Notice of Health and Adult Social Care Overview and Scrutiny Committee

Date: Monday, 19 May 2025 at 6.00 pm

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

Membership:

Chair:
To be elected

Vice Chair:
To be elected

Cllr P Canavan
Cllr H Allen
Cllr J Bagwell
Cllr D Farr
Cllr L Dedman
Cllr C Matthews
Cllr L Northover
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?MId=5936

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

Available online and on the Mod.gov app

GRAHAM FARRANT
CHIEF EXECUTIVE

9 May 2025

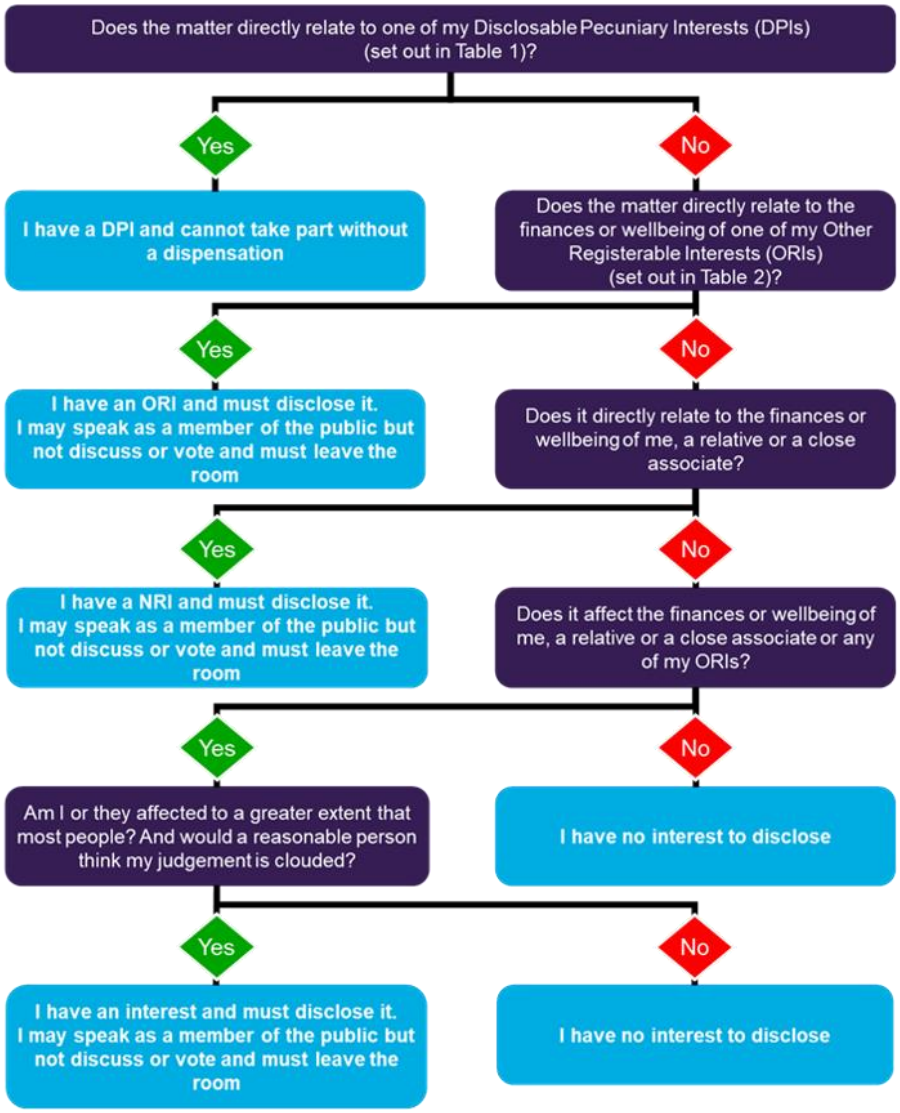
DEBATE NOT HATE

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

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

For more information or advice please contact the Monitoring Officer (janie.berry@bcpcouncil.gov.uk)

Selflessness

Councillors should act solely in terms of the public interest

Integrity

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

Objectivity

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

Accountability

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

Openness

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

Honesty & Integrity

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

Leadership

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

AGENDA

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

1. Apologies

To receive any apologies for absence from Councillors.

2. Substitute Members

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

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

3. Election of Chair

To elect a Chair for the Health and Adult Social Care Overview and Scrutiny Committee for the 2025/26 Municipal Year.

4. Election of Vice Chair

To elect a Vice Chair of the Health and Adult Social Care Overview and Scrutiny Committee for the 2025/26 Municipal Year

5. Declarations of Interests

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

Declarations received will be reported at the meeting.

6. Minutes 5 - 10

To confirm the Minutes of the meeting held on 3 March 2025.

a) **Action Sheet** 11 - 20

To consider any outstanding actions.

7. Public Issues

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

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

The deadline for the submission of public questions is midday 3 clear working days before the meeting (Tuesday 13 May 2025 by 12 noon).

The deadline for the submission of a statement is midday the working day before the meeting (Friday 16 May 2025 by 12 noon).

The deadline for the submission of a petition is 10 working days before the meeting (Friday 2 May 2025).

ITEMS OF BUSINESS

8. Access Wellbeing - Transforming Dorset Community Mental Health Services — 21 - 34

To receive a presentation regarding 'Access Wellbeing – Transforming Dorset Community Mental Health Services'

9. Introduction to the new Director of Public Health — 35 - 38

To receive a verbal update from the new Director of Public Health to include an update on the disaggregation of Public Health.

10. FutureCare Programme Update — 39 - 116

Good progress is being made with the delivery of the FutureCare Programme following the decision by BCP Council to participate in the programme on 10 December. All workstreams are now fully mobilised and the programme is on track to deliver the benefits anticipated in the BCP MTFS in 2025/26 and in subsequent financial years.

11. Portfolio Holder Update

To receive a verbal update from the Portfolio Holder for Health and Wellbeing.

12. Work Plan — 117 - 140

The Health and Adult Social Care 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.

BOURNEMOUTH, CHRISTCHURCH AND POOLE COUNCIL

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the Meeting held on 03 March 2025 at 6.00 pm

Present:-

Cllr P Canavan – Chair

Cllr L Dedman – Vice-Chair

Present: Cllr J Edwards, Cllr H Allen, Cllr D Farr, Cllr M Gillett, Cllr J Richardson, Cllr J Salmon, Cllr P Slade and Cllr A-M Moriarty

53. Apologies

Apologies were received from Louise Bates, Healthwatch.

Cllr Matthews attended virtually forgoing any voting rights.

Cllr Slade left the meeting at 6:50pm.

54. Substitute Members

None.

55. 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.

56. Minutes

The minutes of the meeting held on 2 December 2024 were confirmed as an accurate record and signed by the Chair.

57. Action Sheet

The action sheet was noted.

58. Public Issues

There were no public issues on this occasion.

59. The Transformation of UHD Hospitals

The Chief of Strategy and Transformation, University Hospitals Dorset, provided a presentation on the Transformation of UHD Hospitals, a copy of which was circulated to each Member with the Report pack.

The Committee discussed the presentation, including:

- In response to a query regarding monitoring the progress of the ambitions detailed in the presentation, the Committee was advised that further information on this could be brought back at a later date. **ACTION.**
- In response to a query about the lack of mention of Christchurch in the presentation, the Committee was reassured that Christchurch hospital remained central to the chain of services provided but, as some major changes had already happened there, there would be less change at that site over the next couple of years that required reporting on.
- In response to a query regarding increasing overall bed capacity and A&E provision, the Committee was advised that the significant changes within the pathways of care would lead to a large increase in the provision of same day emergency care, which would positively impact on the number of patients who could be treated and discharged in an expediated timescale to enable patients to return home on the same day. The impact of this change meant that whilst bed numbers would remain similar, the quality of provision was planned to be higher with more single rooms available.
- The Portfolio Holder for Wellbeing enquired about the planned communications with public about the upcoming changes and the benefit of them and was advised that for non urgent medical issues, the public should use the 111 service to signpost them to the correct treatment or hospital and in urgent situations, ambulance staff would know where to take patients to. It was also advised of the ability to book timeslots to be seen in hospital and how this was being expanded to online booking.
- The Director of Adult Social Care requested an offer for Committee Members to have a tour of the facilities and advised she could be the point of contact to make arrangements. **ACTION.**

The Chair concluded the item by thanking the Chief of Strategy and Transformation for his presentation.

60. Public health disaggregation: progress and overview of decisions

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

The report provided an overview of the progress with disaggregating the shared public health service and establishment of two separate public health teams by 1 April 2025 which was considered by Cabinet on 5 February 2025.

The Committee discussed the presentation, including:

- In response to a query regarding staffing, the Committee was advised that it was a complex process of disaggregation and was provided details of the current position.
- In response to a query regarding adult weight management contracts and the success rates, the Committee was advised that the contracts were a small part of the Livewell Dorset pathway and data was only collected over the whole pathway and not just those contracts, making tracking success of that element alone not possible.
- In response to the treating tobacco dependency detailed, the Committee was advised that vaping was considered an appropriate nicotine alternative for those wishing to stop smoking however, it was not advised for those who were not previously smokers.

The Chair thanked the Director of Public Health for presenting this item.

61. Adult Social Care Strategy 2025-28

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

The purpose of the report was to provide background information on the development and consultation of the new Adult Social Care Strategy 2025-28.

Adult Social Care (ASC) required a clear public facing strategy that encompassed our vision and ambitions for the next 4 years. Having consulted within the Directorate and completed a public consultation, reassurance was felt that this was the right strategic approach for ASC.

The Committee discussed the report, including:

- In response to a query about delivery plans and how progress could be monitored, the Committee was advised that progress updates could be provided through the Transformation work reporting.
- In response to a query about what provision was available for those who were not considered safe in their homes, the Committee was advised of the process which would be followed in this situation and the work which was being commenced to enable early intervention and the benefits of that were highlighted. There was an acknowledgement that not everyone had access to technology and the ways Adult Social Care tried to ensure information was available to all was highlighted. The need to ensure the strategy was shared with hard-to-reach people was highlighted by a Committee Member.
- In response to a query regarding how targets would be monitored and the benefits of linking activity and financial data, the Committee was advised that there was some work ongoing as part of the transformation programme to link financial data to performance and whilst monitoring of performance indicators was not currently included, they could be added if desired.

- The Director of Adult Social Care advised that links to that information could be included in the strategy and details of the Performance Quality and Improvement Board were shared which monitored all areas of Adult Social Care.
- In response to a query regarding the strength-based approach using the three conversations, the Committee was advised of the progress of implementation and that feedback from staff and residents had been positive. The Director of Adult Social Care advised they would welcome bringing staff to the Committee to feedback on how the approach was working in practice.

Following discussions, Cllr Salmon proposed the following recommendation which was agreed by the Committee:

The Health and Adult Social Care Overview and Scrutiny Committee RECOMMEND to Cabinet:

- **the inclusion of some clear targets ideally linked to the Adult Social Care Outcomes Framework (ASCOF) within the Adult Social Care Strategy; and**
- **the inclusion of an overview of how to better integrate performance and activity data with finance data in the Adult Social Care Strategy.**

62. ASC Fulfilled Lives Programme – Programme update and Self-Directed Support

The Head of Service/Programme Lead and 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 'C' to these Minutes in the Minute Book.

The Fulfilled Lives Transformation Programme in Adult Social Care comprised of four interdependent projects:

1. How We Work
2. Self-Directed Support
3. Short-Term Support
4. Support at Home

The How We Work and Self-Directed Support projects were the most advanced, with Short-Term Support and Support at Home having now commenced the 'delivery stage' of the programme.

A Fulfilled Lives Programme progress report was presented at Cabinet on 15 January 2025.

The report provided a further update about:

1. the Self-Directed Support project, and

2. Benefits tracking, including links to the Future Care (Urgent and Emergency Care) Programme.

The Committee discussed the report, including:

- In response to a query regarding Community Micro Enterprises (CMEs) raising their charges and the impact that has, the Committee was advised if recipients of the service made the Council aware, then the cost could be reviewed and changed as necessary.
- In response to an offer for the Programme Director of Future Care to present to the Committee, the Chair agreed this would be a worthwhile exercise to reassure the Committee that health partners and adult social care were successfully aligning and ensuring no duplication. **ACTION.**
- In response to a query regarding how the Committee can monitor and review progress, the Committee was advised of the planned progress over the next six months including accrediting Individual Service Fund (ISF) providers and the continued work with the CMEs was detailed. The Committee was advised an update could be given to the Committee in six months. **ACTION.**
- 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 help shape the day services strategy and identify any gaps which could be filled by CMEs.
- In response to a query regarding CMEs and safeguarding, the Committee was advised that Adult Social Care (ASC) had commissioned community catalysts to support an accreditation process for those providers which included DBS checks and ensuring they met the required standard for accreditation.
- There was some further discussion regarding signposting to services including through the Council and CAN and it was highlighted that providers were profit making organisations but due to the small size of CMEs, overheads were normally smaller.
- In response to a query, the Committee was given information about how ASC dealt with queries and the difference between self-funders or whether the Council would carry out an assessment and provide financial support and services.
- The Portfolio Holder for Wellbeing highlighted the importance of having a quality assurance process for the day opportunity providers to provide a good monitoring and oversight of the market.

RESOLVED that the Committee receive an update on progress in 6 months.

63. Portfolio Holder Update

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

- Details of the interview process and appointment of the new Director of Public Health and Communities
- Details of interviews and appointments of new Senior Management for Tricuro
- The impending departure of the Corporate Director of Wellbeing and the implications.
- Work on the areas which had been presented this evening around the Adult Social Care (ASC) Strategy, ASC Transformation, the Future Care work with Newton, Public Health Disaggregation, Day Opportunity Strategy and preparing for the CQC Inspection.

The Chair thanked the Portfolio Holder for his update.

64. Work Plan

The Committee was asked to consider and identify work priorities for publication in a Work Plan. The Chair highlighted the need to include the items discussed at the meeting.

The Chair highlighted Appendix E to the Report, where the Overview and Scrutiny Board had requested the Committee be asked to monitor the proposed increase of block booked beds for long-term care and that an update on progress against this be provided at an appropriate time.

The Chair closed the meeting by extending the Committees thanks and appreciation for the Corporate Director of Wellbeing's work within the Council and support to the Committee.

The Work Plan was noted.

The meeting ended at 7:55pm.

CHAIR

ACTION SHEET FOLLOWING 3 MARCH 2025 – 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**	Decision Made: The Board was advised that Public Health was unsure of the amount which would be allocated to the BCP area, as the closing dates for bids had not yet happened, however bids were being worked on and once any funding was known, the Committee could be informed. **Action – Public Health aware** 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. **Action – Officers aware and added to Work Plan with date to be allocated.**		

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**	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. **Action – Officers aware.** 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. **Action – NHS Dorset aware.**		

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**	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. **Action – NHS Dorset aware.** 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. **Action – NHS Dorset aware.**		

Minute number	Item	Action* *Items remain until action completed.	Benefit	**Outcome** (where recommendations are made to other bodies)
Actions arising from Committee meeting – 27 November 2023				
	Annual Adult Social Care Complaints Report	Decision Made: Core data used to formulate report be shared confidentially with the Committee. **Action – Director of Adult Social Care aware.**		
Actions arising from Committee meeting – 15 January 24				
	Health Inequalities – background briefing	Decision Made: In response to queries regarding the projected data around childhood obesity and NHS Dorset's aim to prevent 55,000 children from becoming obese by 2040, the Committee was advised of the link between areas of deprivation and obesity in children and how the figure of 55,000 was reached. The Director of Public Health advised he would check with NHS Dorset for clarity over how that figure was reached. **Action – Director of Public Health aware.**		**Response:** This was calculated by estimating the number of children who would avoid becoming obese, assuming that the rate of childhood obesity in Dorset / BCP continues to be significantly lower than the overall rate for England. Adding up these avoided cases over

Minute number	Item	Action* *Items remain until action completed.	Benefit	**Outcome** (where recommendations are made to other bodies)
				the time period gives the estimated number of children who would be prevented from becoming obese.
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 – 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.	To provide the Committee with this information	

Minute number	Item	Action* *Items remain until action completed.	Benefit	**Outcome** (where recommendations are made to other bodies)
		Action – Tricuro Director and Officers aware		
Actions arising from Committee meeting – 24 September 24				
33.	**Fulfilled Lives programme – approach to scrutiny**	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. **Actioned: Add to Work Plan** 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. **Actioned: Added to the work plan as a recurring item**		Was considered at meeting in March 2025
34.	**Adult Social Care Budget Presentation**	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		

Minute number	Item	Action* *Items remain until action completed.	Benefit	**Outcome** (where recommendations are made to other bodies)
		to the dashboard for the Committee to see the output. **Action: to be considered further** 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. **Action: Added to Work Plan with no date yet allocated.**		
Actions arising from Committee meeting – 2 December 24				
46.	**Health and Social Care for the Homeless**	Decision Made: That the Health Overview and Scrutiny Committee Recommend that Cabinet discuss the issues caused by a lack of funding for rough sleepers with no local connection and those without an identified priority need with a view to developing solutions in partnership with other local authorities and key stake holders such as the Integrated Care Board and relevant ministers to create a robust system that does not fail our most vulnerable or unfairly place the responsibility for caring for these people on local particular local authorities, with a view to getting something in place before the new strategy.		Provided to Cabinet on 10 December 2024. Advised it would be considered at a later meeting.

Minute number	Item	Action* *Items remain until action completed.	Benefit	**Outcome** (where recommendations are made to other bodies)
		ACTION – passed to Cabinet for further consideration		
49.	**Adult Social Care Waiting Times**	Decision made: To add this item to the work plan for monitoring in December 2025. **ACTION – added to Forward Plan**	To enable the Committee to monitor waiting times.	
52.	**Work Plan**	Decision made: That further consideration be given to the public statement heard at the meeting. **ACTION – Dem Services have sent a scrutiny request form to the member of public to enable it to be considered in the usual democratic process.**		**Can be removed – no submission hs been received**
Actions arising from Committee meeting – 3 March 25				
59.	**The Transformation of UHD Hospitals**	Decision Made: That the Health Overview and Scrutiny Committee Recommend receive an update to review progress at an appropriate time. **ACTIONED – added to work plan with no date allocated.** Decision Made:		

Minute number	Item	Action* *Items remain until action completed.	Benefit	**Outcome** (where recommendations are made to other bodies)
		That the Director of Adult Social Care be the contact for any Cllrs wishing to visit the new facilities **ACTION – Director and Cllrs aware.**		
61.	**Adult Social Care Strategy 2025-28**	Decision Made: The Health and Adult Social Care Overview and Scrutiny Committee RECOMMEND to Cabinet: • the inclusion of some clear targets ideally linked to the Adult Social Care Outcomes Framework (ASCOF) within the Adult Social Care Strategy; and • the inclusion of an overview of how to better integrate performance and activity data with finance data in the Adult Social Care Strategy. **ACTION – Considered and agreed by Cabinet at its meeting of 2 April 2025**		
62.	**ASC Fulfilled Lives Programme – Programme update and Self-Directed Support**	Decision Made: To receive a report from the Programme Director of FutureCare at a future meeting. **ACTION – on the agenda for 19 May Committee** Decision Made: To receive an update on progress in six months' time.		

Minute number	Item	Action* *Items remain until action completed.	Benefit	**Outcome** (where recommendations are made to other bodies)
		ACTION – added to work plan for September meeting.		
64.	**Work Plan**	Decision Made: As requested by the Overview and Scrutiny Board, the Committee will monitor the proposed increase of block booked beds for long-term care and that an update on progress against this be provided at an appropriate time. **ACTION – added to the work plan with no date yet identified.**		

Access Wellbeing

Transforming Dorset Community Mental Health Services

21 May 2025

Supporting your mental health

Agenda Item 8

What is Access Wellbeing?

- The new approach to community mental health and wellbeing support in Dorset
- Partnership between NHS and VCS, working with organisations across the community
- Includes easy access to early help, aims to provide:

The right support – person-centred mental health and wellbeing support that can be accessed by anyone

At the right time – access to advice and help when it is most needed, recognising what matters most to an individual at any point in time

In the right way – a choice of different way ways to get help and support, including face to face and online, and a ‘no wrong door’ approach.

How did we develop the new model of care?

- National drive to improve access to mental health and wellbeing support
- Worked together with people who use our services to understand local need

Phase 1: Developed our values, philosophy and the overarching model, including a level of service that is accessible to everyone

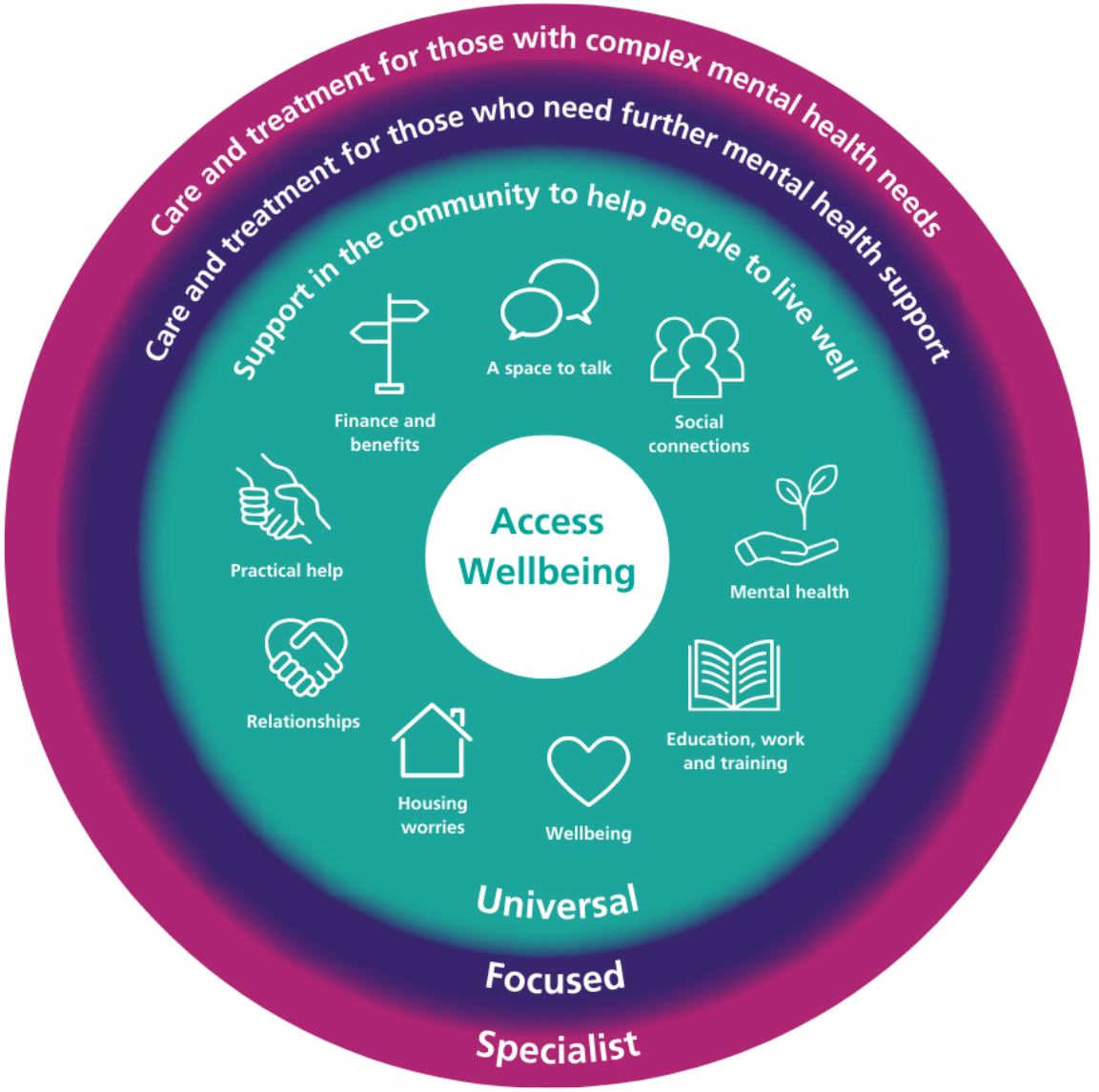
Phase 2: Worked with mixed groups to consider different needs and explore how teams can work together and connect services, to best meet those needs

Phase 3: Launched pilot hubs in Poole and Weymouth to allow us to understand more about the needs of the community

- Now one year since first hub launch – new spaces opening in the community and work taking place to transform the wider system

The new model of care

- A connected system – NHS, VCS and others work together to provide support at different times
- Three layers of support, working in tandem to provide integrated care
- New open access support through Universal



Our new hubs and drop-in spaces

- A **warm, welcoming space** to find support on the issues that matter to each individual
- Poole hub opened January 2024; Weymouth & Portland February 2024; Boscombe September 2024
- Additional drop-ins opening in existing community venues across Dorset

September 2024

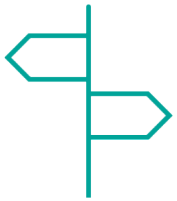
February 2024

January 2024

Support in hubs and drop-ins

- Trained wellbeing coordinators – can take the **time to listen**
- **Person-centred support** on the issues that matter to each individual including:

Mental health and emotional wellbeing



Housing, benefits and finance

Social connections and activities

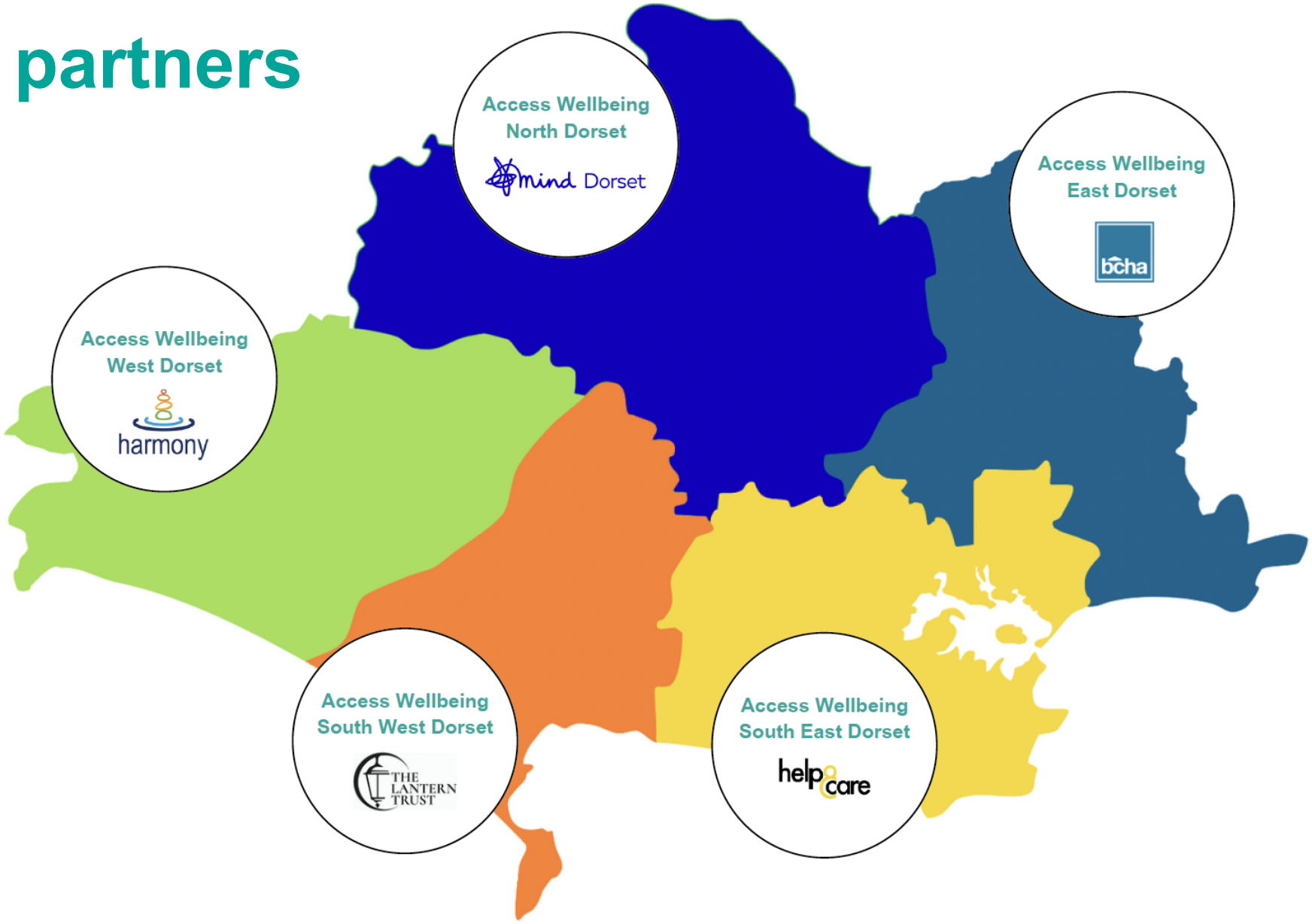
Support for carers

Education, training and work

Giving back to the community

- Link into other services as needed to help people find the right support and practical help
- **Not a crisis service**

Charity partners



What our clients say

You have helped me in such a small amount of time. It's a relief that someone can help me get my life back on track.

They make me feel that I've been heard and just that little thing means the world

Supportive and friendly – they gave me the time to talk

I feel like I can breathe again

They gave me assistance and practical advice in manageable chunks to help me work towards my goals

It took a lot of courage on my part to come here. I'm so glad that I did.

Hubs and Drop in Spaces - Open

Bournemouth and East Dorset

- Boscombe Hub (Monday to Friday)
- Bournemouth CityGate (Thursdays 2-4pm)
- Ferndown, The Centre (Mondays 9am-1pm)
- Wimborne Community Centre (10am–4pm Fridays)
- Somerford Arc (10am–3pm Thursdays)
- Kinson Community Centre (10am–2pm Tuesdays)

North Dorset

- Sturminster Newton, family hub (9am-5pm Tuesday and Wednesdays)

Poole and Purbeck

- Bourne Estate (10am–3pm Wellbeing Breakfast)
- Turlin Moor (1pm–5pm Wellbeing Breakfast and drop in last week of month)
- Swanage, The Focus Centre (10am-4pm Mondays)
- Wareham, Family Hub(10am-4pm Tuesdays)
- Lytchett Matravers, Youth Hall (11am-2.30pm bi-weekly Wednesdays
- Jimmy's Foodbank (9am-1pm Thursdays)

West Dorset

- Bridport, The Harmony Centre (10.30-4.30pm Wednesdays)

Weymouth, Portland and Mid Dorset

- Weymouth, Littlemoor Top Club (10am-1pm Fridays)
- Portland Family hub (10am-2pm Wednesday and Thursday)
- Dorchester Atrium Surgery (10am-2pm Monday and Friday)
- Weymouth Community Front Room (10am-2pm Monday to Wednesday)
- Weymouth Dry Dock (10am-2pm Fridays)

Hubs and Drop in Spaces - Pending

Bournemouth and East Dorset

- Winton Life Centre (Fridays)
- Verwood

North Dorset

- Gillingham - Citizens Advice Offices & The Leisure Centre
- Shaftesbury (TBC)
- Blandford - Leisure Centre (TBC)
- Sherborne (TBC)
- Gillingham - Citizens Advice Offices & The Leisure Centre (TBC)

West Dorset

- Lyme Regis, the Waffle House (10am-4pm Tuesdays)
- Maiden Newton, Webbers Piece Community Room (10.30-4pm TBC)
- Beaminster - Prout Bridge Youth & Community Centre (9.30am-1pm Tuesdays)
- Floating - Farm area Outreach Bus (TBC)

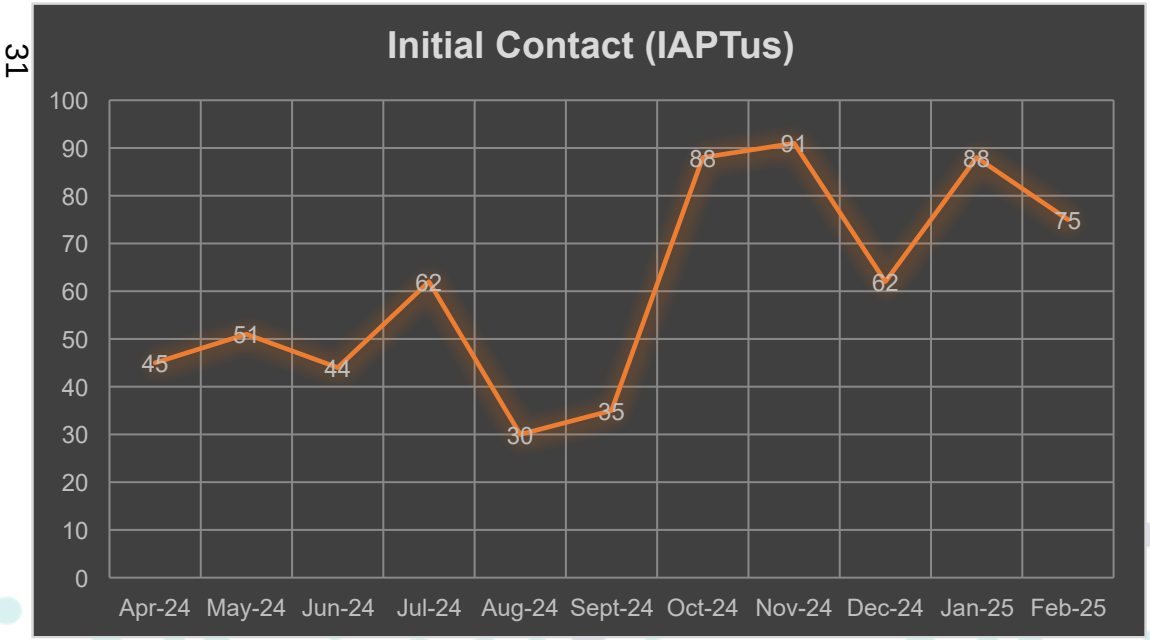
Weymouth, Portland and Mid Dorset

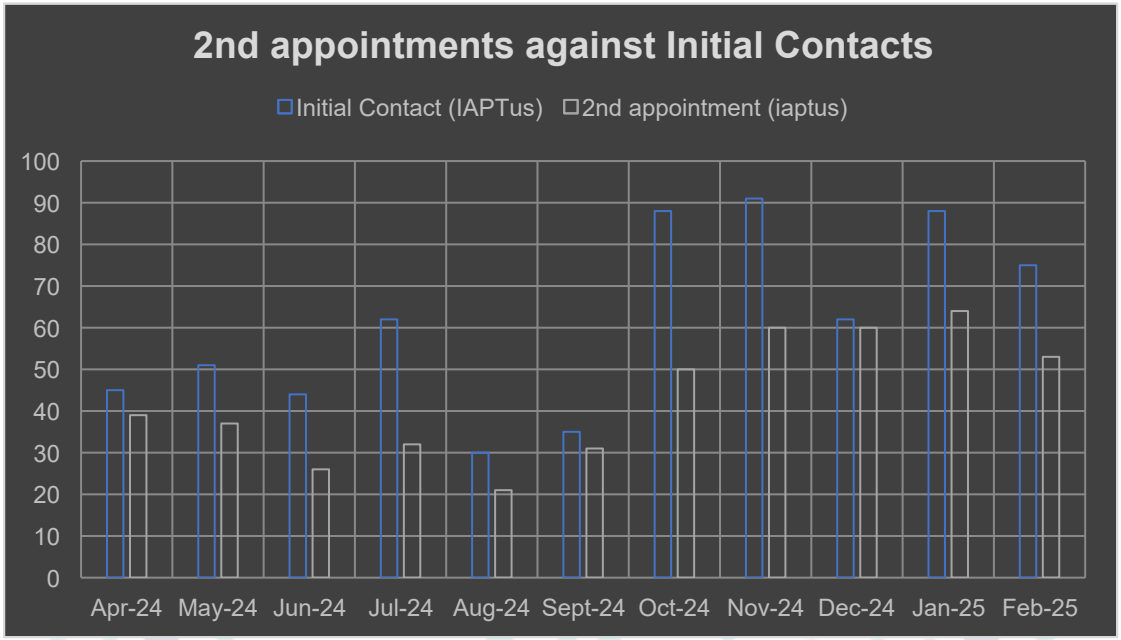
- Dorchester, The Den (11am-3pm Thursdays)

Universal Hub Data Analysis

The initial contact line graph shows the number of people each month, who came into the Hubs and were put on Iaptus, indicating that they were actively engaging in Access Wellbeing and seeking help from the Hub.

This bar chart shows Initial Contacts side by side with data for second appointments. This gives us the measure of repeat engagement and we see from this that more than half of people visiting Access Wellbeing, return for a secondary appointment. It also shows increasing activity.





Dorset Community Mental Health Offer

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Public Health Disaggregation Update

Rob Carroll
Director of Public Health & Communities
May 2025

Progress

- Disaggregation from Dorset Council has gone well
- The new BCP Public Health team arrived on 1st April 2025
- Includes a small number of significant vacancies
- Public Health & Communities Directorate established
- Senior Leadership Team established
- Team away day sessions planned to review local priorities and develop service plan for 25/26
- Joint Transitional Management Team with Dorset Public Health:
  - Immediate risks identified and being managed
  - Joint Sharing Agreement in place for services and contracts that continue to be shared

Immediate Issues

- Public Health Grant budget (demand & cost pressures)
- Team vacancies, structure & recruitment
- Public Health Priorities and Service Plan for 25/26
- Public Health Communications Plan for 25/26
- Public Health Grant Assurance Visit – 30th June 2025
- Health & Wellbeing Strategy into action
- Place-based Partnership development
- Contracts & procurement
- Pharmaceutical Needs Assessment (October 25)

Public Health Assurance Visit 30th June 2025

- Visit by Regional Director of Public Health
- Meeting with leader, cabinet member for public health, Chief Executive, Section 151 Officer and Director of Public Health (DPH)
- Separate meeting with ICB executives, DPH and LA representative on ICB Board
- Focus on use of the Public Health Ring-Fenced Grant (PHRFG), governance and accountability
- Module 1: Deep dive into PHRFG returns for 23/24, 24/25, budget plan for 25/26 and 5-year PH budget forecast, including evidence of impact
- Module 2: Deep dive into public health advice to the NHS and local governance & accountability arrangements, including evidence of impact
- Module 3: Deep dive into miscellaneous category spend, including outcome measures and evidence of impact
- Evidence to be submitted 2 weeks ahead of the assurance visit (16th June)
- Pan-Dorset Task & Finish Group established to pull the required information together
- Feedback expected in September 2025

Health & Adult Social Care Scrutiny Committee

Report subject	**FutureCare Programme Update**
Meeting date	Monday 19 May 2025
Status	Public
Executive summary	Good progress is being made with the delivery of the FutureCare Programme following the decision by BCP Council to participate in the programme on 10 December. All workstreams are now fully mobilised and the programme is on track to deliver the benefits anticipated in the BCP MTFS in 2025/26 and in subsequent financial years.
Recommendations	It is RECOMMENDED that the Scrutiny 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
Reason for recommendations	To provide assurance to BCP Council and Cabinet that the Scrutiny Committee is undertaking its role in monitoring the delivery of the FutureCare Programme and to confirm that the Programme is on track.
Portfolio Holder(s):	Cllr David Brown, Portfolio Holder for Health and Wellbeing
Corporate Director	Betty Butlin, Director of Adult Social Care
Report Authors	Dylan Champion, Programme Director - FutureCare Programme
Wards	Council-wide
Classification	For Information

1 Background

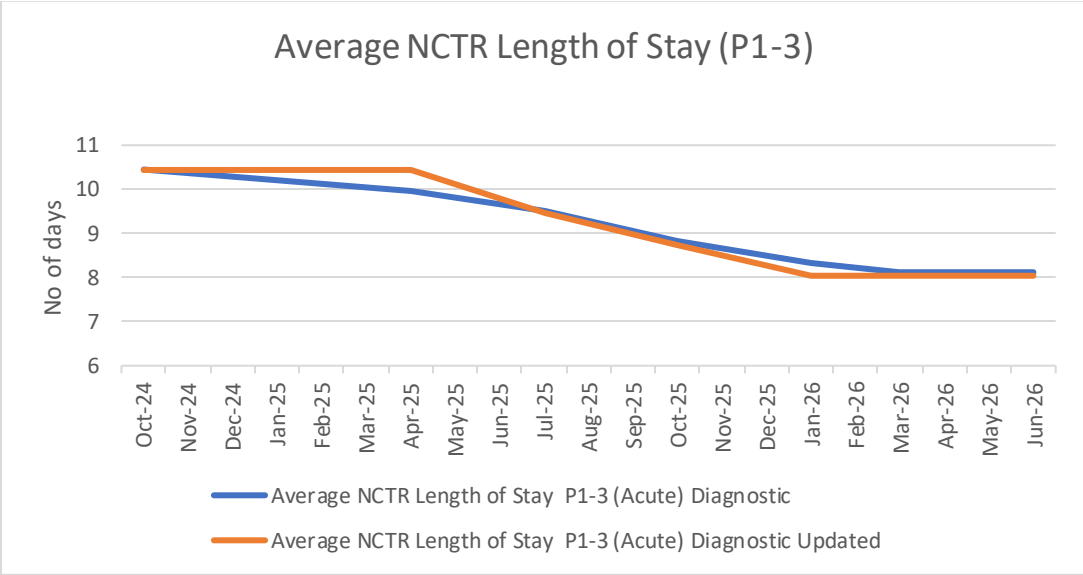
1.1 This report provides an update on the delivery of the Futurecare Transformation Programme, which aims to improve urgent and emergency care services across Dorset and deliver £4.73m of annual recurrent benefits for BCP Council by 2029/30.

1.2 Before Christmas, the BCP Health and Adult Care Overview and Scrutiny Committee recommended to the Council on 10 December that BCP Council participate in the FutureCare Programme. This was agreed. Following this decision, the NHSE SW region also agreed the FutureCare Programme Business Case at the beginning of January 2025 and the NHS Dorset Board on Thursday 16 January 2025. This completed the governance process and the supporting Partnership Agreement and Contract with Newton was fully executed on 31 January 2025.

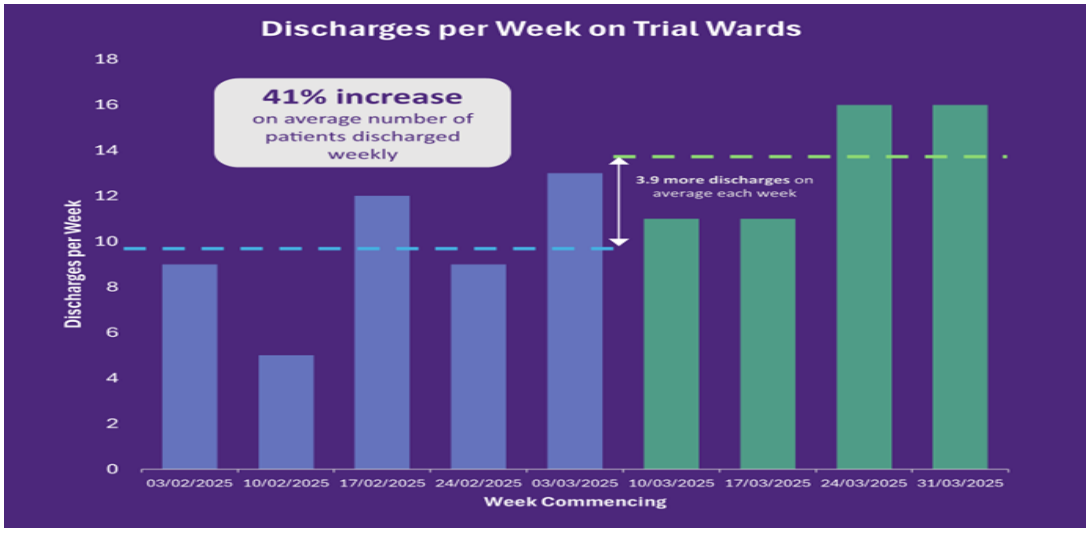
1.3 Overall, the programme is progressing well and more details about work underway in each of the 4 person facing workstreams is presented below.

2 Transfers of Care workstream

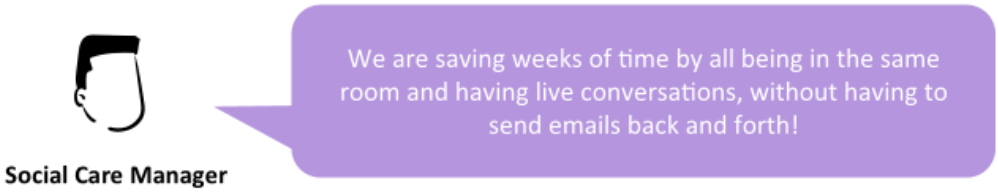
2.1 The aim of the transfer of care workstream is to reduce the average length of stay that people who are medically fit for discharge from hospital but are waiting for ongoing care from an average of 10.4 days to 8 or less, as set out in the graph below.



2.2 This workstream mobilised first, the 'Inform' phase of the programme is complete and the first improvement cycle has begun at DCH. This involves establishing a dedicated physical space for collaboration and problem-solving between TOC partners and with ward teams. Work has also commenced with three wards to support earlier and more effective discharge planning and is showing promising results



2.3 Good feedback has also been received from team members involved in the trial.

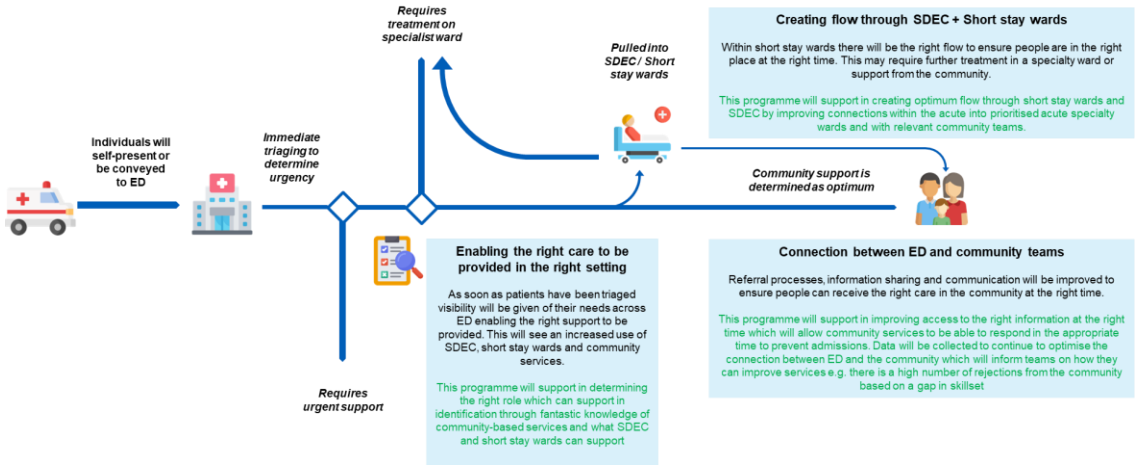


2.4 A similar approach will be rolled out to UHD sites in May 2025 and it will be expanded to incorporate more wards at Dorset County Hospital.

3 Alternatives to Admission workstream

3.1 The Alternatives to Admissions (A2A) workstream will primarily focus on better utilising and referring more people to Same Day Emergency Care (SDEC) Services as an alternative to admission into an acute hospital ward.

Preventing Admission – What is in scope



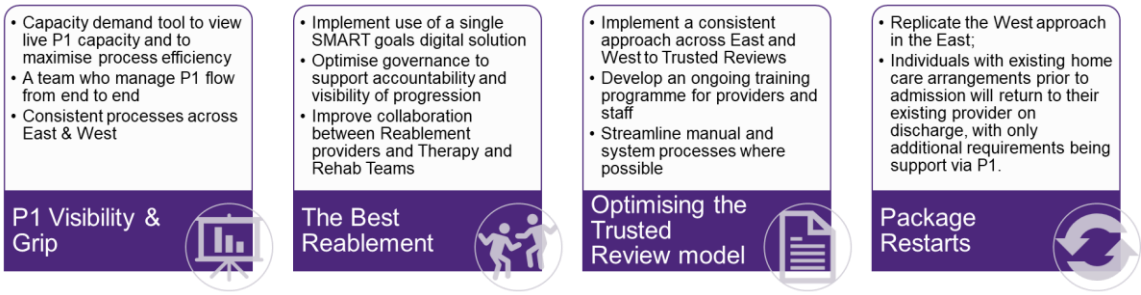
3.2 The workstream has completed its 'Inform' phase and the focus is now shifting to delivering improvement cycles at Royal Bournemouth Hospital and Dorset County Hospital. Work will also take place at Poole General Hospital. To ensure a joint approach across both trusts the team currently spend part of the week working at RBH and there have been high levels of clinical engagement. There is a high level of confidence that this workstream is on track to achieve and exceed its benefits trajectory, delivering substantial additional benefit for each acute trust over the winter period.

4 Home based intermediate care workstream

4.1 The Home-Based Intermediate Care workstream aims to increase the effectiveness of the existing reablement offer and release existing capacity to support more reablement starts, increasing hospital flow and reducing long term care costs for local authorities. New technology is planned to increase flow and effectiveness and also work to reduce delays in the handover of support from reablement providers to long term care packages when required. Having achieved this, the second part of the delivery plan will focus on simplifying the reablement pathway, reducing the number of providers and hand offs and embedding a more therapy-based approach to reablement and a genuine discharge to assess model.

4.2 This workstream is being led by BCP Council. This workstream has completed its Inform stage and the first improvement cycles are about to begin. The initial focus of activity will be working with the two local authority care companies – TRICURO and Care Dorset to improve the effectiveness of existing reablement services. The current improvement trajectory for the workstream is broadly in line with that set by the diagnostic with some additional benefit predicted in the second half of 2024/25.

4.3 The diagram below sets out in more details plans for the first four improvement cycles.



5 Bed-based intermediate care workstream

5.1 The aim of this workstream is to deliver better patient outcomes for people receiving care in community hospital and local authority provided intermediate care beds. In particular, the aim of the workstream is to reduce average lengths of stay from 37.5 days to less than 30.

5.2 While this workstream began later, good progress has already been made. The first Improvement Cycles will begin in Blandford and Wimborne Community Hospitals and Coastal Lodge, which is operated by Tricuro, in May. A clinical review of the

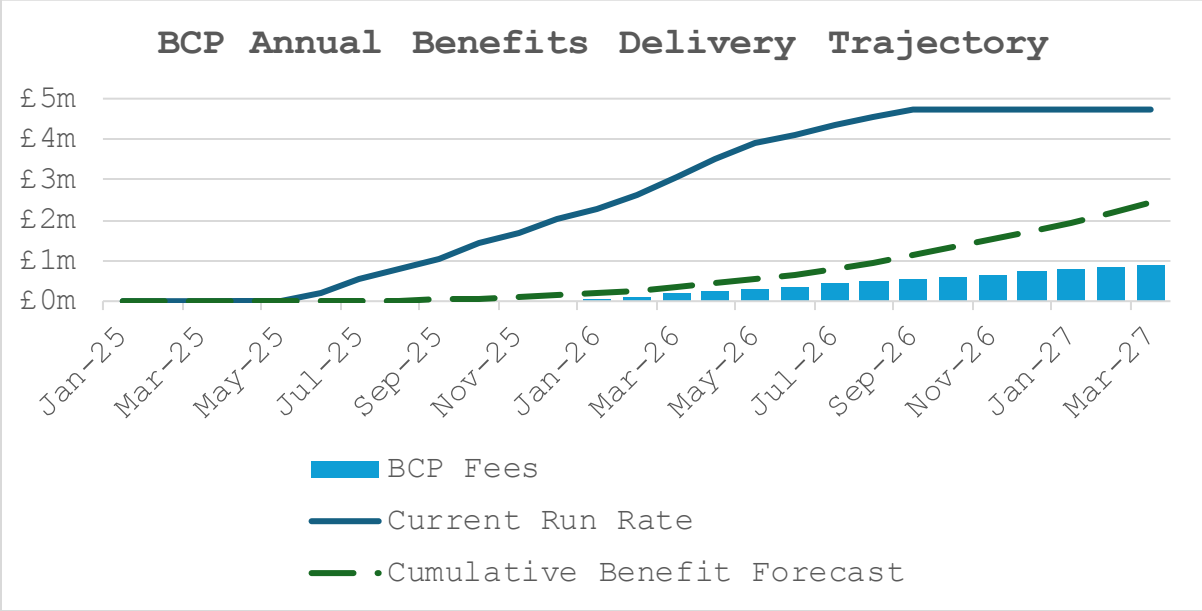
community hospital model is also underway, and it is anticipated that this will be complete in July.

Wave	1	2	3	4	5	TBC
P2 Beds	Wimborne Blandford Coastal Lodge	Westhaven Castleman Castleman Plus	Aldnerney	Westminster Yeatman	Bridport Swanage	Figbury The Hayes
% Beds	28%	19%	16%	14%	13%	10%
Trials Start	May 2025	July 2025	September 2025	November 2025	TBC	TBC
Sustain Starts	July 2025	September 2025	November 2025	TBC	TBC	TBC

6 Summary of financial implications

6.1 A fee of £9m has been agreed to provide the transformation support and data and technology tools required to deliver the programme. For BCP Council this means a financial contribution of £912,000, with payments beginning in January 2026.

6.2 The graph below presents the benefits delivery trajectory for BCP Council. Run rate measures the annual value of a benefit when it is released. While the impact on a person is often immediate (they go home early, or are not referred into a long term nursing or residential care bed), there is often a gap in the time it takes to release the financial value of the benefit because this is the total cost of the care that would have been provided in the period following the hospital discharge. The actual value of the saving released is captured in the cumulative benefits forecast line.



6.3 The table below presents the full year cumulative benefits, net benefits and fee payment profile for BCP. As can be seen the anticipated net benefits will be greater than the benefit anticipated in the MTFS during 2025/26 and 2026/27; and substantially greater than budgeted in 2027/28.

FY	MTFS	Cumulative Benefit	Agreed Fee	Net Benefit
FY25/26	£0.1m	£0.3m	£0.18m	£0.12m
FY26/27	£1m	£2.4m	£0.73m	£1.67m
FY27/28	£2.5m	£3.8m	-	£3.8m

7 Summary of legal implications

7.1 Dorset Council is the lead organisation for contracting with the transformation partner, managing and overseeing the procurement process and managing the contract. To ensure that costs and benefits are shared equitably a Dorset Health and Care Partnership Agreement has been drafted and executed. This is legally binding between partner organisations and has been signed and circulated.

8 Summary of human resources implications

8.1 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.

8.2 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.

9 Summary of sustainability impact

9.1 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.

10 Summary of public health implications

10.1 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.

11 Summary of equality implications

11.1 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 provisional equality, equity, safety and quality assessments have been undertaken for each workstream. These identify substantial opportunities to improve the safety and quality of services, primarily by reducing the length of stay for people in hospital once medically fit, providing better and more reablement services and by reducing admission into hospital for people who could receive support through same day emergency services or at home.

12 Summary of risk assessment

12.1 The greatest risk currently facing the programme are the substantial financial challenges faced by NHS partners that need to be addressed to submit a compliant Operational Plan for 2025/26 and the impact that this could have on services which are required to deliver the anticipated FutureCare benefits. A detailed analysis of the proposed changes is currently underway and at present no impact on the delivery of benefits is anticipated. A further risk is the proposed organisational changes to NHS Dorset ICB as part of the Central Government plans to reorganise NHS England. So far there has been no impact on the programme of these changes though significant numbers of the FutureCare Programme Team will be directly affected by these changes, which it is anticipated will take place over the Summer period.

Appendices

1. UEC Diagnostic Summary Pack
2. FutureCare report to BCP Council – 10 December 2024

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UEC Diagnostic

Summary of findings and implementation approach

Why transform urgent and intermediate care in Dorset?

The performance of UEC and the outcomes we achieve for people have not recovered to pre-COVID levels.

Our dedicated staff, volunteers and carers provide excellent care every day to thousands of people, but sometimes, the system gets in the way and can cause harm.

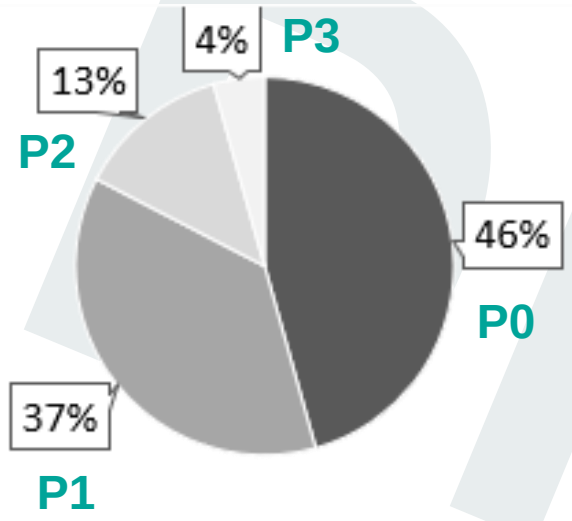
The pathways and services have evolved to create a complex system for people and staff to navigate and can prevent us achieving the best outcomes:

- **Too many people spend more time in hospital than they need to**
- **Our short-term care in the community is provided across many different services with too many handoffs**
- **We have a high use of bed-based care with varying levels of support**
- **Many older people could reduce or avoid the deconditioning that has an impact on their independence and long-term care needs**

The complexity and scale of the issues require a true system approach to improve and transform outcomes for individuals. It is proposed a system-level transformation programme is undertaken to achieve these improved outcomes and deliver essential financial benefits.

Voice of the Person

Voice of the Person



46 Interviews completed

50% Spoke positively about the System

Headlines:

There's a fair bit of negativity about communication across communication of **next steps, involvement in decision-making and bringing the person's wider circle into discussions**.

> *I could have been told what care package was in place, for how long and at what cost. I knew nothing.*

> *Niece not aware of discharge, when patient got home chaos for 24 hours.*

> *Was told six weeks [of care], got two.*

What's the pulse within your organisation/teams?

Nancy's Story

Nancy lived at home, independently, with informal support from her sons, John and Stuart.

One Saturday morning, Nancy's son, John, visited her house and found Nancy suffering from breathlessness and a runny nose. As Nancy's local GP was closed due to the weekend, John phoned 111 and was advised to phone 999 so that paramedics could assess Nancy in her home. Services such as UCR and Virtual Wards weren't considered by 111.

Worrying that waiting for the ambulance was a waste of resources as he was able to transport Nancy, John chose to drive Nancy to hospital. John wasn't made aware during his interactions with 111 and 999 that there were services available in the community to diagnose and treat Nancy at home.

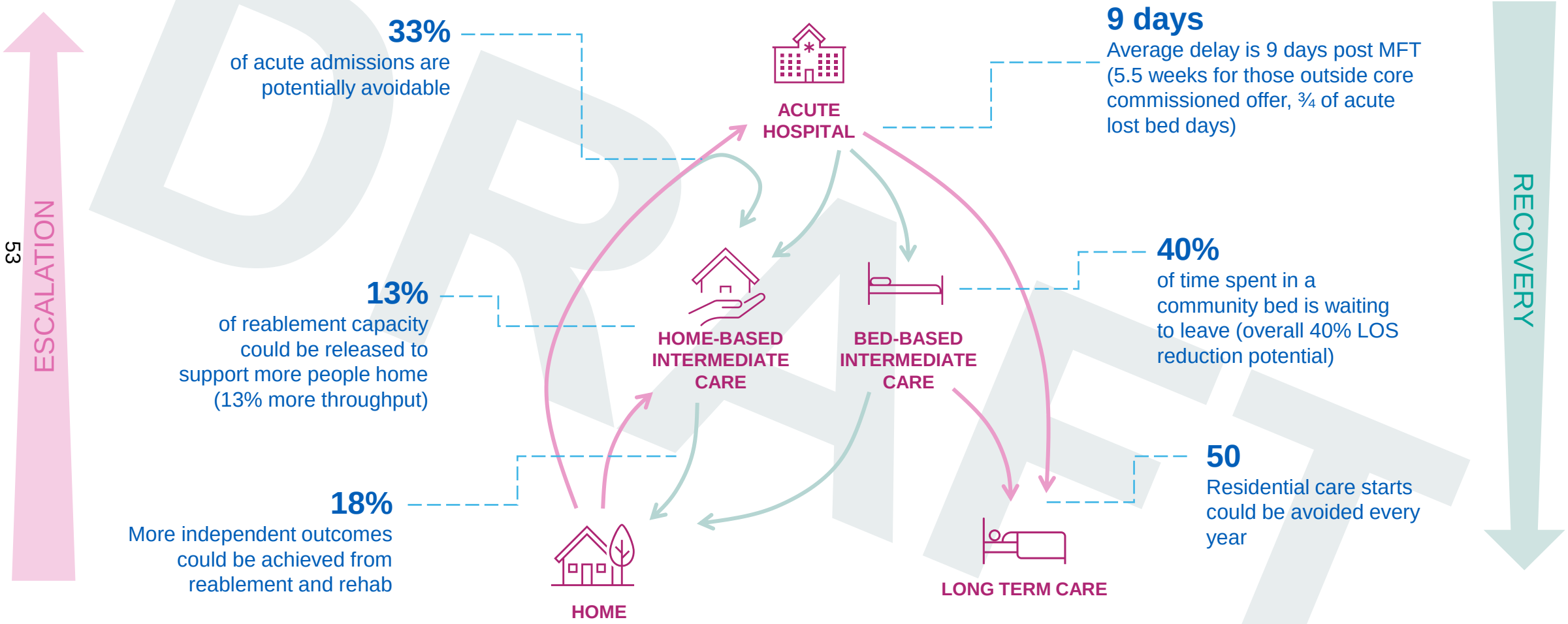
Nancy was assessed in ED and even though it was decided that only a period of observation and a prescription of antibiotics was required, ED chose to admit Nancy onto a specialty ward. Services such as Virtual Wards/AHAH and SDEC were not consulted about whether Nancy would be suitable for referral.

Nancy was deemed medically fit for discharge after 7 days and returned home.

> **This lady could have been turned around before even reaching A&E and instead she's had a week-long stay in hospital**
>
> – Consultant Practitioner during case reviews

Diagnostic Findings

The evidence shows an opportunity to improve outcomes for people, and to support financial sustainability, that we can't ignore



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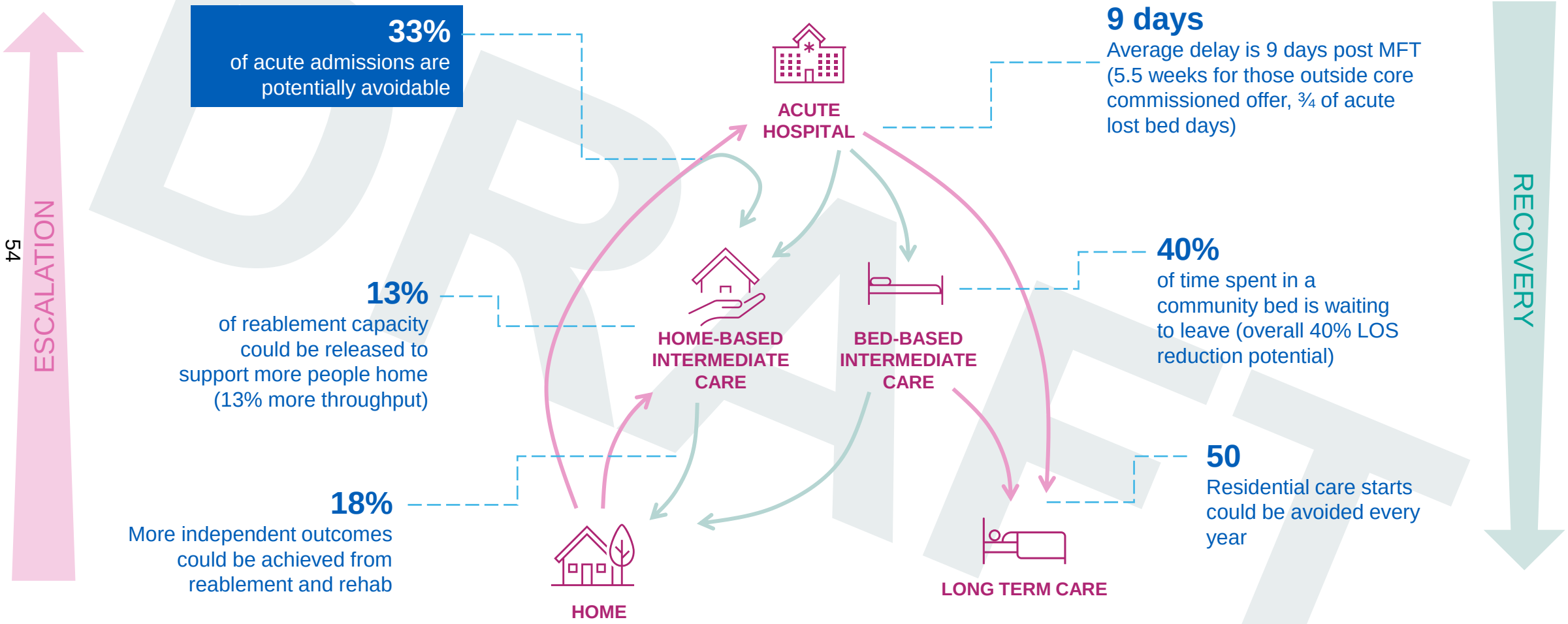
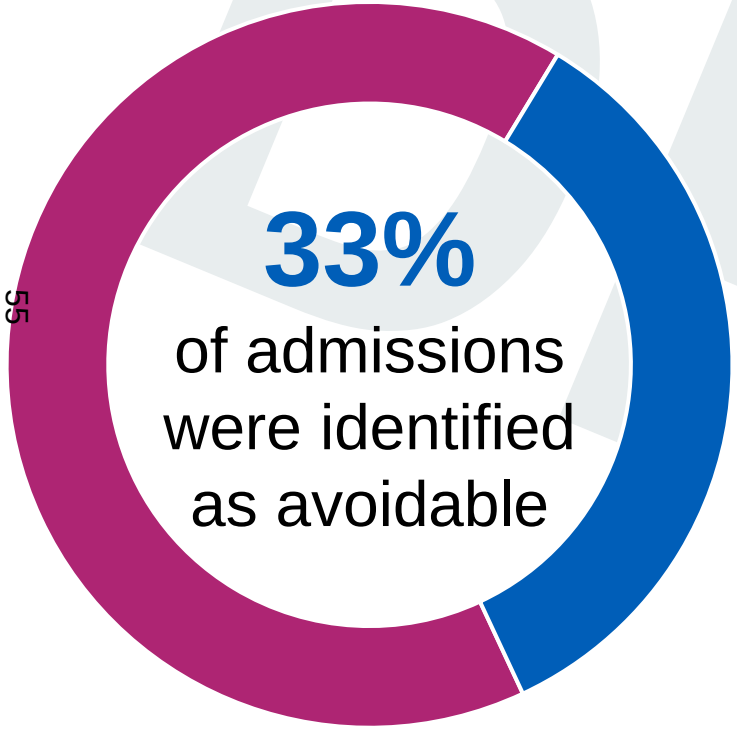
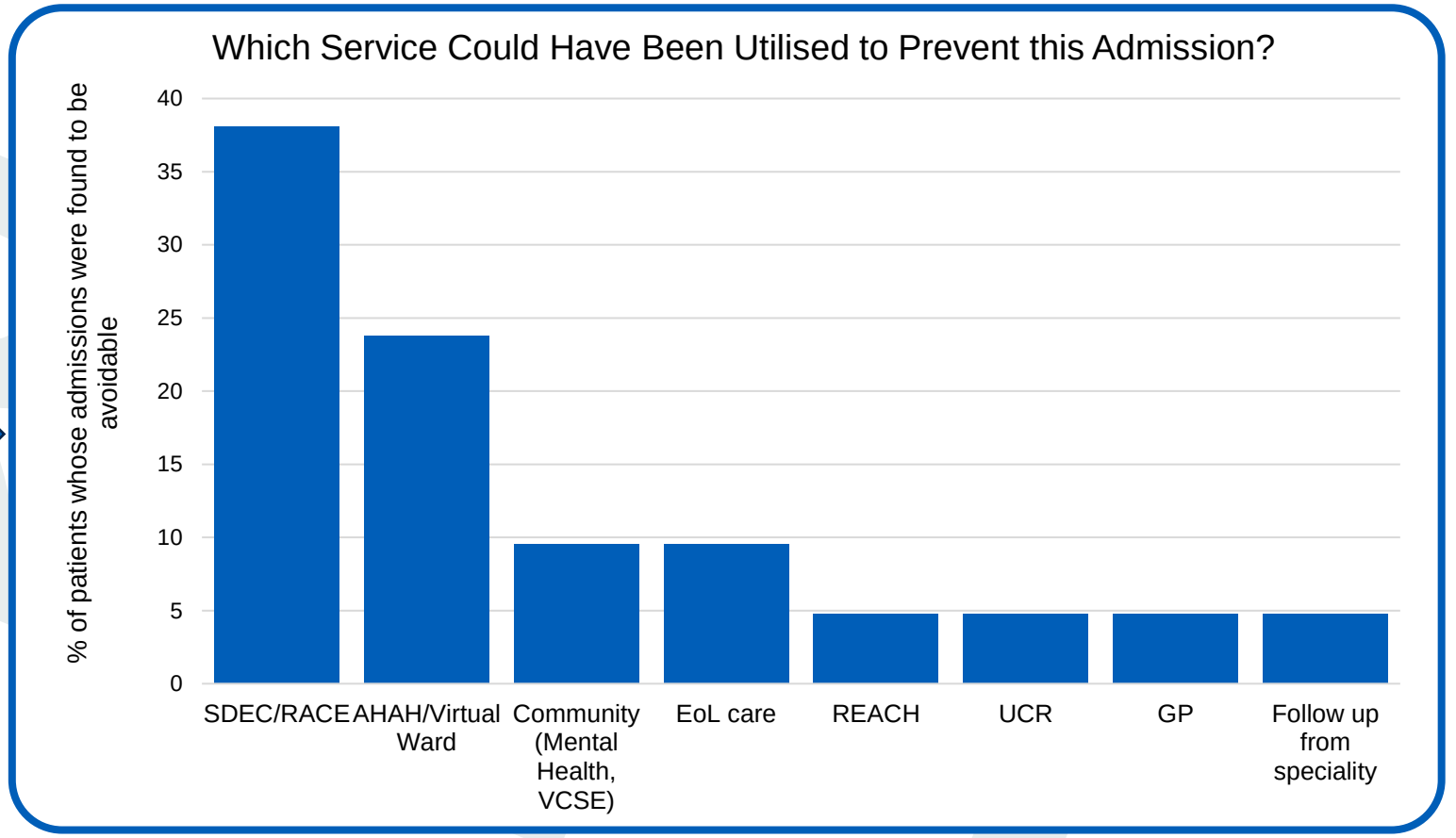


1/3 of admissions onto specialty wards from ED were found to be avoidable after reviewing the patient journey

For each avoidable admission, the MDT were then asked; *"Which service or services could have been used to prevent this admission?"*





Same Day Units and **Step-Up Services** were identified as the main levers to enable reduced admissions

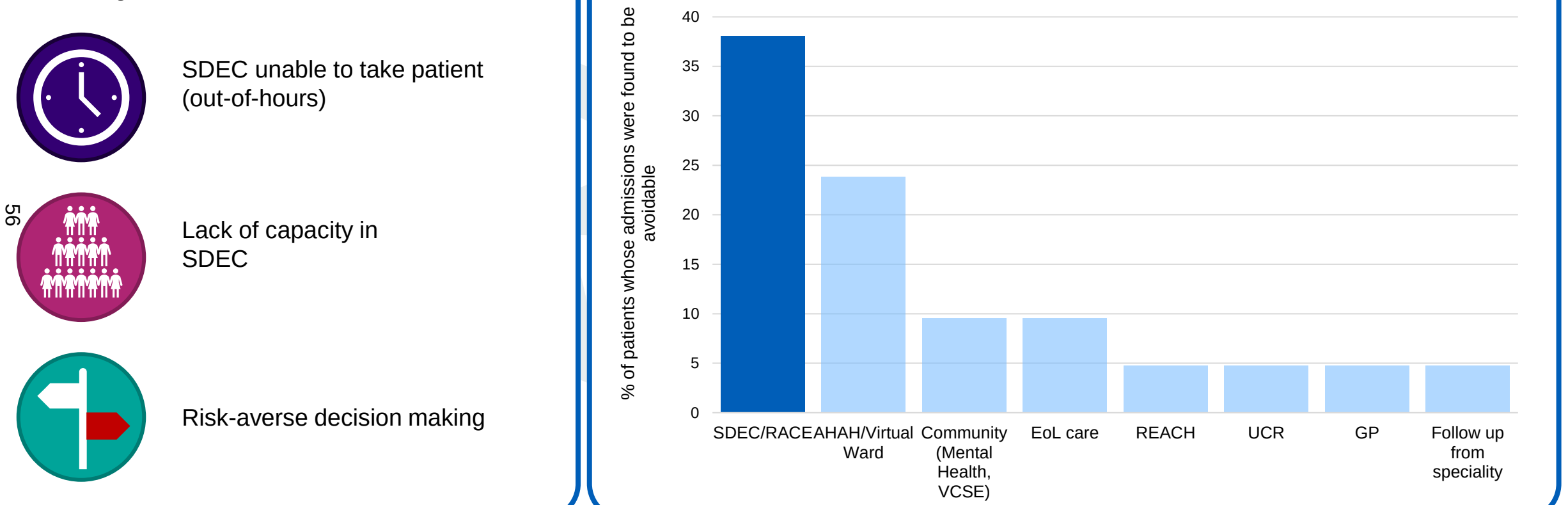
38% of avoidable admissions across the system could have been routed through SDEC

Why was SDEC not utilised?

SDEC unable to take patient (out-of-hours)

Lack of capacity in SDEC

Risk-averse decision making



> *"**Identifying patients in ED** who are SDEC suitable **as early as possible** is where the big wins will be found"*
>
> – SDEC Consultant

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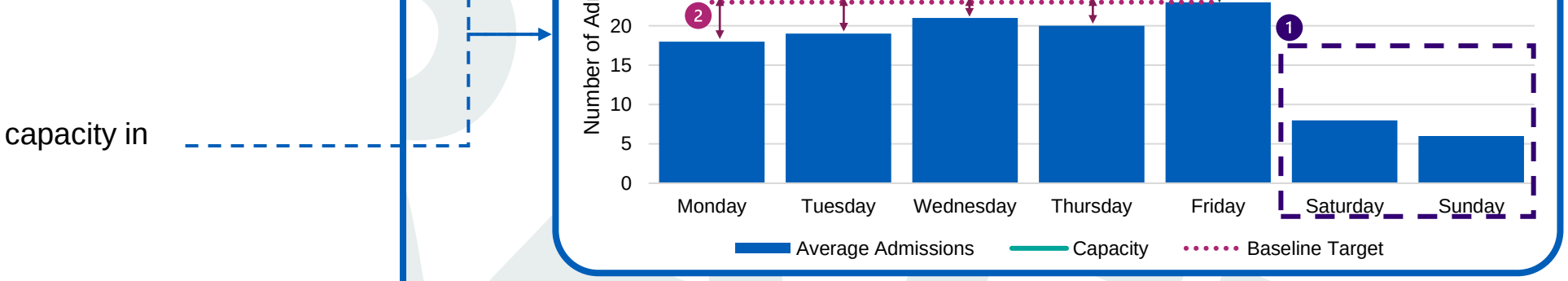
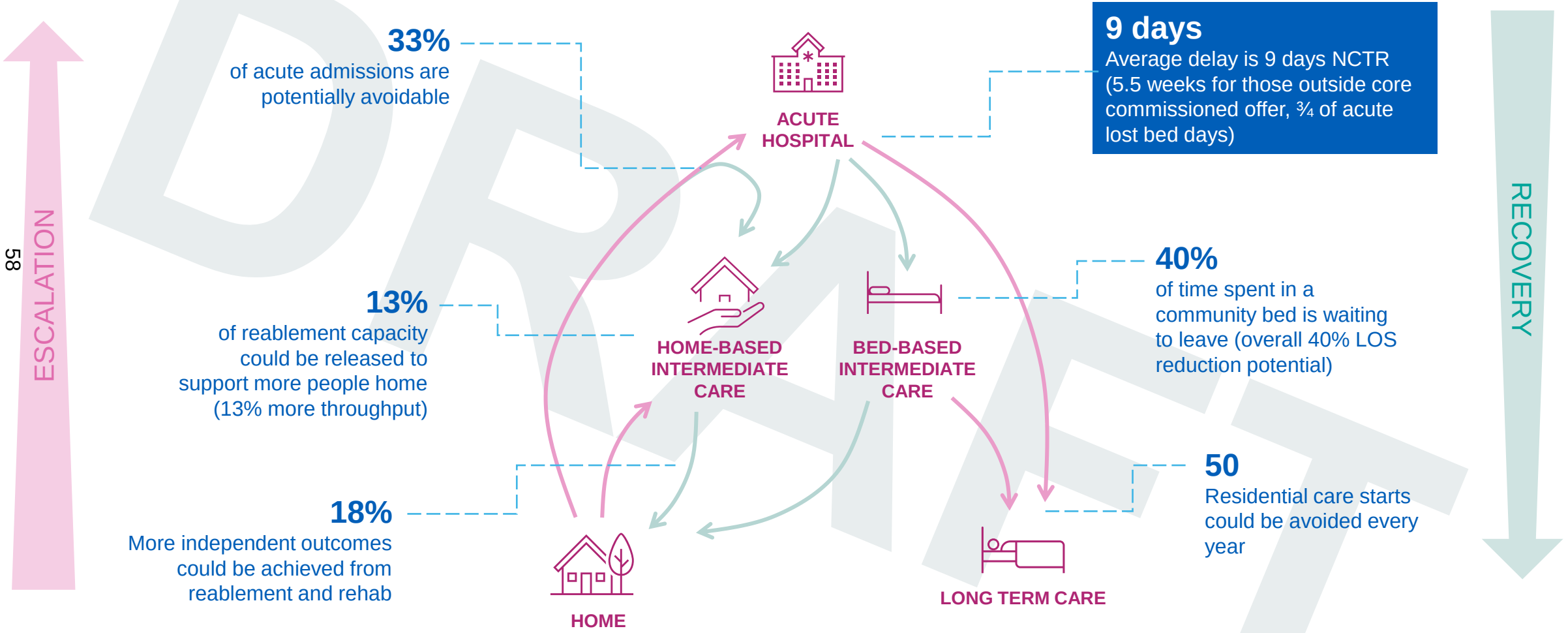


1 **Weekend capacity:** DCH SDEC currently sees an average of 20 patients on weekdays but only 7 patients on weekends.

2 **Daily variation:** Removing this variation between days would allow over 500 admissions to be avoided per year

3 **Increase capacity to match demand:** Analysis identified potential further demand for 5 patients per day - DCH has achieved the capacity for more than this on certain days, showing that meeting this demand is possible

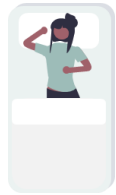
The evidence shows an opportunity to improve outcomes for people, and to support financial sustainability, that we can't ignore



Delays to discharge are multi-faceted, and system-wide

Treatment (CTR)	**30%** of the time deciding and arranging the ongoing support	**28%** of the time is spend waiting for Social work processes	**23%** is spent waiting for the capacity in onward services

Patients wait in hospital while ongoing support is arranged, but the process is difficult, referrals get rejected, patients get stuck.



Too many people are assessed in hospital and leads to overprescription of bedded care.

We could plan for discharge sooner to prevent avoidable delays later.

Opportunities are missed to discuss discharge plans with families and carers early to avoid mis-aligned expectations.

We spend a lot of time tracking and discussing our most complex patients but sometimes they still take weeks to be discharged.

The capacity in community services is not well matched to demand so people end up waiting longer for availability of the service.

Delays to discharge are multi-faceted, and system-wide

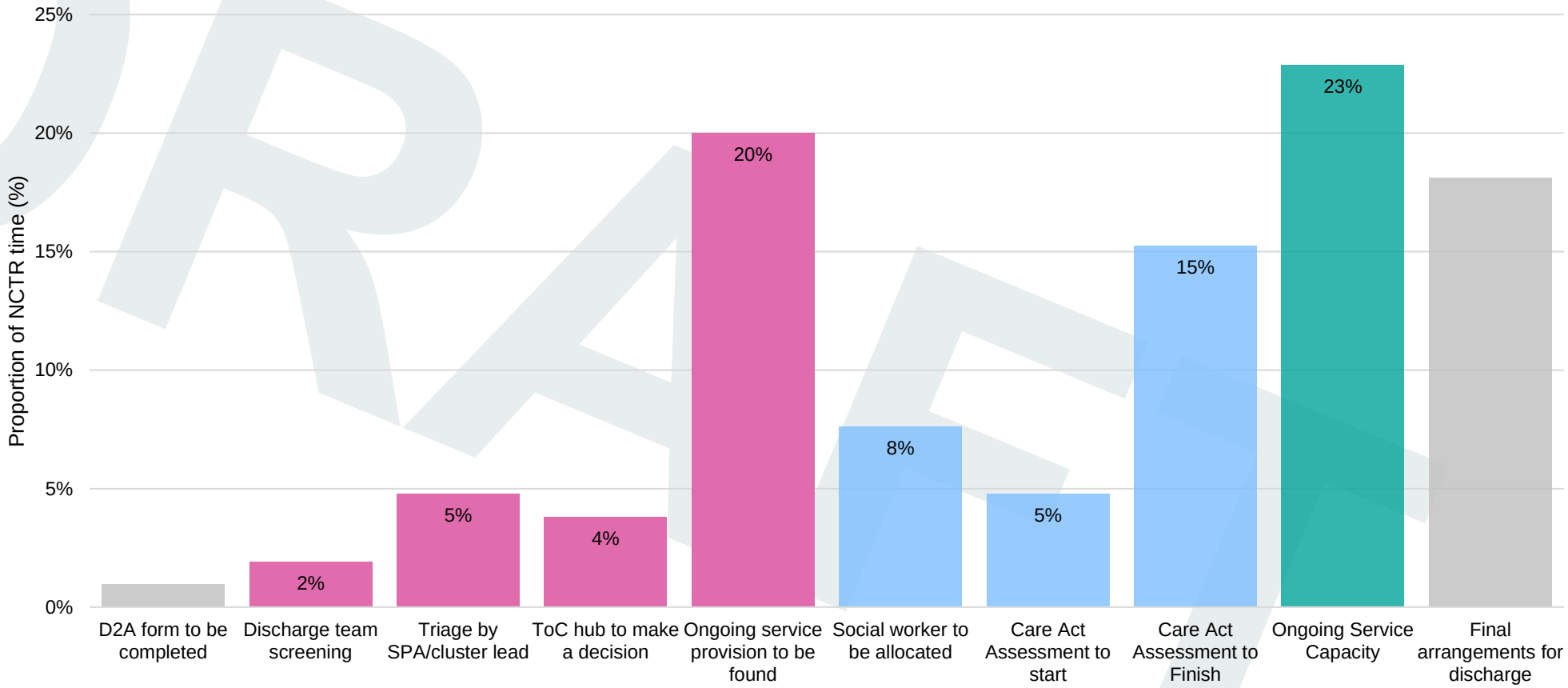
Treatment (CTR)

30% of the time deciding and arranging the ongoing support

28% of the time is spend waiting for Social work processes

23% is spent waiting for the capacity in onward services

Studies were conducted at all 3 acute hospitals to understand how long patients spend at each stage of the discharge process. Snapshots were taken over 2 to 3 days, **looking at over 300 patients with no criteria to reside** across a number of wards. Discharge notes were used to record at which stage of the process each patient was at.



Opportunities are missed to discuss discharge plans with families and carers early to avoid mis-aligned expectations

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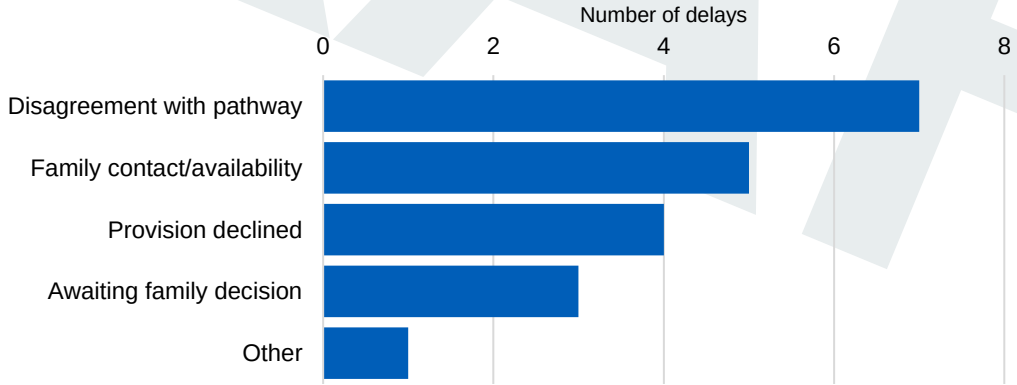
We could plan for discharge sooner to prevent avoidable delays later.

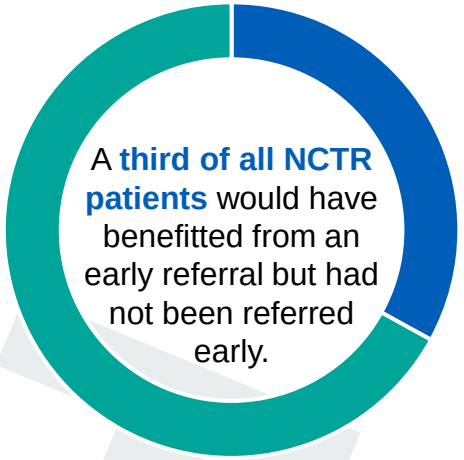
Opportunities are missed to discuss discharge plans with families and carers early to avoid mis-aligned expectations.

D2A case reviews found that **family/friends wishes** was the underlying reason behind **17% of non-ideal length of stays** and **18% of non-ideal outcomes**

The studies found that **9% of post-NCTR discharge process time is spent resolving patient and family wishes** and looked in more depth at the reasons.



Would earlier planning help?



Of the 63 NCTR patients surveyed in UHD

"ToC needs to be a collective responsibility. It's owned by the discharge team and we pull on people when needed. Until a patient hits the SPA list [only once medically ready and D2A submitted] it isn't collective." ***Discharge Lead, DCH***

Our TOC process is improving but is contributing to avoidable delays

Treatment (CTR)	**30%** of the time deciding and arranging the ongoing support	**28%** of the time is spend waiting for Social work processes	**23%** is spent waiting for the capacity in onward services

Patients wait in hospital while ongoing support is arranged, but the process is difficult, referrals get rejected, patients get stuck.

We could plan for discharge sooner to prevent avoidable delays later.

Opportunities are missed to discuss discharge plans with families and carers early to avoid mis-aligned expectations.

We spend a lot of time tracking and discussing our most complex patients but sometimes they still spend weeks to be discharged.

Derek has been in hospital for 73 days and is currently on a NCTR ward. Following a BIM 13 days ago, it was decided to request a D2A bed for him. After a couple of days on the D2A bed list one of the providers* ***declined to accept him due to his high care needs and he has been with the other provider to review for the last 7 days****. The provider won't do an assessment until a bed is available. It is possible that with his high care needs Derek may not be accepted and the process for finding care will have to begin again.*

Our TOC process is improving but is contributing to avoidable delays

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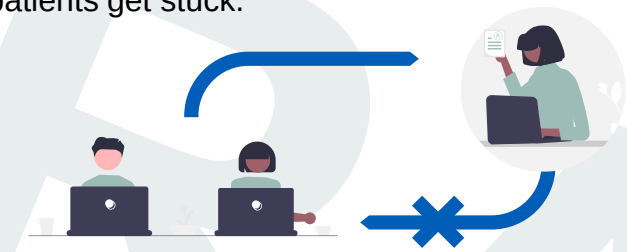


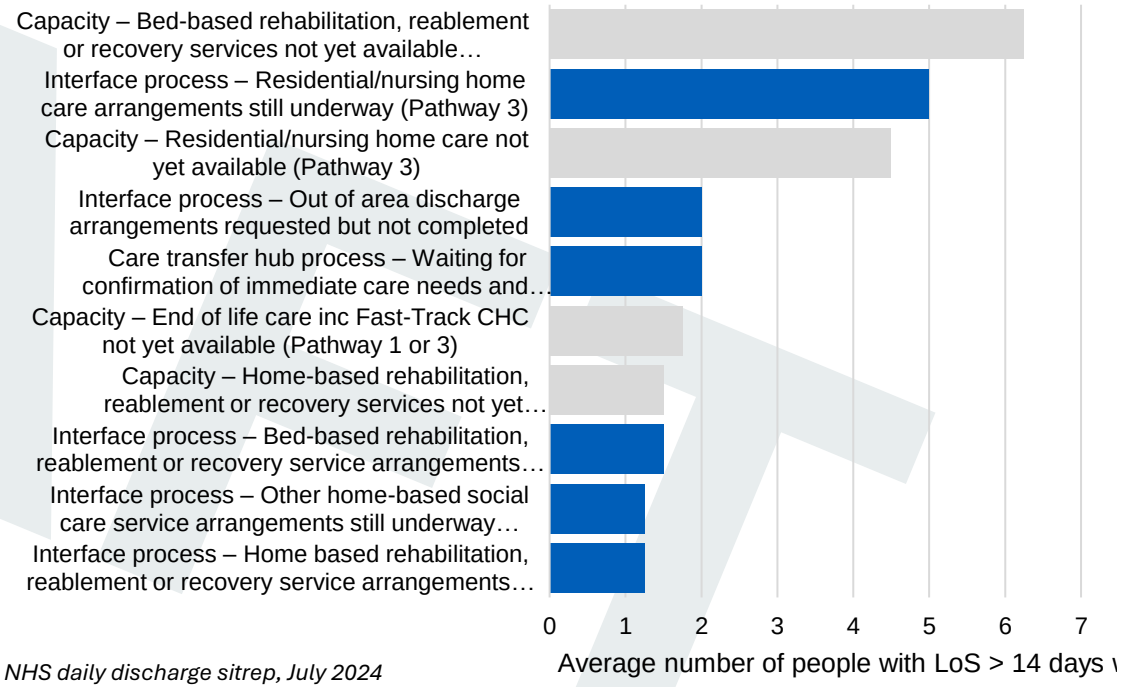
We could plan for discharge sooner to prevent avoidable delays later.

Opportunities are missed to discuss discharge plans with families and carers early to avoid mis-aligned expectations.

We spend a lot of time tracking and discussing our most complex patients but sometimes they still spend weeks to be discharged.

In DCH, approximately **50% of delays are caused by processes around organising care**

Top 10 delay reasons (14 days and over) DCH



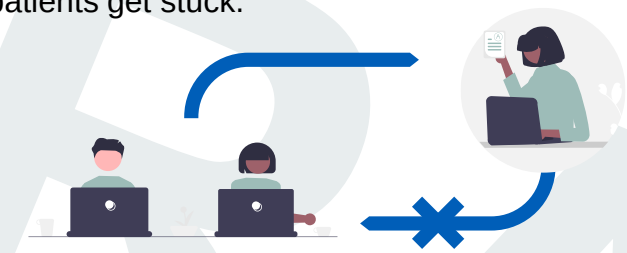
Source: NHS daily discharge sitrep, July 2024

Weekly snapshot average of the total number of people per day with length of stay 14 days or over who no longer meet the criteria to reside but were not discharged, broken down by the reasons why they continued to reside

Our TOC process is improving but is contributing to avoidable delays

Treatment (CTR)	**30%** of the time deciding and arranging the ongoing support	**28%** of the time is spend waiting for Social work processes	**23%** is spent waiting for the capacity in onward services

Patients wait in hospital while ongoing support is arranged, but the process is difficult, referrals get rejected, patients get stuck.



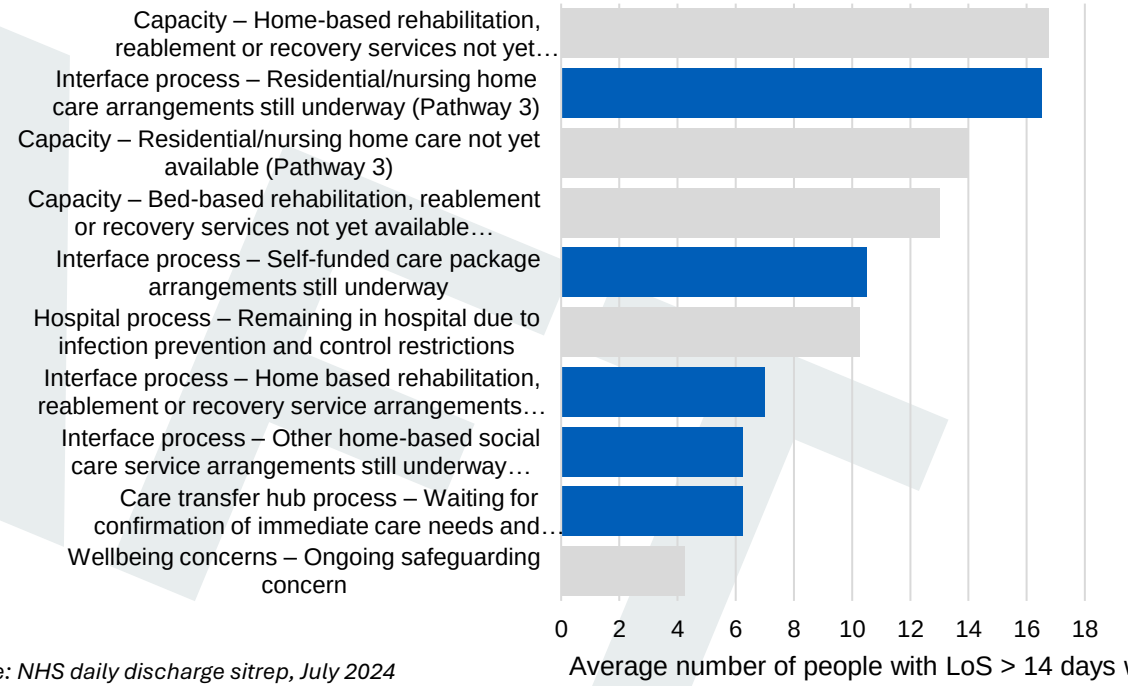
We could plan for discharge sooner to prevent avoidable delays later.

Opportunities are missed to discuss discharge plans with families and carers early to avoid mis-aligned expectations.

We spend a lot of time tracking and discussing our most complex patients but sometimes they still spend weeks to be discharged.

At UHD, approximately **45% of delays are caused by processes around organising care**

Top 10 delay reasons (14 days and over) UHD



Source: NHS daily discharge sitrep, July 2024
Weekly snapshot average of the total number of people per day with length of stay 14 days or over who no longer meet the criteria to reside but were not discharged, broken down by the reasons why they continued to reside

Some of our patients spend multiple weeks waiting for discharge

Treatment (CTR)	30%	of the time deciding and arranging the ongoing support	28%	of the time is spend waiting for Social work processes	23%	is spent waiting for the capacity in onward services

Many Care Act Assessments are taking place in hospital. This is happening for 'non-core' pathway 1 and pathway 2 patients, whose needs can't be met by the commissioned P1 services.

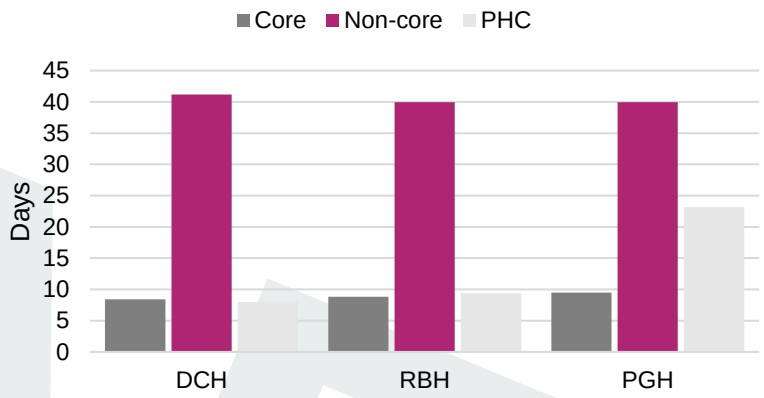
28% of time spent in social work processes is just waiting for allocation, and Care Act Assessments take multiple weeks to complete.

"It's a real shock to me how long people have to stay in the hospital. As a practice educator previously, I didn't realise how many people are delayed." **Ward clinical lead, UHD**

Patients wait in hospital while ongoing support is arranged, but the process is difficult, referrals get rejected, patients get stuck.

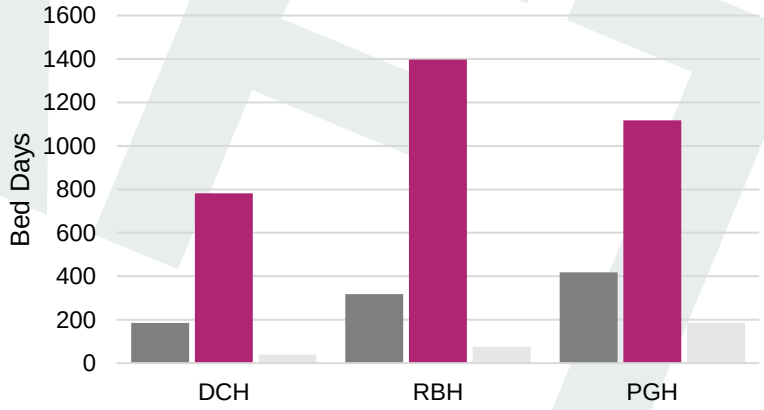
We spend a lot of time tracking and discussing our most complex patients but sometimes they still spend weeks to be discharged.

AVERAGE DELAY PER PATIENT



Patients who fall outside the criteria of our core services will wait in hospital for **five and a half weeks**.

TOTAL DELAY BED DAYS

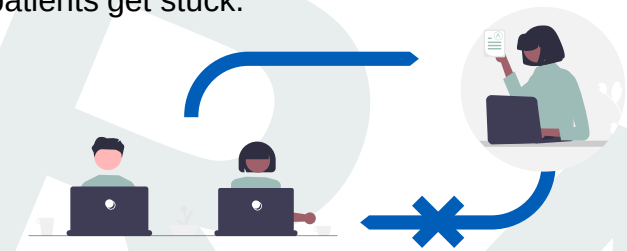


These patients also make up **nearly three-quarters** of the acute lost bed days across county but is only **40%** of our NCTR patients. (73%)

Some of our patients spend multiple weeks waiting for discharge

Treatment (CTR)	30%	of the time deciding and arranging the ongoing support	28%	of the time is spend waiting for Social work processes	23%	is spent waiting for the capacity in onward services

Patients wait in hospital while ongoing support is arranged, but the process is difficult, referrals get rejected, patients get stuck.



We could plan for discharge sooner to prevent avoidable delays later.

Opportunities are missed to discuss discharge plans with families and carers early to avoid mis-aligned expectations.

We spend a lot of time tracking and discussing our most complex patients but sometimes they still spend weeks to be discharged.

"We have had three patients on our ward die in hospital due to a long length of stay. ***One of them, who could have gone out the same day and only needed a temporary placement****, had longer delays as she wasn't in the social work system and died after 100 days in hospital.* ***Another would have been appropriate to go home with a QDS core package but this wasn't possible due to capacity****. Whilst waiting he deteriorated due to the long length of stay, suffering 18 falls in hospital. After an 89 day length of stay he died from covid."*

Ward sister, UHD

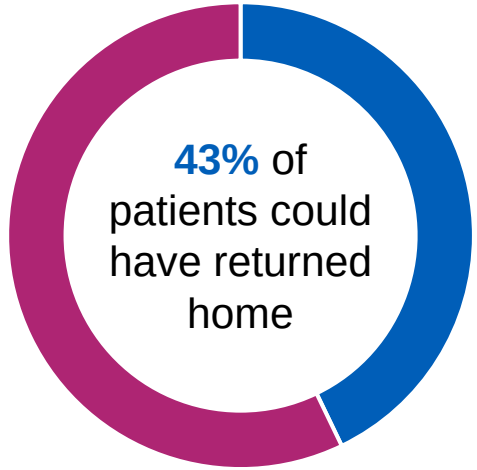
The D2A assessment found that **57% of patients could have left hospital sooner**

Patients are missing the opportunity to be assessed out of hospital and too many people are ending up in 24h care instead of getting home.

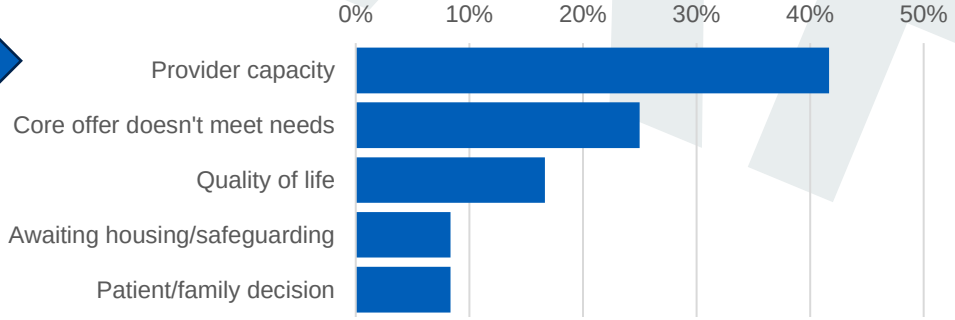
Treatment (CTR)	30%	of the time deciding and arranging the ongoing support	28%	of the time is spend waiting for Social work processes	23%	is spent waiting for the capacity in onward services	Onward pathway decision

The D2A assessment found that **38% of people on P2 were discharged on a non-ideal pathway**.

To further validate, we asked of people in P2 settings “Could this person have returned home?”



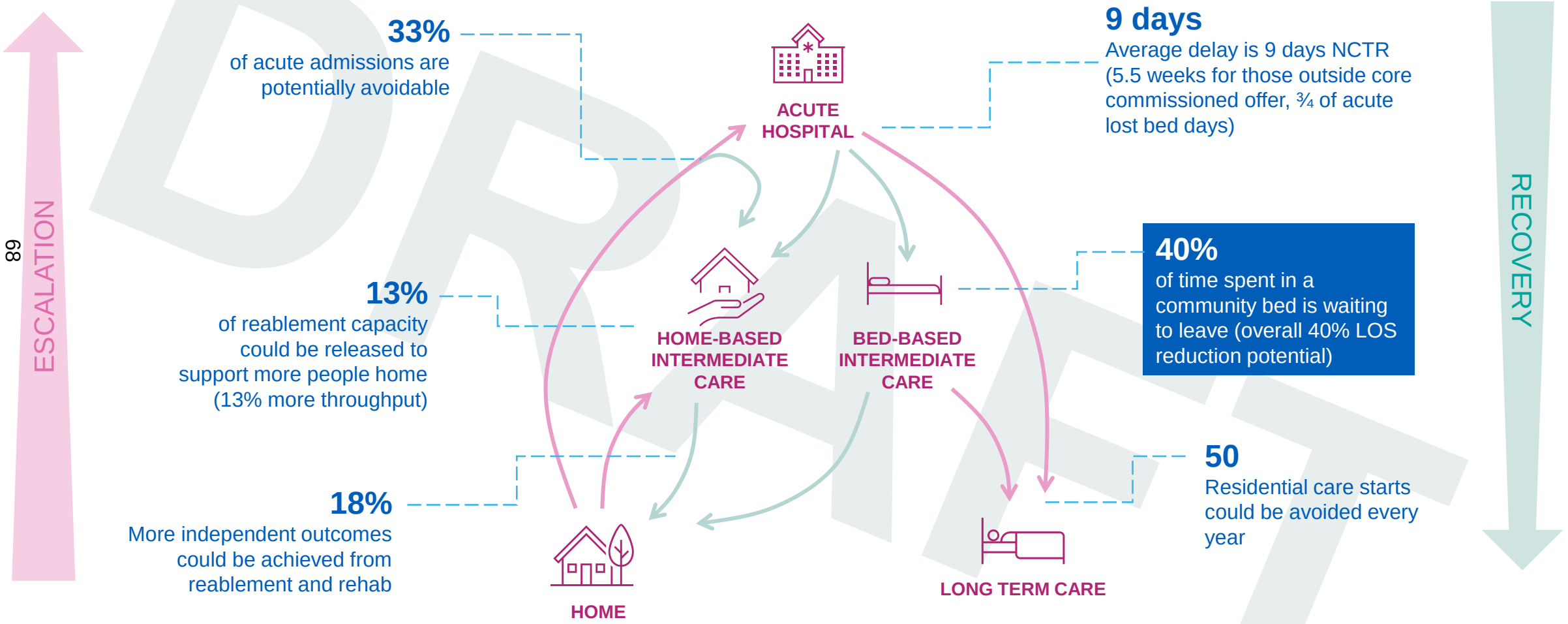
Too many people are assessed in hospital and leads to overprescription of bedded care.



All of the patients that didn’t return home due to provider capacity were in Dorset reablement beds. These were being used to get patients out of hospital while awaiting a PoC

“If we had a big enough P1 offer, all the patients in community hospitals could go home. Probably 90% of them.” **Discharge and Flow Matron, Community Hospitals**

The evidence shows an opportunity to improve outcomes for people, and to support financial sustainability, that we can't ignore



33%
of acute admissions are potentially avoidable

9 days
Average delay is 9 days NCTR (5.5 weeks for those outside core commissioned offer, ¾ of acute lost bed days)

13%
of reablement capacity could be released to support more people home (13% more throughput)

40%
of time spent in a community bed is waiting to leave (overall 40% LOS reduction potential)

18%
More independent outcomes could be achieved from reablement and rehab

50
Residential care starts could be avoided every year

Bed-based Intermediate Care supports people to go home

There are **4 different types of community beds** available across Dorset:

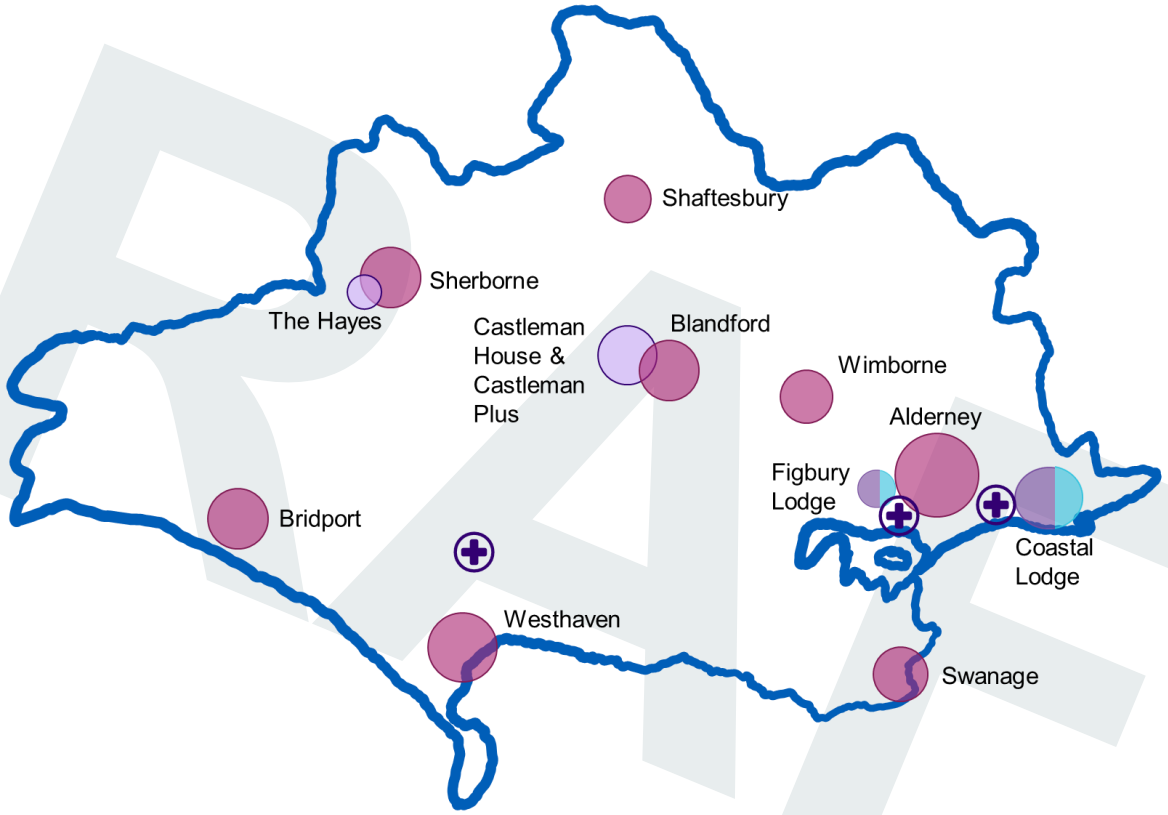
Community hospitals **208**

Therapy input on-site where we can also access sub-acute care

38

BCP D2A Beds
(Therapy off site)

Beds for patients requiring further rehab or assessment, have to request therapy input



BCP Rehab Beds **20**
(Therapy on site)

Therapy led sites that can accept a high complexity of patient

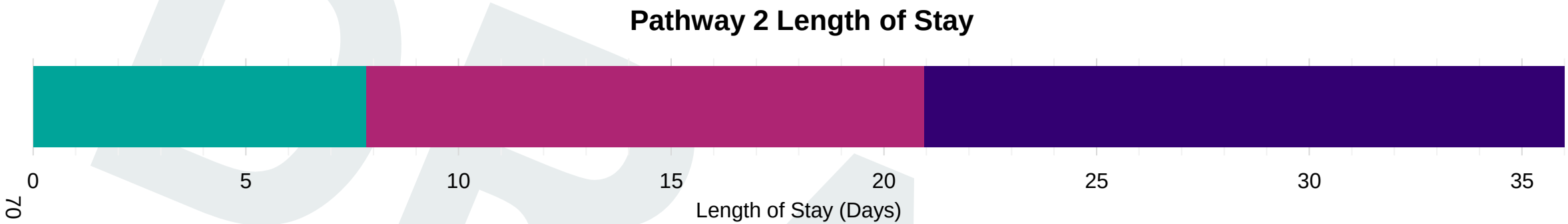
Dorset Council Reablement beds **30**

Beds for medically stable patients with low complexity, have to request therapy input

Dorset – 38 intermediate beds per 100,000 people
National average – 23 beds per 100,000 people

40% of a time in a community bed is spent waiting to be discharged, across all P2 beds

On average a patient spends 36 days in a community pathway 2 bed, which can be broken down to:



8 days
spent **Waiting for Therapy**

This includes those waiting to become medically or therapy fit to start their rehab or reablement

13 days
spent **Receiving Therapy**

These are spent actively receiving rehab or reablement to increase independence and allow the patient to return home

15 days
spent **Waiting to be discharged**

This time is after a patient has met all rehab goals for their P2 stay and can either go home to continue reablement or start a long term support package

Is there an opportunity to optimise patients recovery time to allow them to go home sooner?

Could this delay be reduced to get patients home as soon as possible?

*Data obtained from studies of 134 P2 beds across 9 sites

Jane’s journey through a P2 bed

Waiting for Therapy	Receiving Therapy	Waiting to be discharged

DAY 0

Jane has had a nasty fall whilst at home and has broken her hip. She has been to hospital and has been medically optimised for discharge. She has been referred to a P2 unit to work on quickly regaining some mobility so that she can go home and continue reablement to be able to live as independently as possible. Initially, **she is unable to begin therapy and must wait a week for her fracture clinic appointment.**

DAY 8

Jane has had her fracture clinic appointment and can now begin her therapy. The therapy team have set her a goal of being able to comfortably perform stand-sit tasks with the assistance of one person. This will enable her to continue her reablement at home. Her progress is regularly monitored throughout her time in recovery and Nurses regularly encourage her to move. **She makes good progress and should be able to leave soon!**

DAY 21

After 13 days of therapy, Jane now feels comfortable performing stand-sit tasks with the help of one and is ready for discharge out of a P2 bed. **The process of arranging her discharge begins** and the Discharge to Assess form is sent to Single Point of Access(SPA) to begin the process of determining and arranging her ongoing care needs. Her medication is arranged as well as any equipment required to make her home safe for her to return.

DAY 36

After waiting for 15 days, Jane can finally go home safely with the appropriate package of care. It was determined by SPA that Jane would need social work input as her care needs were complex. **Assigning her a social worker** accounted for a significant proportion of Jane’s time waiting for discharge in the P2 unit. Once she had been assigned a social worker and her care needs had been decided, she was **waiting for a care provider to have availability.**

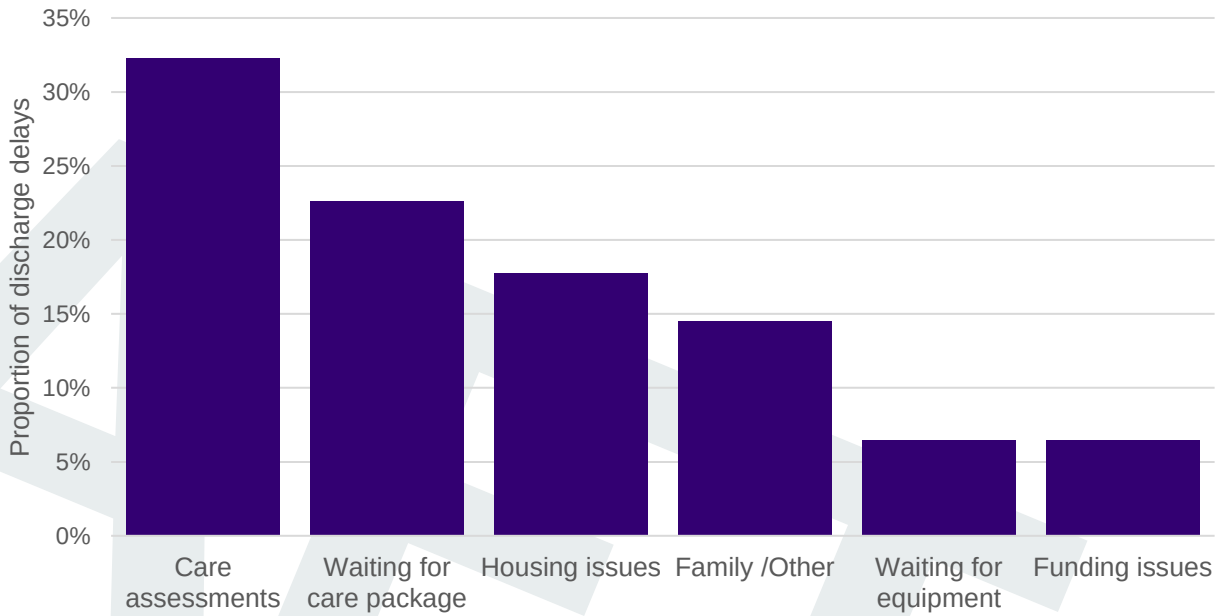
Could this delay be reduced to get patients home as soon as possible?

*Patient journey based on real patient stories from studies (Names and identifiable information have been removed)

Jane’s journey through a P2 bed

Waiting for Therapy	Receiving Therapy	Waiting to be discharged

A third of discharge delays days are due to waiting for social care assessments to be completed



Could this delay be reduced to get patients home as soon as possible?

*Patient journey based on real patient stories from studies (Names and identifiable information have been removed)

Jane's journey through a P2 bed

Waiting for Therapy	Receiving Therapy	Waiting to be discharged

Social worker availability

Staff in P2 units across the system expressed frustration at being unable to get social workers assigned to patients in a reasonable amount of time. Getting a social worker assigned often took weeks and any existing social work input would often be paused until a referral from SPA had been received. If a social worker could have been assigned earlier, patients could have been discharged sooner.

"Patients can be waiting for a social worker for weeks!"

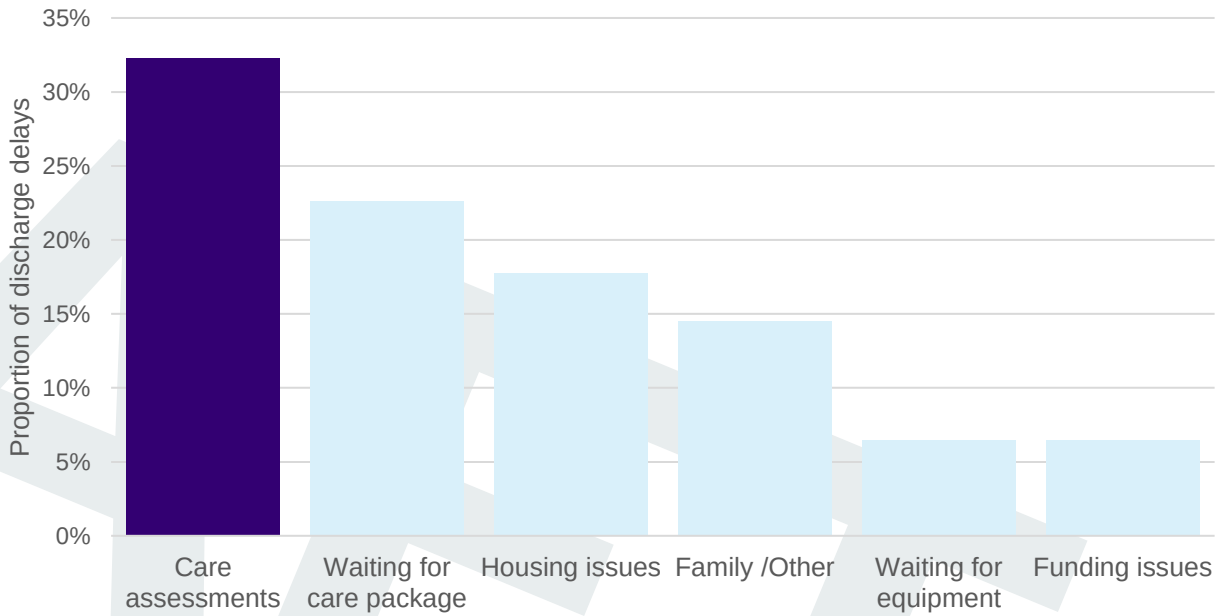
Nurse

Regular social worker input

Staff also expressed frustration that social workers were not regularly present at the units or at MDT meetings. This blocked an effective transfer of information, meaning that handovers took a long time. Staff also identified that it heightened other challenges around organising care which frequently came up, including housing and family issues for which medical professionals are not trained. More regular social worker input could have enabled patients to be discharged sooner.

"We used to have a social worker come in regularly and they really knew the system, but not anymore … we end up looking like idiots in front of the family!"

OT



*Patient journey based on real patient stories from studies (Names and identifiable information have been removed)

There are 5 different teams or organisations that could be involved before a person is discharged

Waiting for Therapy	Receiving Therapy	Waiting to be discharged

The discharge process from community beds involves multiple handoffs between different organisations, which creates many opportunities for delays

Patient start in P2 bed

Active Recovery

Patient is therapy fit & ready to be discharged

Equipment and medication arranged

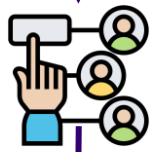
D2A filled and sent

SPA

Coordinate P2 discharges; Triage D2A and decide ongoing provision type

Social work

Complete assessments to determine provision



Care allocation

Sources Pathway 1 provider (Rehab/Reablement at home)

Home

Care allocation

Sources home care provider

Home

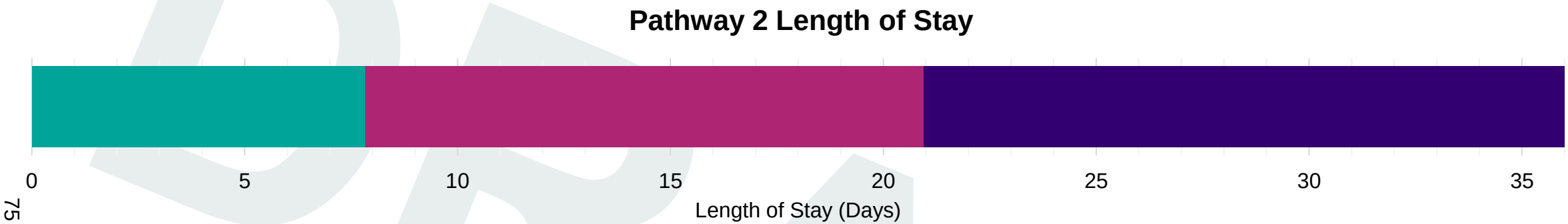
Brokering

Sources long term bed placement

Long-term bed

40% of a patients time in a community bed is spent when they are fit to be discharged

On average a patient spends 36 days in a community pathway 2 bed, which can be broken down to:



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Is there an opportunity to optimise patients recovery time to allow them to go home sooner?

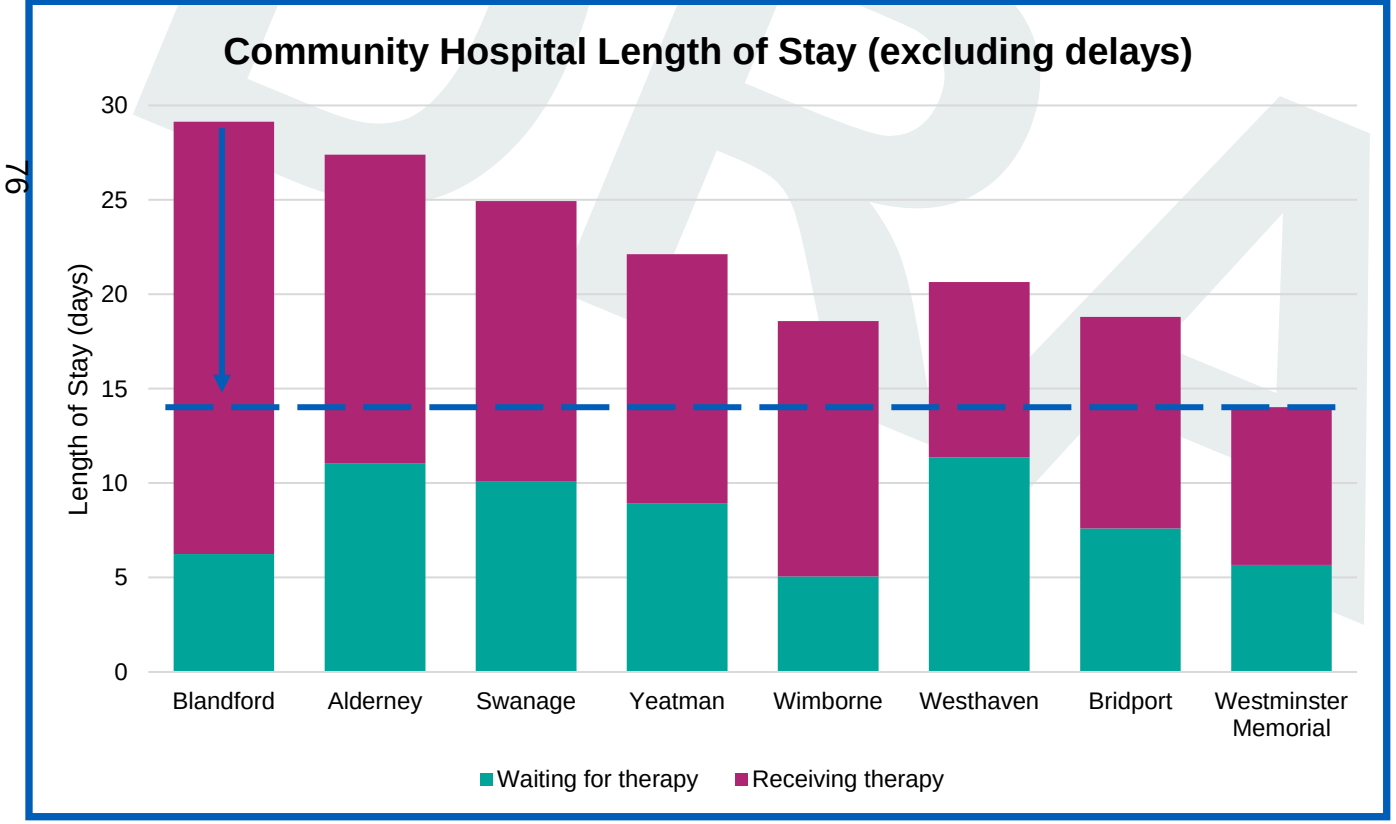
Could this delay be reduced to get patients home as soon as possible?

*Data obtained from studies of 134 P2 beds across 9 sites

There is variation in how long Active recovery takes

Waiting for Therapy	Receiving Therapy	Waiting to be discharged

Days taken for a patient to be ready for discharge varies significantly, even between community hospitals with similar cohorts of patients



Time taken for a patient to become therapy fit for discharge can be split into two stages:

Waiting for Therapy – waiting to be fit to start therapy

Receiving Therapy – actively receiving rehab or reablement to progress towards goals

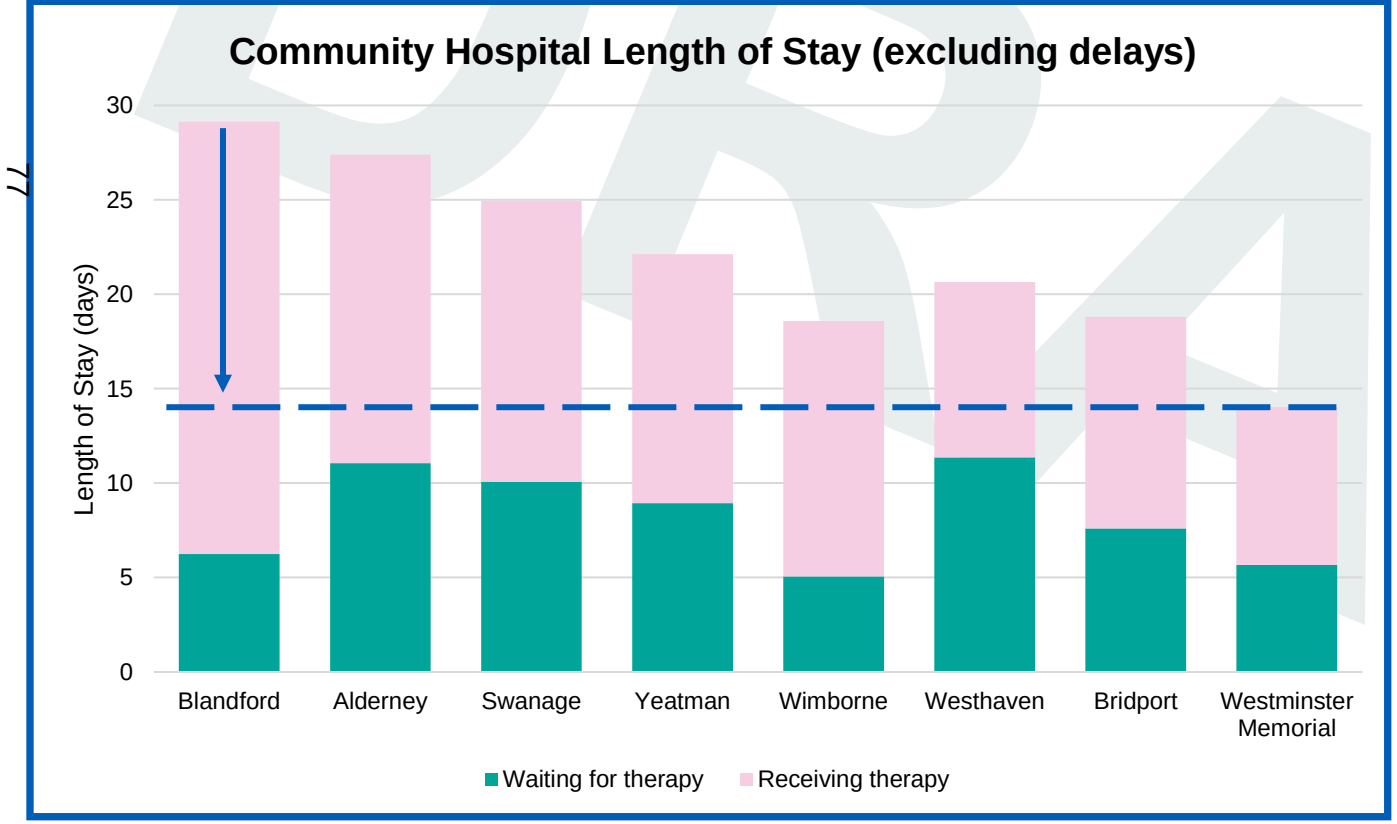
There are opportunities to reduce time spent in community hospitals in both of these stages

*Data from DHC BI + studies of 79 CoHo beds across 3 sites (average of delays taken for non-studied sites)

There is variation in how long Active recovery takes

Waiting for Therapy | Receiving Therapy | Waiting to be discharged

Days taken for a patient to be ready for discharge varies significantly, even between community hospitals with similar cohorts of patients



Waiting for Therapy

Time waiting for therapy accounts for 25% of LoS, and **over half** of this is due to patients who are non-weight bearing upon P2 admission. There are two key enablers to reducing this wait:

Right decisions on discharge

Differences in Pathway 2 beds mean that there is more access to specialist support to allow patients to begin their recovery sooner. Considering whether the patients needs require this support while referring to pathway 2 sites from the acute hospital can reduce the delay once the patient is in the community bed

Certain types of patients need certain specialist treatment

OT

Quality of referral information

Referrals to pathway 2 often contain a lack of detail or outdated information making it difficult to plan the support a patient needs in advance. When support such as fracture clinics is required this is only found out after the patient has been assessed in the pathway 2 bed, delaying their access to these services

9 out of 10 times we have to assess the patient from scratch

ACP

*Data from DHC BI + studies of 79 CoHo beds across 3 sites (average of delays taken for non-studied sites)

There is variation in how long Active recovery takes

Waiting for Therapy | Receiving Therapy | Waiting to be discharged

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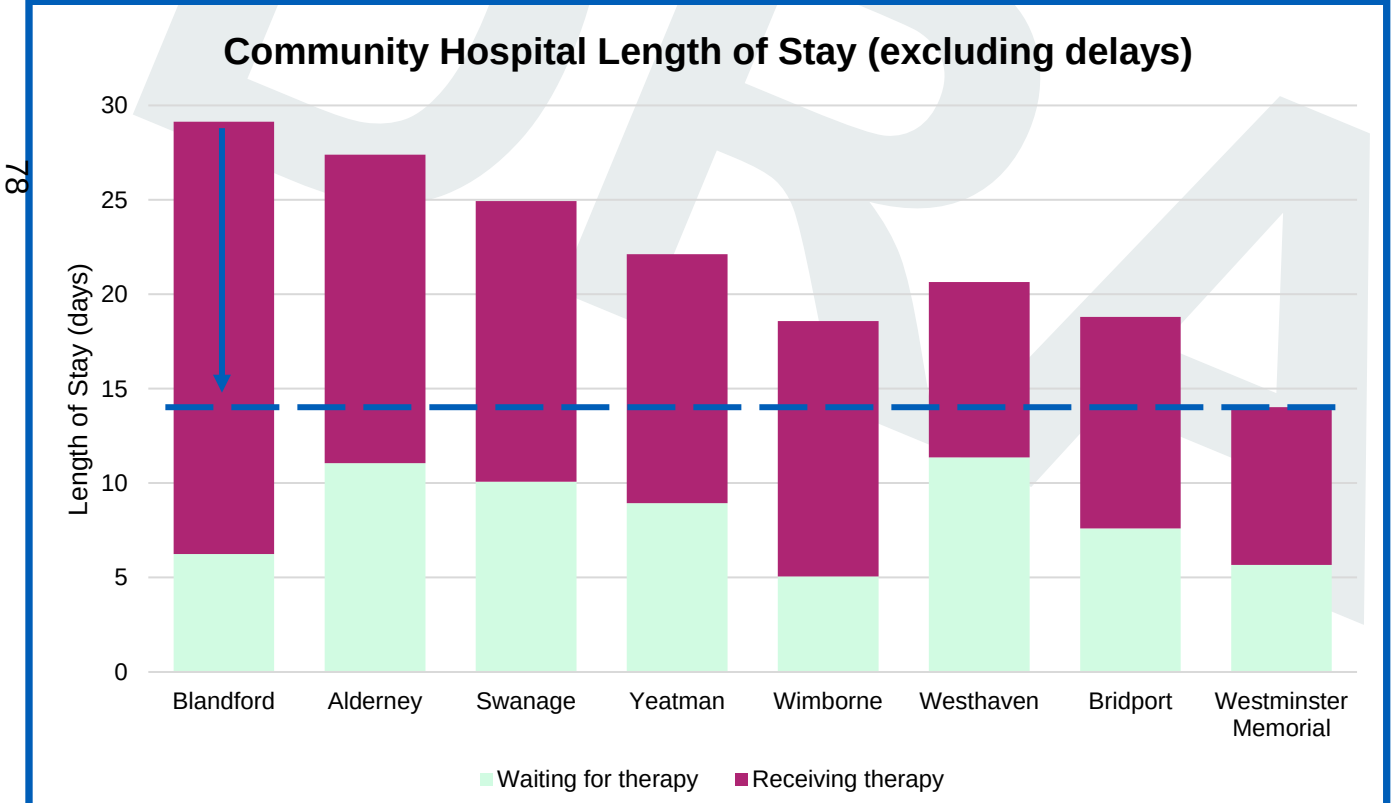


Receiving Therapy

Time spent receiving therapy varies significantly between community hospitals. This is a clinical or therapy led decision, although there can be improved consistency in:

Goal setting and progress tracking

Following Pathway 2 beds there is an opportunity for patients to continue their recovery at home – in the best examples P2 beds are used only to get patients to this point so that they can do most of their recovery at home. In multiple cases we are aiming to get people as far as possible within the P2 bed when they could receive some of this support at home.

We do as much as we can to make sure the patients are safe

Nurse

Expected discharge dates

Expected discharge dates (EDDs) can be used to effectively judge progress, with all parties able to target when a person will be ready to be discharged. They are most effective when set at the start of a persons stay based on the assessment of needs and can help proactive management of a persons Length of Stay

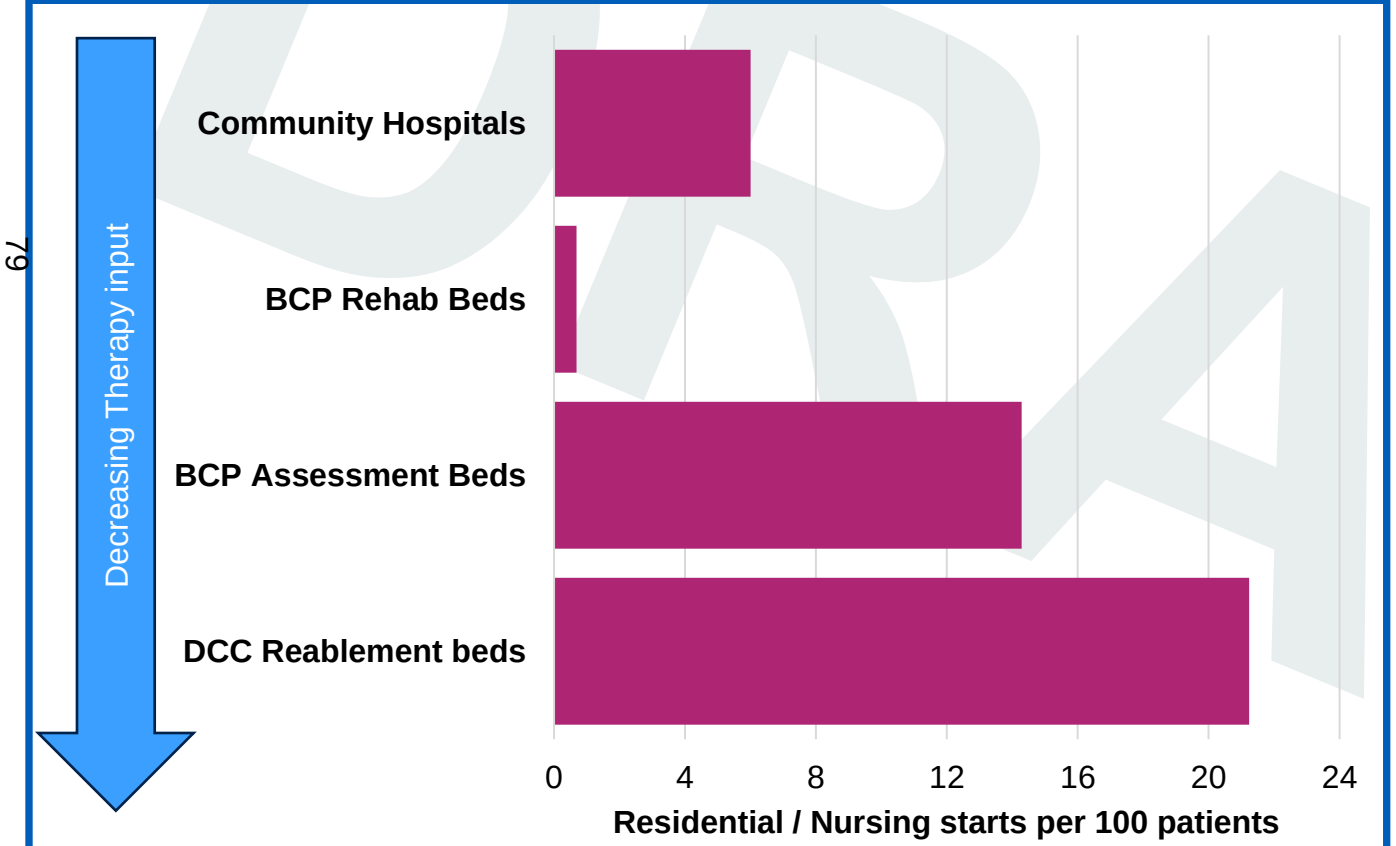
We have never really had consistent guidance on setting EDDs, we all do it our own way

Discharge Coordinator

*Data from DHC BI + studies of 79 CoHo beds across 3 sites (average of delays taken for non-studied sites)

There is significant variation in outcomes based on type of P2 bed accessed

Across all the sites in Dorset, patients are 2 to 3 times more likely to require long term Residential or Nursing care when they access P2 sites with off-site therapy input

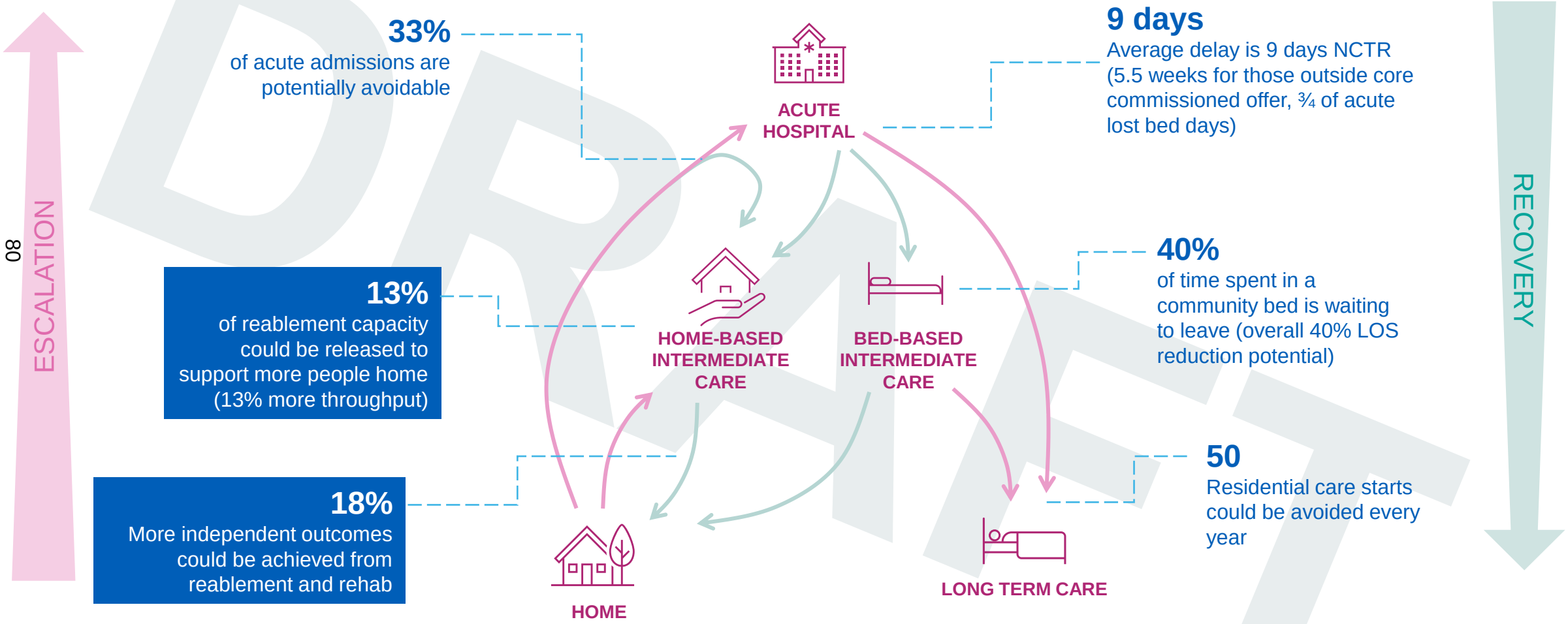


All of the types of pathway 2 site operate differently to best serve the needs of patients.

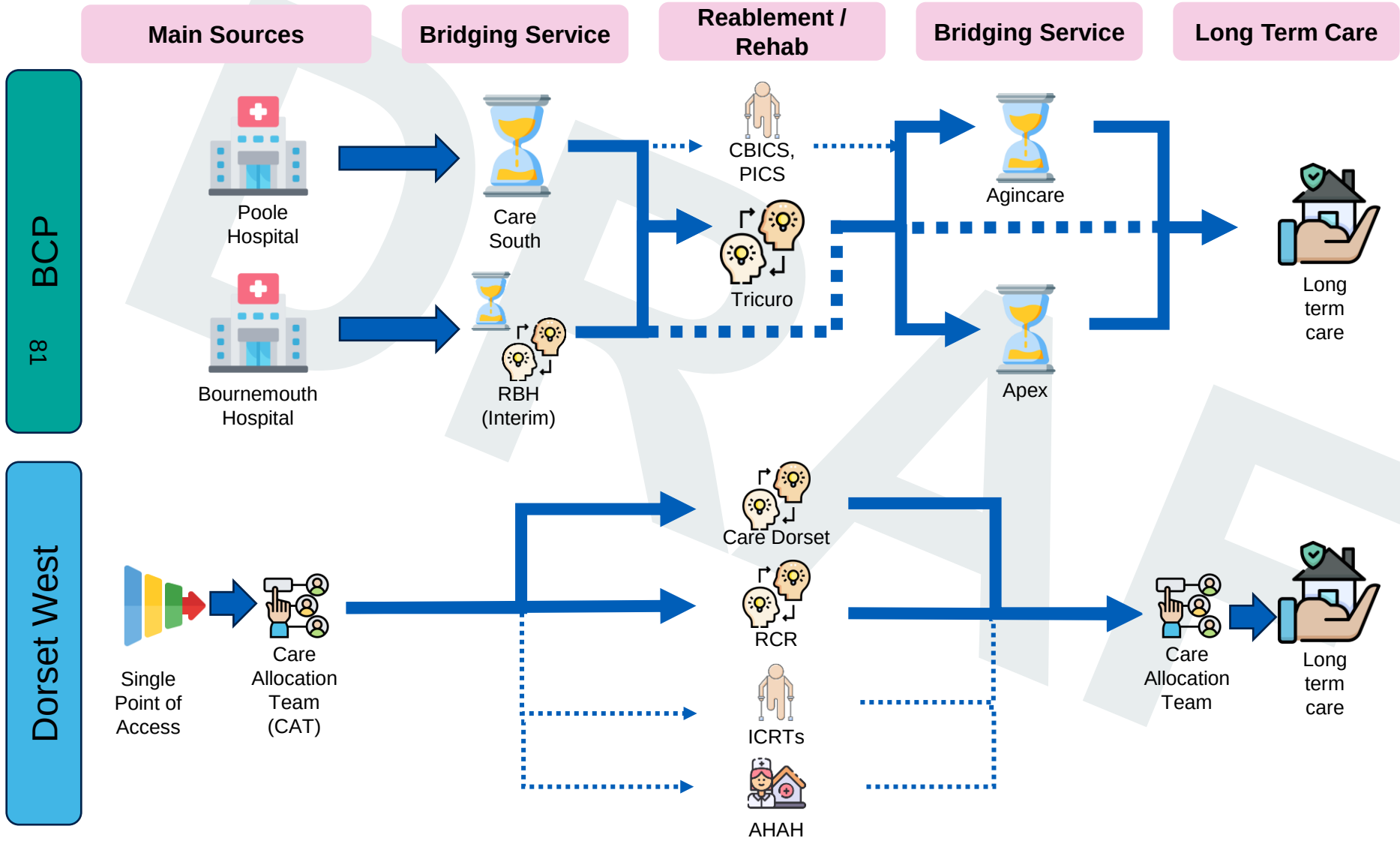
From observing processes through shadowing and applying best practice from other systems, we have highlighted 4 key enablers to improving outcomes across all beds:

MDTs	Using the combined experience of a multidisciplinary team, to plan the most effective actions to support their recovery.
Data Visibility	Ensuring the right people have access to key information about the patient
SMART Goals	Specific, Measurable, Achievable, Relevant and Time-based goals set consistent expectations of how to get each person home
Therapy Input	Managing therapist resource across sites to support patients as much as possible

The evidence shows an opportunity to improve outcomes for people, and to support financial sustainability, that we can't ignore



There are 32 different providers in pathway 1



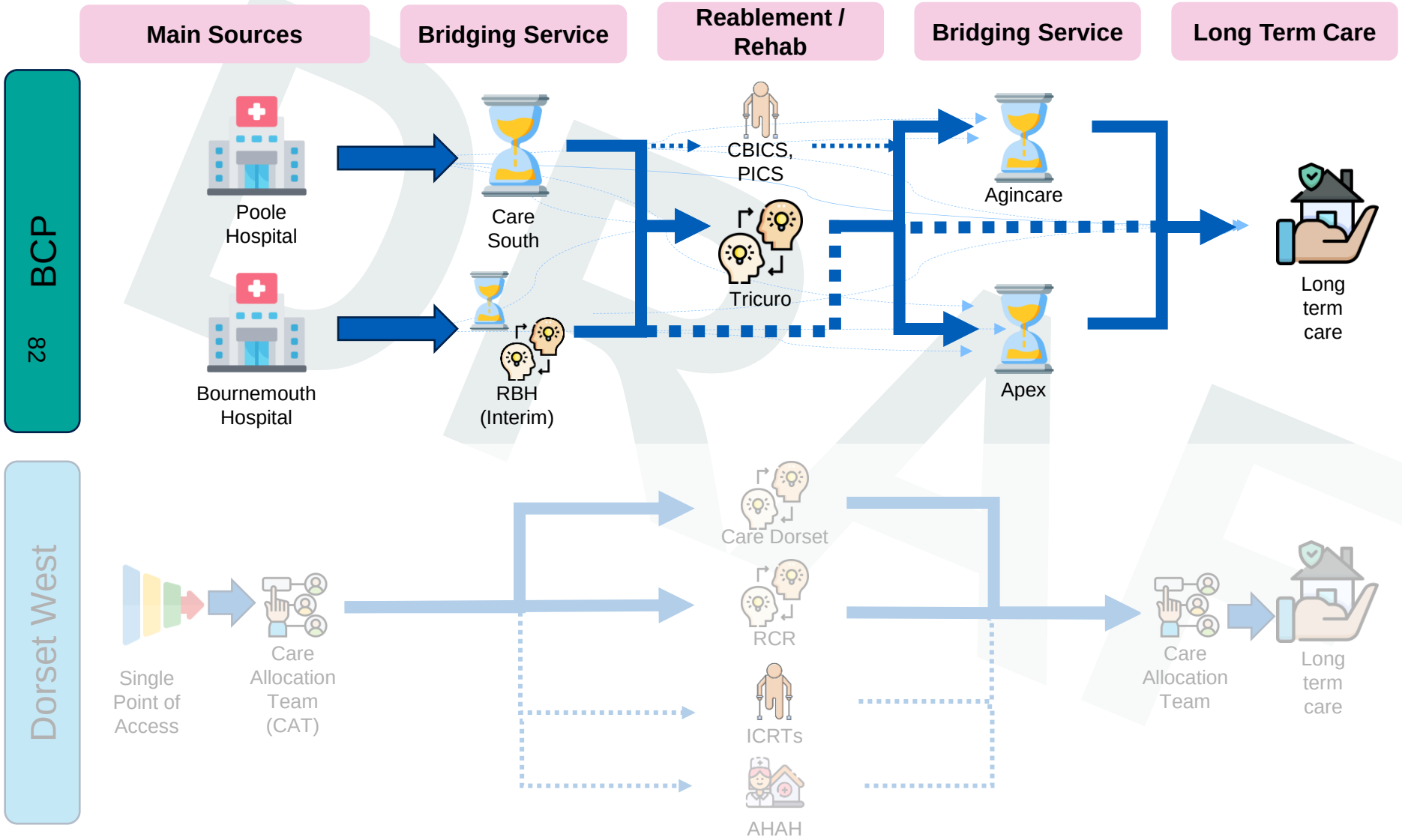
Of which, **most reablement** in Dorset occurs in **three providers**:

- Tricuro
- Care South
- Care Dorset

Illustrated are the **four main routes** into them:

- PGH -> Care South -> Tricuro
- BGH -> RBH (Interim) -> Tricuro
- CAT -> Care Dorset
- CAT -> RCR

The current process in BCP passes the person and their information through many separate services



There are **20+ different routes** a person could take.

People can **pass through 5 different services**.

At each **handover**:

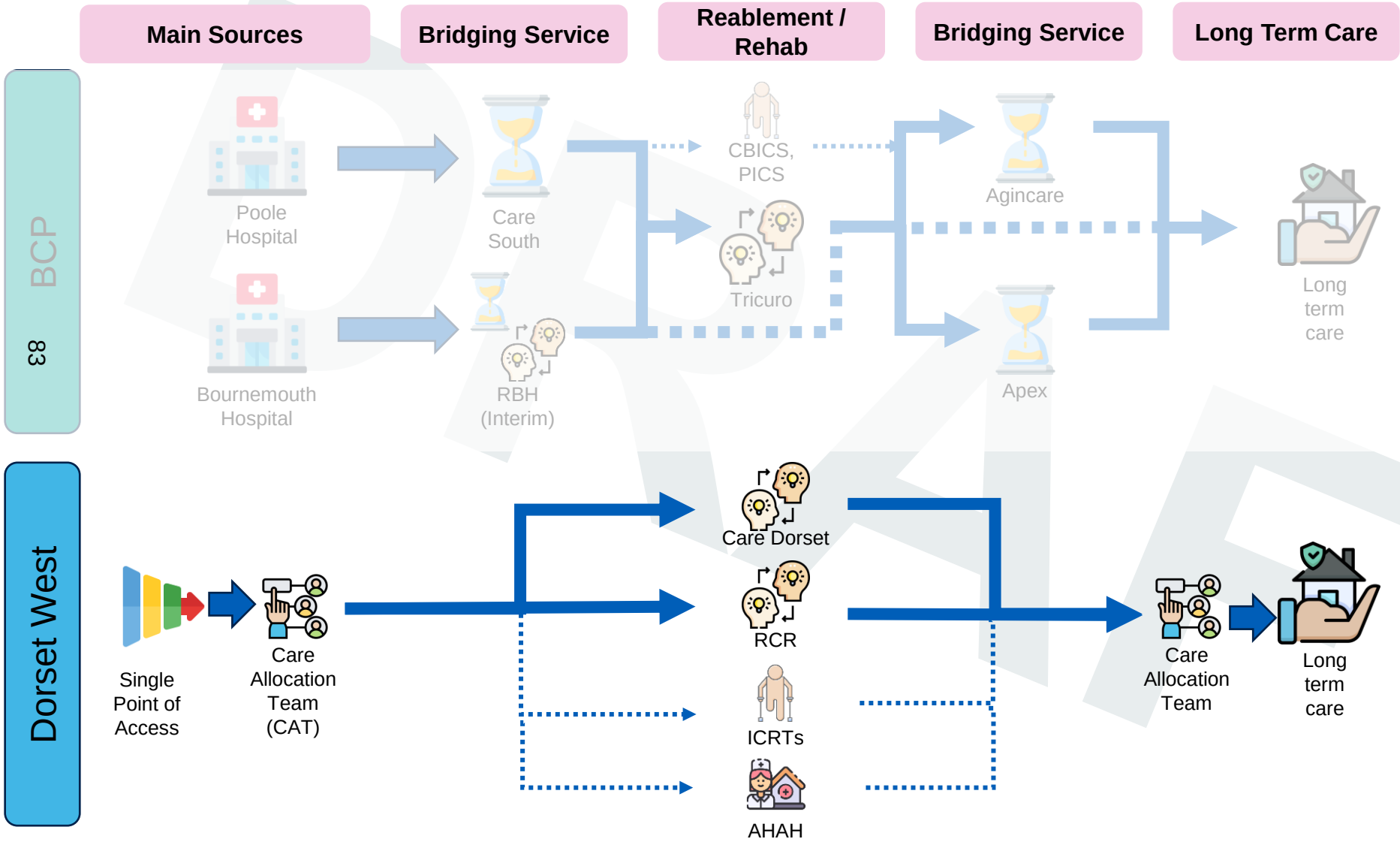
- The person must re-explain who they are and what they are trying to achieve.
- **Different** information and **goals** could be communicated to the person.
- **Information is lost** and time is required to understand the person.
- People's **needs are re-evaluated**.

"Social Work re-assess the hours decided by reablement and frequently increase them again".

Multiple providers can be involved with the same person at the same time.

Alongside a **confusing journey for both the person and staff**, this results in more time in intermediate care and reduced long term independence for the person.

The current process in Dorset West can create confusion with several providers competing for the same function



The **process is much clearer** in Dorset West.

An email goes out to all providers and the first to respond takes the person.

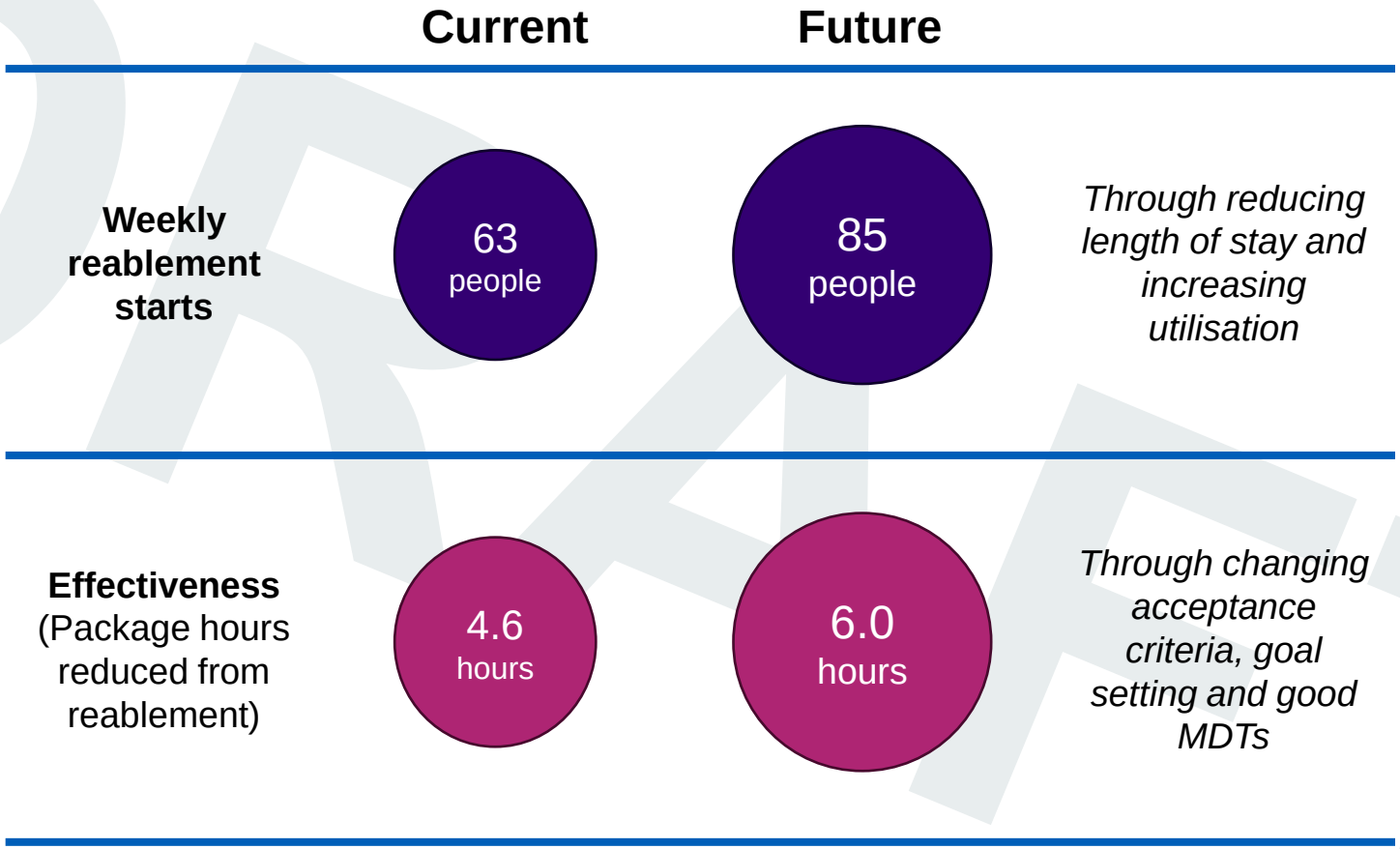
However, providers can feel like they are in competition with each other, resulting in worse collaboration.

Providers have the option to not pick people who would be more challenging to deliver care to; those in rural areas tend to stay on the waiting list for much longer.

Despite having capacity at home, **83% of people in reablement beds could have gone home if the capacity was distributed correctly** to be able to take QDS and people in rural areas.

There is a lack of trust in the information
"Only 2 out of 10 referrals are accurate"

There is an opportunity to increase to number of people benefiting from reablement, and the effectiveness of the services



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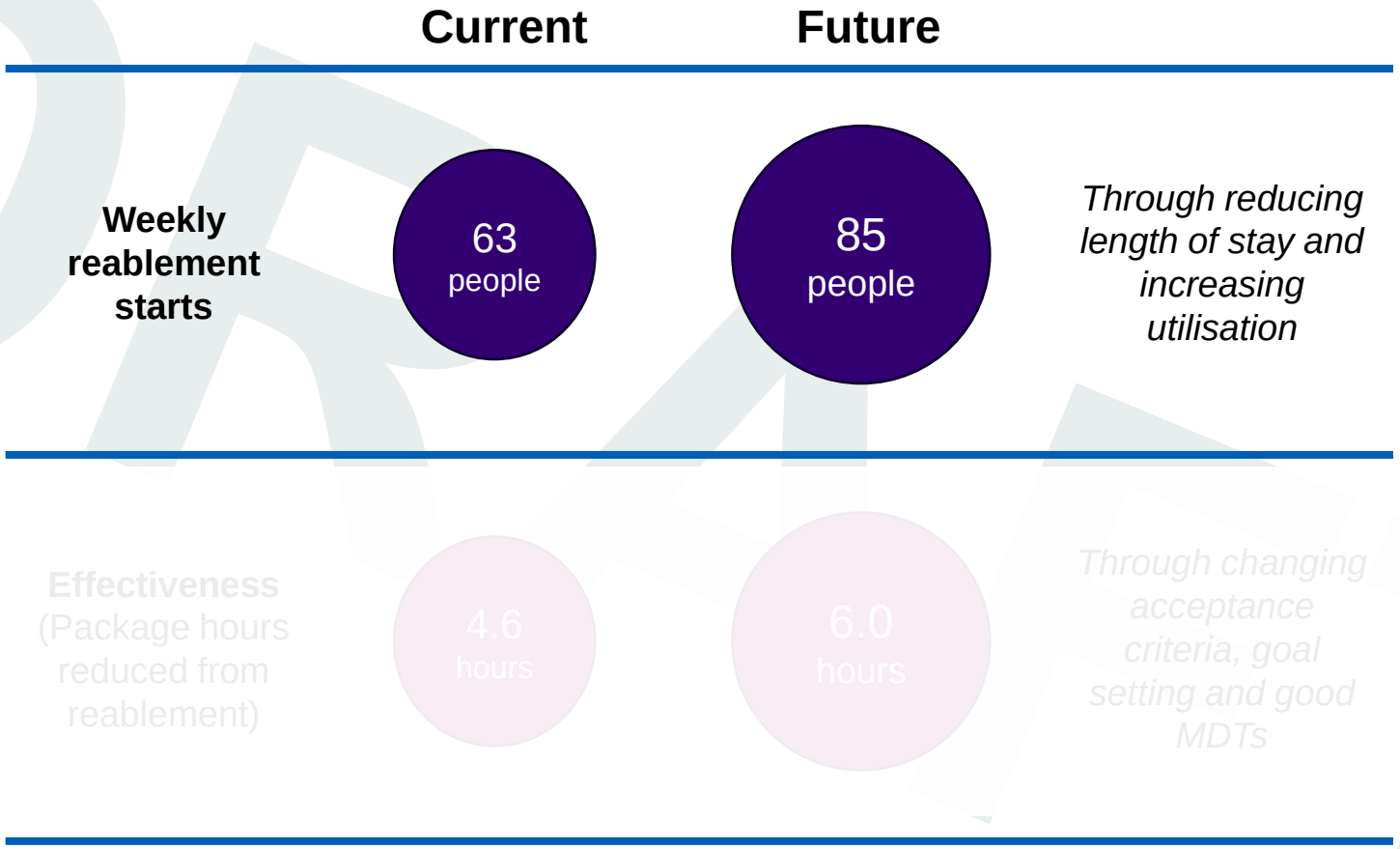


Is there unmet demand?

Out of 2000 people annually discharged onto pathway 2, **43% could have been supported at home**, improving their independence and happiness.

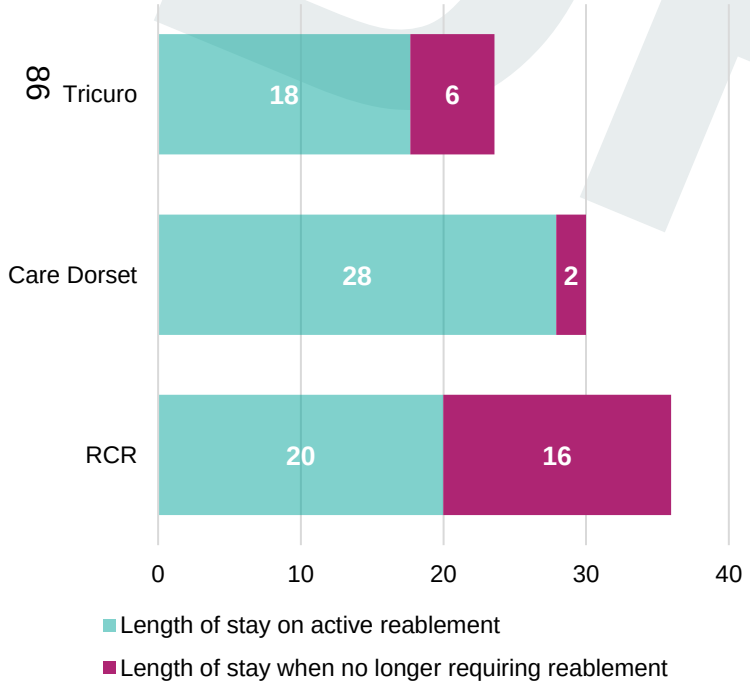
Increase of 7 starts per week in BCP, 12 starts per week in Dorset Council.

Do we have capacity to support this additional demand?

People are staying in a reablement services past when they have achieved their reablement potential

1 out of every 3 people in reablement are **no longer receiving active reablement**.

Length of stay whilst waiting for other services is too long



***Tricuro** databases show half of all people stay in the service beyond completing reaching their reablement potential. Of those who do:*

39%

Are self-funders

Self-funders believe they can stay with reablement for 6 weeks before they organise their own long-term care. This means they often stay in the service for much longer than their reablement need.

23%

Are waiting for a package of care to be sourced

We are not planning for exits early, this means communication with the person and ongoing services only starts when someone is at or near the end of their reablement journey.

Most people exit Care Dorset without delay

Very few people go on maintenance but for those who do, maintenance accounts for 40% of their overall length of stay. These are often more complex cases, which providers are resistant to take on due to behaviour/history, care needs which are too great or how remote they are.

In RCR and RBH (Interim), there are a spread of reasons why people stay in the service while not actively being re-abled:

Waiting for Equipment from Hospital

Too unwell from reablement

Waiting for social work involvement

Waiting for an ongoing package of care

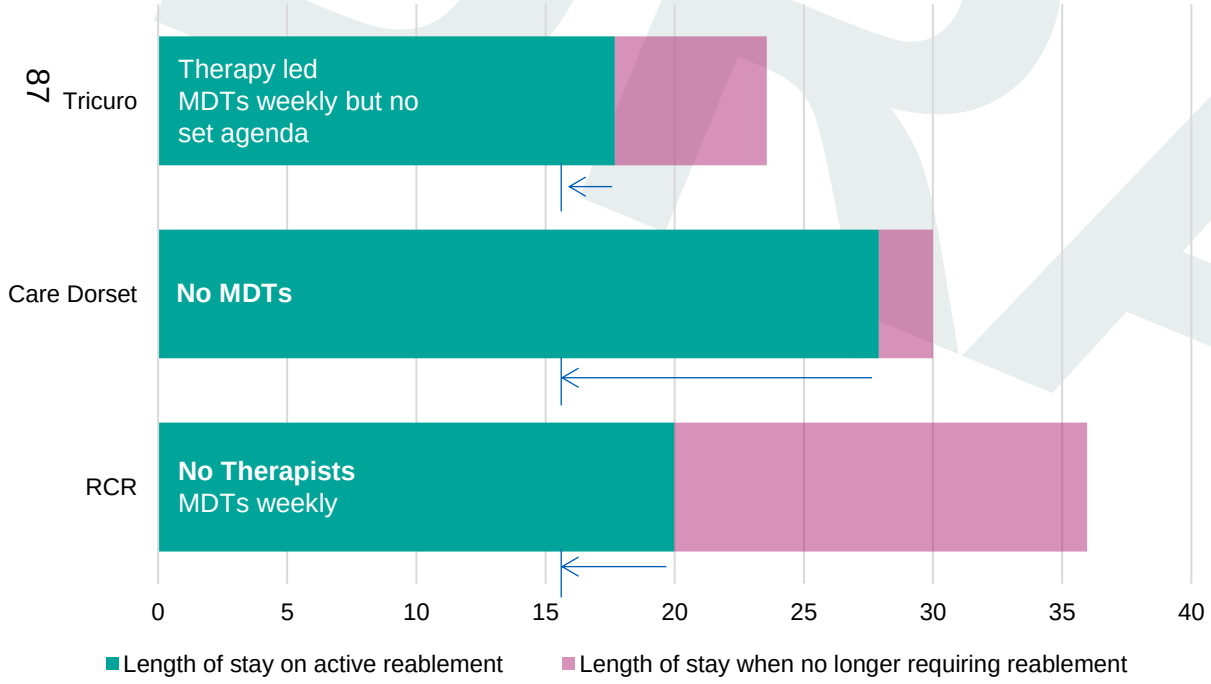
Total length of stay from providers and split of active reablement time from studies

Better goals management would support an improvement in active reablement time

To ensure strong effectiveness of home-based care, it is essential that the right professionals are able to input at the right time. A key enabler of this is MDTs and therapy interventions.

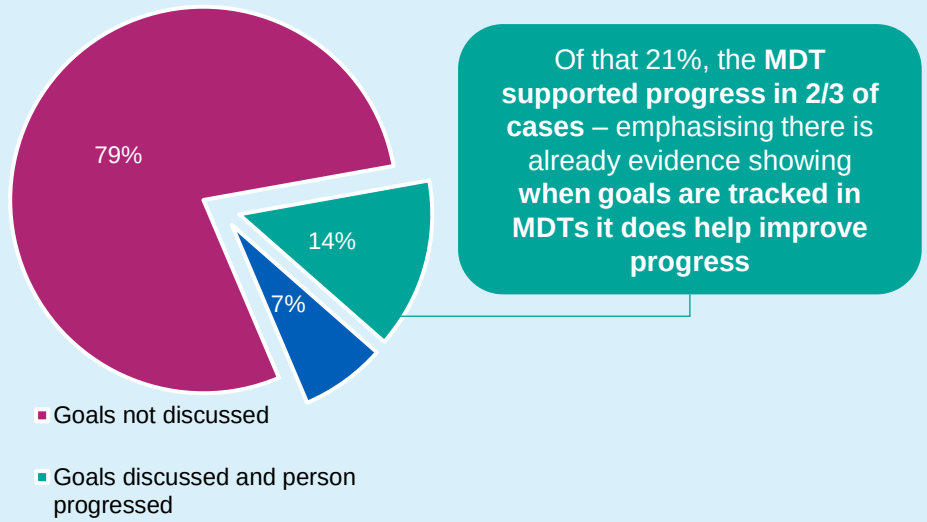
For people with **goals accurately tracked**, the active reablement **length of stay** has been seen to reduce to **16 days**

Length of stay whilst actively receiving reablement is too long



Tricuro has all the elements to deliver strong outcomes and has the shortest active reablement time but **MDTs could be used more effectively to improve outcomes**

In Tricuro, only 21% of people had goals mentioned in the MDT



Of that 21%, the **MDT supported progress in 2/3 of cases** – emphasising there is already evidence showing **when goals are tracked in MDTs it does help improve progress**

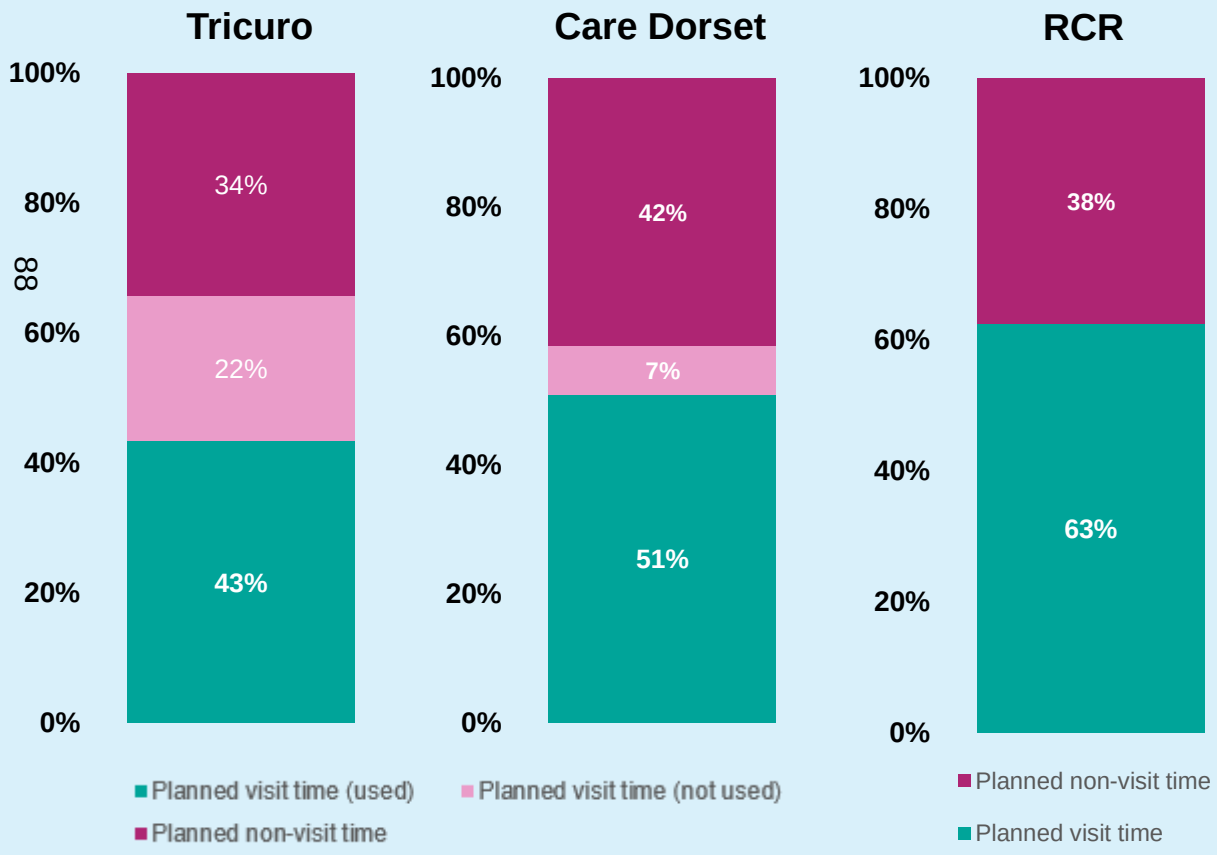
In ***RCR*** MDTs, conversations support next steps, and which services were involved in progressing those, **however reablement goals and progression on goals are not discussed for any patient**.

Total length of stay from providers. Split of active reablement time and MDT information from studies

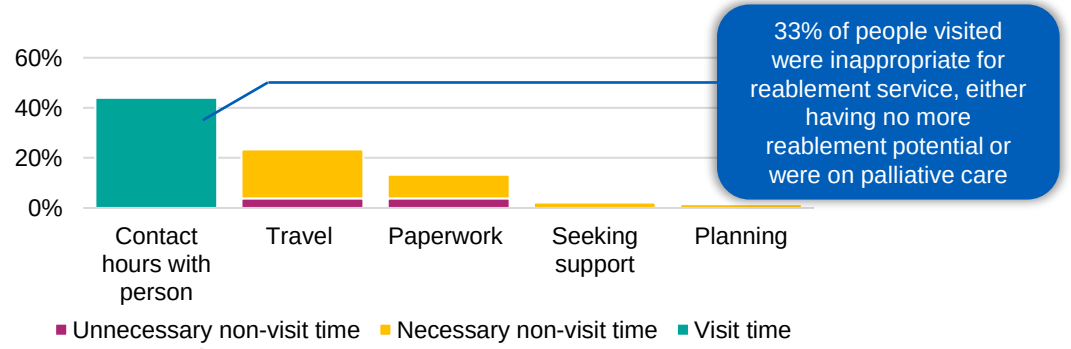
Reablement workers* could visit more people each day

Reablement workers could spend more of their time with service users by better planning how long visits should be, optimising routes and have consistent and balanced rotas.

Increasing utilisation by 10% would enable 9 more starts per week



In Tricuro, less than half of reablment workers' time was spent with the person

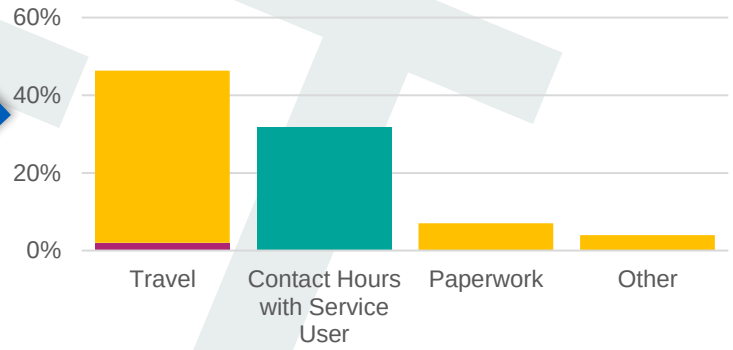


33% of people visited were inappropriate for reablement service, either having no more reablement potential or were on palliative care

Travel distances are further between visits for Care Dorset than Tricuro – but often aren't optimised

"When travel time is calculated on Access, the scheduling system, it uses google maps estimates at the time of programming, not the time of visit, often underestimating how long it will take or the best route at that time"

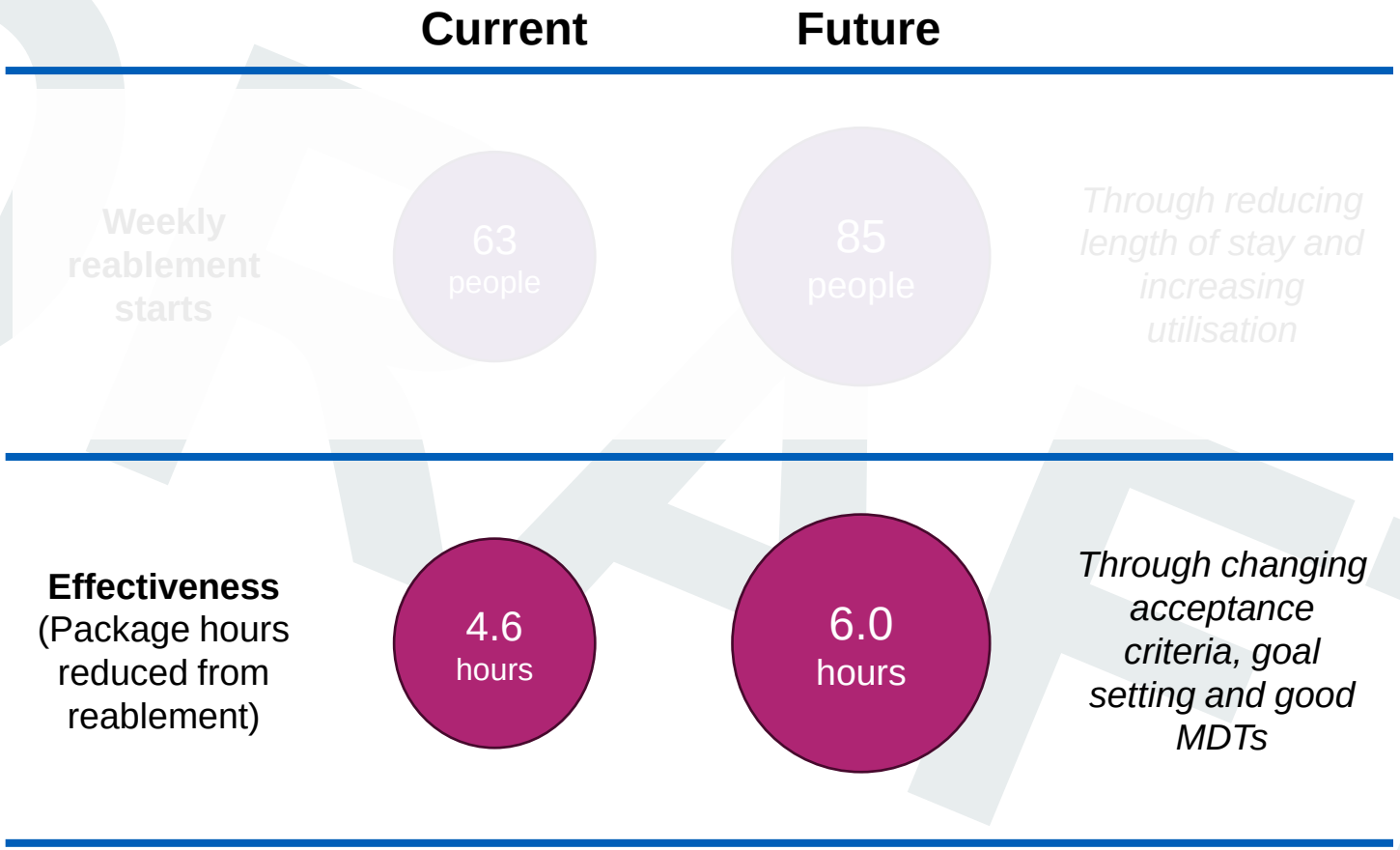
In Care Dorset, Travel accounted for 46% of the reablement workers' shift



*Reablement workers are also referred to as Community Therapy Assistants and carers

Planned visit time from providers, all other data from studies

There is an opportunity to increase to number of people benefiting from reablement, and the effectiveness of the services



People could leave reablement with more independence

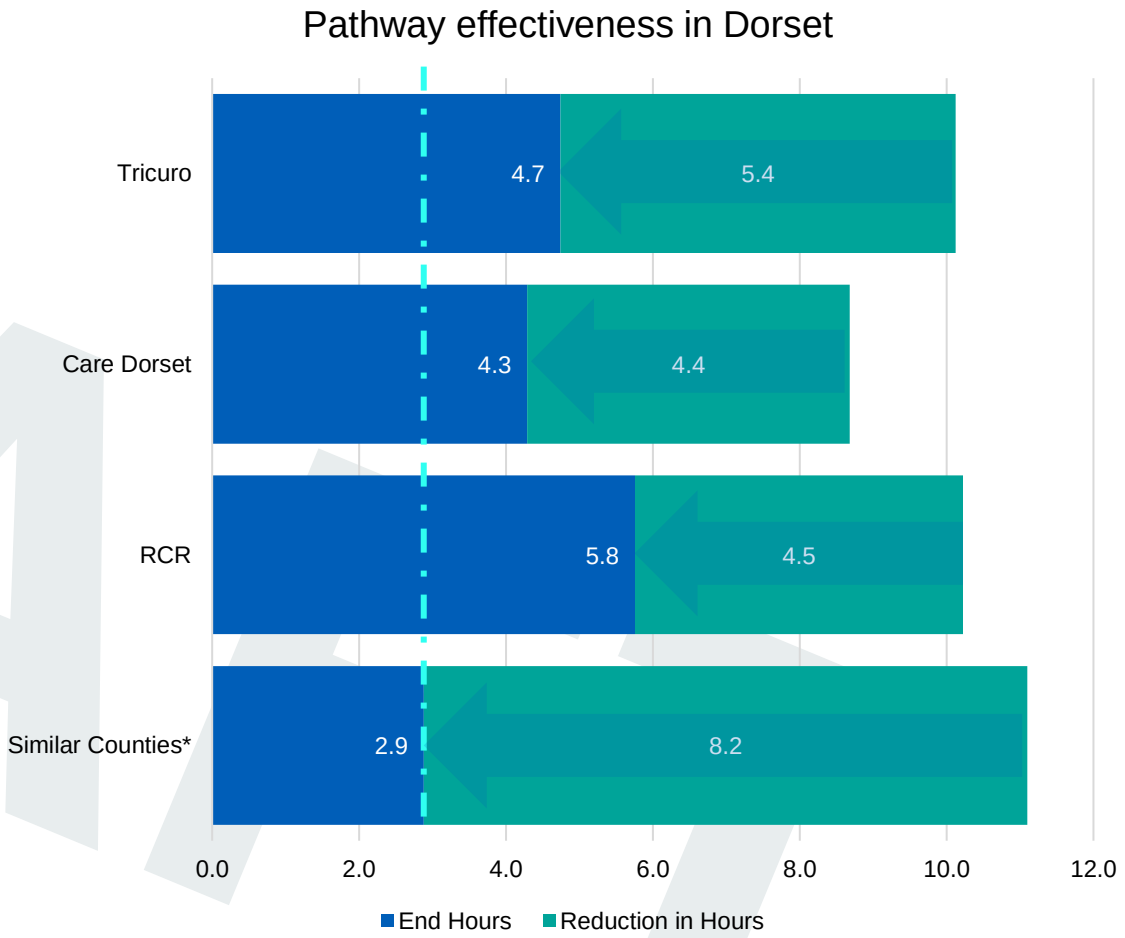
The primary focus of a reablement service is to take anyone who could be at home and support them to their maximum independence.

Dorset could take people with higher needs into reablement, with Tricuro and Care Dorset not taking those who need double handed care.

A strong performing system will achieve a home-based intermediate care effectiveness upwards of 8.2 hours (8.2-hour reduction between start and end of package) but

Dorset currently has a pathway effectiveness of 4.7 hours per week

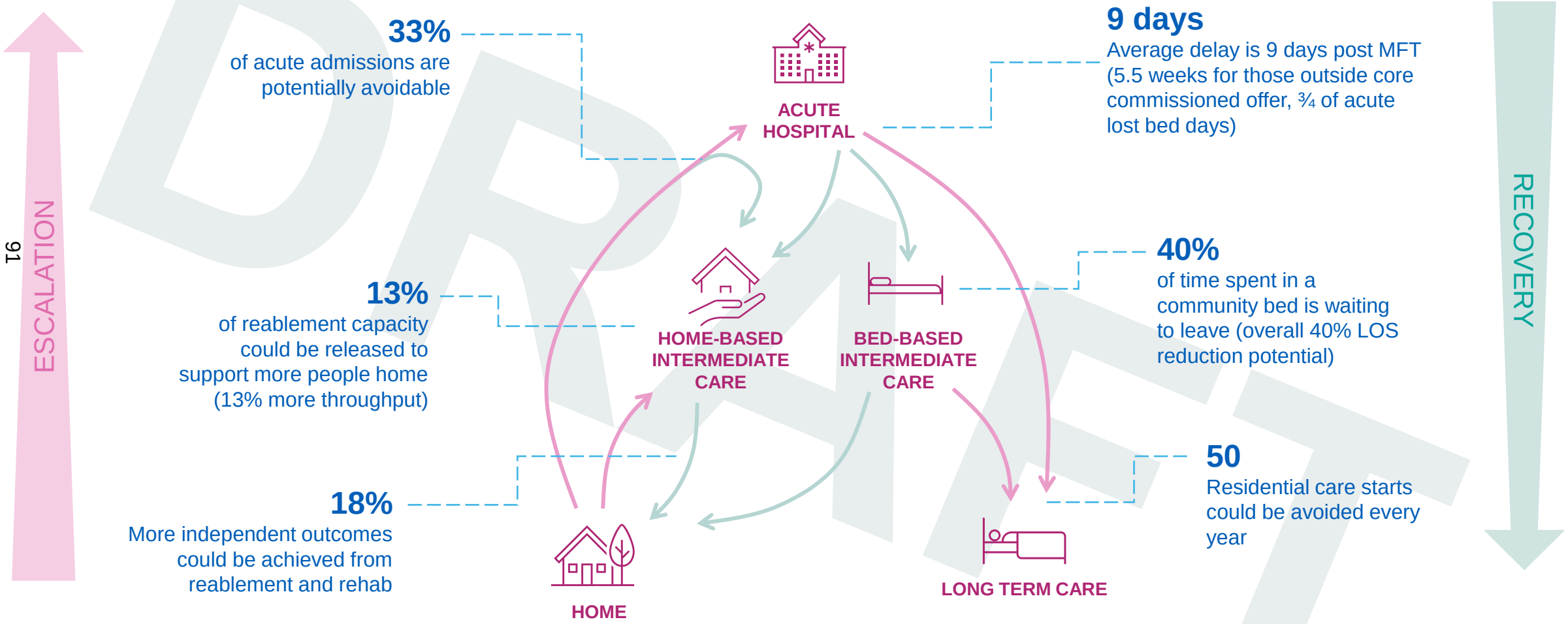
When comparing Dorset to similar systems of Essex, Cumbria and Leicestershire, Dorset's pathway is 43% less effective in reabling people



* Leicestershire, Cumbria and Essex have been used as similar examples of widespread areas with varying deprivation

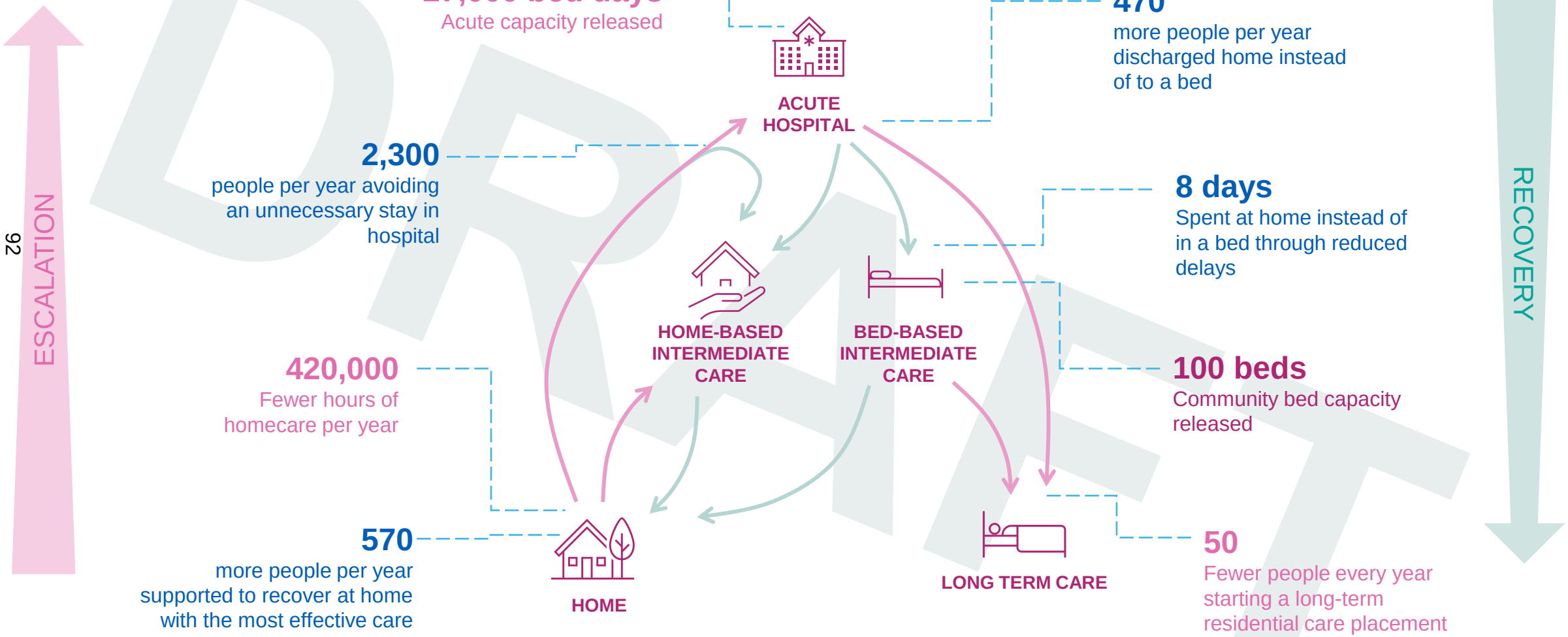
Data provided by Tricuro, Care Dorset and RCR, compared against Newton records

The evidence shows an opportunity to improve outcomes for people, and to support financial sustainability, that we can't ignore



What impact would these opportunities have **for people?**

What impact would these opportunities have **for the system?**



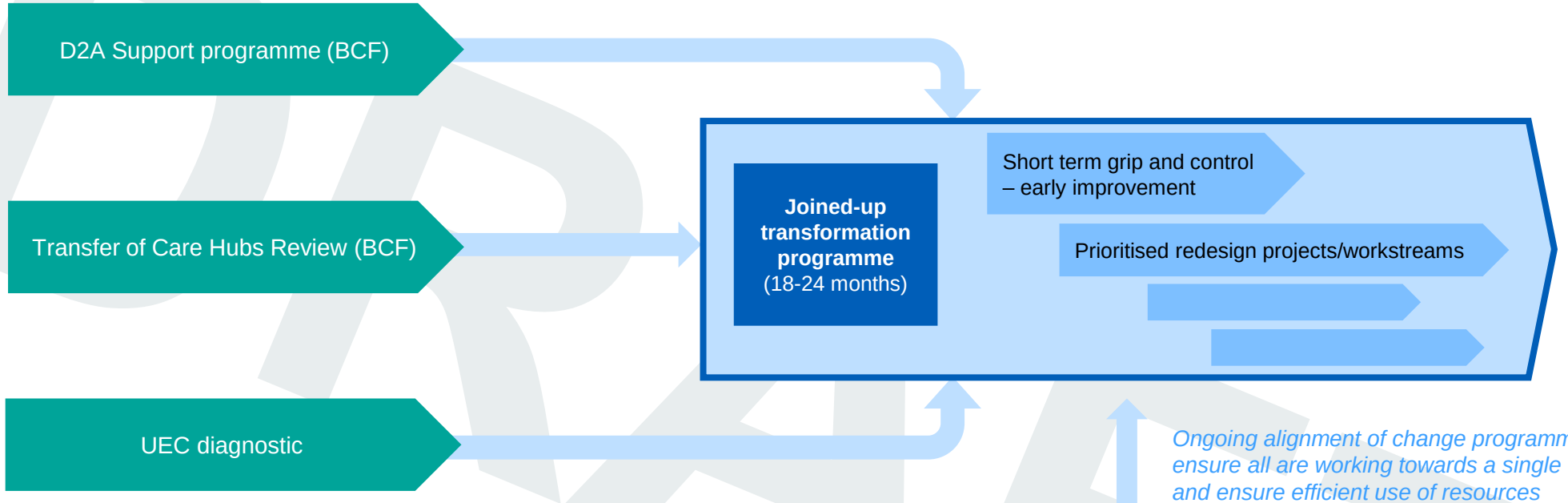
Financial Opportunity Matrix

DRAFT
values to be validated with finance teams
and final analysis may change values

Area	Opportunity	Operational impact	Total financial opportunity
Home-based Intermediate Care	Reablement Throughput	**184k reduced care hours**	£ 5.8m
	Reablement Effectiveness	**231k reduced care hours**	
	Reablement Overlap	**6k reduced care hours**	
Bed Based Intermediate Care	Rehab & Recovery Length of Stay	**8.4 days reduced Length of stay**	£ 4.0m
	Rehab & Recovery Outcomes (Residential & Nursing Placement Avoidance)	**8.8 fewer resi starts**	
Flow and Discharge	Hospital NR2R Length of Stay	**1.8 days reduced Length of stay**	£ 10.0m
	Discharge Outcomes (Residential & Nursing Placement Avoidance)	**43.7 fewer resi starts**	
	Pathway 2 Reduction	**468 fewer community bed starts**	
Admission Avoidance	Virtual Ward Starts	**780 avoided admissions**	£ 5.3m
	SDEC Activity	**1500 avoided admissions**	
		Programme Total:	**£ 25.0m**

Implementation planning

We have an opportunity to bring together existing work across the system to ensure a joined-up implementation



Ongoing alignment of change programmes to ensure all are working towards a single vision and ensure efficient use of resources

Ongoing change programmes with interdependencies

Much work is already happening to address the challenges. This programme will build on and join up existing work, delivering alongside key programmes of change.

- Intermediate Care Review
- Integrated Neighbourhood Teams
- Dorset Council ASC op model redesign
- BCP transformation Programme

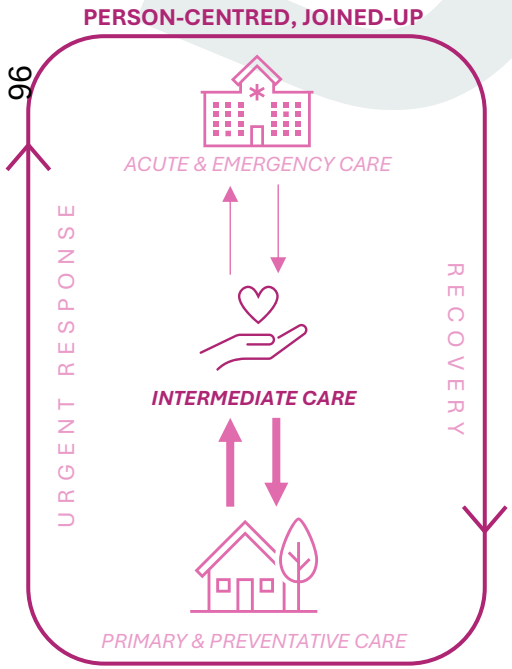
The Programme Vision

Our ICS has set a vision for Dorset:

Dorset's integrated care system works together to deliver the best possible improvements in health and wellbeing

For this programme, that means:

A sustainable, person-centred model of urgent and intermediate care across Dorset that is joined-up and promotes recovery and independence



Example programme name:

Evolve

Working together to transform intermediate care

*What does this mean **for people?***

- Patients, service users and carers can have better, more independent, health and care outcomes
- Reduce harm that our system can cause
- Simple services, with a joined-up and caring experience for the person, where they are involved in their care at every step

*What does this mean **for staff?***

- Reduce frustration of delays and lack of capacity
- Simpler, person-focused processes and pathways
- Improved tools and systems

*What does this mean **for the system?***

- Simplify our current fragmented offer
- Support system flow and reduce pressure
- More financially sustainable

Programme Objectives

The programme will develop and implement new models and ways of working for intermediate care services and transfer of care functions for people being discharged from hospital or at risk of admission to hospital. In achieving the vision, our objectives are:

Achieve more **independent and safe** outcomes

Enable more people to **stay at home** and out of hospital

Improve the **experience** for the person, carers and staff

Reduce **delays** through the urgent and emergency care system

Ensure the urgent and intermediate care offer provides **best value** for the system

Programme Scope

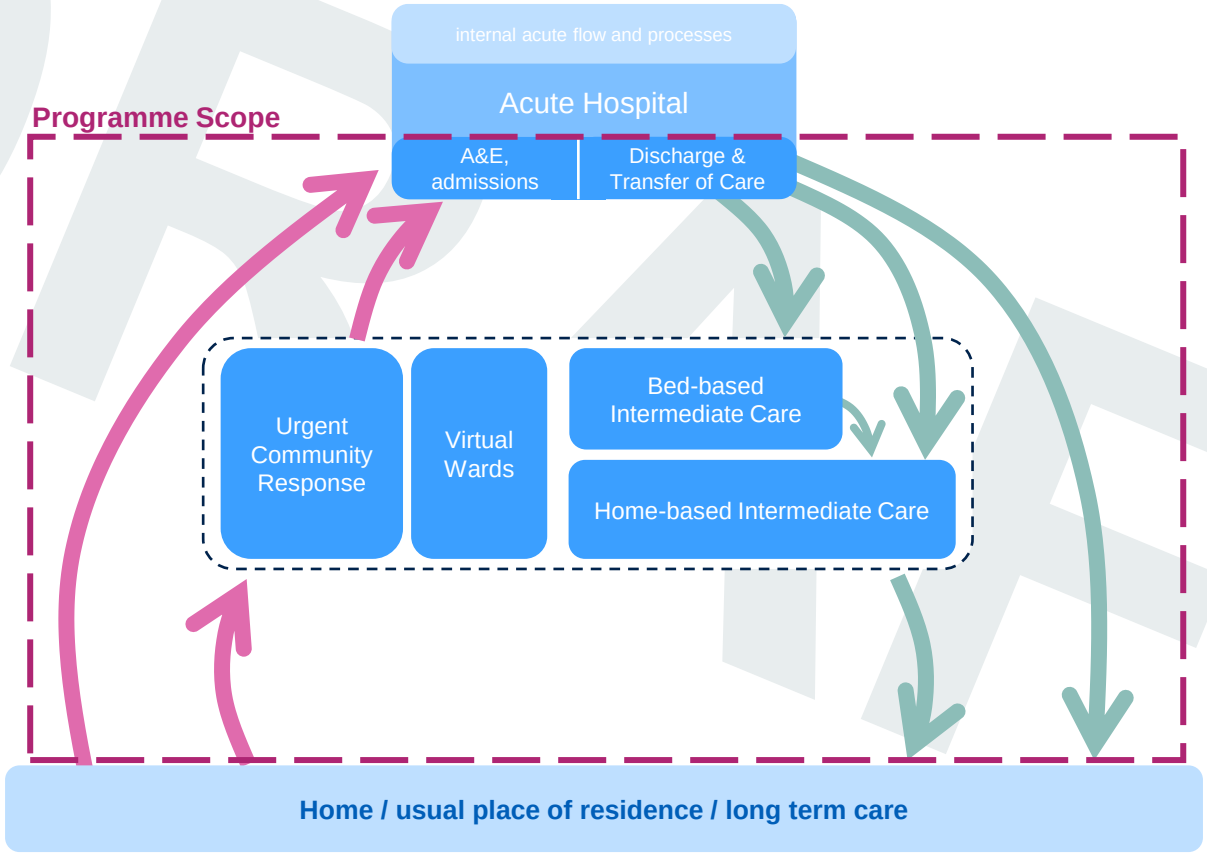
To achieve the benefits identified in the diagnostic, improving system flow and long-term outcomes, the scope of the programme must include the intermediate care service delivery, **and** the interfaces with, and processes in, the rest of the system that influence the referrals to intermediate care, and the out-flow and outcomes from intermediate care.

Therefore, the scope covers the teams and services involved in hospital admissions, hospital discharges, intermediate care capacity and outcomes (step-up and step-down, home-based and bed-based, health and social care), discharge from intermediate care and the interfaces to long-term care

EMERGENCY & ACUTE CARE

INTERMEDIATE CARE

PRIMARY & PREVENTIVE CARE



Not directly in scope (not transforming these services) but essential dependencies and must be part of co-design:

- Mental health services
- VCS
- Integrated Neighbourhood Teams
- Ambulance Service (SWAST)
- Primary Care
- Urgent Care (UTCs, walk-in centres)
- Public Health

A programme led by outcomes

An important principle is that the scope and focus of the programme will be led by the outcomes and performance improvements we are aiming for across the system, not by individual services, teams or specific target models.

Defined performance measures that are based on a better experience and outcome for the person, agnostic of organisation, will be at the heart of the programme.

What outcomes do we want to achieve for people?

➢ *What are the measures of a high performing UEC/intermediate care system?*

Support people in the community to avoid hospital where possible
- ➢ *Referrals to IC to avoid admission (demand)*
- ➢ *Activity in admission avoidance services (capacity)*

Minimise delays for people leaving hospital
- ➢ *NR2R length of stay*

Most independent discharge pathway decision
- ➢ *% discharges P0, P1, P2, P3*

Time in community bed is active recovery to regain independence where possible, not waiting for onward care
- ➢ *Short-term bed LoS*
- ➢ *% of discharges to home*

Everyone who can benefit from effective home-based recovery has the opportunity to do so
- ➢ *Number of finishers per week from reablement/recovery offer*

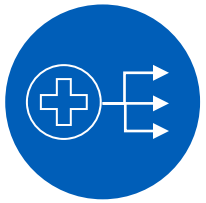
Most independent long-term care outcome from intermediate care
- ➢ *Effectiveness of home-based IC (starting need vs. end need)*

The programme should be structured across 6 delivery projects

INTERFACES

Admission Avoidance

Front door decision making
Access and capacity of community response offers



Transfers of Care

Discharge planning and decision making
Process and flow leaving acute and intermediate services

COMMUNITY PROVISION

Home-based intermediate care

Capacity and flow through reablement and rehab
Effectiveness and outcomes

Bed-based intermediate care

Capacity and flow through all short-term beds
Effectiveness and outcomes

CORE ENABLERS

System Visibility & Active System Leadership

Trusted single point of truth with live data
Data-driven decision making and leadership embedded at every level

Change Capability Development

Programme name Academy development programme to build change capability across staff
Behavioural and cultural change for true sustainability of change at scale

How will the programme be delivered?

Focus on people, capability development, culture change and co-production

- Building staff capability from the start of the Programme to shift the culture further towards a transformational and empowered mindset.
- Working shoulder-to-shoulder with the System to co-produce the change we need to achieve the vision we've set out
- Continuous leadership support to embed Systems Thinking throughout the Programme and provide the right resources for leaders to drive change within their organisations

Truly a partnership programme, aligned around a shared vision

- Commitment to strategic programmes alongside short-term pressures
- Willing to deprioritise where needed – lots of siloed programmes in parallel has not delivered the result
- Focus resources and efforts on biggest impacts for outcomes

Led by outcomes for people, not organisational priorities

- The person being at the heart of everything we do refocuses the decisions we need to make as a System from board to ward.
- Maintaining a spotlight throughout the Programme on the Voice of the Person and the impact we're having on the Dorset community

Data-led change, focused on evidence, not anecdote

- Push for a single point of truth – trusted and accessible
- Measure live performance linked to outcomes
- Actionable data that drives behaviour change, not just reports
- Rigorous tracking of operational impact and link to finances

Transformation capacity and expertise

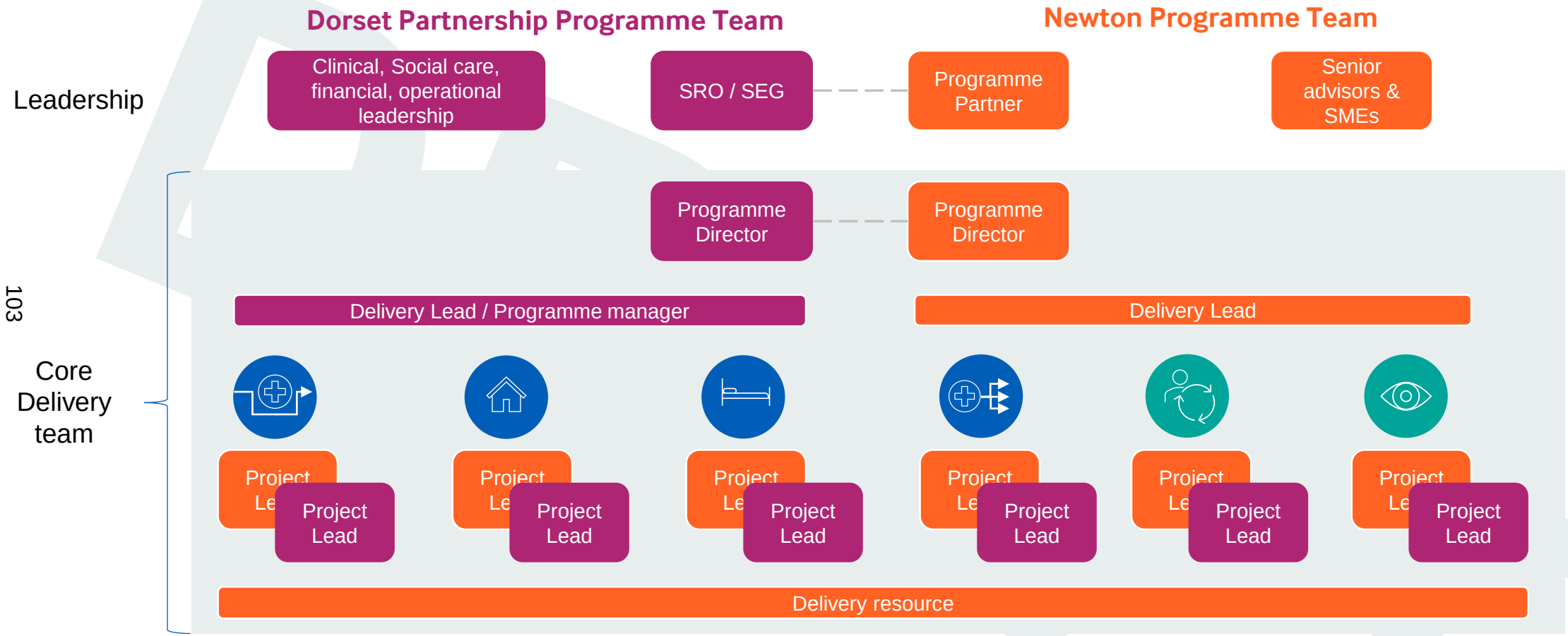
- Dedicated transformation resource from partners to see it through

How will the programme be delivered?

An approach to system-wide transformation with a track record of delivering improved outcomes and measurable benefits

How will the programme be delivered?

A **joint delivery team** will be an essential part of the programme



- Full time roles seconded or recruited, ideally with Dorset knowledge
- Mirrored team of Dorset staff and Partner resource at every level
- True co-production of change with the System
- Culture of shared objectives – commercially and structurally setup to deliver the best outcomes for people and the system
- Core team given extensive training through the Academy model and on-the-job

What is the Academy?

A full-suite of tailored development courses designed to enable Connect Leaders to design, implement and sustain impactful change.

Why do we need the Academy?

Ensure we are all speaking the same language in our collective drive towards **better outcomes** for the people of Dorset

Build capabilities in a core set of skills critical for successfully **delivering change**

Foster a highly effective collaborative network of leaders, with a **strong sense of belonging** and mutual understanding

Establish a **strong legacy** of best-in-class change management skills and a track record of positive change

Two routes, for core team and for leaders

The Academy

What: 2-week training course, followed by ongoing period of structured development.

Who: Core delivery team responsible for on-the-ground delivery.

How: In person 'classroom' sessions

Academy-lite

What: Targeted ½ day sessions on The Academy essentials.

Who: leaders Wider group of colleagues and involved in the Programme, split into two strands

How: Virtual / in-person

Example modules

Problem Solving

Improvement methodologies, problem solving framework, bottom-up and top-down analysis, process mapping and process improvement

Essential Skills

Functional data analysis essentials, effective presentation masterclass

People

Culture and resistance, stakeholder management, high performing teams and motivation

Programme and Change Mgmt.

Change management, the change curve, KPIs and the improvement cycle, programme management and project planning

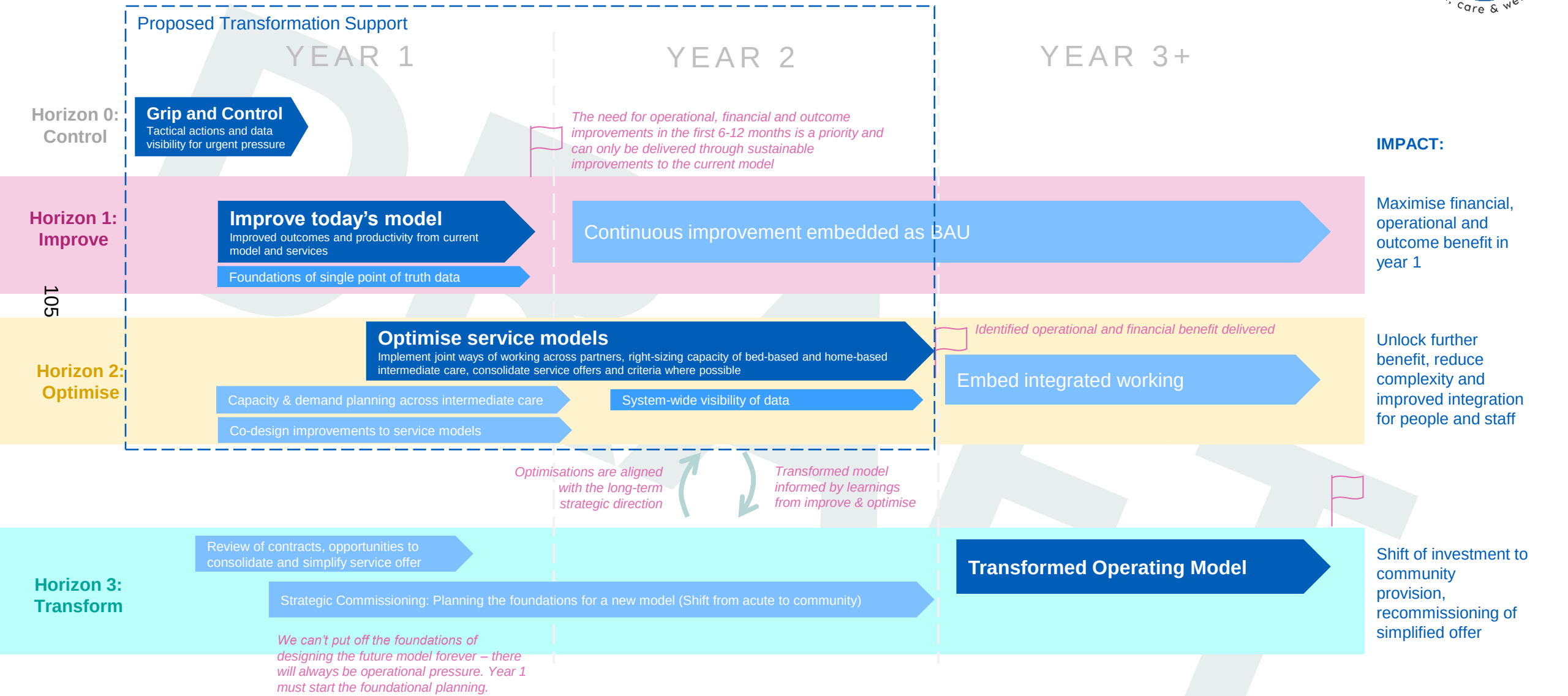
Management and Development

Giving and receiving feedback, effective meetings, delegation and performance management

Decision Making

Co-creating a structure across leadership on how we'll agree to make System decisions

The tension between short-term pressure and transformation requires a phased approach without delaying our long-term aim



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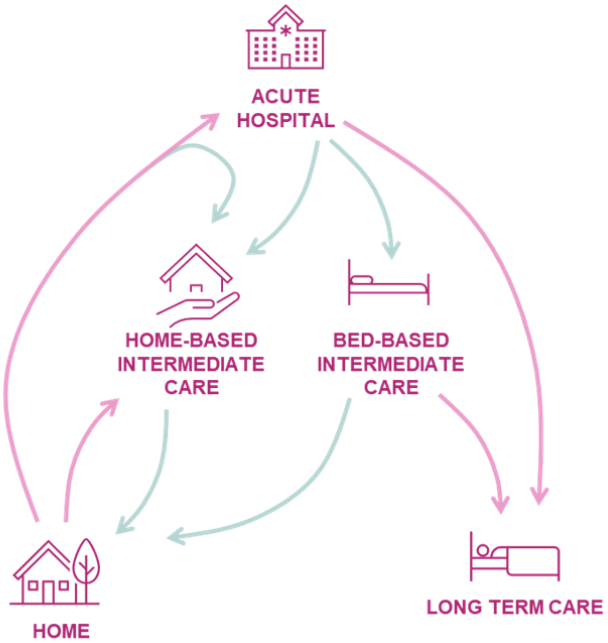
Cabinet

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	**It is RECOMMENDED that Cabinet recommends that Council:** **(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.

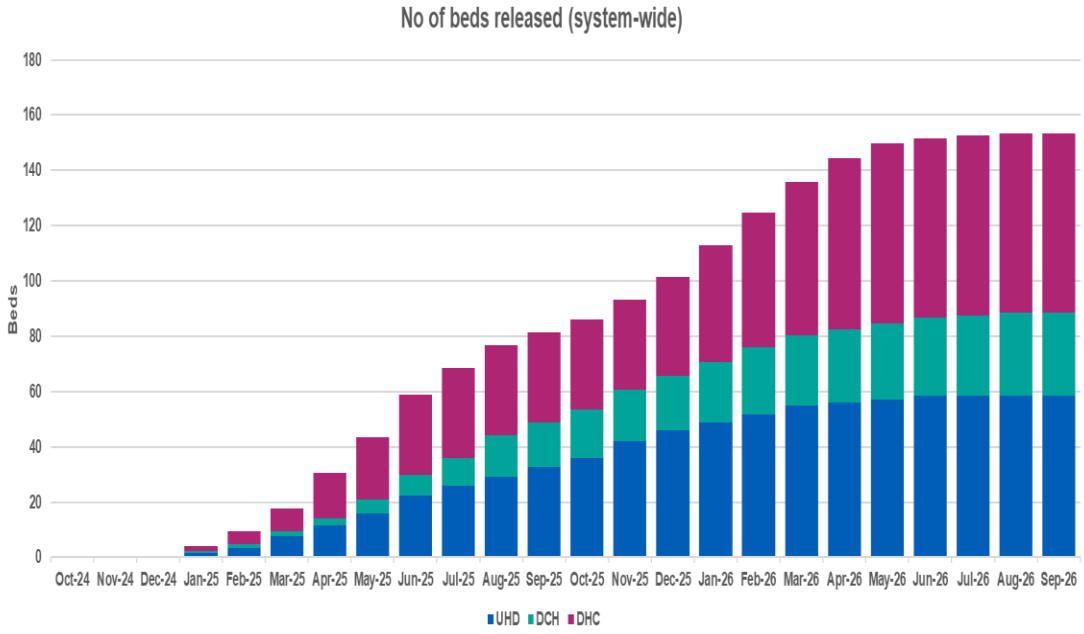
(c) Invite the Corporate Director for Wellbeing, in consultation with the Portfolio Holder for Health and Wellbeing, the Director of Law and Governance and the Director of Finance, to bring forward a Partnership Agreement for ratification by Council, provided that the agreed programme is achievable and 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.

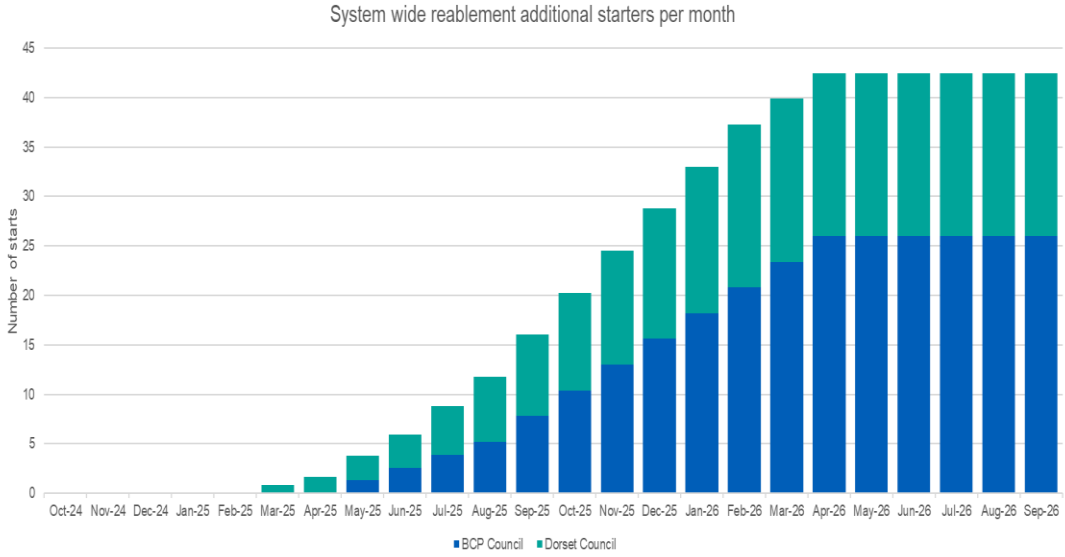
14. This report provides an update on the progress made since that meeting and seeks approval to enter into a formal Partnership Agreement to participate in the programme. At the time of the October Cabinet report, the financial implications of the programme were uncertain and it was therefore agreed 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

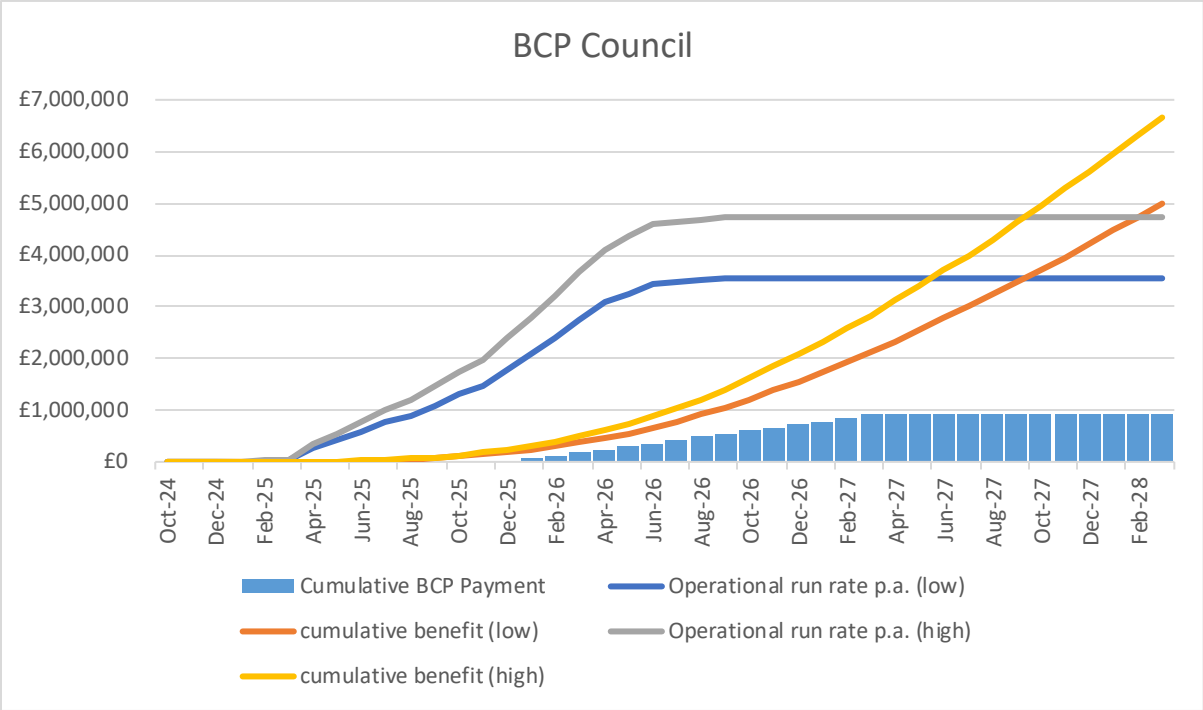
15. Further work has been undertaken to model the anticipated impact that the programme will have on available hospital capacity and on the amount of reablement capacity available to support more people to return home and live independently.



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 or 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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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Report subject	**Work Plan**
Meeting date	19 May 2025
Status	Public Report
Executive summary	The Health and Adult Social Care Overview and Scrutiny (O&S) Committee is asked to consider and identify work priorities for publication in a Work Plan.
Recommendations	**It is RECOMMENDED that:** **the Health and Adult Social Care Overview and Scrutiny Committee review, update and confirm the Work Plan.**
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 – Overview and Scrutiny 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

Work Plan updates

1. This report provides the latest version of the Committee's Work Plan at Appendix A and guidance on how to populate and review the Work Plan in line with the Council's Constitution. For the purposes of this report, all references to Overview and Scrutiny Committees shall also apply to the Overview and Scrutiny Board unless otherwise stated.
2. Items added to the Work Plan since the last publication are highlighted as 'NEW'. Councillors are asked to consider and confirm the latest Work Plan.
3. In addition to the latest Work Plan, the Committee is asked to consider the following requests for scrutiny which have been received since the last meeting and are attached at Appendix B-D:
    - Scrutiny of the impact of the cuts in disability allowance – requested by Councillor Salmon (App B)

- Scrutiny of the use of unregistered health and social care providers considering the recent media reports regarding Lifeways – requested by Councillor Salmon (App C)
- Scrutiny of the importance of arts and culture in Wellbeing – requested by Councillor Canavan (App D)

4. The most recent Cabinet Forward Plan can be viewed on the council's website. This link is included in each O&S Work Plan report for councillors to view and refer to when considering whether any items of pre-decision scrutiny will join the O&S Committee Work Plan.

Resources to support O&S Work

5. The Constitution requires that O&S committees take account 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 the O&S Work Planning Guidance document referenced below.

Work programming guidance and tools

6. The Overview and Scrutiny Committees Terms of Reference document provides detail on the principles of scrutiny at BCP Council, the membership, functions and remit of each O&S committee and the variety of working methods available.
7. The O&S Work Planning Guidance document provides detail on all aspects of work planning including how to determine requests for scrutiny in line with the Council's constitution.
8. The O&S Framework for scrutiny topic selection was drawn up by O&S councillors in conjunction with the Centre for Governance and Scrutiny. The framework provides detail on the criteria for proactive, reactive and pre-decision scrutiny topics, and guidance on how these can be selected to contribute to value-added scrutiny outcomes.
9. The 'Request for consideration of an issue by Overview and Scrutiny' form is an example form to be used by councillors and residents when making a new suggestion for a scrutiny topic. Word copies of the form are available from Democratic Services upon request by using the contact details on this agenda.

Options Appraisal

10. 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.
11. If updates to the Work Plan are not confirmed there may be an impact on timeliness of reports and other scrutiny activity.

Summary of financial implications

12. There are no financial implications arising from this report.

Summary of legal implications

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

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

Summary of sustainability impact

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

Summary of public health implications

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

Summary of equality implications

17. 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 O&S Procedure Rules at Part 4 of the Council's Constitution.

Summary of risk assessment

18. 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

- Overview and Scrutiny Committees Terms of Reference
- O&S Work Planning Guidance document
- O&S Framework for scrutiny topic selection
- 'Request for consideration of an issue by Overview and Scrutiny'

Further detail on these background papers is contained within the body of this report.

Appendices

Appendix A - Current HASC O&S Work Plan
Appendix B - Scrutiny of the impact of the cuts in disability allowance – requested by Councillor Salmon
Appendix C - Scrutiny of the use of unregistered health and social care providers considering the recent media reports regarding Lifeways – requested by Councillor Salmon
Appendix D - Scrutiny of the importance of arts and culture in Wellbeing – requested by Councillor Canavan

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BCP Council Health and Adult Social Care Overview and Scrutiny Committee – Work Plan. Updated 8.5.25

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.**
- 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
Meeting Date: 19 May 2025				
	Future Care Programme (previously known as Review of Urgent & Emergency Care)	Committee report	Betty Butlin, Director of Adult Social Care and Dylan Champion	Confirmed.
	Community Mental health services transformation, including the new Access to Wellbeing Hubs and change to community mental health teams	Presentation	Rachel Small, Interim Chief Operating Officer, Dorset Healthcare UHD	Chosen from the proactive scrutiny topics.
	Introduction to new Director of Public Health to include an update on the disaggregation	Verbal Introduction/ chat with Rob Carroll, DPH.	Rob Carroll, Director of Public Health	

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
23 June Informal Briefing – Right Care, Right Person – Sarah Webb leading (the Chair requested this be the next informal briefing topic)				
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 **Report theme: TBC**	To consider and monitor progress before consideration at Cabinet	TBC	Chosen from the proactive scrutiny topics. Continues committee's themed oversight of the ASC transformation programme.
	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.
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

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
	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	TBC, Corporate Director of Wellbeing	To provide the Committee with information prior to the establishment of a working group
	ASC Fulfilled Lives Programme – Programme update and Self-Directed Support **'NEW'**	Committee report	TBC, Corporate Director of Wellbeing	To receive a 6 month update as agreed at Committee on 3 March 25
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	TBC	TBC	TBC
	TBC End of Life Services			See committee priority 5 below.

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
	Safeguarding Adults Board Annual Report To inform members of the work programme review for 2024/25 for members to scrutinise and make any recommendations for future work.	Committee report.	TBC	Part of statutory reporting cycle. Agreed as a committee item in 2024 rather than info only.
	Adult Social Care Complaints and Quality assurance annual report Received from ASC	To receive an annual report every Autumn.		November 2024. Agreed as a committee item in 2024 rather than info only therefore
	Info only item: **Adult Social Care Waiting Times**	Info only report.	Betty Butlin	Previously received Dec 2024 and agreed for 12 monthly update reporting.
Top 5 priorities chosen by the Committee in annual work programming.				
1.	Adult Social Care Transformation programme (Fulfilled Lives) Received from ASC	TBC	TBC, 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	Presentation	Rachel Small, Interim Chief Operating Officer, Dorset Healthcare UHD	Large service change – would be good to have overview of the changes, and then a timeline on

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
	Received from Public Health			scrutiny as to whether the new model will be positive for service users. Receiving in May 25
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. Scheduled for July 25
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				
	All ages neurodiversity review Received from NHS Dorset			This is an ICB priority. Waits for children and young people and adults

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
				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;
	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).
	Monitor the proposed increase of block booked beds for long-term care and that an update on progress against this be provided at an appropriate time. Request from O&S Board **'NEW'**			To update the Committee on progress re increasing the provision of block booked beds. Added following meeting of 3 March 202.
	The Transformation of UHD Hospitals **'NEW'**			To receive an update at an appropriate time following meeting of 3 March 202.

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
	Benefits of the separation of the Public Health function **'NEW'**			To provide the Committee with an update on the benefits of the separation. Added on 24 September 2024.
Recurring Items (Annual Reports)				
	Safeguarding Adults Board Annual Report To inform members of the work programme review for 2024/25 for members to scrutinise and make any recommendations for future work. Received from ASC	To receive an annual report every Autumn.		Part of statutory reporting cycle to be received in Autumn annually.
	Adult Social Care Complaints and Quality assurance annual report Received from ASC	To receive an annual report every Autumn.		
Working Groups				
	Budget Working Group – TBC	Working group to meet in October	TBC	It is suggested that the Board consider establishing the working group at its September meeting
Information only items and Item suggestions for Briefing Sessions.				

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
	Tricuro: Strategic Business Plan - 6 monthly progress against delivery plan. Received from ASC	TBC	TBC	Requested by Committee members (March 2025/September 2025)
	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			Date tbc. Delayed from Dec. 2024 by public health dissemination work.
	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 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.

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
	Maternity Services Received from UHD			High profile service. Public awareness and confidence in services Regular item (?6 or 12 months)

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

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Request for consideration of an issue by Overview and Scrutiny

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Guidance on the use of this form:

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

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

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

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

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

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

Please complete all sections as fully as possible

1. **Issue requested for scrutiny**

   The impact of the UK government's proposed £5bn cuts to disability and sickness benefits on BCP Council residents, particularly those reliant on Personal Independence Payments (PIP) and Universal Credit.

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

The scrutiny should aim to:

- Assess the number of BCP residents likely to be affected by the proposed cuts.

- Evaluate the potential increase in demand for local authority services, such as adult social care, housing support, and mental health services, due to reduced financial support for disabled residents.

- Identify specific risks of increased poverty, homelessness, and mental health crises within the community.

- Ensure committee members engage directly with disabled residents and carers to understand the real-world impact of the changes.

- Develop a response plan to mitigate the impact on vulnerable residents.

This scrutiny would ensure BCP Council is prepared for the potential consequences of these policy changes and can advocate for necessary support from central government.

3. Background to the issue

The government's proposed welfare changes will see between 800,000 and 1.2 million people nationwide lose between £4,200 and £6,300 per year in benefits. The Resolution Foundation and the Institute for Fiscal Studies warn that:

- Tighter eligibility for PIP will significantly reduce financial support for disabled people.

- Young people under 22 will no longer qualify for the health-related Universal Credit top-up.

- The scrapping of the Work Capability Assessment will lead to further benefit reductions for 600,000 claimants.

- These cuts are likely to increase child poverty, homelessness, and mental health crises.

As BCP Council already faces challenges in supporting vulnerable residents, it is crucial to assess the local impact of these cuts.

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

- A committee report reviewing how many residents in BCP are currently claiming PIP and related benefits and estimating the financial impact of the proposed cuts.

- A consultation with local disability groups, mental health charities, and housing services to assess the potential demand on council resources.

- A requirement for committee members to hold direct face-to-face engagement with disabled residents and carers to understand their lived experiences and the challenges they will face.

- If significant risks are identified, a working group could develop an action plan to support affected residents.

5. Key dates and anticipated timescale for the scrutiny work

- Initial report within three months to align with the government's spring budget announcements.

- A follow-up assessment after six months to monitor the actual impact as changes are implemented.

6. Notes/ additional guidance

- The scrutiny should consider whether BCP Council needs to lobby the government for additional funding to support residents affected by the cuts.

- It should also assess whether local voluntary sector organisations will require extra support to help those losing financial assistance.

- A direct engagement session with affected residents should be scheduled as part of the process to ensure their voices are heard.

Document last reviewed – January 2022

Contact – democratic.services@bcpcouncil.gov.uk

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Request for consideration of an issue by Overview and Scrutiny

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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**

   In light of the recent revelations about Lifeways and it's treatment of vulnerable people AH&SC O&S should examine the scale of and connected risks linked to the use of unregistered health and social care providers by BCP Council, with a specific focus on Lifeways and similar providers

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

   The scrutiny should aim to:
   - Ensure that all care providers commissioned by BCP Council meet high-quality care standards and are properly monitored.

- Identify whether BCP Council has contracts with Lifeways or any other providers with similar issues.
- Review the safeguards in place to prevent service failures, abuse, or neglect in supported living arrangements.
- Recommend improvements to oversight, accountability, and response mechanisms for safeguarding concerns.

This scrutiny would add value by protecting vulnerable residents, ensuring taxpayer money is spent on safe and effective care, and maintaining public confidence in council-commissioned services.

3. Background to the issue

An investigation by ITV and reports from the Local Government and Social Care Ombudsman (LGSCO) have highlighted serious failings in care provided by Lifeways, one of the UK's largest supported living providers. Issues include inadequate staffing, failure to meet residents' care needs, and safeguarding concerns. Despite receiving nearly £1.5 billion in taxpayer-funded contracts, Lifeways had 366 safeguarding concerns raised with the Care Quality Commission in 2024, a 33% increase from the previous year. A recent case involving Somerset Council led to a £3,000 payment to a family due to service failures. Given these concerns, it is essential to determine whether BCP Council commissions Lifeways or similar providers and whether proper oversight mechanisms are in place.

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

A committee report should be requested to:

- Confirm whether BCP Council commissions services from Lifeways and or similar providers.
- Assess the quality and safeguarding record of commissioned providers.
- Identify gaps in contract monitoring and safeguarding oversight.
- Recommend improvements to ensure all care providers meet high standards.

If significant concerns are identified, a working group investigation could follow.

5. Key dates and anticipated timescale for the scrutiny work

- Initial report to be prepared within three months.
- If a working group is required, findings should be reported within six months.

6. Notes/ additional guidance

- The scrutiny should include consultation with affected families, advocacy groups, and the Care Quality Commission where possible.
- If BCP Council does not commission Lifeways, the review should still assess monitoring procedures for all supported living contracts to prevent similar failings.

Document last reviewed – January 2022

Contact – democratic.services@bcpcouncil.gov.uk

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Request for consideration of an issue by Overview and Scrutiny

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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.

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Please complete all sections as fully as possible

1. **Issue requested for scrutiny**

   The importance of Arts & Culture in Wellbeing.

2. **Desired outcome resulting from Overview and Scrutiny engagement, including the value to be added to the Council, the BCP area or its inhabitants.**
   To examine this issue through Key Lines of Enquiry:

   - What is the evidence base around the effectiveness of arts and culture interventions
   - What work is currently ongoing to promote arts & culture as a means of advancing health and wellbeing?

- Can steps be taken to establish a Creative Council in BCP?
- Can LGA/Arts Council assist?
- Is there capacity to look at this within BCP following the disaggregation of Public Health?

3. Background to the issue

A recent joint LGA/Arts council Webinar highlighted the importance of Arts and Culture in Health and Wellbeing. It mentioned pieces of work in other Local Authorities including East Sussex which agreed the approach of being a Creative Council and also how this had been applied in Wigan.

The National Centre for Creative Health defines creative health as 'creating the conditions and opportunities for arts, creativity and culture to be embedded in the health of the public'

https://www.artscouncil.org.uk/lets-create/delivery-plan-2021-2024/introduction#:~:text=%27Creativity%27%20describes%20the%20process%20through,that%20wasn%27t%20there%20before.

University College London, as "creating the conditions and opportunities for arts, creativity, and culture to be embedded in the health of the public. It is concerned with how community assets and resources, and other non-clinical approaches to health (such as social prescribing) can support health and wellbeing."

https://www.ucl.ac.uk/prospective-students/graduate/taught-degrees/creative-health-masc

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

I would suggest a one-day seminar on this.

5. Key dates and anticipated timescale for the scrutiny work

To be competed the end of this year.

6. Notes/ additional guidance

N/A

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Contact – democratic.services@bcpcouncil.gov.uk