

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

Minutes of the Meeting held on 19 May 2025 at 6.00 pm

Present:-

Cllr P Canavan – Chair

Cllr L Northover – Vice-Chair

Present: Cllr L Dedman, Cllr H Allen, Cllr J Bagwell, Cllr C Matthews,
Cllr J Richardson, Cllr J Salmon, Cllr P Slade and Cllr A-M Moriarty

1. Apologies

Apologies were received from Cllr Duane Farr.

2. Substitute Members

There were no substitute members on this occasion.

3. Election of Chair

RESOLVED that Cllr Patrick Canavan be elected as Chair of the Health and Adult Social Care Overview and Scrutiny Committee for the 2025/26 Municipal Year.

4. Election of Vice Chair

RESOLVED that Cllr L Northover be elected as Vice Chair of the Health and Adult Social Care Overview and Scrutiny Committee for the 2025/26 Municipal Year.

5. 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.

6. Minutes

The minutes of the meeting held on 3 March 2025 were confirmed as an accurate record and signed by the Chair subject to the following amendment, under Minute 62, page 9, the fourth bullet point be amended to read:

In response to a query regarding trusted reviewers, the Committee was advised that they had been engaged through the Community Action Network (CAN) to have conversations with people who accessed day

services to Understand what individual people would like to support their own personalised day opportunities plan, to source from existing community resources and identify any gaps which could be filled by CMEs. This supported the Day Opportunities strategy priority of rebalancing building-based services with community resources.

7. Action Sheet

The action sheet was noted.

8. Public Issues

There were no public issues on this occasion.

9. Access Wellbeing – Transforming Dorset Community Mental Health Services

The Chief Operating Officer, Dorset Healthcare University NHS Foundation Trust, provided a presentation to the Committee, which included details about:

- What is Access Wellbeing
- How the new model of care was developed
- Details of the new model of care
- Details of the new hubs and drop-in spaces
- The support provided in the hubs and drop-in spaces
- Details of charity partners
- Feedback from clients
- Universal hub data analysis
- Dorset Community Mental Health Offer
- Links for how to stay up to date.

The Committee discussed the presentation, including:

- In response to a query regarding the lack of hubs in Christchurch, the Committee was advised that the initial hubs were rolled out where there was known need being unmet, but that future ones could be considered there. The Committee was advised that this request would be fed back to the lead responsible for choosing locations.
- In response to a query regarding KPIs on the impact the new model of care was having, the Committee was advised that the programme was in its infancy and that data to track its outcomes would need to be collected and considered moving forward. The Committee was advised that when this data was available it could be shared with them for information. **ACTION.**
- In response to a query regarding reaching those residents in need who were not able to access information online, the Committee was advised that the wellbeing coordinators roles covered time spent in

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the hubs and key locations such as GP surgeries, time spent online for those that find it most helpful and home visits.

- In response to a query regarding if someone did attend one of the hubs in crisis, the Committee was advised that Dorset Healthcare was the lead provider to help manage some of those challenges including strong partnership working ensuring that a wellbeing coordinator could access the Crisis Team in the Community Mental Health Team should the need arise and that the feedback about the accessibility had been very positive and the Committee were reassured that this would continue to be monitored.
- In response to a query, the Committee was advised that most of the anecdotal data had been around the quality of the service however there had not been analysis yet regarding who was accessing the service and its reach. It was noted that the service was aware of the age population accessing it and that they had not been known to the service previously.
- In response to a query regarding how the service was being promoted, the Committee was advised that promotion had been included in part of the whole transformation programme by NHS Dorset, reaching out to stakeholder groups, social media promotion and interviews on the TV. The Committee was advised of the ask to promote the service through various networks to see access increased.
- There was some further discussion about promoting the service and the Committee was reassured that an action would be taken away to continue to promote with stakeholders and residents.
- In response to a query regarding linking in with homelessness services and charities, the Committee was advised that Dorset Healthcare provided a homelessness healthcare service and that the services were interlinked. The Committee was advised that accommodation issues were often cited for those accessing the hubs and the well being coordinators had upskilled to provide support in this area.
- In response to a query, the Committee was advised that there would always be space for relevant officers to be available within the hubs. It was advised that housing officers were not currently situated within the hubs but that the wellbeing coordinators were given a lot of guidance to help them navigate the system and support those in need.
- The Director of Adult Social Care informed the Committee that all partners had receive a lot of information regarding the hubs and were promoting it within the community. The Committee was advised that whilst it was not always possible to put officers/practitioners in the hubs, there was an 'in reach'
- There was some discussion around care leavers and what support could be provided for them and it was noted that the wellbeing coordinators could be given more support in this area to ensure they had the right tools to support any care leaver who might access one of the hubs.

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- The Committee was advised that this service was for over 18s and the ongoing transformation programme for children and young people was highlighted.
- In response to a concern that families and friends of people in crisis could not refer them unless they wanted to access help, the Committee was advised of the complexities involved regarding consent and confidentiality but was reassured that the service would provide support to anyone who expressed concerns regarding an individual and assess and understand any risks posed.
- In response to a query regarding CAMHS, the Committee was advised that CAMHS was on an improvement journey but that it was a priority with Dorset Healthcare working alongside its partners to progress.
- In response to a concern about capacity of services to meet needs, the Committee was advised that the business case had been modelled using capacity and demand needs from a population health perspective with substantial investment to ensure success
- A Committee Member highlighted the 333 hub which provided support to care leavers, and the Chief Operating Officer advised she would ensure she linked in with that service to ensure residents would benefit from both services.

The Chair thanked the Chief Operating Officer for their presentation.

10. Introduction to the new Director of Public Health

The new Director of Public Health (DPH) and Communities provided a presentation to the Committee, which included details regarding:

- Progress with the desegregation of services
- Immediate issues
- Public Health Assurance Visit 30 June 2025

The Committee discussed the presentation, including:

- In response to a query regarding recruitment and support for the current staff, the Committee was advised that the DPH was confident he would be able to recruit Public Health Consultants and with regards to supporting staff in post, the Committee was advised of the ongoing work in this area, including continuing to work across both Dorset and BCP in appropriate areas until a time when both teams were fully staffed. It was also noted that there was minimal negative impact currently with the team not being fully staffed, however the team were unable to operate at full capacity until the vacancies had been filled.
- In response to a query regarding the proposed changes within NHS England and any impact that might have on public health, the Committee was advised of the potential benefits and challenges/risks.

- In response to a query regarding the public health assurance visit, the Committee was advised that the DPH was currently gathering evidence and was expecting to receive further information from the regional DPH regarding potential areas of enquiry. The Committee was informed about the process for the assurance visit.
- The Committee was advised that a challenge could come in relation to public health spend in relation to children's services, as BCP was an outlier in that area, and the DPH was working with Children's Services to understand that. It was advised that the assurance visit was a supportive process to ensure the public health grant was being utilised effectively and appropriately
- In response to a query, the Committee was advised of the formula used when allocating public health grants which was not based on population need.
- When considering the changes within NHS England, the Committee was advised that the Chair had reached out to NHS Dorset to invite them to provide a briefing session to the Committee on the impact and implications.
- In response to a query, the Committee was advised it was recommended to have one whole time equivalent consultant per 100,000 residents and– BCP had approximately 400,000 residents and would be recruiting to achieve three whole time equivalent consultants in addition to the Director Public Health & Communities to cover the area.
- In response to a query regarding the comparators the regional DPH would use during their assurance visit, it highlighted noted that BCP was not the same as other southwest councils as it was a more urban conurbation and that statistical neighbours would also be used as comparators.

The Chair of the Committee thanked the DPH for his presentation.

11. FutureCare Programme Update

The Programme Director, FutureCare and the Director of Adult Social Care presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'A' to these Minutes in the Minute Book.

The Committee was provided with a presentation and it was highlighted that good progress was being made with the delivery of the FutureCare Programme following the decision by BCP Council to participate in the programme on 10 December 2024. All workstreams were now fully mobilised and the programme was on track to deliver the benefits anticipated in the BCP MTFS in 2025/26 and in subsequent financial years.

The Committee discussed the report and presentation, including:

- The Director for Adult Social Care advised that this programme was in addition to the ASC fulfilled lives programme and that they were

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separate programmes which ran concurrently with separate outcomes and benefits.

- In response to a query regarding the difference each programme would have in relation to home-based care provision, the Committee was advised that both programmes would provide benefits, but that each had different work streams and further details about them were provided to the Committee. It was advised that the two programmes were very ambitious but the outcomes and benefits for the residents would be great.
- In response to a query regarding the lack of data in the report and presentation relating to areas such as bed capacity and workforce numbers and a concern about capacity to deliver the programme, the Committee was advised health partners had built in assumptions about future need into their operational planning and further detail regarding that could be provided to the Committee. **ACTION.**
- In response to a query regarding evidence of this type of transformation programme being successfully implemented in other local authorities, the Committee was advised that Newton, the partners, had done similar transformation programmes with other local authorities which demonstrated a track record of successful delivery. The Committee was also informed that the contract had been implemented in such a way, that if Newton did not deliver the programme successfully, they would not receive remuneration for their work.
- In response to a query regarding reassurance of the progress of the programme, the Committee was advised that the benefits tracking and monitoring were now in place and that progress could be reported to a future meeting of the Committee. **ACTION.**
- A Committee Member highlighted that this programme and work was well needed and welcome but expressed concern regarding the financial savings expected and whether there was capacity within secondary care to fulfil the future need and requested that further information come to the Committee regarding this in the future. **ACTION.**
- In response to a query regarding people's experience of the programme, the Committee was advised that information regarding this was being collected within each of the workstreams.
- In response to a query regarding safeguarding the vulnerable and ensuring a patient was not sent home from hospital too soon, the Committee was advised that the programme focused on more conversations and involvement of patients regarding their care and that ensuring a patient was receiving the right care, in the right location was paramount.
- The Committee was advised of the ongoing work within the community regarding Integrated Neighbourhood Teams and how all of the programmes were interlinked.
- The Director of Adult Social Care informed the Committee of the detailed and important coproduction that was being used throughout the transformation programmes.

RECOMMENDED that the Committee:

- (a) Note the good progress being made in delivering the FutureCare Programme following the BCP Council decision to participate on 10 December 2024 and subsequent signing of a legally binding Partnership Agreement**
- (b) Note that the programme remains on track to deliver the benefits anticipated in the BCP MTFS in 2025/26**

12. Portfolio Holder Update

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

- The FutureCare programme and the value of the benefits of quicker and more effective care for residents
- Fulfilled Lives Transformation Programme and an ASC event he attended which gave some good qualitative feedback on the three conversations model being used
- The Public health disaggregation, welcoming the new team and acknowledged the uncertainty for staff who had managed well and could start looking forwards
- Continuing to work on CQC inspection preparedness
- That Cabinet had approved ASC Strategy 2025-28 and had accepted recommendations from Committee
- Recruitment of the new Corporate Director for Wellbeing and the plan for that moving forward
- A Voluntary and Community Sector event to update them on the work of Newton
- The upcoming Adult Social Care Prevention event
- Ongoing board and governance meetings with Tricuro who were keen to come and present to the Committee in September to provide a six-monthly progress update.

13. Work Plan

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

The Chair referred to the work plan and the scrutiny request forms which were appended to the report. The Committee was informed that all of the scrutiny requests needed to be scoped but the Chair requested whether consideration be given to adding them to the work plan.

The Committee was advised of an additional request regarding sub-contracting within the NHS. The Chair advised he had approached

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University Hospitals Dorset and had requested an informal information briefing which would be held on Thursday 12 June at 5:30pm by Teams.

The Chair highlighted the conflicting pressures on Democratic Services and the impact that might have on prioritising working groups across all of the Overview and Scrutiny Committees. It was advised that the budget working groups would not happen in the same way this year, but the Committee was reassured it would still be able to scrutinise the budget at the appropriate time.

A Committee Member requested performance data be included in all future reports to assist the Committee with its scrutiny function. The Chair concluded by advising that it was a timely reminder to also use the Data Toolkit to assist Members with deeper understanding of scrutiny topics.

A Committee Member highlighted the possibility of informal working groups which would not drain Democratic Services and it was noted that this and progressing with rapporteur roles would be beneficial.

RECOMMENDED that the Health and Adult Social Care Overview and Scrutiny Committee review, update and confirm the Work Plan with the addition of the scrutiny requests appended to the Report.

The meeting ended at 8:15pm.

CHAIR