data Sharing Agreement |
| 4 | Financial schedule and fee guarantee arrangement |

(not attached)

DRAFT

THIS PARTNERSHIP AGREEMENT is made this day of 2024
between:

1. **DORSET COUNCIL** of County Hall, Colliton Park, Dorchester, Dorset DT1 1XJ ('the Lead Partner');
2. **BOURNEMOUTH, POOLE AND CHRISTCHURCH COUNCIL** (BCP) of BCP Council Civic Centre, Bourne Avenue, Bournemouth, BH2 6DY
3. **UNIVERSITY HOSPITALS DORSET** (UHD) of Royal Bournemouth Hospital, Castle Lane East, Bournemouth, BH7 7
4. **DORSET COUNTY HOSPITAL** (DCH) of Dorset County Hospital, Williams Avenue, Dorchester, Dorset, DT1 2JY
5. **DORSET HEALTHCARE** (DHC) of Sentinel House, Nuffield Industrial Estate, Nuffield Road, Poole, BH17 0RB
6. **NHS DORSET** (Dorset ICB) of Vespasian House, Barrack Road, Dorchester, Dorset, DT1 1TS

(each a 'Partner' and together 'the Partners')

BACKGROUND

- (A) The Lead Partner and the Partners have agreed to undertake a system-wide urgent and emergency care transformation programme to support better outcomes for Dorset residents.
- (B) Following a diagnostic exercise and consideration of a delivery plan, the Partners have agreed to appoint Newton Consulting Limited (Company Number 04279175) (the 'Supplier') to undertake work and deliver the changes identified in the diagnostic review and delivery plan (the 'Services').
- (C) The Partners have agreed that the Lead Partner should enter into a contract with the Supplier on behalf of all partners for the delivery of the Services (the 'Contract').
- (C) This Agreement sets out the roles and responsibilities of each Partner to allow harmonious partnership working and the division of liability arising under the Contract.

1. DEFINITIONS AND INTERPRETATION

- 1.1 In this Agreement, the following expressions shall have the following meanings unless inconsistent with the context:

'Commencement Date' means the date of this Agreement;

'Confidential Information' means information, data and material of any nature which any party may receive or obtain in connection with the operation of this Agreement including information which is by its nature is clearly confidential;

‘Personnel’ means all persons employed by the Lead Partner and the Partners in the delivery of the Programme together with the Lead Partner and the Partners’ volunteers, agents and sub-contractors;

‘Benefits Plan’ means the document attached at Schedule 1 agreed by the Lead Partner and the Partners which sets out the objectives of the Programme and how it will be funded;

‘Programme Delivery Plan’ means the document attached at Schedule 2 which sets out how the Programme will be managed;

‘Programme’ means, the Urgent and Emergency Care (UEC) Transformation Programme, as defined in the Programme Delivery Plan;

‘Project’ means, one of the programme streams, or an element of the UEC Transformation Programme, as defined in the Programme Delivery Plan

‘Programme Steering Group’ means the advisory group of officers representing the Lead Partner and the Partners with responsibility for monitoring the activities of the Programme Team and the delivery of the Programme against this Agreement, together with the monitoring of Programme risks, in accordance with the terms of reference set out in the Programme Delivery Plan (Schedule 2);

‘Programme Team’ means the group of officers of charged with the overall co-ordination of the Programme;

‘Supplier’ means Newton Consulting Ltd

- 1.2 Headings and titles are for ease of reference only and do not affect the interpretation or construction of this Agreement.
- 1.3 Words importing the singular include the plural and vice versa.
- 1.4 References to numbered Clauses and Schedules are references to the relevant Clause or Schedule in this Agreement.
- 1.5 Words imputing any gender include every gender.

- 1.6 Any reference to an enactment includes a reference to that enactment as amended or replaced from time to time and to any subordinate legislation or byelaw made under that enactment.

2. AIMS OF AGREEMENT

- 2.1 The aims of entering into this Agreement are:

- 2.1.1 to ensure the successful delivery of the Programme;
- 2.1.2 to define the roles and responsibilities of the Partners in relation to the Contract and the Programme;
- 2.1.3 to foster partnership working in a spirit of mutual trust and co-operation;
- 2.1.4 to ensure good governance in the implementation of the Programme;
- 2.1.5 to formalise the arrangements between the Partners; and
- 2.1.6 to ensure the long-term viability of the Programme.

3. PERIOD OF AGREEMENT

- 3.1 This Agreement shall come into force on the Commencement Date and shall continue for the until **30 June 2027** unless terminated earlier in accordance with this Agreement.

4. PARTNERS' ROLES AND RESPONSIBILITIES

- 4.1 The roles of the Partners in undertaking the Programme are set out in detail in the Programme Delivery Plan.

4.2 Responsibilities of the Partners

The Partners agree with the Lead Partner:

- 4.2.1 to work together in a spirit of mutual support and co-operation to undertake their agreed roles in the delivery of the Programme in accordance with the provisions of this Agreement, the Benefits Plan and the Programme Delivery Plan;
- 4.2.2 to promptly disclose to the Lead Partner and the other Partners any information that comes into their possession that may relate in any way to the Programme or this Agreement, unless that information is already known to the Lead Partner or the other Partners;
- 4.2.3 to provide such staff time and resources as set out in the Programme Delivery Plan to support the delivery of the Services;
- 4.2.4 to agree all publicity and messaging regarding the Programme with the Programme Team and in accordance with the provisions of Clause 23;
- 4.2.5 to act reasonably and not to act in a way that is likely to bring the Programme, the Lead Partner, the other Partners or any of them into disrepute;

- 4.2.6 to fully and actively engage in the Programme's governance and provide officer time for attendance at meetings and, in the event of the departure of any officer, to notify the Lead Partner and other Partners in good time and appoint a suitably qualified representative to fill such vacancy;
- 4.2.7 to engage, inform and seek formal support within Partner Organisations f as relevant, to support the Programme and ensure that any necessary delegated authorities are in place;
- 4.2.8 to agree through the Programme Steering Group any change to the Programme and subsequently to obtain prior written approval, where this is required by the Lead Providers representative on the Programme Steering Group from the Lead Partner prior to implementation;
- 4.2.9 to be responsible for the implementation and co-ordination of the Programme Streams allocated to them as set out in the Benefits Plan and to pursue them with diligence and expedition, so that the Programme is delivered in accordance with the agreed timescales set out in the Benefits Plan;
- 4.2.10 to use appropriately qualified staff to undertake the Programme and to ensure sufficient staffing and administrative resources for the implementation of the Programme;
- 4.2.11 to secure all necessary, permissions, licences, consents or approvals required for the delivery of the Programme recognising that in some instances public consultation might be required of which individual agencies cannot guarantee the outcome.
- 4.2.12 to provide all reasonable assistance and co-operation to the Lead Partner, to include the provision of timely reporting, financial information and other such evidence as the Lead Partner may require enabling it to comply with its obligations under the Contract;
- 4.2.13 to notify the Lead Partner immediately in the event of:
 - 4.2.13.1 any material changes to its status, including a change of purpose or control; or
 - 4.2.13.2 any legal claims made or threatened against the Partner which would materially and substantially adversely affect the delivery of the Programmes or any matter that significantly delays or threatens the delivery of the Programmes.
- 4.2.14 not to do or fail to do anything that causes the Lead Partner to be in breach of its obligations under the Contract and to inform the Lead Partner immediately should it become aware of any issues that may give rise to such breach;
- 4.2.15 to ensure sound programme and financial management practices are applied in undertaking the Programme and to use reasonable endeavours to deliver the Programme within budget;
- 4.2.16 to comply with all relevant legislation relating to the Programme;

- 4.2.17 to take reasonable measures to ensure the accuracy of any information or materials provided to the Lead Partner; and
- 4.2.18 to promptly make any payment required under this Agreement in full and without deduction or set-off.

Specific Responsibilities of the Lead Partner

- 4.3 The Lead Partner agrees with the Partners:
 - 4.3.1 to act as lead organisation and accountable body on behalf of the Partners for the purpose of entering into the Contract;
 - 4.3.2 to manage on behalf of the Partners relations with the Supplier, undertaking regular contract meetings and ensuring payments are made in a timely manner and in accordance with the agreed payment schedule as set out in the Financial Schedule.
 - 4.3.3 to manage on partners behalf operation of the benefits guarantee arrangement as set out in 6.6 below and in the Benefits Plan.
 - 4.3.4 to be the principal contact for all communications with the Supplier regarding the Services, including reporting requirements, in consultation with the Partners as necessary;
 - 4.3.5 to have overall responsibility for the co-ordination, programme management and delivery of the Programme, in accordance with the Lead Partner's established protocols, including organising meetings (and producing minutes thereof) as necessary to achieve and review delivery of the Programme;
 - 4.3.6 to ensure the provision of staff time, and resources, to include appropriate IT systems, to effectively manage the Programme;
 - 4.3.7 to maintain the Programme risk register and update the Programme Steering Group on perceived risks as necessary;
 - 4.3.8. to regularly keep the Partners informed of all important communications between itself and the Supplier;

5. PROGRAMME GOVERNANCE

- 5.1 A Programme Steering Group which shall monitor the activities of the Programme Team and delivery of the Programme. The Programme Steering Group shall meet fortnightly initially and then every month until the Programme is completed.
- 5.2 The Programme Team shall manage the delivery of the Programme and report to the Programme Steering Group. The Programme Team shall meet as often as is required to ensure the delivery of the Programme.

- 5.3 The Programme Director appointed by the Lead Partner will monitor and manage delivery of the Programme, including the financial aspects. The Programme Director will report regularly to the Lead Partner's service manager and executive director. The Programme Director will supervise the Programme Team and maintain strategic oversight, with regular updates to members as necessary.
- 5.4 The Lead Partner shall retain overall responsibility for the management and delivery of the Programme.
- 5.5 All governance bodies shall comprise individuals of suitable experience, ability and skills for the proper delivery of the Programme and shall act in accordance with their respective terms of reference set out in this Agreement.
- 5.6 Each Partner shall retain responsibility for obtaining all necessary approvals in respect of its role in the Programme and the programme will ensure sufficient time is factored into the key milestones to allow this.
- 5.7 The structure, governance and management of the Programme shall be as further set out in the Programme Delivery Plan.

6. FINANCIAL MANAGEMENT (INCLUDING FEE GUARANTEE ARRANGEMENT)

- 6.1 The Lead Partner and the Partners shall make such financial contributions as are necessary to complete the Programme as set out in Schedule 4 – Cost Sharing Agreement.
- 6.2 The Lead Partner shall be responsible for overall financial management of the Programme including the setting of budgets and preparation of Programme accounts together with financial monitoring and control in accordance with the financial management and control procedures of the Lead Partner.
- 6.3 Administration of cost sharing arrangements and benefits will be undertaken by the System Finance and Benefits Working Group as set out in Schedule 2 – The Programme Delivery Plan.
- 6.4 The Partners shall maintain true and accurate separate accounts and documentary evidence for the Programme on an open book basis and submit financial claims and reports quarterly (or as otherwise required by the Lead Partner) for Eligible Expenditure to correspond with the milestones set out in the Benefits Plan.

- 6.5 The Lead Partner shall not be liable to make any payments to the Supplier in respect of any Eligible Expenditure on goods, works or services delivered under the Programme until it has received sufficient Partner Contributions to cover the costs.
- 6.6 The Lead Provider will arrange and administer payments to the Supplier in accordance with the payment schedule and achievement of agreed milestones as set out in the Benefits Plan.
- 6.7 The Lead Partner and each Partner shall bear their own costs in relation to their support of the governance structure for the Programme and their internal administration costs in bringing the Programme to fruition, except where a claim against these costs has been agreed in advance and included in the Benefits Plan.

Fee guarantee arrangement

- 6.8 The Lead Partner will manager on behalf of the Partners the Supplier's Fee Guarantee Arrangement. The Supplier's Fee Guarantee (**Fee Guarantee**) will apply so that the Charges payable for the Dorset Urgent and Emergency Care Programme are contingent against delivering a measurable result.
- 6.9 The Charges payable for the Programme are **£9,000,000** excluding VAT. The Fee Guarantee Amount is to deliver **£17,000,000 of annual recurrent benefits**, subject to any change in the Charges. If the Final Financial Benefits do not exceed the Fee Guarantee amount, then the Charges payable for this Call-Off Contract will be reduced until this is achieved.
- 6.10 It will be the responsibility of the Lead Partner, who will consult with and be advised by the Programme Steering Group, to apportion and distribute across partners any returned fees in a manner which is equitable and fair recognising the provisions outlined in section 6.8.4 above.

Programme and benefits review – July 2025

- 6.11 The Lead Partner will initiate and undertake a Programme and Benefits Review Exercise in July 2025 to provide assurance to Partner Organisations that the programme is on track to deliver the anticipated benefits and to enable the Provider to undertake any additional actions required to ensure the delivery of the programme.
- 6.12 Following the Programme and Benefits Review an update will be provided to Provider Boards and Cabinets.

7. INFORMATION AND MONITORING REQUIREMENTS

- 7.1 The Programme Director shall be responsible for providing the monitoring information required for the delivery of the Programme. As a minimum a highlight and update report will be provided to each meeting of the UEC Steering Group
- 7.2 The Lead Partner and the Partners shall comply with the monitoring and evaluation plan for the Programme as set out in the Programme Delivery Plan.
- 7.3 Each Partner shall monitor the Programmes in accordance with its standard contractual service monitoring and quality control arrangements.

8. AUDIT

- 8.1 The Partners shall ensure that full and proper records for accounting and audit purposes are kept in respect of the Programme for at least seven years after the termination of this Agreement.
- 8.2 The Partners shall co-operate with, and supply and allow inspection of, all information reasonably required by the Lead Partner and those persons exercising a statutory function in relation to any Partner or the Supplier.
- 8.3 The Lead Partner and each Partner shall have their accounts externally audited (or independently evaluated where appropriate) and if requested by the Lead Partner shall provide a copy of the relevant section of the audit (or evaluation) report.

9. EQUALITY AND DIVERSITY

- 9.1 The Lead Partner and the Partners shall at all times operate a policy of equal opportunities in relation to the delivery of the Programme.
- 9.2 The Lead Partner and the Partners shall not unlawfully discriminate in the delivery of the Programme either directly or indirectly on such grounds as race, colour, ethnic or national origin, culture and linguistic background, disability, gender or sexual orientation, pregnancy and maternity, gender reassignment, marriage and civil partnership, religion or belief or age and, without prejudice to the generality of the foregoing, shall not unlawfully discriminate within the meaning and scope of the Equality Act 2010 or other relevant legislation.
- 9.3 The Lead Partner and the Partners shall take all reasonable steps to secure the observance of this Clause by all Personnel involved in the delivery of the Programme.

10. HEALTH AND SAFETY

- 10.1 Where applicable, the Lead Partner and the Partners shall comply with the Health and Safety at Work etc Act 1974 and all other acts, orders, regulations and codes of practice relating to health and safety in relation to the delivery of the Programme.

11. CRIMINAL RECORDS CHECKS

- 11.1 To the extent applicable to the delivery of the Programme, the Lead Partner and the Partners shall comply with all relevant legislation and guidance for safeguarding vulnerable persons and all subsequent legislation and guidance.

12. INFORMATION GOVERNANCE AND DATA PROTECTION

- 12.1 The Lead Partner and the Partners shall comply with the provisions of Schedule 3.

13. FREEDOM OF INFORMATION

- 13.1 The Lead Partner and the Partners shall assist and co-operate with each other to enable those Partners who are subject to the Freedom of Information Act 2000 to comply with their information disclosure requirements under the Act.

14. INDEMNITIES AND LIABILITIES, RISK MANAGEMENT AND INSURANCE

- 14.1 The Lead Partner and each Partner shall maintain in force at their own cost such insurance policies as are appropriate and adequate having regard to their obligations and liabilities under this Agreement.
- 14.2 The Partners shall provide evidence of such insurance to the Lead Partner on request.
- 14.3 The Lead Partner and the Partners shall work together to develop a risk management policy to ensure that risks arising in the delivery of the Programme are identified and managed and addressed in the most appropriate way.
- 14.4 The Lead Partner and each Partner shall indemnify the other Partners against all or any liabilities, claims, costs and/or expenses of, or incurred by, that Partner in connection with its negligence, gross misconduct, breach of law or duty or acts or omissions relating to the discharge of its obligations under this Agreement or in relation to a substantial or persistent failure (after due notice) to redress deficient performance.
- 14.5 Neither the Lead Partner nor any Partner shall be entitled under Clause 14.4 to recover from the other Partner any indirect or consequential loss.

14.6 Each Partner shall indemnify the Lead Partner against all actions, claims, costs, expenses and damages arising from a failure of that Partner to comply with its obligations under this Agreement or any action to enforce the Funding Agreement resulting from that Partner's act, omission, neglect or default.

14.7 Nothing in this Agreement shall limit or exclude the Lead Partner or a Partner's liability for:

14.7.1 death or personal injury caused by negligence; or

14.7.2 any fraud or for any liability that, by law, cannot be limited or excluded.

15. CONSEQUENCES OF BREACH OF AGREEMENT

15.1 If any Partner ('the Defaulting Partner') is in material or persistent breach of its obligations under this Agreement then:

15.1.1 if such breach is capable of remedy, the Defaulting Partner shall remedy such breach within 21 Working Days of receipt of notice of such breach from any of the other Partners; or

15.1.2 if such breach is not capable of remedy or the Defaulting Partner has failed to remedy the breach in accordance with Clause 15.1.1, the non-defaulting Partners shall meet as soon as reasonably practicable to determine the most appropriate course of action.

15.2 If the non-defaulting Partners determine in accordance with Clause 15.1.2 above that the Agreement with the Defaulting Partner should be terminated, the non-defaulting Partners shall notify the Defaulting Partner of such termination. The Agreement shall continue in respect of the remaining Partners, subject to Clause 16.3.

15.3 The provisions of this Clause are in addition to any other right or remedy which any Partner may have in consequence of any breach of the terms of this Agreement.

16. TERMINATION OR WITHDRAWAL FROM AGREEMENT

16.1 Subject to Clause 16.5, the Lead Partner and all the Partners may, at any time by agreement in writing, terminate this Agreement on such terms and conditions as they may agree.

16.2 A Partner may withdraw from this Agreement on terms agreed with the Lead Partner.

16.3 In the event of the withdrawal of a Partner under Clause 16.2 or the termination of the Agreement in respect of a Defaulting Partner under Clause 15.2, the withdrawing or Defaulting Party shall remain liable for making any previously agreed financial or in-kind contribution to the Programme as set out in the Benefits Plan.

- 16.4 The Lead Partner may terminate this Agreement immediately by notice in writing if one or more Partners is in breach of payment obligations.
- 16.5 The Lead Partner shall not be liable for any losses incurred by the Partners arising from termination or suspension of this Agreement due to withdrawal from the Programme.
- 16.6 Upon termination of this Agreement, any Partner shall supply to the other Partner when requested any information which the other Partner requires for the continuation of the Programme.

17. DISPUTES

- 17.1 If a dispute arises in relation to any aspect of this Agreement or the Programme, the Lead Partner and the Partners shall first consult in good faith in an attempt to come to an agreement in relation to the disputed matter.
- 17.2 Any dispute which cannot be resolved by consultation between officers of the Lead Partner and the Partners shall be referred to the Chief Officers of the Partners.
- 17.3 If the dispute remains unresolved for a period of twenty eight days after the date of referral to the Chief Officers, the Lead Partner or any Partner may refer the matter to an independent adjudicator.
- 17.4 The adjudicator nominated to consider the dispute shall be:
- 17.4.1 wholly independent of all the Partners;
 - 17.4.2 appointed jointly by the Partners.
- 17.5 If the Partners are unable to agree on the identity of an adjudicator, the President for the time being of the Chartered Institute of Arbitrators shall appoint an appropriate person.
- 17.6 The adjudicator's decision shall be binding on the Lead Partner and the Partners.
- 17.7 The adjudicator's costs shall be borne as the adjudicator shall specify or, in default, equally by the Lead Partner and the Partners.

18. THIRD PARTY RIGHTS

- 18.1 This Agreement is not intended to and does not give any person who is not a party to it any right to enforce any of its provisions.

19. VARIATION

- 19.1 Any variation to this Agreement shall be by mutual consent in writing of the Lead Partner and the Partners.

20. WAIVER

- 20.1 The failure by the Lead Partner or any Partner to enforce at any time or for any period any one or more of the terms or conditions of this Agreement shall not be a waiver of them or of the right at any time subsequently to enforce the terms and conditions of this Agreement.

21. NATURE OF AGREEMENT

- 21.1 Nothing in this Agreement shall create or be deemed to create a legal partnership between the Lead Partner and the Partners and no party to this Agreement shall hold itself out as the agent of another.

22. NOTICES

- 22.1 Any notice to be given by the Lead Partner or any Partner to any other party under this Agreement shall be in writing and shall be deemed served if delivered personally or by first class post to the Chief Officer at the address of that other party at the head of this Agreement or at such other address as the party to be served may have notified in accordance with the provisions of this Clause.
- 22.2 Any notice given as required in this Clause shall be deemed to be served two Working Days after delivery or despatch by the sending party.

23. COMMUNICATIONS, PUBLICITY AND BRANDING

- 23.1 The Lead Partner and the Partners will agree all communications, branding, publicity and marketing arrangements for the Programme through the Programme Steering Group.
- 23.2 The Programme Team will be responsible for promoting the Programme through the media and will handle all enquiries in relation to the same.
- 23.3 No Partner shall make any press announcements or publicise the Programme in any way except with the consent of the Programme Director.
- 23.4 The Lead Partner and the Partners shall take all reasonable steps to ensure the observance of the provisions of this Clause by their Personnel, agents, volunteers, sub-contractors, professional advisors and consultants.

23.5 The provisions of this Clause shall apply during this Agreement and indefinitely after its expiry or termination.

24. INTELLECTUAL PROPERTY

24.1 This Section shall apply in relation to intellectual property created and/or used in connection with the Dorset Urgent and Emergency Care Programme.

24.2 Save as set out below, nothing in this Partnership Agreement will transfer any Intellectual Property Rights, title or any interest in any existing Intellectual Property Rights owned by or licensed to, one party to the other party. This includes any Intellectual Property Rights created prior to, or unconnected with, the Dorset Urgent and Emergency Care Programme.

24.3 In relation to Partner materials, the Partner:

24.3.1 and its licensors shall retain ownership of all Intellectual Property Rights in the Partner Materials; and

24.3.2 grants the Supplier a fully paid-up, non-exclusive, royalty-free, non-transferable licence to use, copy and modify the Partner Materials for the purpose of delivering the Dorset Urgent and Emergency Care Programme.

24.4 The Supplier Deliverables form an inherent part of the Supplier's advisory services in connection with the Dorset Urgent and Emergency Care Programme. In relation to such Supplier Deliverables:

24.4.1 the Supplier shall retain ownership of all Intellectual Property Rights in the Supplier Deliverables, excluding the Buyer Materials;

24.4.2 provided that any Lead Partner is not in breach of any of the terms set out in the Contract between the Lead Partner and the Provider, the Supplier grants the Partner a fully paid-up, worldwide, non-exclusive, royalty-free, perpetual, non-transferable, non-sublicensable and irrevocable licence to use, copy and modify the Supplier Deliverables (excluding the Buyer Materials) for the purpose of receiving and using the Supplier Deliverables in its organisation; and

24.4.3 the Partner may modify, adapt, translate, reverse engineer or in any other manner decode ("Change") the Supplier Deliverables, on condition that:

24.4.3.1 the Supplier shall have no liability whatsoever in the event that such a Change infringes or allegedly infringes the Intellectual Property Rights of any third party; and

24.4.3.2 the Supplier shall have no liability whatsoever to the extent that any Change(s) the Buyer makes has/have a detrimental effect on the Supplier Deliverables.

24.5 To generate and / or support the generation of certain Supplier Deliverables, the Supplier may adapt, build, deploy, develop, implement, generate, prepare, provide or otherwise make available Advisory Tools. In relation to such Advisory Tools:

24.5.1 the Supplier and the Supplier's licensors shall retain ownership of all Intellectual Property Rights in the Advisory Tool and all improvements and modifications thereto;

24.5.2 provided that the Partner is not in breach of any obligations under the Partnership Agreement, the Supplier hereby grants the Partners a free-of-charge, worldwide, non-exclusive, royalty-free, perpetual, non-transferable, non-sublicensable license to use the Advisory Tool internally within its organisation solely for the purpose of supporting the Dorset Urgent and Emergency Care Programme Objectives;

24.5.3 the Partners shall not copy, reproduce, translate, reverse engineer or in any other manner decode, sublicense, transfer, disclose or in any way make available such Advisory Tools to any third party whatsoever; and

24.5.4 the Partners shall have the right to modify and update such Advisory Tools as required to maintain or modify the functionality of the Advisory Tools for the purpose of generating and / or supporting the generation of certain Supplier Deliverables supporting Dorset Urgent and Emergency Care Programme Objectives.

24.6 The Lead Partner may sublicense the Supplier Deliverables and Advisory Tools only to other organisations solely for the purpose of generating and / or supporting the generation of certain Supplier Deliverables supporting Dorset Urgent and Emergency Care Programme.

24.7 Whilst the Supplier will use reasonable efforts to support the Supplier Deliverables and Advisory Tools during the term of the Programme, the Supplier shall not be required to make any updates or upgrades to the Supplier Deliverables or Advisory Tools after the end of the Dorset Urgent and Emergency Care Programme.

24.8 Maintenance and modification of the Supplier Deliverables and Advisory Tools after the end of the Dorset Urgent and Emergency Care Programme shall be the responsibility of Partnership.

24.9 At that time the Lead Partner will identify a Partner to be responsible for the Maintenance and modification of the Supplier Deliverables and Advisory Tools

24.10 If the Partnership wishes the Supplier to provide further support in relation to the Supplier Deliverables or Advisory Tools, the Lead Partner may request such additional services and the Supplier shall be entitled to charge for such work and the parties shall record such agreement in writing.

25. WARRANTIES

25.1 The Lead Partner and each Partner warrants to the others that:

- 25.1.1 they have full capacity and authority and all necessary consents and approvals to enter into and perform this Agreement and deliver the Programme and that the Agreement is executed by a duly authorised representative;
- 25.1.2 they shall use reasonable care, skill and diligence in the delivery of the Programme;
- 25.1.3 they shall deliver the Programme in accordance with all applicable statutes, enactments, orders, regulations or similar instruments as amended from time to time;
- 25.1.4 all Personnel involved in the Programme have the necessary skills, professional qualifications and experience to deliver their responsibilities under the Programme;
- 25.1.5 as at the date of this Agreement it is not in default in the payment of any due and payable taxes or in the filing, registration or recording of any document or under any legal or statutory obligation or requirement which default might have a material adverse effect on its business, assets or financial condition or its ability to observe or perform its obligations under this Agreement; and
- 25.1.6 information provided to the Lead Partner is accurate in all respects, having made diligent, proper and full enquiry in relation to the same.

26. PREVENTION OF CORRUPTION

26.1 This Agreement shall automatically terminate in respect of a Partner if that Partner shall have offered, or given, or agreed to give to any person any gift, consideration, inducement or reward of any kind, for doing or not doing any action in relation to this Agreement or the Programme or shall have committed an offence under the Bribery Act 2010.

26.2 The other Partners shall be entitled to recover the amount of any loss or damage resulting from such termination, which shall include the repayment of any funds deposited with the Lead Provider.

27. CONFLICTS OF INTEREST

27.1 The Lead Partner and the Partners shall use reasonable endeavours to ensure that neither they nor any of their Personnel, agents, suppliers or sub-contractors are placed in a position where there is or may be an actual conflict or potential conflict of interests.

- 27.2 Where such a conflict does arise, the Lead Partner or the Partner (as the case may be) shall take all reasonable steps to end or avoid the actual or potential conflict of interest or alleviate its effect.

28. FRAUD

- 28.1 The Lead Partner and the Partners shall safeguard the Funding in line with high standards of honesty, regularity and good financial management and shall take appropriate measures to guard against fraud.
- 28.2 A Partner shall notify the Lead Partner and the other Partners immediately if it has reason to suspect that any fraud has occurred, is occurring or is likely to occur in relation to the Funding.
- 28.3 The Lead Partner shall be liable to repay to the Partners Funding received in the event it has provided fraudulent or misleading information or has acted fraudulently in relation to use of the Funding.

29. CONFIDENTIALITY

- 29.1 The Lead Partner and each Partner, its Personnel and any other person associated with them shall keep confidential the terms of this Agreement and any and all Confidential Information that they may acquire in relation to another party.
- 29.2 Neither the Lead Partner nor any Partner shall use or disclose another party's Confidential Information, without prior written consent, except to persons necessary for the purpose of this Agreement, or where disclosure is expressly permitted under this Agreement.
- 29.3 The Lead Partner and each Partner shall ensure their Personnel, professional advisors, sub-contractors and suppliers are aware of the confidentiality obligations under this Agreement.
- 29.4 The obligations on the Lead Partner or a Partner set out in Clauses 29.1 to 29.3 shall not apply to any Confidential Information which:
- 29.4.1 a party can demonstrate is or becomes public knowledge otherwise than by breach of this Agreement;
 - 29.4.2 is in the possession of the receiving party without restriction in relation to disclosure before the date of receipt from the disclosing party;

- 29.4.3 is received from a third party who lawfully acquired it and who is under no obligation restricting its disclosure;
- 29.4.4 is independently developed without access to the Confidential Information;
- 29.4.5 is required to be disclosed pursuant to a statutory, legal or parliamentary obligation placed upon the party making the disclosure, including any requirements for disclosure under the Freedom of Information Act 2000.

29.5 This Clause shall survive the termination of this Agreement for a period of six years.

30. REVIEW AND AMENDMENT OF AGREEMENT

- 30.1 This Agreement shall be subject to formal review by the Partners annually from the Commencement Date.
- 30.2 The Lead Partner and the Partners may review the delivery of the Programme and all or any procedures or requirements of this Agreement on the coming into force of any relevant statutory or other legislation or guidance so that the delivery of the Programme complies with such legislation or guidance.

31. ASSIGNMENT OR TRANSFER

- 31.1 This Agreement and any rights and conditions contained in it may not be assigned or transferred by the Lead Partner or any Partner except to any statutory successor to the relevant function.

32. COUNTERPARTS

- 32.1 This Agreement may be executed in one or more counterparts. Any single counterpart or a set of counterparts executed, in either case, by the Lead Partner and all the Partners shall constitute a full original of this Agreement for all purposes.

33. ENTIRE AGREEMENT

- 33.1 This Agreement constitutes the entire agreement between the Lead Partner and the Partners in connection with the Programme and supersedes all prior representations, communications, negotiations and understanding concerning the Programme.

34. GOVERNING LAW

- 34.1 This Agreement shall be governed by and construed in accordance with English law.

IN WITNESS WHEREOF the Partners have duly executed this Agreement as a deed the day and year first before written

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Adult Social Care – Compliments, Complaints and Learning Annual Report 2023/24
Meeting date	02 December 2024
Status	Public
Executive summary	<p>Adult Social Care has a statutory responsibility to produce an annual report on complaints received, issues that have been raised and any action that has been taken to improve services. Adult Social Care encourages feedback from a range of sources including complaints, compliments, comments.</p> <p>This report provides a summary of complaints and compliments, including learning, for BCP Council Adult Social Care from 1st April 2023 to 31st March 2024.</p>
Recommendations	<p>It is RECOMMENDED that:</p> <ul style="list-style-type: none"> i) Committee consider and scrutinise the information contained in this report. ii) Committee consider any actions or issues for inclusion in the forward plan.
Reason for recommendations	<p>Adult Social Care has a statutory responsibility under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 to report complaints and other representations about Health and Adult Social Care. Councils and NHS bodies are required to produce an annual report about complaints received, issues that have been raised and any action that has been taken to improve services.</p>

Portfolio Holder(s):	Councillor David Brown
Corporate Director	Betty Butlin – Director of Adult Social Care Zena Dighton – Interim Director of Commissioning for People Jillian Kay – Corporate Director of Wellbeing
Report Authors	Nicky Mitchell – Head of Transformation and Integration Debby Duffy – Quality Assurance Team Manager Ellen Miles – Adults Complaints Manager
Wards	All
Classification	For Information

Background

1. Adult Social Care has a statutory responsibility to produce an annual report under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 to report on complaints received, issues that have been raised and any action that has been taken to improve services.
2. This report provides a summary of the feedback and learning from BCP Council Adult Social Care annual report covering the period 1st April 2023 to 31st March 2024 included at appendix 1.

Summary of Key Findings

3. In 2023/24 the total number of complaints for BCP Council Adult Social Care was 180. In 2022/23 the total number of complaints received was 196. 25 complainants referred their complaint to the Local Government and Social Care Ombudsman (LGSCO) for an independent review. The Ombudsman chose not to investigate 15 of the referrals due to either; a premature referral, the complainant did not have the authority to make the complaint, the length of time it had taken for the complainant to raise the referral or the Ombudsman felt that the council had already done all they could to rectify the situation and an investigation would not change the outcome.
4. Complaint themes highlighted communication and perceived standard of service and professional practise as being the most common concerns. Trends around finance and charging were also highlighted however there was a drop in numbers of complaints around delays in providing services.

5. Organisational learning has been developed from customer feedback where possible. Details of learning from feedback can be found in the Organisational Learning report at appendix 4.
6. Additionally, **276** compliments and messages of thanks were received.
7. Complaint themes and learning are now triangulated with other quality assurance findings, performance measures and stakeholder feedback, allowing more evidence-based decisions to be made about how to improve services. This work is governed by the Executive Performance and Quality Improvement Board. The findings from other stakeholder feedback and engagement activity is being developed and this report focuses on compliments and complaints.

Summary of financial implications

8. Financial payments can be made as a result of a complaint if this redress is considered appropriate. Any costs in this respect are accepted as the responsibility of the Social Care service. Financial redress can be offered on a case-by-case basis or can be recommended by the LGSCO. At the time of the report there had been no financial redress recommendations for this reporting year however some decisions are still to be made.
9. There are costs of employing independent investigators for complaints however they are only used in exceptional circumstances. The use of any independent investigators are always agreed by the service prior to commencement.

Summary of legal implications

10. The statutory framework for complaints about adult services are:
 - the NHS and Community Care Act 1990
 - the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
11. Alongside this, government guidance are also relevant including Getting the Best from Complaints (DfES 2006).
12. The guidance requires the complaints function for Social Care to be at 'arms length' from the operational delivery.

Summary of human resources implications

13. Not applicable

Summary of sustainability impact

14. Not applicable

Summary of public health implications

15. Not applicable

Summary of equality implications

16. Many of the service users of adult services will be vulnerable, or from potentially disadvantaged groups. The complaints process is a vital part of the Council's quality assurance function to ensure all service users receive fair treatment and reasonable adjustments.

17. The Complaints Service will ensure complainant's individual requirements are supported, for example through interpreting services or by advocacy services.

Summary of risk assessment

18. The Complaints Service manages complex, high risk complaints which if not effectively managed could result in scrutiny by the Local Government and Social Care Ombudsman, Central Government, CQC or through the courts via judicial review. The implications of this scrutiny could negatively affect the Council's reputation and result in major financial costs.

19. Practice issue complaints can include elements of safeguarding which require effective management and proactive action. The Complaints Service must be able to recognise these issues when they arise within a complaint context and action them appropriately.

Appendices

Appendix 1- Customer Opinion and Organisational Learning in Adult Social Care –
Poole Annual Report 2023/24

Adult Social Care Comments, Compliments and Complaints

Annual Report
2023/24

Contents

Introduction	3
Executive Summary	3
Complaints	4
Summary of complaints activity in 2023/24	4
Complaints made to the Local Government and Social Care Ombudsman (LGSCO)	5
Complaint themes	6
Communication.....	6
Financial (funding issues, charges or fees)	7
The lessons we have learnt from customer feedback.....	7
Monitoring the effectiveness of the complaints procedure	8
Staffing of the complaints service	8
Compliments	8
Appendix 1 – the Joint Adult Social Care and Health Complaints Procedure	10
Appendix 2 – Local Government and Social Care Ombudsman (LGSCO) decisions received..	13
Appendix 3 – Equalities information.....	15
Appendix 4 – Learning from customer feedback	17

Introduction

Feedback from customers is vital to any organisation in making improvements. BCP Council Adult Social Care (ASC) welcomes and encourages feedback by any means including complaints, compliments, comments, surveys, consultation, engagement and audits and uses this feedback systematically to make improvements.

Local authorities have a statutory responsibility to report complaints and other representations about health and adult social care under the Local Authority Social Services and National Health Service (NHS) Complaints (England) Regulations 2009. These require councils and NHS bodies to produce an annual report about the complaints they have received, issues that have been raised and any action that has been taken to improve services.

This annual report covers compliments, complaints and related learning for the period 1 April 2023 to 31 March 2024. It aims to review the management and performance of the statutory complaints and representations process in 2023/24 (including statistics, the nature of complaints and compliments received, and how the learning from these has been used to improve services).

Executive Summary

In 2023/24 the total number of complaints for BCP Council Adult Social Care was **180**. This compares to a total of **196** in 2022/23. This is in line with the regional declining trends recorded by neighbouring authorities within the Southern area.

Communication, financial matters and delay have been highlighted as the most common themes from complaints:

- Complaints around communication was raised in 89 complaints
- Complaints relating to issues surrounding financial matters was raised in 79 complaints
- Issues relating to a delay in providing a service was found in 31 complaints

Of the 180 complaints brought, it was the council's view that, overall 22 were upheld, 51 were partially upheld and 107 were not upheld, however learning from any feedback is always considered.

Throughout the year 12 people made more than one complaint. Whilst the Complaints Team cannot investigate the same complaint for a second time or a complaint that has concluded the process, complainants may bring additional complaints about new issues, should the need arise.

A total of **228** individual concerns and enquiries were managed outside the complaints process. These individuals did not wish to pursue a complaint despite being offered the service, but felt they needed support to resolve a situation. These cases were dealt with in conjunction with Adult Social Care operational teams or signposting to the correct service, such as Safeguarding services.

In addition to the complaints and concerns received, a further **39** representations were received from MPs and Councillors on behalf of their constituents and residents. (during 2022/23 45 MP and Councillor representations were received).

It is important to note that BCP Council Adult Social Care also received **276** compliments and messages of thanks during 2023/24. 191 compliments were recorded in 2022/23. During 2022/23 we increased the number of ways good news stories may be recorded, such as verbal reporting forms, Our Journey's and Stories of Difference. These ways of recording continue to be used and have become embedded in the formal recording of compliments. By having alternative ways to record good news, it strengthens our culture of continuous learning.

Adult Social Care alone serves around 4170 adults and 6908 carers, out of a local population of **399000**.

Over the year, feedback and lived experience has also been sought via other Quality Assurance tools such as consumer surveys, staff surveys, consultations, and stakeholder engagement activity. These findings feed into quality assurance reporting to senior leaders for direction and to influence future planning.

Complaints

It is stated in legislation that most complaints should be resolved by local resolution. This means trying to resolve complaints at the earliest opportunity and as close to the point of service delivery as possible. An in-depth investigation may be carried out if it is judged by the Complaints Manager to be the best way to respond to the issues raised, usually in complex cases. The complainant can also approach the Local Government and Social Care Ombudsman (LGSCO) at any stage of the complaints process. Read more about the statutory process at [Appendix 1](#).

Summary of complaints activity in 2023/24

	2023/24	2022/23	Comments
Complaints received	180	196	There was a small decrease in complaints this year. Whilst this is in line with a regional trend the Complaints Team continue to monitor this. Learning from complaints is fed into other quality assurance activity to ensure that services remain accessible and supportive to people who draw on our services.
Complaints acknowledged within 3 days	98% (177)	97% (191)	Three complaint acknowledgements were delayed due to unexpected staffing absence and work pressures.
Resolved at local resolution	95% (187)	95% (187)	The percentage of complaints resolved at an early stage through local resolution remains high. However 25 complaints from this reporting year went to the Ombudsman for review. 10 of these complaints were accepted for investigation.

	2023/24	2022/23	Comments
Resolved within 20 days	62% (112)	74% (146)	Staff capacity was the most common reason for complaint responses being delayed, however complexity of the complaint and the need to involve more than one investigating officer was also a factor. Where delays were unavoidable, complainants were kept informed and updated of when they could expect a response by. Whilst 20 working days is considered to be our best practice, this is not a statutory timescale.
Formal/in-depth Investigations	1	2	In 2023/24, one case was investigated at stage 2 of the corporate complaints process.
The Unreasonably Persistent Complaints process	1% (1)	1% (1)	This year we have had to invoke the Unreasonably Persistent Complaints process on 1 occasion due to the protracted nature of the complaints. The Complaints Team are also engaging with a number of people in complex situations, and it is sometimes necessary to introduce communication plans to ensure equitable access to our services

Complaints made to the Local Government and Social Care Ombudsman (LGSCO)

25 complainants referred their complaint to the ombudsman for an independent review during 2023/24. This is an increase from 2022/23 where 14 complaints progressed to the Ombudsman for consideration.

Common themes for investigation during 2023/24 were around delay in providing service, assessed needs and matters relating to financial assessments/charging for care.

The Ombudsman chose not to investigate 15 of the 25 referrals as either they had not yet gone via the Council's complaint processes or the Ombudsman could not find fault with the investigation undertaken by the Council and that everything had already been done to remedy the situation. The Council, Complaints team and responding managers have worked hard to ensure that robust responses are provided and resolutions are found at the earliest stage.

Therefore, **10 complaints** from reporting year 2023/24 were investigated this year, compared to 4 investigations in 2022/23.

- 2 decisions received were upheld but without recommendations
- 3 decisions received that were not upheld
- 5 remain under investigation at the end of year 2023/24

Nationally, the upheld rate for ASC complaints this year was **75%**, compared to the BCP Council ASC rate of **25%** in 2022/23.

Details of the referrals where there has been a decision can be found in [Appendix 2](#).

Complaint themes

To enable detailed recording and identification of key areas of learning and improvement, complaints may have more than one theme recorded. In addition, the upheld rate recorded includes complaints partially and fully upheld.

Complaint theme	2022/23	2023/24	Upheld rate
Communication (perceived inadequate communication, information and advice)	119	123	49% (60)
Finance (decisions around funding, invoice disputes/delays, self-funders approaching the council for funding, financial assessment)	69	102	58% (59)
Delay in providing a service	46	31	58% (18)
Professional Practice (level of support and guidance, feeling involved/empowered in assessment process)	50	29	17% (5)
Decision around assessment and eligibility	39	29	62% (18)
Policy or process	21	27	37% (10)
Quality of domiciliary provision	17	11	36% (4)
Quality of residential or nursing home	17	7	14% (1)
Commissioning	2	6	33% (2)
Safeguarding process	5	4	0% (0)
Extra Care Housing	4	3	33% (1)
Hospital discharge process – with Health partners	3	2	50% (1)
Respite	0	2	50% (1)

Communication

Many of the complaints around communication relate to providing information in a timely manner and families not feeling as involved as they would have liked to have been. Throughout 2022 Practice Standards relating to communication were rolled out and continue to be embedded throughout 2023/24. Managers review case files against the standards alongside practitioners to reflect and strengthen practice.

During 2023/24 there has been work undertaken relating to improve communication between teams via our staff survey results. Improvements have been undertaken to strengthen the information that the Council provides people. This has included updates to factsheets and the Council's website; greater inclusion within our service engagement groups and changes to literature provided to people wishing to access services from the Council.

Financial (funding issues, charges or fees)

Individual complainants have challenged both national and local policy decisions in terms of funding eligibility. It was also identified that complaints had been received due to delays in raising invoices where a third party provider had delayed in invoicing the Council for services. Practice and supporting literature to both staff and clients have been reviewed to ensure that people remain well informed.

Learning from complaints around finance is shared with Finance Teams so actions for improvement can be considered, for example, this intelligence has been used to plan finance webinars to support staff.

Delay (in providing a service)

Complaints around delays in providing Care Act assessments, the allocation of workers and provision from care providers have decreased in this reporting year. Targeted work has taken place to reduce people waiting for assessments and packages of care which has meant over the last 12 months we have reduced Care Act Assessment waiting by 40% and Carers Assessments waiting by 94%. Targeted work continues.

Several initiatives are in place to support the care provider market to improve availability of domiciliary care, including funding to support overseas recruitment and the Proud to Care campaign which has reached over 837,500 people online, with over 256,000 people viewing or interacting with the adverts. This means that as of April 2024, around 50 people per week wait for a package of care as opposed to 200 people waiting per week in April 2023.

The lessons we have learnt from customer feedback

Desired outcomes to complaints are often specific to the case, but when there are organisational learning points that influence policy or procedure, they are acted upon. Individual case learning is dealt with directly with the complainant and more general issues are managed through supervision with team managers and reminders at team meetings. Please see the ASC Organisational Learning report for details which can be found here in [Appendix 4](#).

The ASC Performance and Quality Improvement Board oversees learning and quality improvement work that includes that which has been identified via complaints.

Monitoring the effectiveness of the complaints procedure

A routine online feedback survey is sent to complainants after the process has closed, response rates tend to be variable with not everyone wishing to engage further with the process after their issues have been resolved. However, complimentary feedback has been received by the team, thanking them for their support and facilitation in managing complaints both by complainants and by managers responding to complaints.

Staffing of the complaints service

Currently there are two full time officers in post who manage the day-to-day statutory complaints process. This includes acknowledging complaints, recording and documenting details, tracking and monitoring each case and quality assuring responses to make sure all elements of the complaints are answered. The team also ensure that complainants are kept up to date with progress on their complaints and facilitate meetings where requested.

Training

There is an online complaints training module for practitioners to use across the whole of social care and has now been added to Adult Social Care Mandatory training schedule.

Bespoke workshops and team-focused complaints training has been delivered both online and in person by the complaints team. This training has been well received and strengthened the working relationship between the complaints staff and operational teams and creating a more robust service. This programme of training will continue through 2024/25 in readiness of the implementation of the new complaint handling code being introduced by the Local Government and Social Care Ombudsman. In addition, training has been given to our providers to support them in the complaints process, including the generation of templated letters for their use. The complaints team remain available to our providers and offer support and guidance during the complaints process.

An online staff complaints toolbox is available to provide support: the toolkit includes staff guidance, documents such as letter templates, language checklists, legislative information and LGSCO information.

Compliments

People who draw on services and staff are encouraged to report feedback about services. Compliments are vital because they help to give us a complete picture of opinions about services. In addition to complaints, they can help us make changes to improve services further by identifying good practice.

In total, **276** compliments and messages of thanks were received.

Service areas where the highest numbers of compliments have been received	2023/24
Locality Teams	78
Learning Disability Team	27
Statutory Services and Safeguarding	18
Shared Lives	20
CMHT and AMHP Service	15
Direct Payments	15
Contact Centre	9

Themes of compliments (excluding thank you's)

Themes of compliments received	2023/24
Approach	81
Communication	62
Manner	64
Positive Relationship	37
Information provided	25
Carers Service (specific)	1

Compliments and positive feedback are shared with staff on a regular basis through the staff newsletter and ASC Intranet site. At the same time, teams are reminded to feedback comments from adults and carers and many teams now have a systematic way of doing this. During 2023/24 the complaints team are strengthened how learning was taken and embedded from compliments including the use of Our Journey forms. Moving forward into 2024/25, additional work exploring the themes of compliments and their impact will be fed into our quality mechanisms to ensure that we are embedding good practice amongst services.

A small selection of compliments are detailed below:

I would like to compliment you for your help, support and advice during the past year it has been tough for us all but you helped to make the process easier and gave us the advice which enable us to keep mum at home.

We both found T to be empathetic and professional. She has been extremely kind and supportive and followed up on the issues the suggestions she made to assist. In addition, her manager A who allocated the referral with such expedience because of the sense of urgency of B's situation.

You are extremely professional in your role as Practice Supervisor which is evidenced during my supervision with you and the learning opportunities you have given me. Including being able to attend a Mental Health Act assessment which I will remember forever as part of my journey with your amazing team.

I am delighted to nominate M for his outstanding contributions as a social worker. Marco possesses exceptional people skills that create a positive and welcoming atmosphere for everyone he interacts with. As a social work student, I have had the privilege of shadowing M, and the time spent with him has been invaluable to my learning experience.

It was our good fortune and pleasure to meet you and have you do our care plan. You are extremely good at the way in which you put us at ease. Kind and considerate and a very good listener too. A true gentleman in your profession for which we are very grateful.

Appendix 1 – the Joint Adult Social Care and Health Complaints Procedure

What is a complaint?

An expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a local authority's adult social care services provision which requires a response.

What is a representation?

A comment, suggestion or compliment made about the service provided. Legislation states that if it is possible to resolve a lower level matter immediately or within 24 hours, there is no need to engage the complaints process.

Who can complain?

An adult who is entitled to, or has a possible need for, a personal social service at any stage in their contact with the service. They also qualify if they are acting on behalf of the adult as their representative and acting in their best interests.

How the procedure works

a) Local resolution

In the majority of cases, a problem-solving approach will be adopted to resolve complaints as close to the point of service delivery as possible. Most complaints are resolved using this approach and typically by the operational manager. Timescales for responding to complaints are agreed between the complainant and the Complaints Officer. Locally, complaints are normally responded to within 20 working days. If the complainant is not satisfied with the outcome of their complaint they have the option to ask for their complaint to be formally investigated or to request a further meeting, or they can ask the Local Government and Social Care Ombudsman to consider their complaint.

b) Formal investigation

In discussion with the complainant and Complaints Officer, an investigation can be invoked rather than using local resolution. The risk, complexity and seriousness of the complaint will be considered when making this judgement.

An in-depth examination of the complaint is completed by an investigating officer who is independent of the service area. A report will be compiled and forwarded to the Director of Service who acts as an adjudicator and will identify the Service Unit's response/decision on each point of complaint and any actions with timescales for implementation. Timescales are agreed between the complainant, the responding manager and the investigating officer.

c) Local Government and Social Care Ombudsman (LGSCO)

The complainant can approach the LGSCO at any time during the procedure or if they remain unhappy after the local authority's efforts at resolution have been exhausted. However, if the ombudsman considers that issues could be resolved at a local level, they will refer the complaint back to the local authority.

Complaints that have both health and social care elements

There may be some occasions when complaints have elements of both health and social care services. If so, the Complaints Officer will look at the issues and decide whether the Protocol for Dealing with Joint Complaints needs to be adopted and the complaint progressed in accordance with this route.

Appendix 2 – Local Government and Social Care Ombudsman (LGSCO) decisions received.

Date of complaint referral	Complaint summary	Complaint themes	Decision	Remedy/Learning
2023/24	The complainant stated the Council did not provide them with the support they needed. They also complained that they were not in receipt of a current assessment and that workers allocated to them had not been supportive or responsive.	Decision around assessment and eligibility; Delay; Professional Practice	Not upheld	The LGSCO determined that that the complainant did not have realistic expectations of the services available to them through Adult Social Care and that as a result frustrations became directed at the staff supporting them. The Ombudsman identified that there is no statutory timescale for completion of a needs assessment and the Council's decision to wait for the return of a worker known to the complainant was reasonable. The Ombudsman felt that there was no injustice caused by a waiting for the social worker and that there was no fault by the Council in the way it dealt with the requests for a reassessment of needs.
2023/24	The complaint centred around the Council's decision in regard to transport costs	Decision regarding assessment and eligibility; Policy; Invoice Dispute or Delay	Not upheld	The ombudsman did not find evidence that the Care Act, or the care and support statutory guidance, imposes any duties on councils when it comes to transport costs in relation to this persons situation. The Council therefore has discretion. The LGSCO identified that the Council went through correct channels, in terms of its own procedures.

Date of complaint referral	Complaint summary	Complaint themes	Decision	Remedy/Learning
2023/24	The complainant stated that the Council had not provided enough support to meet their needs since July 2022, causing avoidable distress	Decision regarding assessment and eligibility	Upheld without recommendations	The LGSCO felt the Council and the care agency could have worked more closely together to support the person. The Council had already recognised this and reassessed the complainant and has updated the care and support plan with them and the care agency. The care and support plan provided the same amount of care as before, and the Ombudsman identified that on this reassessment there was not enough evidence to say the complainant was caused enough injustice to warrant a remedy.
2023/24	The complainant had concerns regarding the care in place for their partner and the way the Council has provided care and support	Decision regarding assessment and eligibility; delay; professional practice; communication	Upheld without recommendations	The ombudsman felt that the Council acted appropriately in the way it had assessed and supported the clients care and support needs and communicated with the complainant. They did however, state that as the Council delayed carrying out a review of their clients care and support plan. The Ombudsman identified that this did not cause a significant injustice to the Council's client who was continuing to receive care and support from the Council.
2023/24	The complainant stated the Council had failed to allow them their Minimum Income Guarantee (MIG) by failing to consider their full Disability Related Expenses (DRE)	Financia assessment; Policy	Not upheld	The Ombudsman concluded that the Council had fully considered the evidence supplied by the complainant when making a decision relating to their DRE.

Appendix 3 – Equalities information

Primary Support Reason	
Physical support - access and mobility only	21% (37)
Physical support - personal care support	19 % (35)
Learning disability support	14 % (26)
Not recorded	13 % (24)
Support with memory and cognition	11 % (19)
Mental health support	4 % (8)
Not recorded – corporate	4 % (8)
Social Support – support for carers	4 % (7)
Sensory support - support for visual impairment	3 % (6)
Not known - carer	2 % (4)
Sensory support – Support for dual impairment	2 % (4)
Sensory Support – support for hearing impairment	1 % (2)

Gender of Complainant	
Female	54% (98)
Male	38% (67)
Corporate	7% (13)
Couple	1% (2)
Gender of person drawing on services	
Female	57%(103)
Male	38% (67)
Couple	5% (10)

The gender percentage of people who receive services equates to **38%** male and **57%** female, which is not dissimilar to the proportion of people complaining.

Ethnicity

Ethnicity of complainants	2023/24
White - English/Welsh/Scottish/Northern Irish/British	75% (134)
Not recorded	18% (35)
Any other white background	2% (5)
Asian/Asian British	1% (2)
Other ethnic group - Other	1% (1)
Mixed/multiple ethnic groups - Other	1% (1)
Mixed/multiple ethnic groups - White and Black African	1% (1)
Mixed/multiple ethnic groups - White and Black Caribbean	1% (1)

75% of the total people using services complained about told us they are White-English/Welsh/Scottish/Northern Irish/British, with a further 2% listed as Any other white background.

1% of people using services are recorded as Mixed/multiple ethnic groups – White and Black African. 1% of our complainants this year told us they were Mixed/multiple ethnic groups – White and Black African and a further 1% told us they were White and Black Caribbean.

1% of people using services are recorded as Asian/Asian British. 1% of our complainants this year told us they were Asian/Asian British.

This information will feed into our Equalities, Diversity and Inclusion review work.

Appendix 4 – Learning from customer feedback

Adult Social Care Organisational Learning Report

Learning from complaints and other quality assurance activity.

1st April 2023 to 31st March 2024



1 Introduction

- 1.1 The quality of adult social care matters. It matters because people who use services should be able to expect person centred care that is safe, effective, caring, and responsive. This care should be supported by good leadership and sustained by good use of resources.
- 1.2 The dedicated Quality Assurance Team in ASC monitor and evaluate services to ensure the quality standards are met. Assurance can be achieved by undertaking audits and reviews, learning from each other and listening to those who receive support, including via complaints, compliments, survey feedback and direct engagement.

2 Learning from complaints

- 2.1 3 complaints last year led to service wide improvements being made. 7 complaints led to improvements in process, procedure and practice at team level. There was learning for individual colleagues in a further 19 complaints, giving those colleagues opportunity to reflect, refresh their training and adjust practice where required.
- 2.2 SERVICE WIDE IMPROVEMENTS
- Following a complaint regarding delays in the DFG (Disabled Facilities Grant) application process, work has started with Housing colleagues, and ASC Principal OT to consider how we can work together more effectively to mitigate

delays. Improvements were made to our Adaptations factsheet, to give people more information regarding the DFG application process.

- Following a decision to change a person's domiciliary care provider, the complaint investigation accepted that multiple factors should be considered as part of the decision making process, and in this case, that had not happened. As a consequence, a decision support tool developed by Head of Service, to assist practitioners in giving due consideration to all important factors to be considered, has been introduced.
- A system error meant that there was a delay in generating invoices, which led to a complaint regarding late invoices for care received. Following the complaint investigation and resolution, a system report was designed to check for this issue, which means colleagues within the finance team can now mitigate against this happening again.

2.3

TEAM LEVEL IMPROVEMENTS

- Following an omission of details regarding a complaint being sent to the responsible team, a review of how the complaints team contact services has been undertaken. A new daily log process was introduced, including timescales for completion to ensure that communication and tasks are not missed. Tasks are discussed on a daily basis and are removed from the daily log when actioned.
- A person was notified of an upcoming change in care provider by the domiciliary care by the agency, rather than the involved social care practitioner. The team was reminded about best practice in relation to good and timely communication with people and families.
- In a team, a process was introduced that means if a person contacts the team regarding an outstanding review more than once, they can speak directly with the team manager, so that they can discuss their concerns and work can be effectively prioritised.
- One team received reminders about ensuring out of office messages were appropriately set, with clear alternative contact details provided. This means that people contacting the service are able to contact the team if they need to.
- Following a complaint regarding a delay in allocating a social worker, team managers instigated and improved screening and allocation processes, giving managers better oversight of work outstanding.
- Delays in invoicing for care services led to a complaint from an individual who received a large bill in one lump sum. This was a complex case, and some of the delays were external to the council, which exacerbated the situation

further. Following resolution of the complaint, the team received training around billing, so should these circumstances occur again, practitioners understand the issues and can offer support to ensure invoices are issued in a timely way and individuals are supported.

2.4 LEARNING FOR INDIVIDUAL PRACTITIONERS

19 complaints were upheld regarding the actions of council colleagues, or commissioned provider who work on behalf of BCP Adult Social care.

- 7 complaints related to the expected standard of service received from social care practitioners
- 10 related to communication, or dissatisfaction of communication, from the allocated practitioners.
- 2 related to delay in action which had financial implications.

In addition to written apologies and appropriate restitution for complainants, managers ensured that practitioners were supported to reflect and learn from complaints, with some colleagues undergoing refresher training to ensure required standards of service are provided.

3 Learning from other quality assurance activity (audits, feedback and surveys)

- 3.1 Improvement work is identified by surveys, audits, feedback from professional partners, people and families, or from ideas from our colleagues as to how we can work more effectively to deliver good outcomes for people. In July 2023, the ASC Quality Assurance team began monitoring and tracking improvement work being undertaken across adult social care.
- By 31st March 2024, 72 pieces of improvement work had been tracked, with 42 pieces having implemented the learning. We are now monitoring to make sure improvements are embedded and where possible we measure the outcomes, for example, we re-audit to make sure situations improve or we monitor complaint themes to ensure that action we have taken has prevented situations reoccurring.
- 30 pieces of improvement work remains ongoing.
- ASC have also introduced a Quality Improvement Framework (QIF) which sets out our approach and principals for improving performance and quality of services, learning identified through QA activity feeds into these larger organisational pieces of work. QIF work is governed by our Performance and Quality Improvement Boards at Senior Management level and Executive level (which is chaired by the Council's Chief Executive Officer and the Leader of the Council and Portfolio Holder for Health and Wellbeing attends).

3.2	<p>Audit examples</p> <p>Supervision practice audit</p> <p>An audit of supervision practice was undertaken for a selected cohort of social work staff, assessing compliance against the ASC Supervision policy and the BCP Council Social Work Practice Standards. Results determined that the application of policy is not as consistent as we would like it to be and it was agreed that ensuring all managers should receive the bespoke training developed for managers in ASC, leading to a more consistent practice. All managers have been asked to ensure they undertake this training as soon as possible and the service is working towards all managers receiving the training by end of March 2025.</p> <p>Case tracking audit</p> <p>Over 100 cases were reviewed to understand a person's journey through adult social care and assess elements of practice against the BCP Council Social Work Practice Standards. This allowed for the celebration and sharing of person centred, holistic practice, and identified areas that would benefit from strengthening. This gave the Principal Social Worker and Principal Occupational Therapist themes to consider for their practice development work.</p>
3.3	<p>Colleague led improvement, leading to better outcomes for people who use services</p> <p>Direct Payment referrals process</p> <p>A targeted review of process took place by the Direct Payments team to manage a growing waiting list. The review focused on streamlining process, increasing practitioner knowledge and awareness, and publication of additional information and advice for the public. All of the above helped reduce the waiting list, from a 10-12 week wait, to a maximum 2 week wait.</p> <p>Supported Living Services action plan</p> <p>Following a staff survey, a number of changes were implemented to support staff in their role and improve the service to people living in the settings. This included developing a healthy eating initiative, and changing how information is recorded, to better support person centred care.</p> <p>Improving Safeguarding Triage process</p> <p>Colleagues from Safeguarding Adults First Response Hub (SaFeR) worked with our Contact Centre colleagues to improve knowledge and understanding over what referrals would meet threshold and should be passed to the SAFeR hub for triage/screening. Inappropriate referral for triage was resulting in higher waiting lists. With regular meetings and communication between the teams and providing a dedicated point of contact for officers who needed advice, the waiting list</p>

was reduced significantly. This allows SAFeR practitioners to increase their face-to-face visits and adhere to the principles of MSP (Making Safeguarding Personal). Contact centre colleagues also reported feeling more supported and have increased their knowledge and confidence in this area of work. Written triage standards were developed and published in November 2023.

3.4

Working with Partners

GP surgeries social prescribers

A large proportion of people we survey tell us that they seek information and advice about social care services from their GP surgery. Our Adult Social Care Information and Advice Officer now meets regularly with social prescribers from GP surgeries across the BCP Council area, answering questions, providing general support and advice, and arranging for colleagues to attend meetings when more specialist advice is required. Our first meeting in December 2023 saw 24 social prescriber colleagues attend and feedback has been positive, with similar attendance at subsequent meetings.

3.5

Feedback from people who use ASC services

SACE (NHS Digital Survey of Adult Carers in England) survey 2023/24

Detailed below are the findings from 5 key areas of the Survey of Adult Carers in England, 2023-24 (SACE). This national statutory 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.

BCP Council improved its score in all areas from the previous survey in 2021/22, and was either close to, or better than, the England average score.

BCP Council's Carers ASCOF (Adult Social Care Outcome Framework) results	BCP council 2023/24	England Average 23/24	BCP Council 2021/22
Quality of Life (max score 12) The measure is an average QOL score, which is a composite score based on the responses to six questions relating to occupation, personal care, safety, social participation and encouragement and support.	7.5	7.3	7.4

Care and Support Satisfaction One-third (33.3%) of respondents within BCP, stated that they had not received any care or support within the last 12 months from the council. The measurement is for those who did receive support from the council.	35.5%	36.7%	34.7%
Carer involvement the proportion of carers who stated they felt included and consulted in discussions around the person they care for.	65.1%	66.4%	61.8%
Social Contact The proportion of carers within BCP that have as much social contact as they would like.	32%	30%	24.7%
Information and advice One-third (33.3%) of respondents stated they had not tried to find information and advice from agencies and voluntary organisations within the last 12 months. Measurement is for remaining respondents who did access information and advice, who reported that they either very or fairly easy to find.	60.2%	59%	59%

ASCS (NHS Digital Adult Social Care Survey) 2022/23

The Adult Social Care Survey (ASCS) is a national statutory survey which takes place every year and is conducted by Councils with Adult Social Services Responsibilities (CASSRs).

The survey seeks the opinions of service users aged 18 and over in receipt of long-term support services funded or managed by social services and is designed to help the adult social care sector understand more about how services are affecting lives to enable choice and for informing service development.

(The results below are for the survey undertaken in January 2023; results were published in October 2023. Results from the January 2024 survey will not be ratified and published by NHS England until October 2024.) Improvements were made in all areas.

ASCOF results **	BCP Council 2022/23	England Average 2022/23	BCP Council 2021/22
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1A – Social care related quality of life* (*maximum score is 24)	19.4	19	19.2
1J - Adjusted Social care-related quality of life impact of Adult Social Care services – This measure is a composite measure using responses to survey questions covering the eight domains identified in the ASCOT; control, dignity, personal care, food and nutrition, safety, occupation, social participation and accommodation.	0.415	0.413	0.438
1B – The proportion of people who use services who have control over their daily life	78.2%	77.2%	76.5%
1I1 – The proportion of people who use services who report that they have as much social contact as they would like	47.9%	44.4%	42.7%
3A – Overall satisfaction of people who use services with their care and support	69.7%	64.4%	62.6%
3D1 – The proportion of people who use services who find it easy to find information about support	68%	67.7%	68.8%
4A – The proportion of people who use services who feel safe	71.4%	70.0%	70.8%
4B – The proportion of people who use services who say that those services have made them feel safe and secure	89.5%	86.6%	87.6%
** Source – LG Inform / NHS England			

Results from the two statutory surveys fed into wider organisational work such as the Carers Strategy and ASC Delivery plans. Comments left on the survey are themed and shared with relevant service areas so they can consider service changes or improvements. People who indicate on their survey responses that they would like to be involved in service development work are contacted and invited to take part in engagement activities such as focus groups, surveys or to be part of our ASC Co-production Board which is in development.

Quality Assurance Team Manager
Adult Social Care
7th August 2024

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Adult Social Care Waiting Times
Meeting date	02 December 2024
Status	Public Report
Executive summary	To provide an update to the Health and Adult Social Care Overview & Scrutiny Committee on the Adult Social Care (ASC) demand management of the waiting times for individuals who have requested a Care Act Assessment (CAA) from BCP Council.
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 (December 2025).</p>
Reason for recommendations	To ensure that the Health and Adult Social Care Overview and Scrutiny Committee are fully cited on the ASC waiting times for individuals who have requested a Care Act Assessment.
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
Wards	All
Classification	For Update and Information

Background

1. The ADASS Autumn Survey (November 2023) reported that just under a quarter of a million people nationally were waiting for an assessment of their needs. In common with this nationally reported position, BCP Council has a growing demand for services and we hold a waiting list of people who require an assessment of their care and support needs.
2. The waiting lists for those requiring a CAA have been decreasing over the last 18 months. However, due to the historical numbers and an increase in current demand, the waiting lists continue to be an area of focus.
3. The Care Act 2014 holds Councils to account for assessing peoples' needs and it could pose a risk to our statutory duty when we are not able to do this in a timely way.
4. As a result of focussed work around demand management, which has included reconfiguration of some of our resources and developing more efficient systems, we have been able to reduce the number of people waiting by 53% during the past 18 months. It is our intention to continue to reduce the number of people waiting and get to a position where no one is waiting more than necessary for a CAA.
5. In order to support our demand management, we have introduced tools for our practitioners such as Managing Demand Guidance and Performance Data PowerBI reports so work can be allocated efficiently and safely.
6. CQC inspections of ASC Services will consider the level of risk held by Councils and the effectiveness of arrangements to manage said risk. It is important to note that we see people on a risk basis with those at highest risk seen first. All those waiting over 28 days are of normal or low risk. We are clear in our communications with people that they can alert the council if their circumstances change resulting in an increase in their risk and their need to be assessed.
7. There is a robust governance structure in place to monitor the progress on reducing waiting times for people. We hold monthly Performance and Quality Improvement (PQI) Board meetings and quarterly Executive PQI Board meetings (Chaired by Graham Farrant Chief Executive and attended by the Council Leaders and Social Care Portfolio Holder) to ensure accountability and focus is maintained, and risk can be escalated if necessary. In between these meetings regular Head of Service conversations are held and quality improvement work is monitored to ensure we are on track.
8. We have recently started to roll out our ambitious Transformation Plans where demand management is a key priority. As part of this work we are developing our contact centre who will be better equipped to deal with the demand in the first instance and using a strengths based approach will signpost people and support them to access more community based solutions and opportunities, avoiding the need for more traditional, long term social care services. We are also working with [Social Care Future](#), a public led organisation, who are supporting people and practitioners to embrace these changes.

9. Members are advised that they can approach the Overview & Scrutiny Committee working party or the Director of Adult Social Care if they would like more detail how demand management.

Adult Social Care Waiting Times

10. In Autumn 2024, all Overview & Scrutiny (O&S) committees were invited to establish a working group to contribute to the 2025/26 budget. Through their work, each group contributed to a focussed period of scrutiny during October 2024.
11. The working group was able to bring robust test and challenge and to make recommendations.
12. As part of its focus, the working group chose to look into the ASC waiting lists for those requiring a CAA of their care and support needs. Members were able to identify Key Lines of Enquiry and requested detailed information in advance of the working group meeting to analyse and discuss the data and information provided.
13. Each working group will put forward recommendations that will be shared with the committee.
14. Information in the following areas was presented to the working group:

Adult Social Care Budget

- Budget Breakdown

Adult Social Care Demand

- Demand Data

Performance Data

- Number of people waiting Care Act Assessments
- How we manage risk whilst people are waiting
- Occupational Therapy assessments
- Carers assessments

Summary of financial implications

15. A delay in undertaking Care Act Assessments can impact on budget and spend as there will be a percentage of individuals that may require care and support.

Summary of legal implications

16. There is a risk of failing to meet statutory requirements. Risk to increased complaints and reputation.

Summary of human resources implications

17. None

Summary of environmental impact

18. None

Summary of public health implications

19. None

Summary of equality implications

20. None

Summary of risk assessment

21. None

Background papers

None

Appendices

No appendices

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE MMITTEENAME



Report subject	Gender Identity Disorder (GID)
Meeting date	2 nd December 2024
Status	Public
Executive summary	<p>The CASS Review undertaken in 2022 has led to a new model of care for Gender Identity Disorder Services with a move away from one specialist provider to specialist regional centres which will continue to be commissioned by NHS England.</p> <p>A total of six specialist regional centres will be operational by 2026. Two are currently live with one further centre based in Bristol due to be operation in November 2024.</p> <p>Local processes have been developed and aligned with national requirements as a means of supporting the safe transition of those waiting to access specialist support. This entailed the offer of assessment to all those waiting along with a conversation and development of a support plan where needed.</p> <p>In the future all referrals to the specialist regional centres will solely be via local CYP mental health or paediatric services.</p>
Recommendations	Members are recommended to note the content of the report
Reason for recommendations	Not Applicable

Report Authors	Elaine Hurlll / Mark Harris, NHS Dorset
Wards	All BCP Wards
Classification	For Noting

Background & History

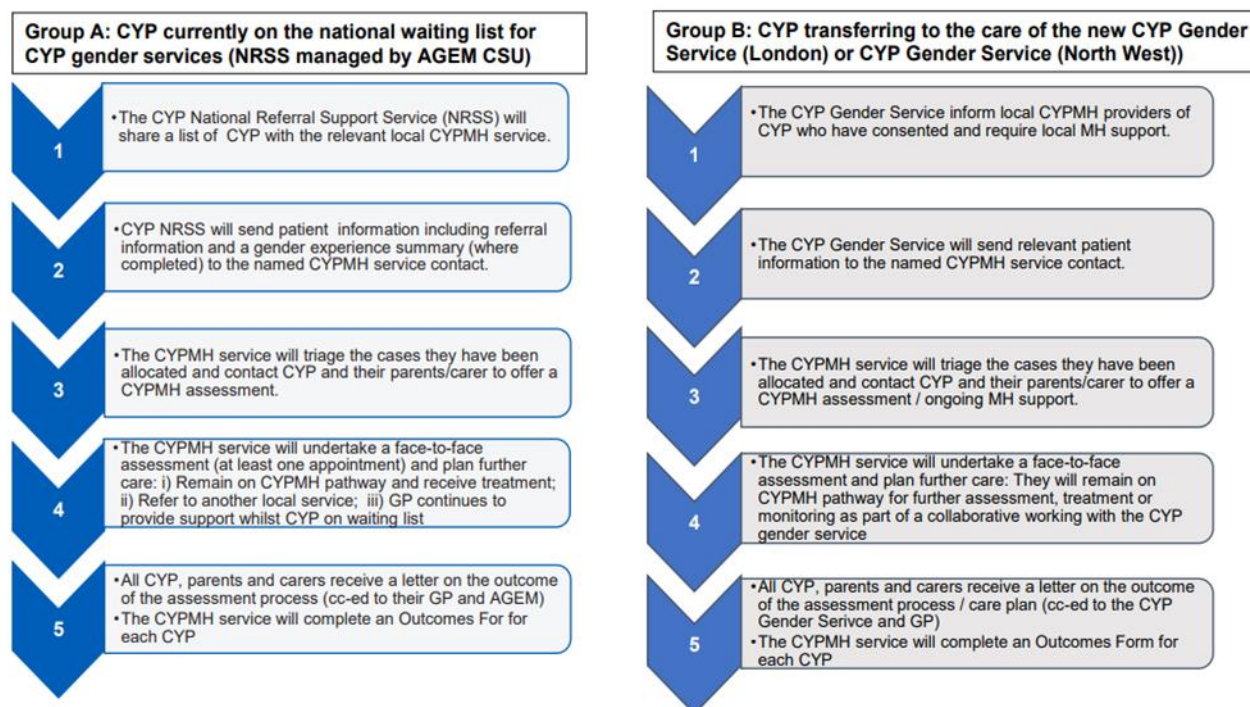
1. Gender identity services are considered to be specialist services and commissioned by NHS England as opposed to local Integrated Care Boards.
2. Historically, all cases concerning gender disorder were referred to a single specialist service provided by Tavistock and Portman NHS Trust. Referrals originated from any professional, including non-health professionals.
3. In 2022, the Cass Review was completed with the findings and subsequent report setting out a number of recommendations:
 - a. Move away from a single provider model (Tavistock Clinic) to a regionally delivered approach that connected into local services including children and young people's mental health services and primary care.
 - b. Experienced providers of tertiary paediatric care should lead regional centres to ensure a focus on child health and development, with strong links to mental health services. These will be specialist children's hospitals.
 - c. They should have **established academic and education functions** to ensure that ongoing research and training is embedded within the service delivery model.
 - d. The services should have an appropriate **multi-professional workforce** to enable them to provide an integrated model of care that manages the holistic needs of this population'.
 - e. Staff should maintain a **broad clinical perspective** to embed the care of children and young people with gender uncertainty within a broader child and adolescent health context.
4. In lieu of the review findings, in July 2022 NHS England signalled their intention to adopt the recommendations and move to a regional model of care for CYP experiencing gender incongruence and gender dysphoria, this included bringing the provision at the Tavistock and Portman NHS Trust to a managed close.

Progress to Date

5. NHS England published guidance in March 2024 that included an information pack - "Assessing the Mental Health Needs and Risks of CYP on the National Waiting List for CYP Gender Services and CYP transferring to the care of CYP Gender Services, from 1 April 2024 to 31 March 2025".
6. This set out actions to support the safe management and transfer of those remaining on waiting lists at the point the Tavistock and Portman Gender Identity Service closed (31st March 2024) and included requirements for local assessment and

support planning for people waiting for the new regional services to become fully operational

7. The information pack was aimed towards local Children & Young People Mental Health providers as a means of providing supportive resources to enable local implementation of the assessment and support requirements.
8. Specific requirement included Dorset's local CYP mental health provider inviting each of those waiting in for an assessment and discussion about any particular support needs and/or risks. Nationally published processes were included in the information pack:

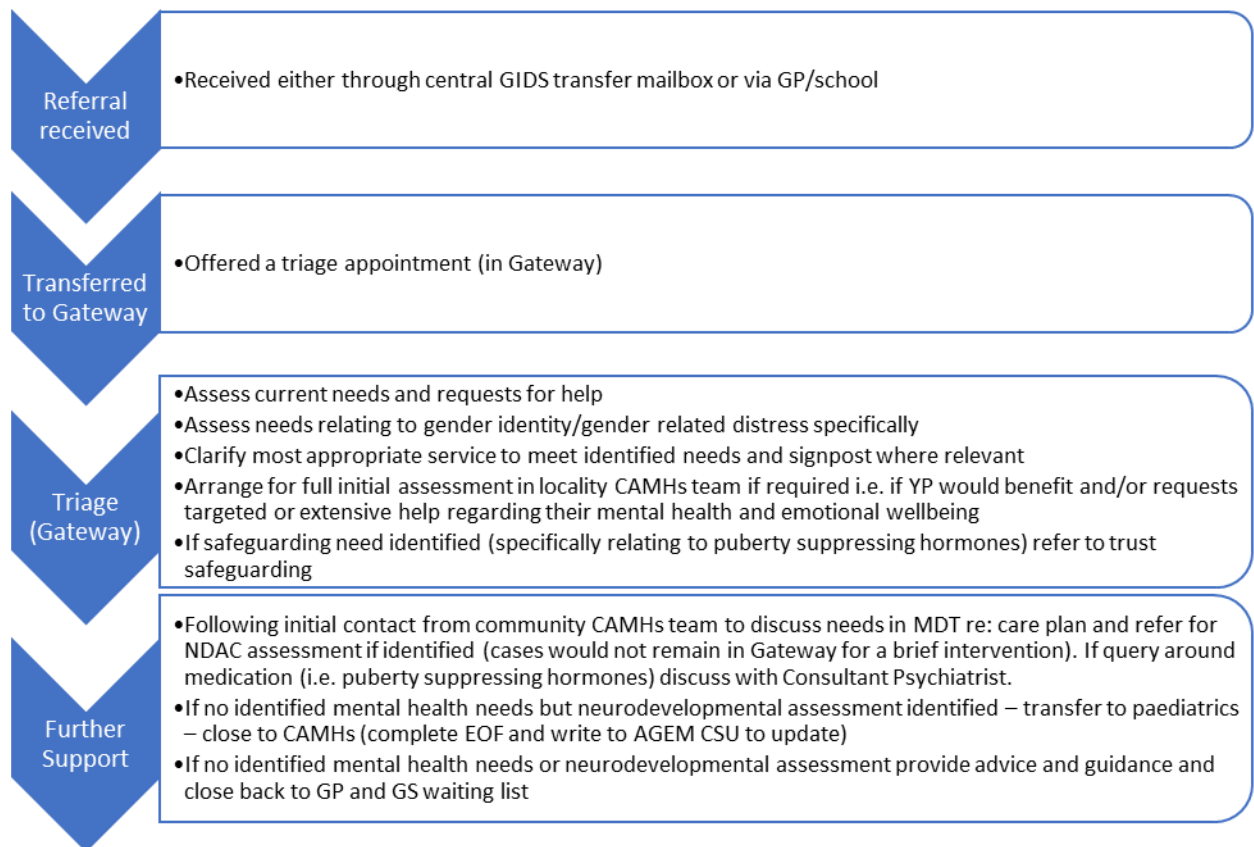


9. The intended outcome of the approach has centred on the development of a personalised support plan for each individual whilst they wait for their specialist assessment.
10. At the time of the Tavistock and Portman service closing, Dorset as a whole (including both Dorset Council and BCP Council areas) had a total of 106 children and young people waiting to be assessed. To date all 106 have been invited by our local CYP mental health service for an assessment and conversation about immediate support options through a personalised support plan under the supervision of the local mental health service and/or GP. This lays the foundation for the future model of care which will be framed around a shared care approach between local and specialist regional services.
11. NHS England have a stated aim to open six specialist regional centres by 2026. Two new regionally orientated specialist centres (Great Ormond Street Hospital (London) and Alder Hey Children's Hospital (Liverpool)) opened in April 2024 with a third centre due to open in Bristol in November 2024.
12. Within the new model of care referrals routes into the regional specialist centres will be restricted to through local mental health or paediatric services.

13. A local pathway is now in place to enable those in need of support to access it in line with these new referral routes. This aligns with national guidance and the broader approach to local CYP mental health service provision which is re-orientating itself to align with the THRIVE Framework which in turn will improve local accessibility.
14. The Dorset Healthcare CAMHS Gender Identity Dysphoria (GID) pathway consists of:
 - Referral guidance for Getting advice.
 - Referral guidance for Getting help.
 - Referral guidance for Getting more help.
 - Referral guidance for Getting risk support.
 - Diagnostic criteria.
 - Assessment.
 - Getting advice interventions for mild GID.
 - Getting help intervention for mild GID.
 - Getting more help intervention for severe GID
15. This is complimented by a clearly documented process map to support staff working within local CYP mental health services.
16. Locally, BCP children and young people can also avail of additional support offered to young people who are considering their gender identity by the SPACE Project (provided via a local charity). SPACE offers service users the opportunity to meet other young people; attend group and/or individual support and utilise social space if needed.

Conclusion

17. The committee are asked to note the changes to the national provision of gender identity services and local actions undertaken to safely manage the transition into the new model of care that is framed around NHS England commissioned regional centres working in partnership with local agencies through shared care arrangements.



Appendices

There are no appendices to this report.

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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Work Plan
Meeting date	2 December 2024
Status	Public Report
Executive summary	The Overview and Scrutiny (O&S) Committee is asked to consider and identify work priorities for publication in a Work Plan.
Recommendations	<p>It is RECOMMENDED that the Overview and Scrutiny Committee:</p> <ul style="list-style-type: none"> • Review, update as necessary and adopt the draft Work Plan at Appendix B, which is based on recent annual work programming activity • To consider recommendations from the O&S Board meeting on 18 November. The recommendations were made during consideration of the conclusions from the Overview and Scrutiny Budget working groups and are provided at Appendix E. • Reaffirm its commitment to informal briefings.
Reason for recommendations	The Council's Constitution requires all Overview and Scrutiny Committees to set out proposed work in a Work 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 Work Plan. When approved, this should be published with each agenda.
2. It is good practice for the Work Plan to be kept under regular review by the Committee. Between meetings O&S Chairs and Vice Chairs, in consultation with officers, suggest updates to the Work Plan to ensure proposed topics remain timely, fit for purpose and allow sufficient time for report preparation as appropriate. The Committee is now asked to review, update and/ or confirm the latest Work Plan update. See the **draft** Work Plan attached at Appendix B to this report.
3. The draft Work Plan at Appendix B has been fully refreshed based on recent annual work programming activity undertaken by the Committee. This included a workshop held in summer 2024 to refresh work programming good practices and explore potential work areas, followed by survey consultation to establish the committee's priorities. The priorities emerging from this work have been drawn together in Appendix B for the committee's consideration and formal adoption.

O&S Framework and Lens

4. The committee's work programme is based on [a framework](#) developed by scrutiny members and the Centre for Governance and Scrutiny (CfGS) to reflect good scrutiny practices and assist BCP scrutiny committees in their approach to work programming.
5. The framework outlines that scrutiny work will be divided into three categories of:
 - Proactive scrutiny
 - Reactive scrutiny
 - Pre-decision scrutiny.

Information only items should be received in other ways, reserving committee and working group capacity for value-added scrutiny. The Committee's Work Plan at Appendix B is structured to reflect this.

6. O&S statutory guidance recommends that a 'lens' or key set of priorities be established by O&S committees, to clearly communicate their role and how they will add value to the work of the organisation. The lens also clarifies the role of the committee to the public. Through annual work programming activity, the Committee agreed the following lens to be applied to its work:

The **Health and Adult Social Care O&S Committee** will approach work through a lens of **EQUALITY OF ACCESS TO PERSON CENTRED INTEGRATED CARE**.

7. Established lenses for each O&S committee provide a tool to assist O&S members in work programming, to sift suggestions for work and to provide an angle by which to approach scrutiny topics. The lens should be referred to throughout the year as arising suggestions for work are made. The establishment of a lens does not preclude the committee from using the full extent of its scrutiny powers where appropriate.

O&S Data Toolkit

8. During 2024, the O&S Committee adopted a [Data Use Toolkit](#), which brings together the data and policy landscape relevant to the remit of the committee, with advice on how to approach this data. The aim of the toolkit is to provide a mechanism for councillors to readily access data and enhance the evidence base used in scrutiny work. The committee is encouraged to proactively access the toolkit on a 'self-serve' basis to enhance scrutiny of individual topics and to draw suggestions for scrutiny items.

Principles of Good Scrutiny

9. The Constitution requires that the Work Plan of O&S committees 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.

Process for agreeing Work Plan items

10. An O&S committee may take suggestions from a variety of sources to form its Work 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.
11. 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 Work Plan of the O&S Committee without an assessment of this information.

12. 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.
13. A copy of the most recent Cabinet Forward Plan will be supplied to O&S Committees at each meeting for reference when determining items of pre-decision scrutiny. The latest version is supplied as Appendix D to this report.

Resources to support O&S work

14. 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.
15. It is good practice for O&S Committees to agree a maximum of two/ three 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 amount 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.
16. 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

17. The O&S Committee is asked to review, update and confirm its Work Plan, taking account of the supporting documents provided and including the determination of any new requests for scrutiny. This will ensure member ownership of the Work 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

18. There are no direct financial implications associated with this report. The Committee should note that when establishing a Work 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 14 to 16 above.

Summary of legal implications

19. The Council's Constitution requires that all O&S bodies set out proposed work in a Work Plan which will be published with each agenda. The recommendation proposed in this report will fulfil this requirement.

Summary of human resources implications

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

Summary of sustainability impact

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

Summary of public health implications

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

Summary of equality implications

23. There are no equality implications arising from this report. Any councillor and 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

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

Background papers

None.

Appendices

Appendix A – Overview and Scrutiny Committees Terms of Reference

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

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

Appendix D – Current Cabinet Forward Plan

Appendix E – Recommendations from O&S Board (The recommendations were made during consideration of the conclusions from the Overview and Scrutiny Budget working groups)

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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:

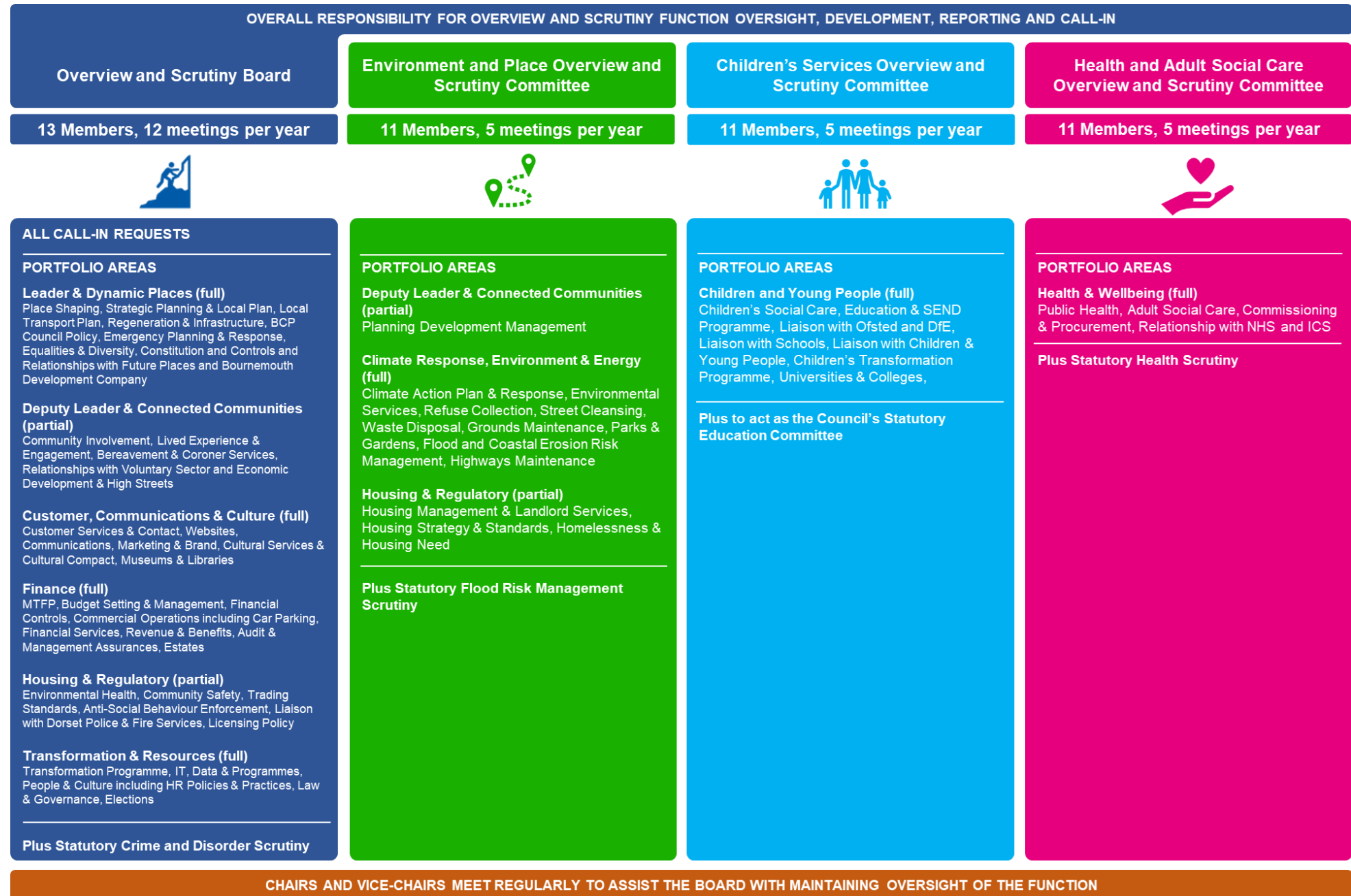
- Considering decisions that have been called-in
- Undertaking scrutiny of the Council's budget processes
- Carrying out the Council's scrutiny functions relating to crime and disorder, and discharging any other statutory duty for which the O&S function is responsible, other than those that relate to 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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BCP Council Health and Adult Social Care Overview and Scrutiny Committee – Work Plan. Updated 15.11.24

Guidance notes:

- 2/3 items per committee meeting is the recommended maximum for effective scrutiny.
- The HASC O&S Committee will approach work through a lens of **EQUALITY OF ACCESS TO PERSON CENTRED INTEGRATED CARE.**
- Annual work planning for this committee is currently in progress.
- Items requiring further scoping are identified and should be scoped using the [Key Lines of Enquiry tool](#).

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
2 December Informal Briefing – Approach to mental health and suicide prevention – information session				
Meeting Date: 2 December 2024				
	Safeguarding Adults Board Annual Report To inform members of the work programme review for 2023/24 for members to scrutinise and make any recommendations for future work.	Committee Report	Sian Walker-McAllister, Chair of the Safeguarding Adults Board	Officers requested this come as a proactive topic. Part of statutory reporting cycle November 2024.
	Adult Social Care Complaints and Quality assurance annual report	Committee Report	Nicky Mitchell, Head of Transformation and Integration	Officers requested this come as a proactive topic
	Healthcare for the homelessness	Committee report	TBC	Added by the Chair following receipt of the Healthwatch report – urgent need for improved health and social care for

Key: Pre-Decision Scrutiny Pro-active Scrutiny Reactive Scrutiny

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
				homeless - https://healthwatchdorset.co.uk/urgent-need-for-improved-health-and-social-care-for-homeless/
	ASC waiting times (information only)	Committee report	Betty Butlin, Director of Adult Social Care	Requested by Chair following approval of Transformation Programme approval at Cabinet
10 February Informal Briefing - TBC				
Meeting Date: 3 March 2025				
	Reserved for pre-decision or reactive scrutiny decision or reactive scrutiny consult Cabinet Forward Plan	Scrutiny of Cabinet report prior to Cabinet consideration	TBC	TBC
	Fulfilled Lives Programme	Committee Report	Jillian Kay, Corporate Director of Wellbeing	Agreed to be a ongoing scrutiny topic by the Committee
	Reserved for proactive scrutiny from the top 5 priorities of the Committee.	TBC	TBC	TBC
7 April Informal Briefing – Data Toolkit horizon scanning workshop				
Meeting Date: 19 May 2025				

Key: Pre-Decision Scrutiny Pro-active Scrutiny Reactive Scrutiny

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
	Reserved for pre-decision or reactive scrutiny decision or reactive scrutiny consult Cabinet Forward Plan	Scrutiny of Cabinet report prior to Cabinet consideration	TBC	TBC
	Fulfilled Lives Programme	Committee Report	Jillian Kay, Corporate Director of Wellbeing	Agreed to be a ongoing scrutiny topic by the Committee
	Clinical Services Strategy for UHD. Up to 10 years forward look. Received from UHD			Long term strategic thinking. Plotted in to work plan for May 25
	Reserved for reactive scrutiny	TBC	TBC	TBC
23 June Informal Briefing - TBC				
Meeting Date: 14 July 2025				
	Reserved for pre-decision or reactive scrutiny decision or reactive scrutiny consult Cabinet Forward Plan	Scrutiny of Cabinet report prior to Cabinet consideration	TBC	TBC
	Fulfilled Lives Programme	Committee Report	Jillian Kay, Corporate Director of Wellbeing	Agreed to be a ongoing scrutiny topic by the Committee
	Reserved for proactive scrutiny from the top 5 priorities of the Committee.	TBC	TBC	TBC

Key: Pre-Decision Scrutiny Pro-active Scrutiny Reactive Scrutiny

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
August Informal Briefing - TBC				
Meeting Date: 23 September 2025				
	Reserved for pre-decision or reactive scrutiny decision or reactive scrutiny consult Cabinet Forward Plan	Scrutiny of Cabinet report prior to Cabinet consideration	TBC	TBC
	Directorate Budget Awareness TBC To receive a presentation on the budget, pressures and assumed savings (to mirror 2024 O&S budget approach)	Presentation and Question and Answer session	Jillian Kay, Corporate Director of Wellbeing	To provide the Committee with information prior to the establishment of a working group
	Fulfilled Lives Programme	Committee Report	Jillian Kay, Corporate Director of Wellbeing	Agreed to be a ongoing scrutiny topic by the Committee
October/November Informal Briefing - TBC				
Meeting Date: 1 December 2025				
	Reserved for pre-decision or reactive scrutiny decision or reactive scrutiny consult Cabinet Forward Plan	Scrutiny of Cabinet report prior to Cabinet consideration	TBC	TBC
	Fulfilled Lives Programme	Committee Report	Jillian Kay, Corporate Director of Wellbeing	Agreed to be a ongoing scrutiny topic by the Committee

Key: Pre-Decision Scrutiny Pro-active Scrutiny Reactive Scrutiny

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
	Fulfilled Lives Programme	Committee Report	Jillian Kay, Corporate Director of Wellbeing	Agreed to be a ongoing scrutiny topic by the Committee
	Reserved for proactive scrutiny.	TBC	TBC	TBC
	Reserved for reactive scrutiny	TBC	TBC	TBC
Items to be mapped (top 5 priorities chosen by the Committee)				
1.	Adult Social Care Transformation programme Received from ASC	TBC	Jillian Kay, Corporate Director for Wellbeing	Subject to approval by Cabinet and Council this would provide ongoing opportunities for proactive scrutiny over the next 3-5 years.
2.	Community Mental health services transformation, including the new Access to Wellbeing Hubs and change to community mental health teams Received from Public Health	TBC	Sam Crowe, Director of Public Health	Large service change – would be good to have overview of the changes, and then a timeline on scrutiny as to whether the new model will be positive for service users
3.	Clinical Services Strategy for UHD. Up to 10 years forward look. Received from UHD	TBC	Richard Renaut, Chief Strategy and Transformation Officer, UHD	Long term strategic thinking. Plotted in to work plan for May 25

Key: Pre-Decision Scrutiny Pro-active Scrutiny Reactive Scrutiny

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
4.	Integrated neighbourhood teams Received from NHS Dorset	TBC	Matthew Bryant and Forbes Watson, NHS Dorset	Autumn. This is a significant change to the NHS delivery model in line with the national Fuller review recommendations
5.	End of life services Received from NHS Dorset	TBC	Dean Spencer, NHS Dorset	These services will impact on residents of the local authority. The aim of the new service model is to enable those who wish to die at home
Items with Dates to be allocated (long list – to be refined by continued annual work programming activity)				
	Urgent and Emergency Care Review of Intermediate Care with proposed future model and cost benefit appraisal. Received from ASC	Committee Report	TBC	To recommend to Cabinet a future integrated model for Intermediate Care. (September 2024)
	Safeguarding Adults Board Annual Report To inform members of the work programme review for 2023/24 for members to scrutinise and make any recommendations for future work. Received from ASC			Part of statutory reporting cycle November 2024
	Adult Social Care Complaints and Quality assurance annual report Received from ASC			November 2024

Key: Pre-Decision Scrutiny Pro-active Scrutiny Reactive Scrutiny

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
	All ages neurodiversity review Received from NHS Dorset			This is an ICB priority. Waits for children and young people and adults for these services are very long, often leading to incomplete EHCPs.
	Acute services changes in line with the Clinical Services Review (CSR), Changes approved following Judicial Review and Secretary of State Review, but implantation would be aided by scrutiny. Received from UHD			Six monthly updates – key changes April 2025 BEACH building (including maternity); winter 2025/6 for separation of emergency and elective services;
	Gender Identity Development Services (GIDs) in Dorset Received from Cllr J Salmon	TBC	Kate Calvert, NHS Dorset	Awaiting further information from KC. Chaser sent on 6/9/24
	The impact of domestic wood burning on air quality and public health across BCP Received from Cllr Canavan			The impact of domestic wood burning on air quality and public health across BCP (particularly during winter).
Working Groups				
	Budget Working Group –	Working group to meet in October	TBC – dependent upon the areas chosen for further scrutiny consideration	It is suggested that the Board consider establishing the working

Key: Pre-Decision Scrutiny Pro-active Scrutiny Reactive Scrutiny

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
				group at its September meeting TBC
Information only items and Item suggestions for Briefing Sessions				
	Tricuro: Strategic Business Plan - 6 monthly progress against delivery plan. Received from ASC	TBC	TBC	Requested by Committee members (March 2025/September 2025)
	Acute Hospital Services transformation programme update Received from ASC			November 2024
	CQC Assurance Adult Social Care Programme update Received from ASC			November 2024
	Approach to public mental health and suicide prevention that is being agreed via the new MH and LD / Autism delivery board Received from Public Health			December 2024 – to allow time for a workshop to be run on approach to refreshing suicide prevention plans
	New Hospitals Programme – Reconfiguration of University Hospitals Dorset Received from NHS Dorset			Transition into the new building will happen from March 2025. It is important the committee is fully appraised of these changes to the

Key: Pre-Decision Scrutiny Pro-active Scrutiny Reactive Scrutiny

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
				service delivery model and location as agreed in the clinical service review.
	Electronic Health Record for Dorset and Somerset system. Received from UHD			Major change to service, and large system wide investment. Timetable subject to approvals process, running 2024-2027.
	Maternity Services Received from UHD			High profile service. Public awareness and confidence in services Regular item (?6 or 12 months)

Key:  Pre-Decision Scrutiny  Pro-active Scrutiny  Reactive Scrutiny

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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 DECEMBER 2024 TO 31 MARCH 2025

(PUBLICATION DATE – 11 November 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)?
Council Budget Monitoring 2024/25 Quarter Two	Budget monitoring at quarter two	No	Cabinet 10 Dec 2024 Council 10 Dec 2024	All Wards	n/a	n/a	Adam Richens	Open
Medium Term Financial Plan (MTFP) Update	Present progress in delivering a legally balance budget for 2025/26	No	Cabinet 10 Dec 2024	All Wards			Adam Richens	Open

What is the subject?	What is the purpose of the issue?	Is this a Key Decision?	Decision Maker and Due Date	Wards	Who are the key stakeholders to be consulted before the decision is made?	What is the consultation process and period	Officer writing the report	Is the report likely to be considered in private (i.e., it contains confidential or exempt information)?
Housing and Property Compliance Update (Housing Revenue Account)	To provide an update on performance and issues in completing health and safety compliance checks within individual dwellings and communal areas.	No	Cabinet 10 Dec 2024	All Wards	There are no changes to policy. The report will provide an update. The key stakeholders for consultation will be council tenants and leaseholders, BCP Homes Advisory Board and Cabinet Member for Housing and Regulatory Services.	Consultation will be through existing meetings with stakeholders.	Seamus Doran, Simon Percival, Matti Raudsepp	Open

What is the subject?	What is the purpose of the issue?	Is this a Key Decision?	Decision Maker and Due Date	Wards	Who are the key stakeholders to be consulted before the decision is made?	What is the consultation process and period	Officer writing the report	Is the report likely to be considered in private (i.e., it contains confidential or exempt information)?
Assessing the serious cashflow issue caused by ever-increasing demand and cost outstripping High Needs Dedicated Schools Grant government funding	To provide members with an update on the serious cashflow issue caused by ever-increasing demand and cost outstripping High Needs Dedicated Schools Grant government funding.	No	Cabinet 10 Dec 2024	All Wards			Adam Richens	Open
Pay and Reward progress update	Provide an update on the progress of the Pay and Reward project following the outcome of the Trade Union ballot process	No	Cabinet 10 Dec 2024	All Wards			Liz Bowman, Coleen Long	Open
BCP Council Plan For Play	To seek adoption of the BCP Council plan for play, a green spaces play and wheeled strategy; and allocation of funding for delivery.	No	Cabinet 10 Dec 2024	All Wards	Internal process at this stage. public consultation to follow Strategy adoption.	detailed in the report	Martin Whitchurch	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 Council Libraries – Update on Library Strategy Development	To update Cabinet on progress with the development of BCP Library Strategy	No	Overview and Scrutiny Board 9 Dec 2024 Cabinet 10 Dec 2024	All Wards			Matti Raudsepp	Open
East Cliff and Springbourne Neighbourhood Plan	To consider establishment of a Neighbourhood Plan Forum and area.	No	Cabinet 10 Dec 2024	East Cliff & Springbourne			Caroline Peach	Open
Hawkwood Road Phase 2- Boscombe Towns Fund	To inform and recommend delivery method for Phase 2 of Hawkwood Road	Yes	Cabinet 10 Dec 2024 Council 10 Dec 2024	Boscombe West	Ward Councillors		Remi Oshibanjo	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)?
Investment and Development Directorate - Housing Delivery Council Newbuild Housing and Acquisition Strategy (CNHAS) Update	Review of CNHAS and focus on delivery of homes over the next 5 years	No	Cabinet 10 Dec 2024				Jonathan Thornton	Open
Travel Plan Monitoring Fees	Travel Plan Monitoring fees are inconsistently applied across BCP. This report sets out and seeks approval to harmonise travel plan monitoring fees across BCP.	No	Cabinet 10 Dec 2024 Council 10 Dec 2024	All Wards			Alexis Edwards	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)?
Satellite of Linwood School Post-16 Provision	To approve the expansion of Linwood School at the Ted Webster site to provide local places for local young people.	No	Children's Services Overview and Scrutiny Committee 26 Nov 2024 Cabinet 10 Dec 2024 Council 10 Dec 2024	All Wards; Parkstone			Sharon Muldoon	Open
Admission Arrangements 2026/27	To seek determination of the arrangements. There are no changes to our admissions policy and associated documents. Determination is an annual requirement of the School Admissions Code.	No	Children's Services Overview and Scrutiny Committee 26 Nov 2024 Cabinet 15 Jan 2025	All Wards			Sharon Muldoon	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)?
Transformation Programme - Closure Report	To summarise what the programme has achieved, what hasn't been achieved, and proposed next steps To confirm the programme's closure by end March 2025 and the proposed direction of travel	No	Cabinet 15 Jan 2025	All Wards			Jon Burrows	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
Council Budget Monitoring 2024/25 Quarter Three	Budget monitoring	No	Cabinet 5 Feb 2025 Council 25 Feb 2025	All Wards	n/a	n/a	Adam Richens	Open

What is the subject?	What is the purpose of the issue?	Is this a Key Decision?	Decision Maker and Due Date	Wards	Who are the key stakeholders to be consulted before the decision is made?	What is the consultation process and period	Officer writing the report	Is the report likely to be considered in private (i.e., it contains confidential or exempt information)?
Housing Revenue Account (HRA) Budget Setting 2025/26	To set out the proposal for charges to council tenants and leaseholders and expenditure on council homes and services.	No	Cabinet 5 Feb 2025	All Wards	Council tenants and leaseholders BCP Homes Advisory Board Cabinet Member for Housing and Regulatory Services	Consultation will be through existing meetings with residents and Advisory Board.	Kelly Deane	Open
Integration of Dorset Local Enterprise Partnership functions	To seek approval for the integration of functions from the Dorset Local Enterprise Partnership into the Council	No	Cabinet 14 Jan 2026	All Wards			Chris Shephard	Open

What is the subject?	What is the purpose of the issue?	Is this a Key Decision?	Decision Maker and Due Date	Wards	Who are the key stakeholders to be consulted before the decision is made?	What is the consultation process and period	Officer writing the report	Is the report likely to be considered in private (i.e., it contains confidential or exempt information)?
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
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

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)?
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
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

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

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HEALTH & ADULT SOCIAL CARE O&S COMMITTEE 2 December 2024

Notice of Recommendations from the Overview & Scrutiny Board Meeting held on 18 November 2024, for provision to Health & Adult Social Care O&S Committee meeting of 2 December 2024.

Action required – for consideration by Health & Adult Social Care O&S Committee.

O&S Board Agenda Item 7– ‘O&S Budget Working Groups findings and recommendations’.

The Overview and Scrutiny Board agreed the following recommendation on this item.

1. That the Health & Adult Social Care O&S Committee be asked to monitor the proposed increase of block booked beds for long-term care and request an officer update on progress against this at an appropriate time.

(Unanimous Decision)

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