

Notice of Health and Adult Social Care Overview and Scrutiny Committee



Date: Monday, 14 July 2025 at 6.00 pm

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

Membership:

Chair:

Cllr P Canavan

Vice Chair:

Cllr L Northover

Cllr L Dedman

Cllr H Allen

Cllr J Bagwell

Cllr D Farr

Cllr C Matthews

Cllr J Richardson

Cllr J Salmon

Cllr P Slade

Cllr A-M Moriarty

All Members of the Health and Adult Social Care Overview and Scrutiny Committee are summoned to attend this meeting to consider the items of business set out on the agenda below.

The press and public are welcome to view the live stream of this meeting at the following link:

<https://democracy.bcpCouncil.gov.uk/ieListDocuments.aspx?MIId=5937>

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, email democratic.services@bcpCouncil.gov.uk

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

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

GRAHAM FARRANT
CHIEF EXECUTIVE

4 July 2025

**DEBATE
NOT HATE**



Available online and
on the Mod.gov app



Maintaining and promoting high standards of conduct

Declaring interests at meetings

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

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



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

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

Bias Test

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

Predetermination Test

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

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

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

Selflessness

Councillors should act solely in terms of the public interest

Integrity

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

Objectivity

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

Accountability

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

Openness

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

Honesty & Integrity

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

Leadership

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

AGENDA

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

1. Apologies

To receive any apologies for absence from Councillors.

2. Substitute Members

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

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

3. Declarations of Interests

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

Declarations received will be reported at the meeting.

4. Minutes

5 - 12

To confirm the Minutes of the meeting held on 19 May 2025.

a) Action Sheet

13 - 24

To check on any outstanding actions.

5. Public Issues

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

<https://democracy.bcpccouncil.gov.uk/ieListMeetings.aspx?CommitteeID=151&Info=1&bcr=1>

The deadline for the submission of public questions is mid-day Tuesday 8 July 2025, 3 clear working days before the meeting.

The deadline for the submission of a statement is midday Friday 11 2025, the working day before the meeting.

The deadline for the submission of a petition is 27 June 2025, 10 working days before the meeting.

ITEMS OF BUSINESS

6. Work Plan

25 - 36

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.

7. Adult Social Care Fulfilled Lives Transformation Programme

37 - 48

In July 2024, BCP Cabinet and Full Council agreed:

1. To support the business case for a new Adult Social Care (ASC) transformation delivery model to improve outcomes for residents and to achieve financial efficiencies and savings.
2. Establishment of a formal Adult Social Care four-year transformation programme called Fulfilled Lives, approving in principle a total investment of up to £2.9m across the first three years.
3. The release of an initial £1.79m was approved for the first year of the programme to facilitate mobilisation, completion of the design and scope stage, and to commence the delivery phase from January 2025.
4. The Health and Adult Social Care Overview and Scrutiny Committee would provide regular scrutiny of progress towards benefits and sustainable change.

The programme entered its delivery phase in January 2025 and is making good progress towards implementing the necessary changes to achieve the anticipated benefits, and savings of £3.5m recurring by year four.

This report provides an update on progress with recommendations for investment in the next phase of the programme.

8. CQC Inspection

To receive a verbal update on the impending CQC inspection.

9. Portfolio Holder Update

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

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 19 May 2025 at 6.00 pm

Present:-

Cllr P Canavan – Chair

Cllr L Northover – Vice-Chair

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

1. Apologies

Apologies were received from Cllr Duane Farr.

2. Substitute Members

There were no substitute members on this occasion.

3. Election of Chair

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

4. Election of Vice Chair

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

5. Declarations of Interests

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

6. Minutes

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

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

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

7. Action Sheet

The action sheet was noted.

8. Public Issues

There were no public issues on this occasion.

9. Access Wellbeing – Transforming Dorset Community Mental Health Services

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

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

The Committee discussed the presentation, including:

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

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

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

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

The Chair thanked the Chief Operating Officer for their presentation.

10. Introduction to the new Director of Public Health

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

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

The Committee discussed the presentation, including:

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

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

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

11. FutureCare Programme Update

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

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

The Committee discussed the report and presentation, including:

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

separate programmes which ran concurrently with separate outcomes and benefits.

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

RECOMMENDED that the Committee:

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

12. Portfolio Holder Update

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

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

13. Work Plan

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

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

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

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

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

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

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

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

The meeting ended at 8:15pm.

CHAIR

ACTION SHEET FOLLOWING 19 MAY 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	<p>Decision Made: The Board was advised that Public Health was unsure of the amount which would be allocated to the BCP area, as the closing dates for bids had not yet happened, however bids were being worked on and once any funding was known, the Committee could be informed.</p> <p>Action – Public Health aware</p> <p>Decision Made: The Chair advised it was important for the Committee to keep this issue under review and further scrutiny of the planed refresh of local action plans should be bought back to the Committee at the appropriate time in 2024.</p> <p>Action – Officers aware and added to Work Plan with date to be allocated.</p>		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
21	Access of GP Practices in BCP Area	<p>Decision Made: In response to a concern regarding the methodology of the data presented within the report and the need for more interactive data, the Committee was advised that Officers would take this away and consider how to present data in the future.</p> <p>Action – Officers aware.</p> <p>Decision Made: In response to a query regarding the PCN Improvement plans, the Committee was advised that the business plans were not publicly available however all 18 PCNs had their plans signed off by the ICB, so it was anticipated that all of them should meet the needs of their residents. The Deputy Chief Officer advised that further consideration should be given to the publication of business plans due to the use of public funding and that NHS Dorset would consider it further.</p> <p>Action – NHS Dorset aware.</p>		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
22	Closure of Winton Health Centre: Review of Process and Outcomes	<p>Decision Made: The Committee was advised of the mapping work which had been undertaken and ensuring that all residents could still access a GP local to them who had capacity to take on the patients. It was acknowledged that some feedback could be collected from patients including how many had moved since September.</p> <p>Action – NHS Dorset aware.</p> <p>Decision Made: A Committee Member expressed concern regarding patients being moved to Winton Health Centre from Leybourne Surgery due to its closure and then being moved again and requested consideration regarding engagement with those patients regarding the impact it had on them.</p> <p>Action – NHS Dorset aware.</p>		

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	<p>Decision made: In response to a request for more information regarding micro providers, it was agreed that this fell under the strand of 'Self Directed Support' which would come to a future Committee.</p> <p>Actioned: Add to Work Plan</p> <p>Decision made: The Overview and Scrutiny Specialist suggested that time to scrutinise the different elements of the Fulfilled Lives Programme be plotted into the Committee's Work Plan to ensure capacity.</p> <p>Actioned: Added to the work plan as a recurring item</p>		Was considered at meeting in March 2025
34.	Adult Social Care Budget Presentation	<p>Decision made: In response to a query regarding the activities and outcomes of the Live Well Dorset programme, the Committee was advised that it had managed to reach those living in the most deprived areas of BCP and that access could potentially be provided</p>		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
		<p>to the dashboard for the Committee to see the output.</p> <p>Action: to be considered further</p> <p>Decision made: A Committee Member requested the positives of the separation of the Public Health function be reported back to Committee at an appropriate time.</p> <p>Action: Added to Work Plan with no date yet allocated.</p>		
Actions arising from Committee meeting – 2 December 24				
46.	Health and Social Care for the Homeless	<p>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.</p>		<p>Provided to Cabinet on 10 December 2024. Advised it would be considered at a later meeting.</p>

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 has 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: <ul style="list-style-type: none"> 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.		
Actions arising from Committee meeting – 19 May 25				
9.	Access Wellbeing – Transforming Dorset Community Mental Health Services	Decision Made: That the Committee receive future KPIs regarding the impact of the new model at an appropriate time. Action – Officer aware and added to work plan with no date allocated.		
11	FutureCare Programme Update	Decision Made: That the Committee receive data regarding bed capacity and workforce numbers at an appropriate time. Action – Officers aware Decision Made:		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
		<p>That the Committee receive data around benefits tracking and monitoring to enable scrutiny be reported to a meeting at a future date.</p> <p>Action – Officers aware and added to the work plan</p> <p>Decision Made: That the Committee receive further information regarding capacity within secondary care to fulfil the future need.</p> <p>Action – Officers aware</p>		

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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Work Plan
Meeting date	14 July 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. 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

4. 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

5. 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.
6. [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.
7. 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.
8. 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

9. 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.
10. 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

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

Summary of legal implications

12. 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

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

Summary of sustainability impact

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

Summary of public health implications

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

Summary of equality implications

16. There are no equality implications arising from this report. Any 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

17. 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

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BCP Council Health and Adult Social Care Overview and Scrutiny Committee – Work Plan. Updated 2.7.25

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: 14 July 2025				
	Fulfilled Lives Programme	To consider and monitor progress before consideration at Cabinet	Betty Butlin, Director of Adult Social Care and Tim Branson, Head of Service/Programme Lead, Fulfilled Lives Transformation Programme	Chosen from the proactive scrutiny topics. Continues committee's themed oversight of the ASC transformation programme.
	CQC inspection 'NEW'	Verbal update on the process and likely timescales	Betty Butlin, Director of Adult Social Care	Requested at Chairs briefing on 30 June 25
Informal briefing to follow immediately after conclusion of meeting on 14 July - Commissioning Principles Framework – Zena Deighton, Interim Director of Adult Social Care Commissioning 'NEW'				

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

Meeting Date: 23 September 2025				
	Adult Social Care Prevention Strategy 'NEW'	Scrutiny of Cabinet report prior to Cabinet consideration	Emma Senior, Commissioning Manager - Prevention & Wellbeing	Requested by Officers
	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	Committee report	TBC, Corporate Director of Wellbeing	To receive a 6 month update as agreed at Committee on 3 March 25
	Tricuro: Strategic Business Plan - 6 monthly progress against delivery plan. Received from ASC	TBC	TBC	Requested by Committee members (March 2025/September 2025)
October/November Informal Briefing - TBC				
Meeting Date: 1 December 2025				
	Integrated neighbourhood teams 'NEW' Received from NHS Dorset	Committee Report and presentation	Matthew Bryant and Forbes Watson, NHS Dorset	This is a significant change to the NHS delivery model in line with the national Fuller

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

				review recommendations. See committee priority 4 below.
	TBC End of Life Services			See committee priority 5 below.
	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
Meeting Date: 2 March 2026				
	Items to be decided.			
Top 5 priorities chosen by the Committee in annual work programming in 2024.				
1.	Adult Social Care Transformation programme (Fulfilled Lives)	TBC	TBC, Corporate Director for Wellbeing	Subject to approval by Cabinet and Council this

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

	Received from ASC			would provide ongoing opportunities for proactive scrutiny over the next 3-5 years.
2.	Community Mental health services transformation, including the new Access to Wellbeing Hubs and change to community mental health teams Received from Public Health	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 scrutiny as to whether the new model will be positive for service users. Received 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. Date TBC
4.	Integrated neighbourhood teams Received from NHS Dorset	TBC	Matthew Bryant and Forbes Watson, NHS Dorset	This is a significant change to the NHS delivery model in line with the national Fuller review recommendations. Scheduled for Dec 25
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.

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

Items with Dates to be allocated				
	<p>All ages neurodiversity review</p> <p>Received from NHS Dorset</p>			<p>This is an ICB priority. Waits for children and young people and adults for these services are very long, often leading to incomplete EHCPs.</p>
	<p>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.</p> <p>Received from UHD</p>			<p>Six monthly updates – key changes April 2025 BEACH building (including maternity); winter 2025/6 for separation of emergency and elective services;</p>
	<p>The impact of domestic wood burning on air quality and public health across BCP</p> <p>Received from Cllr Canavan</p>			<p>The impact of domestic wood burning on air quality and public health across BCP (particularly during winter).</p>
	<p>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.</p> <p>Request from O&S Board</p>			<p>To update the Committee on progress re increasing the provision of block booked beds.</p> <p>Added following meeting of 3 March 202.</p>

	The Transformation of UHD Hospitals		Richard Renaut, Chief Strategy and Transformation Officer, UHD	To receive an update at an appropriate time following meeting of 3 March 202.
	Benefits of the separation of the Public Health function		Rob Carroll, Director of Public Health and Communities	To provide the Committee with an update on the benefits of the separation. Added on 24 September 2024.
	Access Wellbeing – Transforming Dorset Community Mental Health Services 'NEW'		Rachel Small, Interim Chief Operating Officer, Dorset Healthcare UHD	To receive future KPIs regarding the impact of the new model at an appropriate time. Added at Committee on 19 May 2025.
	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. 'NEW'	TBA	TBC	Added at Committee on 19 May 2025 following consideration of scrutiny request from Cllr Salmon.
	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 'NEW'	TBA	TBC	Added at Committee on 19 May 2025 following consideration of scrutiny request from Cllr Salmon.

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

	The importance of Arts & Culture in Wellbeing 'NEW'	TBA	TBC	Added at Committee on 19 May 2025 following consideration of scrutiny request from Cllr Canavan.
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				
Information only items and Item suggestions for Briefing Sessions.				
	Tricuro: Strategic Business Plan - 6 monthly progress against delivery plan. Received from ASC	TBC	TBC	Requested by Committee members (March 2025/September 2025)
	Approach to public mental health and suicide prevention that is being			Date tbc.

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

	agreed via the new MH and LD / Autism delivery board Received from Public Health			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.
	Maternity Services Received from UHD			High profile service. Public awareness and confidence in services Regular item (?6 or 12 months)
	Info only item: Adult Social Care Waiting Times	Info only report.	Betty Butlin	Previously received Dec 2024 and agreed for 12 monthly update reporting.

HEALTH AND ADULT SOCIAL CARE

OVERVIEW & SCRUTINY COMMITTEE



Report subject	Adult Social Care Fulfilled Lives Transformation Programme
Meeting date	14 July 2025
Status	Public
Executive summary	<p>In July 2024, BCP Cabinet and Full Council agreed:</p> <ol style="list-style-type: none"> 1. To support the business case for a new Adult Social Care (ASC) transformation delivery model to improve outcomes for residents and to achieve financial efficiencies and savings. 2. Establishment of a formal Adult Social Care four-year transformation programme called Fulfilled Lives, approving in principle a total investment of up to £2.9m across the first three years. 3. The release of an initial £1.79m was approved for the first year of the programme to facilitate mobilisation, completion of the design and scope stage, and to commence the delivery phase from January 2025. 4. The Health and Adult Social Care Overview and Scrutiny Committee would provide regular scrutiny of progress towards benefits and sustainable change. <p>The programme entered its delivery phase in January 2025 and is making good progress towards implementing the necessary changes to achieve the anticipated benefits, and savings of £3.5m recurring by year four.</p> <p>This report provides an update on progress with recommendations for investment in the next phase of the programme.</p>

Recommendations	<p>It is RECOMMENDED that Committee:</p> <ol style="list-style-type: none"> 1. Notes the current work-in-progress with the Adult Social Care Fulfilled Lives Programme. 2. Supports the recommendation to Cabinet that Council approves the request for the release of the remaining £1.11m funding that was previously agreed to allow the Fulfilled Lives Programme to reach completion and realisation of the benefits.
Reason for recommendations	Release of the remaining investment will enable improved outcomes for adults and their families within the BCP Council area due to enhanced person-centred practice, with effective and efficient support that continues to ensure that the Council fulfils its statutory duties despite continuing demographic and economic demand pressures. In totality, the projects that form part of this transformation programme will lead to recurring savings of c.£3.5m.
Portfolio Holder(s):	Councillor David Brown – Health and Wellbeing
Corporate Director / Directors	Betty Butlin, Director of Adult Social Care Zena Dighton, Intérim Director of Adult Social Care Commissioning
Report Authors	Betty Butlin, Director of Adult Social Care Zena Dighton, Intérim Director of Adult Social Care Commissioning Harry Ovník, Programme Manager for Wellbeing Tim Branson, Transformation Lead for Fulfilled Lives Programme
Wards	Council-wide
Classification	For Recommendation and Decision

Background

1. In July 2024 the Adult Social Care directorate, undertook a detailed 3-month analysis and diagnostic assessment of its current service delivery and future sustainability, taking account of its findings from earlier small-scale innovation work. Adult Social Care then presented Cabinet with a business case for a transformation programme which will address the risk to its ability to fulfil statutory responsibilities and maintain a balanced budget in the face of continually rising demographic and economic pressures.
2. This business case outlined the opportunities available to deliver true transformation and innovation within ASC, whilst embedding lasting change which will support future demand, and achieve financial and service quality benefits through a transformation programme called 'Fulfilled Lives'.

3. The four-year programme of work has four interdependent projects, as shown in Figure 1.
4. The transformation business case and accompanying delivery plan set out how—with a total investment of £2.9m—the four projects would deliver anticipated savings of £3.5m recurring by the end of Year Four.
5. Investment of up to £2.9m to support a four-year transformation programme was subsequently agreed by Cabinet and Full Council, with an initial investment of £1.79m to establish the programme and its governance structure, recruit the necessary project managers, complete the detailed scoping, Project Initiation Documents and individual business cases for each of the projects, and move to the delivery phase from January 2025.

A reminder - Four projects that form the programme



1	How we work	To implement the 3 conversations approach, building on innovation sites, embedding strengths-based ways of supporting residents, focusing on prevention. How we work will also focus on making improvements within our First Response function.
2	Short-term support	Improve community access to reablement services, ensuring that all appropriate individuals are able to maximise their goals and have the best possible chance at independence – reducing the need for long term services.
3	Self-Directed Support	We will ensure more people are in control of their own support by developing more community-based options for people via Direct Payments or Individual Service Funds. Reducing the need for more traditional services at a higher cost.
4	Support at Home	Develop and implement a new Support at Home provision, enabling people to stay as independent as possible in their own home and reducing the need for residential placements.

Figure 1 – representing the 4 projects that make up the Fulfilled Lives programmes and a high-level description.

Strategic case for change

6. The Fulfilled Lives Programme aligns with the Adult Social Care Strategy 2025-2028—as approved by Cabinet on 2 April 2025—and our co-produced vision *“Supporting people to achieve a fulfilled life, in the way that they choose, and in a place where they feel safe”*.

Summary of programme progress

7. Although the full benefits will only be realised as future phases of the Fulfilled Lives programme are implemented across the remaining three years, good progress has already been made since entering the Delivery Phase in January 2025. Key areas of progress are set out below.
8. Several complex, essential Mosaic system changes have been implemented to support the principles of Three Conversations practice, reducing bureaucracy and

allowing practitioners to have more contact with people, respond to requests for support sooner, and record their work proportionately.

9. All teams within Learning Disability and Mental Health Services—including the Autism Team and Preparing for Adulthood Team—and two-thirds of Long-Term Conditions Locality Teams have now implemented the Three Conversations approach.
10. All the remaining teams that are yet to adopt Three Conversations are expected to achieve their milestones so that implementation is completed by 31 December 2025.
11. Although the programme is only in its early stages, benefits are already being realised. Despite rising demand, the number of new requests that result in long-term support have started to decrease as practitioners adopt the Three Conversations way of working and find alternative ways to support people.
12. In the seven months¹ since the initial investment was agreed, when compared to the same period in the previous year, the number of new requests for support increased by 6.6%, from 7,600 to 8,100 whilst the number of those requests that led to the receipt of long-term support fell from 854 to 665 people.
13. This means that 8.2% of new contacts in the 2024/25 period went on to receive long-term support (the conversion rate) compared to 11.2% for the same period in 2023/24.
14. If the conversion rate had not reduced, the request for support that led to long-term support would have incurred an additional cost of at least £132,000 on average per week over the first six weeks of care².
15. Completing the full delivery of the new ways of working and continuation of the analysis of cost is expected to show a similar trend and cost reductions overall.
16. A newly created Occupational Therapy (OT) Conversation One record, introduced in March 2025, has positively impacted on OT waiting times, reducing the number of unallocated occupational therapy assessments on 28 May 2025 by 49% from 584 to 297.
17. A summary of feedback from people and staff, with examples of the impact that teams who have been early adopters of the Three Conversations approach have had, can be found at **Appendix A**.
18. An eight-week trial of a revised first response model for incoming telephone and online contacts from people and professionals has recently concluded within the Adult Social Care Contact Centre. The results have been positive showing that fewer requests for support needed to be passed to long-term teams and people therefore experienced improved response times.
19. A total of 17 recommendations for a full-scale adoption of this model have recently been agreed, which will include a partial shift of resources from long-term locality

¹ July 2024 to January 2025 inclusive

² Please note: Because this figure is calculated from the costs for the first six weeks of care it cannot be converted to an annualised figure simply by multiplying by 52 weeks.

teams to an Adult Social Care Hub, enhancing the functions of the former Adult Social Care Contact Centre.

20. The Individual Service Funds (ISFs) pilot has entered its second phase with participating care providers having identified individuals who could benefit from this alternative method for receiving a personal budget, which reduces the burden that some people who have direct payments experience. A Treasury Management software provider has been selected to facilitate independent personal budget management, thus safeguarding all parties from financial irregularities.
21. A local Community Catalysts representative has been appointed and has started a range of engagement activities to stimulate the local market for Community Micro-Enterprises (CMEs), which will expand the range of options for people to use a direct payment for more cost-effective bespoke care and support arrangements.
22. The development of a Trusted Reviewer approach with Tricuro has launched, initially on a pilot basis, with people who currently access traditionally commissioned day opportunities supported to find alternatives that allow them to access more meaningful daytime activities (see **Appendix A**)
23. Development of an ASC Prevention Strategy which aligns with the fulfilled lives vision is also progressing well. This will set out our commitment to providing services that delay, reduce or prevent the need for long term care and support, enabling people to live independently for longer. The strategy is currently in the engagement phase and will be presented to Cabinet for approval in October 2025
24. Synergies have been identified with the FutureCare Programme for Urgent and Emergency Care (UEC) and links have been established with the Programme Director and Newton to ensure appropriate alignment between the two programmes. This will ensure we maximise benefits and ensure there is no duplication (particularly in relation to the focus on reablement services).
25. Work is underway to explore and develop the benefits of a community pilot programme to continue the success of improvement in the operational delivery of Coastal Lodge and Tricuro in the delivery of home-based intermediate care.
26. Significant improvements have been realised within the Tricuro Reablement service to support the growth of the service and increase capacity. Current work is focused on evolving and implementing a shared digital solution to avoid duplication and streamline administration time for both Tricuro and commissioners. This is expected to increase the flow of people through the reablement service, which will increase the availability for new people needing to enter the service from the community.
27. The Care and Support at Home Project plan has been finalised with clear timescales, milestones and deliverables with monthly project board meetings established, including procurement tasks and timescales. Project updates are published to the Fulfilled Lives intranet and Adult Social Care Newsletter.
28. Research into other local authorities to review how they are implementing best practice models in care and support at home has been completed and documented. This has identified what other local authorities are currently

commissioning, whether they are delivering outcome focused care support at home, and what learning and best practice can be adopted for this project.

29. A range of co-production engagement sessions have taken place throughout May 2025, including face to face events, internal and external stakeholder surveys, a BCP Council colleague event, visits to day centres and direct phone calls to service users. Links have been made with Help and Care and Healthwatch Dorset to identify potential participants with individuals already signed up for a co-production working group.

Programme Next Steps

30. In recognition of the significant shift in culture and practice brought about by Three Conversations, a further period of embedding and consolidating practice will ensure that sustainable transformation is achieved.
31. The recommendations from the revised first response trial will be implemented with support in accordance with corporate change processes and policies.
32. Improvements to online and digital services will progress, including webpage enhancements, a provider payments portal, and better self-service options.
33. Development of alternative options for receiving a personal budget will continue with the next phase of the Individual Service Fund trial focusing on money management software and seeking feedback from people with lived experience. Further enhancements for accessing direct payments are also planned.
34. The Community Micro Enterprise and Trusted Reviewer programmes will become more closely aligned as work progresses with our Community Catalysts and Tricuro partners.
35. A report with recommendations—following the analysis, research and engagement into best practice models in care and support at home—will be presented to the project board and will contribute to the emerging Care and Support at Home Strategy, due to be approved in August 2025.
36. The Care and Support at Home Strategy will be co-produced with people who have lived experience of home care services and will inform the contract service specification for the subsequent procurement of a new Domiciliary Care Framework.
37. We shall continue to liaise closely with colleagues involved in the FutureCare programme whilst simultaneously seeking expressions of interest from the provider market for a community-based reablement service. This will provide additional support for the Three Conversations and First Response workstreams in the How We Work project.
38. A new Trusted Provider form, currently under development, will be introduced initially for use with Tricuro colleagues in the Reablement Service. SMART goals have been agreed for implementation together with Key Performance Indicators (KPIs) that will be monitored weekly. This will support with improving capacity within the reablement service by reducing the maintenance list by 50%.

Programme savings, benefits and investment

39. Some recruitment challenges early in the Design and Scope stage, in part due to the initial one-year fixed-term nature of the contracts on offer, has resulted in lower than anticipated spend in year one. Whilst the posts are now filled, the later start dates have altered the profile of spend across the four years of the programme. A revised resource investment and savings profile is shown at Figure 2.

Category	Element	2023/24 £	2024/25 £	2025/26 £	2026/27 £	2027/28 £	2028/29 £	Total £
Transformation Investment	Programme Management	31,865	97,619	439,450	247,950			816,884
Transformation Investment	Self Directed Support	22,202	125,308	178,725	40,975			367,210
Transformation Investment	Short Term Support	8,238	10,839	39,225	28,575			86,877
Transformation Investment	Support at Home	14,381	37,005	42,200	27,000			120,586
Transformation Investment	How we work	9,760	243,198	952,283	342,728			1,547,968
Total one off investment	Total one off investment	86,446	513,970	1,651,883	687,228	-		2,939,526
Income	Flexible use of capital receipts	(86,446)	(513,970)	(1,651,883)	(687,228)			(2,939,526)
Total one off Income	Total one off Income		(513,970)	(1,651,883)	(687,228)	-		(2,939,526)
Transformation saving	Change in LTC domiciliary care spend		(250,000)	(380,178)	(356,552)	(488,150)	(160,927)	(1,635,807)
Transformation saving	Change in LTC residential care spend		-	(503,667)	(393,796)	(441,532)	-	(1,338,995)
Transformation saving	Staff savings resulting from Mosaic provider portal		-	-	(105,000)	-	-	(105,000)
Transformation saving	Reduction in average cost of support for LD		-	(78,000)	(104,000)	(130,000)	(156,000)	(468,000)
Total recurrent annual saving	Total recurrent annual saving		(250,000)	(961,845)	(959,348)	(1,059,682)	(316,927)	(3,547,802)
Cumulative annual saving	Cumulative annual saving		(250,000)	(1,211,845)	(2,171,193)	(3,230,875)	(3,547,802)	

Figure 2 – revised resource investment and savings profile

Summary of legal implications

40. Statutory roles are required to be held by the Council, including a Director of Adult Social Services (DASS) and a Principal Social Worker (PSW).
41. The Council is required by law to provide and hold direct accountability for the effectiveness, availability and value for money of Adult Social Care services. The statutory functions are set out in legislation, including the [Care Act 2014](#).
42. Para 1.1 of the Care Act 2014 Statutory Guidance states “*The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life*”.
43. In particular, the Care Act 2014 imposes a general duty to promote the wellbeing of individuals when carrying out their care and support functions, and to safeguard adults with care and support needs from experiencing or being at risk of abuse or neglect. At the same time, the Act requires that care and support is tailored to a person’s individual needs and preferences, and local authorities are encouraged to support individuals in making their own choices and taking risks that are part of everyday life. This approach aims to empower individuals and enhance their independence and quality of life.
44. Local authorities also have statutory responsibilities regarding market shaping to create a responsive and stable care market that can adapt to the needs of the local population. This includes ensuring a diverse, sustainable, and high-quality market for adult care and support services. The Care Act stresses the importance of giving individuals and their carers choice and control over how their needs are met. This includes stimulating a range of care and support services to meet diverse needs.

45. The quality of Adult Social Care services is inspected by the Care Quality Commission (CQC) against a quality assurance framework.
46. The recommendations of the Fulfilled Lives Programme business case will improve the Council's ability to discharge all these duties more effectively.

Summary of financial implications

47. As outlined in the July 2024 Transformation Business case, the programme has been provided with the first-year funding of £1.79m.
48. This funding has allowed key fixed term recruitment to be achieved to mobilise the programme. The total investment over a 3-year period is £2.9m to achieve recurring savings of approx. £3.5m. These savings are currently on track to be met.
49. The savings attributed to the Fulfilled Lives programme are in addition to those that have been identified via the FutureCare programme, which focuses on Urgent and Emergency Care in the acute hospitals across Dorset. Whilst both programmes of work have dependencies and will naturally complement each other, they will seek to achieve separate savings.

Summary of human resources implications

50. Human Resources processes will be followed, as required, during recruitment around resources for delivery.
51. Trials of different ways of working could result in minor reorganisation of existing Adult Social Care team structures. Where this is the case, the corporate change process and policies will be applied, including the appropriate level of employee consultation, with support from the assigned HR Business Partner.

Summary of sustainability impact

52. There are no sustainability implications within this report.

Summary of public health implications

53. Relationships with Public Health partners will be enhanced and improved with transformed ways of operating Adult Social Care services, particularly linked to prevention and population health management.

Summary of equality implications

54. Full EIA documentation will be completed and reviewed at Panel (as required) during implementation of transformation plans e.g., policy change or development, service change or development.
55. The Adult Social Care strategic approach to Equality, Diversity and Inclusion aims to support transformation work with improved data and workforce support.

Summary of risk assessment

56. It has already been acknowledged in earlier reports and the preceding business case that, by doing nothing, the Council is holding significant risk, against a backdrop of continually rising demographic and economic pressures, in its ability to fulfil its statutory responsibilities towards adults and their families within the

available budget. These risks are mitigated by the Fulfilled Lives Business Case and Transformation Programme.

57. Programme risks have been identified and mitigations put in place, with robust monitoring, an established formal governance structure and clear escalation processes for each workstream. There is regular reporting to the Corporate Management Board and scrutiny by the Health and Adult Social Care Overview and Scrutiny Committee.

Recommendations

58. It is recommended that Cabinet:

- a) Notes the current work-in-progress with the ASC Fulfilled Lives Programme.
- b) Recommends that Council approves the request for the release of the remaining £1.11m funding that was previously agreed in principle to allow the Fulfilled Lives Programme to progress to completion and realisation of benefits.

Background Papers

- Cabinet 17 July 2024 – [Adult Social Care Transformation Business Case](#)
- Cabinet 17 July 2024 – [Adult Social Care Transformation Delivery Plan](#)

Appendices

A. Stories of Difference (please note: all names have been changed)

Example 1: Jane

Jane is a young adult with a learning disability who has been attending a traditional day centre for adults three days a week. Day centre staff and Jane's family felt she was not fulfilling all her potential and passions and would benefit from gaining more variety and experience by attending activities outside of the day centre.

As part of the Trusted Reviewer programme within the Self-Directed Support Project, Jane was introduced to a new independent community-based day provision where she could take part in creative and wellbeing-based activities and engage with her local community. Jane was supported to attend a taster day and several subsequent sessions.

She has thoroughly enjoyed herself and instead of increasing her attendance at the day centre, Jane has decided to reduce her attendance to two days and spend two-and-a-half days at the new service.

From the first taster day Jane attended the new service, her support worker observed that she felt very relaxed, confident and happy. Jane now has better access to new activities in the community which suit her better.

Example 2: Agnes

Agnes is in her late sixties and throughout her life had never lived independently, needing supported accommodation funded by health and social care.

Adopting a Three Conversations approach meant that Agnes was supported by a consistent social care worker—Simon—who could get to know her over a longer period and understand what was most important to her to lead a fulfilled life. This helped Agnes to feel confident enough to embark on a radical option for her—a move to independent accommodation—which she had dreamt of for years but thought could never be a reality.

Agnes is now living independently for the first time in her life. She is still adjusting to living alone and not with other people, which she finds difficult but, overall, she has no regrets. She said, "I'm having the time of my life."

Agnes no longer needs the funded support she had previously, representing a saving of £15,500 per year. In an independent follow-up call as part of our Three Conversations monitoring, Agnes explained how her life had changed completely, and that she now feels like a full person and not just a diagnosis. She now has pets that bring her much joy, and she is very happy in her new flat.

Example 3: Sample comments from people and staff

Social worker – Learning Disability Team

"The 3 Conversations approach helps me draw on my professional skills because it helps me focus on the conversation process. Its more concise, which is also better for the person"

Mrs H – resident

“Thank-you so much for arranging your visit to my mother so quickly. Thanks also to R who has ordered the equipment already!

We are looking at the details of what is available, and M is interested in one or two of them. It is a difficult situation for her, and she will need a little time to consider all the options. We are both very grateful for your time and assistance this morning.”

Social worker – Preparing for Adulthood Team

“As it is a strengths-based approach, it allows me to use more of my people skills - in helping to put people at ease, being 'real' and approachable, coaching them into giving more comprehensive answers about what is really needed and helping them to see things from different perspectives etc.”

Mrs T – a carer for her adult child

“M (our social worker) was a very good listener; she covered a wide range of questions which we hadn't always had before. She was attentive to what my son said and what I said, she was patient. This was a different meeting than we have had before, and we were all very impressed with this. Much better. It was the first time my son had been asked how he felt his life is going? And also whether they were things that he would like to do but cannot at the moment. After she had gone, my son, his wife and I all said ‘what a good meeting!’ It wasn't just someone filling out a form, she really understood. As an older carer preparing my son for later in his life, it was very reassuring for me to know that BCP Council were fully aware of his situation and what this would mean for the future.”

Social worker – Community Mental Health Team

“I am giving more time to getting to know the person and finding out what is important to them rather than thinking about forms and what generic services might help”

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