

Notice of Health and Adult Social Care Overview and Scrutiny Committee



Date: Tuesday, 23 September 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=5938>

If you would like any further information on the items to be considered at the meeting please contact: Sinead O'Callaghan, sinead.ocallaghan@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

AIDAN DUNN
CHIEF EXECUTIVE

15 September 2025

**DEBATE
NOT HATE**



Available online and
on the Mod.gov app

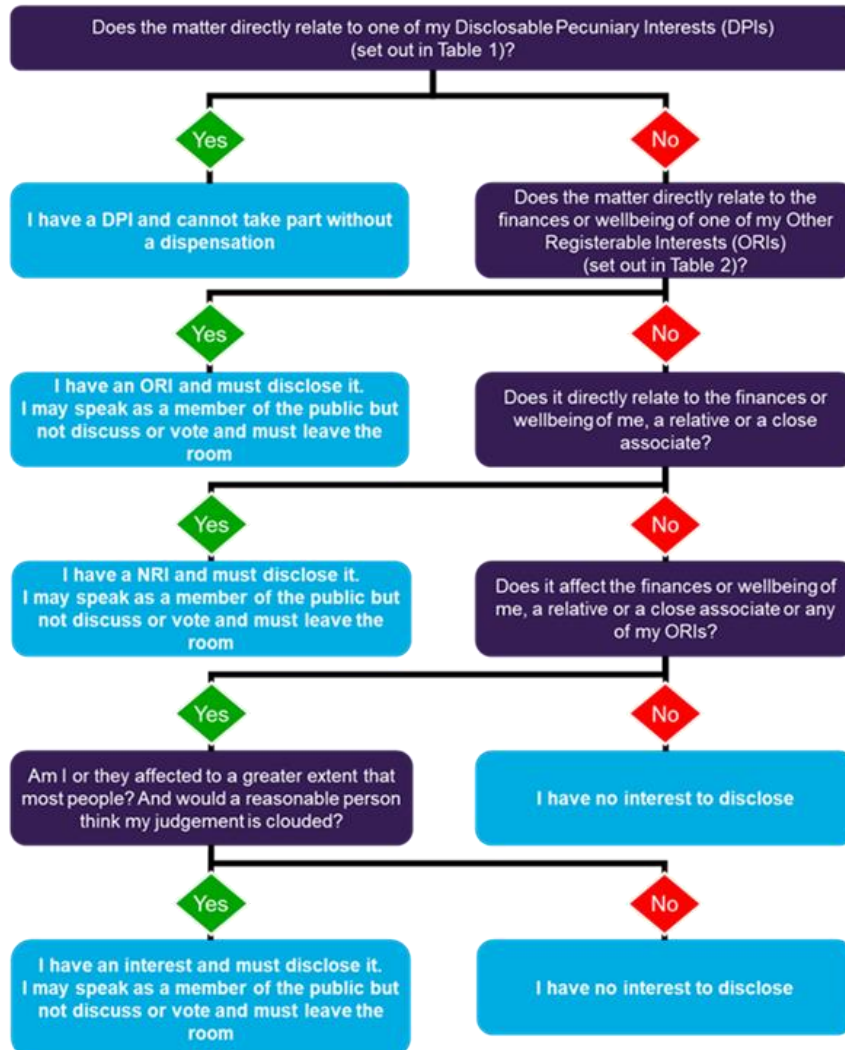


Maintaining and promoting high standards of conduct

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

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

To confirm the Minutes of the meeting held on 14 July 2025.

7 - 14

a) Action Sheet

To check on any outstanding actions.

15 - 20

5. Public Issues

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

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

The deadline for the submission of public questions is midday 3 clear working days before the meeting (midday on 17 September 2025).

The deadline for the submission of a statement is midday the working day before the meeting (midday on 22 September 2025).

The deadline for the submission of a petition is 10 working days before the meeting (8 September 2025).

ITEMS OF BUSINESS

6. Get Dorset & BCP Working Plan - GD&BCPWP	21 - 96
<p>'Get Britain Working' is a national initiative from the Department for Work and Pensions (DWP). The 'Get Britain Working White Paper' (Nov 2024), seeks to promote higher employment and reduced economic inactivity, whilst supporting individuals to enhance and improve their skills to transition into higher quality jobs.</p> <p>All areas of England must develop local 'Get Britain Working' plans. Dorset Council, as Accountable Body, must deliver the plan across the Dorset Council (DC) and Bournemouth Christchurch and Poole Council (BCP) geographies in partnership with BCP Council, Department for Work and Pensions (DWP) and the Integrated Care Board (ICB).</p> <p>This Cabinet report seeks approval of the draft GD&BCPWP (see Appendix 1) for publication.</p>	
7. Tricuro: Business Plan Review and Objectives 2025-26	97 - 118
<p>To receive a presentation from the Chair and CEO of Tricuro.</p>	
8. Adult Social Care Prevention Strategy	119 - 184
<p>The Adult Social Care Prevention Strategy (2025-2030) sets out 5 key strategic priorities to reduce, delay or prevent the need for long term care and support for people living in Bournemouth, Christchurch and Poole.</p> <p>The strategy has been shaped by the views and experiences of local people, carers, the voluntary and community sector and partners. It aims to develop a sustainable approach to prevention in adult social care. The strategy emphasises early intervention, the promotion of wellbeing, and collaboration with key partners, to not only prevent the development of long-term needs, but also to enhance the overall quality of life for people living in the BCP Council area.</p>	
9. Adult Social Care Fulfilled Lives Transformation Programme	185 - 198
<p>In July 2024, BCP Cabinet and Full Council agree to support a four-year transformation programme called Fulfilled Lives, approving a total investment of £2.9m spanning the first three years.</p> <p>The programme is made up of four inter-dependent projects:</p> <ul style="list-style-type: none">• How We Work• Short-Term Support• Self-Directed Support• Support At Home <p>An initial investment of £1.79m for the first 12 months of the programme was agreed, with progress monitored on a minimum six-monthly basis by</p>	

members of the Health and Adult Social Care Overview & Scrutiny Committee.

The programme entered its delivery phase in January 2025 and, since then, progress reports were presented to Committee in January, March and July.

The release of the remaining £1.11m funding for the programme was approved by Cabinet and Full Council in July 2025, and this report provides a further brief update for the programme overall including a deeper focus, as requested, on the Self-Directed Support and Short-Term Support projects.

10. Work Plan

199 - 210

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.

11. 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.

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

Minutes of the Meeting held on 14 July 2025 at 6.00 pm

Present:-

Cllr P Canavan – Chair

Cllr L Northover – Vice-Chair

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

14. Apologies

Apologies for absence were received from Cllrs D Farr and J Salmon. Cllr J Bagwell was absent.

15. Substitute Members

There were no substitute members on this occasion.

16. Declarations of Interests

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

17. Minutes

RESOLVED that the Minutes of the Health and Adult Social Care Overview and Scrutiny Committee of 19 May 2025, be confirmed as an accurate record and signed by the Chair.

18. Action Sheet

The action sheet was noted.

19. Public Issues

There were no public issues on this occasion.

The Chair advised that there would be a slight change to the order of the Agenda and that the Adult Social Care Fulfilled Lives Transformation programme would be the first substantive item of business considered.

20. Adult Social Care Fulfilled Lives Transformation Programme

The Director of Adult Social Care and Head of Service/Programme Lead - Fulfilled Lives Transformation Programme 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.

In July 2024, BCP Cabinet and Full Council agreed:

- 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.
- 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.
- 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.
- 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 was making good progress towards implementing the necessary changes to achieve the anticipated benefits, and savings of £3.5m recurring by year four.

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

The Committee discussed the report and responses to queries were provided, including:

- In response to a query regarding the interface between the Future Care and Fulfilled Lives programmes, particularly regarding hospital discharge and ongoing support, the Committee was advised that the Future Care programme focused on urgent and emergency care, especially discharge processes, while Fulfilled Lives took over post-discharge with short-term, strengths-based interventions. It was noted that the programmes were designed to work together to ensure smooth transitions and avoid duplication.
- The Transfer of Care Hub, a multidisciplinary team, coordinated appropriate discharge pathways, aiming to return individuals home when possible.
- Social workers applied Fulfilled Lives principles during discharge planning to ensure tailored support.

- Examples were provided of hub conversations resolving issues at first contact, such as signposting to community resources and arranging follow-up calls.
- The approach aimed to prevent escalation and reduce unnecessary involvement from long-term teams.
- It was acknowledged that community-based reablement was under-resourced, and a 12-month pilot was planned to address this gap and prevent hospital admissions.
- Early conversations were reported to reduce the time it took for individuals to access support and a request for quantitative data was requested for future updates. **ACTION.**
- The programme was described as comprehensive, data-informed, and technology-enabled, differing from previous initiatives by focusing on front-end service transformation.
- The Three Conversations model was highlighted, emphasising listening to individuals and avoiding unnecessary service provision.
- Concerns were raised that some individuals might overestimate their abilities, which should be considered during assessments.
- Call wait times were reported to average 5–7 minutes, with no voicemail option currently available, though alternative contact methods were under review.
- Feedback from service users was overwhelmingly positive, particularly regarding speed of response and feeling heard.
- Community Micro-Enterprises were being developed in partnership with Community Catalysts to offer personalised, small-scale services. Examples included gardening and allotment activities as alternatives to traditional day centres, with around 10 new enterprises in development.

The Chair proposed an additional recommendation as follows:

That HASC O&S continues to monitor this four-year programme in particular around self-directed support and support at home that will enable people to stay independent and reduce the need for residential placements.

The Committee discussed the recommendation, and the general consensus was the last section regarding reducing the need for residential placements should be removed.

RECOMMENDED that Committee:

- **Notes the current work-in-progress with the Adult Social Care Fulfilled Lives Programme.**

- **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**
- **That HASC O&S continues to monitor this four-year programme in particular around self-directed support and support at home that will enable people to stay independent.**

Voting: Nem. Con.

21. Work Plan

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

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

The Chair, when considering the Work Plan advised the Committee of the following:

- The items list for the September meeting were highlighted, including the Adult Social Care Prevention Strategy, prior to consideration at Cabinet.
- The Budget Awareness item was highlighted and Committee members were asked to consider what data they would like, particularly in light of the Council's financial pressures. **ACTION.**
- The recommendation arising from the last budget working group was highlighted regarding block-booked beds and the Chair suggested that members may wish to revisit this topic in the context of budget scrutiny.
- Noted that Tricuro would be attending to provide an update on their business plans. Members were encouraged to think about what data they might want to request and what expectations they might wish to set, particularly regarding reablement. **ACTION.**
- Mentioned that the December meeting would include an update on the Integrating Neighbourhood Teams initiative, which had been under discussion for some time. Given the rapidly evolving NHS landscape, it was considered a timely opportunity to take stock.
- Confirmed that recurring annual reports scheduled for December included the Safeguarding Adults Annual Report and the Social Care Complaints and Quality Assurance Report.

- Advised that the inclusion of End of Life Services on the agenda remained uncertain, depending on the readiness of officers and external colleagues to present.
- Reflected on the committee's previously agreed priorities and expressed hope that all would be completed by the end of the year.
- Noted that a longer list of outstanding issues remained, including a report from University Hospitals Dorset (UHD) on the broader transformation programme. Although the committee had already reviewed clinical services, the wider transformation work was still pending.
- Recalled that Councillor Joe Salmon had previously submitted a scrutiny request regarding the Sub-Co proposal within hospitals. A briefing had since taken place and a detailed report submitted to the Trust Board would be shared with members to reaffirm the reassurances given during the meeting. **ACTION.**
- Indicated that a review of the impact on Personal Independence Payments would not be possible in the near term, as it depended on developments in Parliament.
- Addressed the Lifeways issue, noting that it would be more helpful to consider it within the broader context of adult social care commissioning. An informal briefing on commissioning would be delivered at the end of the meeting to provide background and context.

The Committee discussed the work plan and a Member expressed concern regarding the transformation of UHD regarding recruitment and retention of nurses. The changes in the Dorset Integrated Care Board were highlighted and it was advised that it was a fast-moving picture, but an update would be provided when possible.

RESOLVED that the Health and Adult Social Care Overview and Scrutiny Committee review, update and confirm the Work Plan.

Voting: Nem. Con.

22. CQC Inspection

The Director of Adult Social Care provided the Committee with a verbal update accompanied by the presentation on the impending CQC Inspection and highlighted the following:

- The timeline and process
- Feedback and results
- Some of our strengths
- What we're working on
- Our vision – Adult Social Care Strategy

- CQC Planning Team and what they do
- Information return prep
- CQC Champions – responsibilities
- Staff involvement
- SLT presentation.

The Committee discussed the presentation, including:

- A member expressed amazement at the depth and complexity of the work being undertaken, reflecting on their own past experience as a provider.
- The Chair was praised for highlighting many positive developments, but a question was raised about whether there were any areas of concern or potential challenges that the Committee should be aware of.
- Officers acknowledged that there was room for growth and committed to being open and transparent about areas needing improvement.
- It was noted that the transformation programme aimed to reach people earlier and reduce waiting lists, which remained a challenge despite ongoing efforts and additional resources.
- A specific area identified for improvement was the backlog of reviews for individuals under Deprivation of Liberty Safeguards (DoLS). Although risk assessments were in place, the volume of cases had increased significantly following a legal judgment, while resources had not kept pace.
- Officers confirmed that a risk tool was being used and that funding was being targeted to address this issue.
- It was emphasised that many councils faced similar challenges in this area, and that the team had a clear plan in place.
- Another key focus was ensuring the transformation programme delivered a stronger emphasis on short-term interventions at the front door, rather than allowing pressure to build at the back end of the system.
- Officers acknowledged that the service was not perfect but stated that it was in a much better position than the previous year.
- Improvements in quality, performance, and assurance were highlighted, including the establishment of an executive board chaired by the Chief Executive and attended by the Leader and Portfolio Holder.
- The importance of maintaining momentum in these areas was stressed.
- Safeguarding was identified as an area of ongoing concern due to its unpredictable nature, despite mitigation efforts.

- Officers reaffirmed their commitment to continuous improvement and striving for the best possible outcomes.

The Chair thanked the Director of Adult Social Care for the update.

23. Portfolio Holder Update

The Portfolio Holder for Wellbeing provided the following verbal update to the Committee:

- Continued work on the Adult Social Care Fulfilled Lives Programme and Future Care initiatives.
- Maintained ongoing Public Health efforts and CQC inspection preparedness.
- Attended monthly meetings with Southwest portfolio holders for Adult Social Care to discuss CQC assurance visits and shared experiences.
- Monitored financial outturn across the Well-being Directorate:
 - Final outturn for Adult Social Care showed a £19,000 underspend on a £125 million budget.
 - Commissioning achieved a £707,000 underspend.
 - Cabinet report detailing financial performance was prepared for review.
- Participated in the Adult Social Care Prevention Event in late May:
 - Engaged with staff, partners, and voluntary sector.
 - Emphasised the importance of intentional and cross-council preventative work.
- Took part in National Care Home Open Week in June:
 - Visited a local care home, interacted with residents, and gained insights into care pathways.
 - Highlighted the need for better public awareness of social care access routes.
- Attended the Public Health Assurance Visit at the end of June:
 - Hosted the Regional Director of Public Health.
 - Received positive feedback and assurance on public health grant usage.
 - Engaged in collaborative discussions and shared best practices.
- Participated in the Learning Disability Partnership Board meeting:
 - Collaborated with staff, individuals with learning disabilities, and families.
 - Contributed to the co-production of a revised “Big Plan” focused on continuous service improvement.

- Prepared for the Integrated Care Partnership meeting scheduled for Thursday:
 - Discussed potential changes due to the 10-Year Plan and implications for health and well-being governance structures.
- Scheduled a visit to the Lifeline team to explore care technology services and equipment demonstrations.
- Confirmed that the Adult Social Care Fulfilled Lives report would be presented to Cabinet on Wednesday.
- Noted that the Corporate Director for Well-being post had been advertised, with recruitment progressing over the coming months.

In response to questions to the Portfolio Holder, the Committee was advised that there were no plans to reopen the Highcliffe Day Centre, however it was noted that the building was being utilised as a preschool.

The Chair thanked the Portfolio Holder for the update.

The meeting ended at 7.50 pm

CHAIR

ACTION SHEET FOLLOWING 14 JULY 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>		
Actions arising from Committee meeting – 15 July 24				
	Adult Social Care Transformation Business Case	<p>Decision Made: That key risks and Key Performance Indicators be included in future reports regarding the Transformation Programme</p> <p>Action – Officers aware</p>	To enable the Committee to have this information when scrutinising	

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
Actions arising from Committee meeting – 24 September 24				
34.	Adult Social Care Budget Presentation	<p>Decision made: In response to a query regarding the activities and outcomes of the Live Well Dorset programme, the Committee was advised that it had managed to reach those living in the most deprived areas of BCP and that access could potentially be provided to the dashboard for the Committee to see the output.</p> <p>Action: to be considered further</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		
Actions arising from Committee meeting – 3 March 25				
59.	The Transformation of UHD Hospitals	Decision Made: That the Director of Adult Social Care be the contact for any Cllrs wishing to visit the new facilities ACTION – Director and Cllrs aware.		
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.		An update requested under budget presentation in September 2025
Actions arising from Committee meeting – 19 May 25				
11	FutureCare Programme Update	Decision Made: That the Committee receive data regarding bed capacity and workforce numbers at an appropriate time. Action – Officers aware		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
		<p>Decision Made: That the Committee receive data around benefits tracking and monitoring to 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>		
Actions arising from Committee meeting – 14 July 25				
20.	Adult Social Care Fulfilled Lives Transformation Programme	<p>Decision Made: That the Committee receive quantitative data about the impact in future reports.</p> <p>Action – Officers aware</p> <p>Recommendation made to Cabinet: That HASC O&S continues to monitor this four-year programme in particular around self-directed support and support at home that will enable people to stay independent.</p>		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
		Action – the Chair took the Committee’s recommendation to Cabinet, and they agreed with it at their meeting on 16 July 2025		
21.	Work Plan	<p>Decision Made: Committee to consider what they would like to consider for the budget awareness item.</p> <p>Committee to consider what data they would like to receive from Tricuro and also any information regarding reablement.</p> <p>Action – Dem Services emailed on Committee on 21 July and 29 July to request data for inclusion in reports for the next meeting.</p> <p>Decision Made: Democratic Services to email further information received from UHD following the Subcontractors briefing.</p> <p>Action – circulated to the Committee on 22 July 2025.</p>		

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CABINET



Report subject	Get Dorset & BCP Working Plan - GD&BCPWP
Meeting date	1 October 2025
Status	Public Report
Executive summary	<p>'Get Britain Working' is a national initiative from the Department for Work and Pensions (DWP). The 'Get Britain Working White Paper' (Nov 2024), seeks to promote higher employment and reduced economic inactivity, whilst supporting individuals to enhance and improve their skills to transition into higher quality jobs.</p> <p>All areas of England must develop local 'Get Britain Working' plans. Dorset Council, as Accountable Body, must deliver the plan across the Dorset Council (DC) and Bournemouth Christchurch and Poole Council (BCP) geographies in partnership with BCP Council, Department for Work and Pensions (DWP) and the Integrated Care Board (ICB).</p> <p>This Cabinet report seeks approval of the draft GD&BCPWP (see Appendix 1) for publication.</p>
Recommendations	<p>It is RECOMMENDED that Cabinet:</p> <ul style="list-style-type: none"> (a) Approves the draft 'Get Dorset & BCP Working Plan' (GD&BCPWP) for publication (b) Delegates authority to the Director, Investment and Development, in consultation with the Portfolio Holder for Destination, Leisure & Commercial Operations, to undertake any minor changes to the Working Plan that are identified by Cabinet (c) Delegates authority to the Director, Investment and Development, in consultation with the Portfolio Holder for Destination, Leisure & Commercial Operations, to assign any remaining funding from the Government allocation to deliver projects identified in the Plan
Reason for recommendations	<p>The draft Get Dorset & BCP Working Plan (GD&BCPWP) will enable BCP Council to help address the challenges related to labour market participation and progression. As such, the GD&BCPWP will help deliver the Council's Corporate Strategy and wider economic and social objectives.</p>

	<ul style="list-style-type: none"> • Skills are continually developed, and people can access lifelong learning • Employment is available for everyone and helps create value in our communities • Those who need support receive it when and where they need it • High quality of life for all, where people can be active, healthy and independent • Our inclusive, vibrant and sustainable economy supports our communities to thrive
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Portfolio Holder(s):	Lead Portfolio Holder Councillor Rich Herrett – Portfolio Holder for Destination, Leisure & Commercial Operations Councillor David Brown – Portfolio Holder for Health and Wellbeing Councillor Richard Burton - Portfolio Holder for Children, Young People, Education and Skills
Corporate Director	Glynn Barton, Chief Operations Officer
Report Authors	Amy Walton, Economic Development Officer Matthew Robson, Senior Economic Development Officer
Wards	Council-wide
Classification	For Decision

Background

1. 'Get Britain Working' is a national initiative from the Department for Work and Pensions (DWP). The 'Get Britain Working White Paper' (Nov 2024), seeks to promote higher employment and reduced economic inactivity, whilst supporting individuals to enhance and improve their skills to transition into higher quality jobs. This further supports the Government's goal of achieving an 80 per cent employment rate across the UK.
2. Specifically, the White Paper addresses six key issues:
 - exclusion from the labour market - including those with health conditions and/or caring responsibilities or lower skill levels
 - young people leaving school lacking essential skills and opportunities for further education or apprenticeships
 - people trapped in insecure and poor-quality jobs that harm both the economy and their well-being
 - women with caring responsibilities finding it difficult to stay and advance at work
 - employers struggling to fill vacancies due to labour and skills shortages
 - significant regional and demographic disparities in labour market outcomes
3. A key component of Get Britain Working is the voluntary "[Connect to Work](#)" program, which provides tailored support to help individuals facing barriers to employment to find and maintain work.
4. All areas of England must develop local 'Get Britain Working' plans, which will operate over strategic geographies consisting of strategic authorities or 'Connect to Work' delivery areas.

5. For Get Britain Working Plans, local areas should take a system-wide view of employment and labour market issues. This requires working across local Government, the NHS (Integrated Care Board) and the Department for Work and Pensions (DWP) and Jobcentre Plus (JCP).
6. In the case of BCP Council, the GBW plan area is Dorset Council and BCP Council combined (county of Dorset), with Dorset Council as the Accountable Body. The Government has provided Dorset Council with £125k to oversee this programme of work. Proposed projects within the plan will need to be funded by other funding streams or future UK Government funding. Further information is provided in the financial implications section.
7. Where feasible, local Get Britain Working plans could have been published by July 2025. Where this was not possible, an initial summary (outline plan) of the proposal had to be submitted to DWP by 27 June 2025. The full plan must be submitted and published by September 2025.
8. Dorset Council, BCP Council and partners submitted the summary plan on 27 June 2025 and will formally approve and publish the Working Plan following relevant Cabinet meetings (Dorset Council Cabinet is 9 October 2025). Get Britain Working national team have noted that GD&BCPWP will publish after the Cabinet approvals in October.

Governance and Stakeholders

9. The Dorset Skills Board was a subcommittee of the former Dorset Local Enterprise Partnership (DLEP) until March 2025. It was also the Steering Group for the Local Skills Improvement Plan (LSIP) led by Dorset Chamber. The Membership (see Appendix 3) agreed the Board should be maintained by Dorset Chamber until March 2026 at the earliest in the absence of an alternative Board.
10. The Skills Board ToR, were expanded to provide governance of the Get Britain Working Plan, and the Group has been renamed the 'Dorset Skills and Workforce Development Board'. The Chair and Deputy remain the same as well as the Board - including a representative from DWP. The key stakeholders are also the same. A subgroup was created to focus on the GBW (similar to the LSIP).
11. A Working Group was also established, comprising BCP Council, Dorset Council, Dorset Chamber, Skills & Learning (delivering the associated 'Connect to Work'), DWP and the ICB. This group has engaged with local key stakeholders from the third sector, business groups and education and skills providers such as BCP Homewards, Community Action Network and Citizens Advice.
12. Get Britain Working will be presented to the BCP Business Growth Board on 17 September 2025.

Draft Get Dorset & Bournemouth, Christchurch and Poole Working Plan (GD&BCPWP)

13. The draft Working Plan report can be viewed in Appendix 1.
14. There is no set format for Working Plans and areas have the flexibility to develop these in a way which will have the maximum impact in their localities. However, there are some core elements which will be expected in all plans:

- Labour market analysis (key challenges across participation and progression)
 - Drivers and causes of supply and demand side labour market issues
 - Current system and offer (including Health service, Job Centre plus etc)
 - Working with Partners (levers that stakeholders can apply to address challenges)
 - Systematic changes (what is required to improve outcomes)
 - Priority Actions and Longer-term goals (12-24 months including outcomes and 10-year ambition)
 - Governance, local engagement, and future iterations
15. The draft plan sets out the joint commitment to ensuring every resident of working age has access to the right support to begin, sustain, or return to a fulfilling career. By enabling more people across the county to thrive in work, it strengthens families, communities, and the local economy. The plan further seeks to maximise the impact of existing resources while responding to the distinct needs of local communities and employers.
16. Key findings from the labour market analysis in the draft plan include:
- a. The number of economically active people (aged 16+) has been slowly increasing since 2004 and now stands at 383,900. This growth reflects the growing population, an increase in the proportion of people aged over 65 who are continuing to work, as well as a growing proportion of women working. The size of the workforce has increased faster in BCP than within the DC area.
 - b. The workforce has an older demographic profile than nationally, with 38% of all economically active people aged over 50, compared to 32% for the UK, which has implications for replacement demand.
 - c. The employment rate in the county of Dorset area has consistently exceeded the national rate over the long term and may be approaching the concept of 'full employment'.
 - d. The area has a higher proportion of self-employment than the UK average and men are more likely to be self-employed than women.
 - e. The area has a higher proportion of people working part-time than the UK average, and women were much more likely to be working part-time than men.
 - f. Whilst the occupational profile is similar to the national picture, the county of Dorset area has a lower proportion of people employed in professional, associate professional and process, plant and machine operative occupations and higher proportions employed in sales and customer service and caring, leisure and other service occupations. The occupational profile differs between BCP and DC with the BCP area having a higher proportion of employment in management and professional occupations

- g. There is a pay gap between full time workers in the county of Dorset area and those in the rest of the UK, which is more pronounced in the DC area.
 - h. Approximately 39,000 jobs pay below the 'Real Living Wage', and these are most likely to be part time workers and women.
 - i. Over the last 20 years, unemployment rates in county of Dorset area have usually been lower than the national average, but post pandemic, rates have exceeded the national average within the BCP area. The unemployment rate has been falling in all areas since 2021 and in December 2023 stood at 2.8%.
 - j. Claimant count data suggests that unemployment rates are currently higher amongst men, people under 40 and people in the BCP area.
 - k. Economic inactivity rates have been consistently lower than the national average in the long term, but post pandemic the county of Dorset area appears to have had a steeper rise in inactivity rates, which peaked in September 2022. As of the end of December 2023, 84,600 people (18.9% of people aged 16-64) were inactive in the county of Dorset area.
 - l. The reasons why people are inactive differ across the two local authority areas. In the DC area, (early) retirement is the most significant reason, whereas in the BCP area, long-term sickness or being a student are the most significant reasons.
17. The draft plan identifies that there is a comprehensive offer of services supporting residents into employment in Dorset, but the challenge lies in fragmentation. Services are numerous but not always coordinated, meaning residents, employers and partners can experience duplication, confusion and missed opportunities. To create systemic change, interventions that alter how the system is designed, coordinated and incentivised are required. This requires close collaboration with Jobcentre Plus and the Department for Work and Pensions, the Integrated Care Board and NHS local services, as well as alignment with Department for Education priorities through the Local Skills Improvement Plan and Adult Education funding.
18. The draft plan proposes the following systemic changes to address these issues:
- a. Creating a single front door & shared triage to overcome multiple entry points
 - b. A joint pan Dorset governance and outcomes framework (new Work and Health Board)
 - c. Embed Work in Health & Care Pathways
 - d. A unified employer gateway
 - e. Place-based integration in high-need areas
 - f. Sector pipelines aligned to priorities
 - g. Use flexible funds as glue
19. The draft plan sets out a clear framework for how residents will be supported into sustainable employment, improve skills, and strengthen local economic resilience. With ongoing economic challenges and changes in the labour market,

it is vital that a proactive, coordinated approach to reducing unemployment, supporting workers in the workforce and creating new opportunities for growth is taken.

20. As part of the draft plan, an action plan outlines the priorities, partnerships, and practical steps that will ensure individuals have access to the right training, guidance, and support to move into work. It also highlights the role of local employers, voluntary organisations, and public services in creating a more inclusive and dynamic labour market.
21. To ensure the plan delivers meaningful change, key outcome priorities for Dorset & BCP have been developed to:
 - Reduce local variations in employment rates (people aged 18–66)
 - Reduce health-related economic inactivity (people aged 18–66)
 - Narrow the disability employment gap (people aged 18–66)
 - Reduce the proportion of young people (18–24) not in education, employment or training (NEET)
 - Reduce the employment rate gap between lone parents and parents in couples (people aged 18–66)
 - Reduce the percentage of couple households where at least one parent is out of work (people aged 18–66)
 - Increase the employment rate of women (people aged 18–66)
22. Dorset Council as Accountable Body for the draft plan will oversee the implementation of the actions. Monitoring will be conducted on a quarterly basis for the first 24 months following the plans publication. The frequency of monitoring will be reviewed and adjusted as appropriate. The monitoring report will be shared with the stakeholders via Dorset Skills and Workforce Board.

Options Appraisal

23. All areas of England must develop local 'Get Britain Working' plans. To support the recommendations and approve the GD&BCPWP would enable BCP Council to help address the challenges related to labour market participation and progression. As such, the GD&BCPWP will help deliver the Council's Corporate Strategy and wider economic and social objectives.
24. To not submit a plan has been discounted as all areas must deliver a plan as required by UK Government.

Summary of financial implications

25. The Government has provided Dorset Council, as Accountable Body, with £125k to deliver this work across Dorset Council and BCP Geographies. Of this, c£50k will be paid to Dorset Chamber to complete the outline and full plan. Dorset Chamber will also undertake all data gathering, analysis and engagement for Dorset Council.
26. BCP Council has the resources and expertise to provide some of this support. Between June – September (4 months), this is anticipated to require 3 days per

week from the ED Sector Lead for Skills and at least 1 day per week for other support from I&D. With on-costs, this is estimated to be c£25k, which will be recovered from Dorset Council and ringfenced for skills initiatives.

27. The Council's finance team would expect BCP Council to receive written agreement from Dorset Council to fund the £25k for the ED officer time. Dorset Council has confirmed this in writing and advised that the transfer will also be included in Dorset Council's GD&BCPWP Cabinet paper, which is being presented on 9 October 2025.
28. During the development of the plan(s), additional work may be needed from the Chamber that wasn't envisaged in the original scope. This will be taken from the remaining £50k. The Council's finance team has advised that assurance is required that if Dorset Chamber work costs more than £50k it will not affect the BCP revenue budget and that the remaining funds will be covered from the remaining balance of the grant that Dorset hold. Dorset Council has provided this assurance in writing.
29. Any final remaining amount could be used to deliver projects/initiatives identified in the Plan (subject to confirmation from Government). This could potentially be split equally between Dorset and BCP Council. The Director, Investment and Development, in consultation with the Portfolio Holder for Destination, Leisure & Commercial Operations, would assign any remaining funding from the Government allocation to deliver projects identified in the Plan.
30. There are no other financial implications for this work. By producing the plan, the Council will not be committing to deliver any further projects or result in any financial liabilities for the Council. Proposed projects within the plan will need to be funded by other funding streams or future UK Government funding.
31. There may not be officer support post March 2026, as the Economic Development team is only funded until this date.

Summary of legal implications

32. There are no immediate legal implications arising from this report. However, there may be a need for legal advice to support the delivery of the local GBW plan, specifically if there is a requirement to enter into an agreement with Dorset Council, who are the lead Accountable Body. This agreement would govern accountabilities and responsibilities. The Council has the power under Section 1 of the Localism Act 2011 to do anything that individuals generally may do (general power of competence), which includes the ability to enter into such agreements.

Summary of human resources implications

33. The approval of the GD&BCPWP will not result in any change of personnel in the Council. Officer support for GBW may cease in March 2026 when funding for the ED team currently ceases.

Summary of sustainability impact

34. A full Decision Impact Assessment (DIA) was undertaken for this project. There have been no adverse comments from colleagues to the DIA. This programme is a real positive for sustainability and links to the following SDG goals:

SDG 2 – Zero Hunger

SDG 3 – Good Health and Well-being

SDG 4 – Quality Education

SDG 5 – Gender Equality

SDG 8 – Decent Work and Economic Growth

SDG 9 – Industry, Innovation and Infrastructure

SDG 10 – Reduced Inequalities

SDG 11 – Sustainable Cities and Communities

SDG 16 – Peace, Justice and Strong Institutions

SDG 17 – Partnerships for the goals

Summary of public health implications

35. The GD&BCPWP will have a significant positive impact on the health and well-being of our residents through seeking to address exclusion from the labour market - including those with health conditions and/or caring responsibilities or lower skill levels, young people (and NEETs) without essential skills and people trapped in insecure and poor quality jobs.

Summary of equality implications

36. An EIA conversation/screening document has been completed (See Appendix 2) and has been approved by the EIA team, subject to an updated EIA being provided, once the plan is finalised.

Summary of risk assessment

37. The risks have been considered and addressed in the report above.

Background papers

[Get Britain Working White Paper](#)

[Guidance for Developing local Get Britain Working plans \(England\)](#)

[Connect to Work](#)

Appendix 2 – EIA Conversation / Screening

Equality Impact Assessment: Conversation Screening Tool

[Use this form to prompt an EIA conversation and capture the discussion. This completed form or if needed, a full EIA report (form 3) will be published as part of the decision-making process ***Please delete prompts before publishing**]

The Council is legally required by the Equality Act 2010 to evidence how it has considered its equality duties in its decision-making process.

The Council must have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to -

- (a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- (b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
- (c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

A link to the full text of [s149 of the Equality Act 2010](#) which must be considered when making decisions.

1	What is being reviewed?	Creation of a Pan Dorset 'Get Britain Working Plan'
2	What changes are being made?	N/A
3	Service Unit:	Investment and Development
4	Participants in the conversation:	Amy Walton EDO Skills, Matt Robson EDO UKSPF, Ruth Spencer SMART Places, Stakeholders: Dorset Chamber, Dorset Council
5	Conversation date/s:	03/07/25, 08/07/25, 09/07/25, 10/07/25
6	Do you know your current or potential client base? Who are the key stakeholders?	BCP Council will not solely be delivering this plan, but we will be required to report on the delivery by other organisations (for up to 2 years initially), and to be part of systemic change to broaden workforce participation over a 10-year period. Client Base - Residents Those with income deprivation

		<p>Employment deprivation Education, Skills and training deprivation Health deprivation and disability.</p> <p>Key Stakeholders: Dorset Council, ICB and JCP/DWP BCP Homewards Partnership in the BCP Council area Community Action Network across the county Active Dorset Citizens Advice Bureau Third sector organisations Priority sector groups SMEs and business leaders</p>
7	<p>Do different groups have different needs or experiences? age (young/old), disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, members of the armed forces community, any other factors/groups e.g. socioeconomic status, carers, human rights.</p>	<p>BCP Council is fully committed to responding to the needs of different groups including those with protected characteristics through this. These comprise: Different Ages - the elderly or children and young people; Current/Previous members of the Armed Forces; Those with caring responsibilities; Those with physical disabilities; Those with mental disabilities; Different genders; Those who identify as trans; Those who are pregnant/on maternity; Those who are married/in a civil partnership; People from different ethnic groups; People with different religions or beliefs; People with different sexual orientations; People with different socio-economic status; and, Any human rights issues. The proposed plan will benefit all members of the community (including those with protected characteristics) and will help improve equality in line with the 6 EHRC domains of areas of life that can impact equality - education; work; living standards; health; justice and personal security; and participation.</p>
8	Will this change affect any service users?	As above
9	<p>[If the answer to any of the questions above is 'don't know' then you need to gather more evidence. The best way to do this is to use forms 2 and 3. *Please delete prompts before publishing]</p>	

Form Version 1.2

10	<p>What are the benefits or positive equality impacts of the change on current or potential users?</p>	<p>Under Get Britain Working we will seek to find ways to help those want to work have clear pathways and supported opportunities to start or continue their careers. As part of creating the plan, we will undertake some specific analysis of data and contextual information</p>
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		<p>relating to those who are in the categories of health and disability, disadvantage and young people (16-24).</p> <p>To deliver this, we hope to transform the system so that there is better:</p> <p>support for people to get back into work if they are outside the workforce (and help to stay in employment if they have a health condition)</p> <p>access to training, an apprenticeship, or help to find work for young people (including help to avoid losing touch with the workforce at a young age)</p> <p>help for people to get a job, upskill, and get on in their career, whether they are unemployed or in employment, alongside clear obligations on people to take up support and do in return everything they can to work</p> <p>support for employers to recruit, retain and develop staff.</p>
11	What are the negative impacts of the change on current or potential users?	Contextual data and Labour Market Information shows consistent and embedded challenges that would include those with protected characteristics, however, there are no foreseen negative impacts for potential users.
12	Will the change affect employees?	<p>This is not specifically targeted at BCP employees.</p> <p>1. A key part of this government's mission to kick-start growth is our commitment to building an inclusive and thriving labour market where everyone has the opportunity of good work, and the chance to get on at work. This will improve living standards and ensure we can fund vital public services. It is also central to delivering on our missions to break down barriers to opportunity, and to improve the health of the nation.</p> <p>2. That is why the government has set a long-term ambition to achieve an 80% employment rate. This would place the UK among the highest performing countries in the world, with the equivalent of over 2 million more people in work.[footnote 4] Our approach is based on 3 pillars:</p> <p>a modern Industrial Strategy and Local Growth Plans – to create more good jobs in every part of the country</p>

		<p>improving the quality and security of work through the Plan to Make Work Pay</p> <p>the biggest reforms to employment support for a generation, bringing together skills and health to get more people into work and to get on in work</p> <p>3. This third pillar is the focus for this White Paper: to Get Britain Working, as part of a system based on mutual obligations, where those who can work, do work, and where support is matched by the requirement for jobseekers to take it up.</p>
13	Will the change affect the wider community?	<p>To deliver this, the fundamental reforms will transform the system so that there is better:</p> <p>support for people to get back into work if they are outside the workforce (and help to stay in employment if they have a health condition)</p> <p>access to training, an apprenticeship, or help to find work for young people (including help to avoid losing touch with the workforce at a young age)</p> <p>help for people to get a job, upskill, and get on in their career, whether they are unemployed or in employment, alongside clear obligations on people to take up support and do in return everything they can to work</p> <p>support for employers to recruit, retain and develop staff.</p>
14	What mitigating actions are planned or already in place for those negatively affected by this change?	<p>There is no one negatively impacted by this proposal.</p>
15	Summary of Equality Implications:	<p>Poor workforce health imposes large costs on employers, especially from sickness absence and turnover, while also making it harder for them to find the talent they need to grow and thrive. There is also compelling evidence about the value of helping people with a health condition or disability to stay in work, including to prevent them becoming economically inactive. In response, the review Get BCP and Dorset Working will consider what more can be done to enable employers to:</p>

		<ul style="list-style-type: none"> • increase the recruitment and retention of disabled people and those with a health condition, including via the new jobs and careers service • prevent people becoming unwell at work and promote good, healthy workplaces • undertake early intervention for sickness absence and increase returns to work <p>The detailed project of the 'Get BCP and Dorset Working' will benefit all members of the community (including those with protected characteristics) and will help improve equality - in line with the 6 domains of areas of life that can impact equality - education; work; living standards; health; justice and personal security; and participation. Examples include better access to employability support, better targeted community awareness for return-to-work support, improved community interaction and participation around health and wellbeing at work and into work, improved education and skills support for businesses to upskill existing staff but to also build disability confidence in employing future talent. As a result, this should support economic growth and encourage more business start-ups and growth.</p>
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Appendix 3 - Dorset Skills and Workforce Development Group Membership

Chair	Nicola Newman
Secretariat	Dorset Chamber funded by LSIP
Air Bearing Solutions	Hugh Joseph
Adult Skills and Learning	Sarah Rice
AUB	Lisa Mann
BCP Council ED	Ruth Spencer
BCP Council Skills	Amy Walton
Bournemouth and Poole College	Phil Sayles/Anthony Carr
Bournemouth University	Phil Sewell
Careers Hub Chair and Industry Representative	David Matthews
Dorset Chamber/LSIP	Rosie Knapper
Dorset Council ED	Jon Bird
Dorset Careers Hub/NEETs	Simon Fraiz–Brown/Helen Stevenson
Dorset Digital Skills Partnership	Penny Syddall
DSTPN	Rod Davies
DWP	Karen Taylor
National Careers Service	Cheryl Cole
HSU	Lesley Haig/Clare Nadaf
ICB/NHS	Eleanor Parson
Weymouth and Kingston Maurwood College (now Coastland College)	Kate Wills/Tom Hallam
Yeovil College	Alex Clancy

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Get Dorset and BCP Working

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Working DRAFT

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Funded by
UK Government



Department for Work & Pensions

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Foreword

We are proud to introduce the first joint Get Dorset and BCP Working Plan, a collaborative employment, health, and skills strategy. Created in partnership between Dorset Council, Bournemouth, Christchurch and Poole (BCP) Council, the Department for Work and Pensions, NHS Dorset ICB, Dorset Chamber, and our many partners, this plan reflects our combined resolve to connect more local people to meaningful work.

Dorset faces a multifaceted challenge—an ageing population, fewer young residents, and an evolving labour market. At the same time, job vacancies outpace supply, and nearly 30,000 local residents want to work but do not currently have the opportunity. We recognise that work is more than just income—it is a source of purpose, confidence, and belonging. Importantly, we know that supporting and inspiring young people into the workforce is vital—not only for individual fulfilment, but for the economic and social resilience of our entire region.

Our councils share a vision: to ensure that every working-age resident can access the right support to begin, sustain, or return to fulfilling employment.

By working in partnership, we believe we can tackle economic inactivity, address health-related barriers, elevate job quality, and foster inclusive growth across our region.

This plan aligns directly with our respective council strategies and priorities. Our councils recognise that responding effectively to regional economic inequality demands strategic partnership and shared resources.

Dorset Council's 2024–29 Council Plan champions ambition, economic growth, and shared prosperity across the county. Additionally, our Economic Growth Strategy, launched in May 2025, underscores the importance of collaboration to drive employment, investment, and innovation across Dorset.

Within BCP, the Corporate Strategy and Delivery Plans tell us that while unemployment may be lower than national averages, local challenges like

a skills gap, affordable housing shortage, and inequality persist—and must be addressed through coordinated action.

We also face resourcing and fiscal challenges. In Dorset, we are advancing bold ambitions—for example, accelerating our net-zero target and affirming long-term transformation investments. In BCP, we are carefully balancing the need to support vulnerable groups and services—including SEND provision—amidst national funding constraints, while also investing in our future through innovation and transformation.

Despite these pressures, our councils remain resolute: realising the ambitions of the Get Dorset & BCP Working Plan will strengthen families, support employers, and build resilient communities. This plan is not just a strategy—it is a call to action. It envisions a future where:

- Every resident of working age has access to tailored employment support.
- Services across health, skills, and employment are aligned and responsive.
- Employers can tap into a motivated workforce.
- Communities flourish with renewed confidence, purpose, and economic opportunity.

We are delighted to lead this work together. We invite our communities, businesses, stakeholders, and partners to join us. Together, we will turn aspiration into action—so that every person who wants to work in Dorset or BCP can find their path to employment and fulfilment.

[signatures or photos]

Councillor Nick Ireland, Leader of Dorset Council

Councillor Millie Earl, Leader of BCP Council

Acknowledgements

One page of those who were involved - RD to collate

Executive Summary

We are pleased to present the first joint *Get Dorset Working Plan*. This plan brings together Dorset and BCP Councils, the Department for Work and Pensions, the NHS, Dorset Chamber and many other partners, united in a shared commitment to help more people move into work. We know that too many people who want to work feel unable to do so for a range of reasons. There is no single solution, but proven approaches are available, and by working together we can make a difference.

Dorset county faces a unique challenge: an ageing population alongside a decline in younger residents, which means our workforce is shrinking at a time when we need it to grow. While there are more vacancies than people to fill them, around 30,000 people locally want to work but are not currently in employment. We also recognise that work offers more than financial security – it provides purpose, confidence, and a sense of belonging.

41 This plan sets out our joint commitment to ensuring every resident of working age has access to the right support to begin, sustain, or return to a fulfilling career. By enabling more people across the county to thrive in work, we can strengthen families, communities, and the local economy.

Get Dorset and BCP Working Plan

The *Get Dorset and BCP Working Plan* is a joint regional employment, health, and skills strategy, developed in response to the UK Government's *Get Britain Working White Paper*. The plan sets out how partners will work together to increase employment, reduce economic inactivity, address health-related barriers to work, and improve the quality of jobs across Dorset and the BCP area.

Developed collaboratively with Dorset Council, Bournemouth Christchurch and Poole Council (BCP), the Department for Work and Pensions (DWP), NHS Dorset Integrated Care Board (ICB) and the Dorset Skills and Workforce Board the plan covers both Dorset Council and BCP Council areas. It provides an overview of current employment support activity, alongside an

analysis of the local labour market, and highlights where new approaches are needed to respond to emerging challenges.

The plan also explains how local partners will align with and contribute to national, regional, and local priorities for inclusive growth, resilience, and prosperity. It supports the Government's ambition to achieve an 80% employment rate while ensuring that local residents and employers benefit from healthier, more sustainable, and more prosperous communities.

Local Labour Market Context

The Dorset and BCP labour market reflects both opportunities and challenges. The economically active population (aged 16+) has steadily increased since 2004, reaching 383,900. This is driven by population growth, higher participation among older people (aged 65+), and increased participation by women. Growth has been stronger in the BCP area than in the Dorset Council area.

The workforce has an older profile than the national average: 38% of the economically active population are over 50, compared with 32% nationally. This trend creates implications for replacement demand in the coming years.

Employment rates across Dorset and BCP have remained consistently above the national average. Levels of self-employment are higher than the national average, with men more likely than women to be self-employed. Similarly, part-time working is more common than reported nationally, particularly among women.

Occupational profiles are broadly in line with national patterns, although Dorset and BCP have fewer people working in professional and associate professional roles, and more in sales, customer service, and caring, leisure, and service occupations. Within this, BCP has a higher share of people in management and professional occupations compared with the wider Dorset Council area.

Despite these strengths, pay levels for full-time workers in the pan-Dorset area remain below the national average, with the gap more pronounced

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in the Dorset Council area. Around 39,000 jobs locally pay below the 'Real Living Wage', disproportionately affecting part-time workers and women.

Unemployment in Dorset and BCP has historically been below the national average. However, post-pandemic trends saw unemployment rise above national levels in the BCP area. Rates have since fallen, reaching 2.8% in December 2023. Current claimant data shows higher unemployment among men, people under 40, and those in BCP.

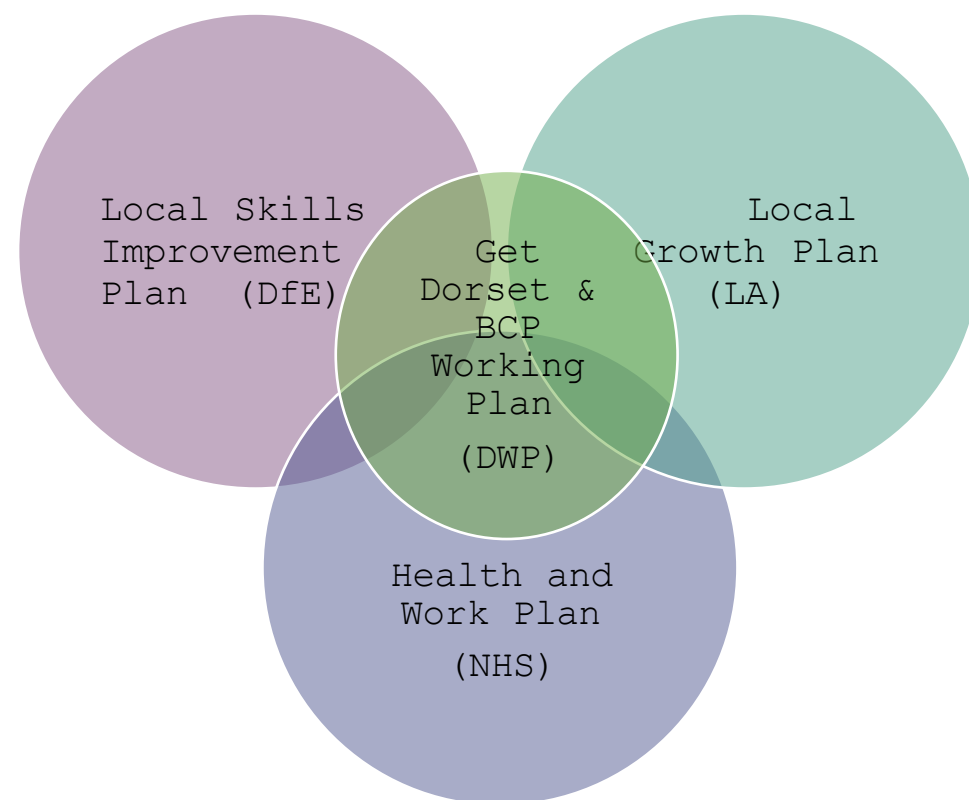
Economic inactivity has traditionally been below the national average, but since the pandemic inactivity rates have risen more sharply. By March 2025, 94,300 people aged 16–64 (21%) were economically inactive. The reasons vary across the two areas: in Dorset Council, early retirement and ill health are key factors, while in BCP the main drivers are long-term sickness and study.

Strategic Alignment

The *Get Dorset and BCP Working Plan* has been developed with funding from the Department for Work and Pensions, with Dorset Council as the accountable body. Dorset Council, BCP Council, DWP and NHS Dorset are the lead partners.

This Government initiative brings local partners together to focus on reducing economic inactivity and supporting residents into sustainable employment. The plan seeks to maximise the impact of existing resources while responding to the distinct needs of local communities and employers. Behind the data are real people. Young people waiting for mental health support or lacking the qualifications to start their careers; residents in their 50s and 60s managing long-term health conditions or caring responsibilities, with valuable skills but limited opportunities; and school-leavers in need of tailored employment support.

We know that when people cannot access the support they need, it limits their life chances, constrains employers' ability to recruit, and affects the resilience of our local economy. This Plan will help address those challenges by ensuring that local services and resources are better aligned to the needs of residents and businesses.



1 Introduction

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Introduction

Dorset and Bournemouth, Christchurch and Poole (BCP) has a combined population of c.780,000, making it the third largest Get Britain Working (GBW) area in the South West, behind Devon, Torbay and Plymouth (c.1,232,660), and the West of England Combined Authority including North Somerset (c.1,188,552).

According to the Department for Work and Pension's (DWP) Guidance on Developing local Get Britain Working Plans, the employment rate in Dorset and BCP between October 2023 and September 2024 was 76.6% (+/-2.4% pts) placing the area sixth out of the seven GBW areas in the South West, just below Devon, Torbay and Plymouth (76.9% (+/-2% pts)) and above Cornwall and Isles of Scilly (76.4% (+/-3.7% pts)).

Wiltshire and Swindon had the highest employment rate in the South West at that time (81.9%). For comparative purposes, the highest employment rate in England was Oxfordshire (83.9%) and the lowest was the West Midlands (69.5%).

44 According to the DWP's Get Britain Working Outcome Measures, the national employment rate of people aged 18 to 66 in the period October – December 2024 was 75.8%. This was 0.3%pts up on the year and 1.1%pts down on pre covid-19 pandemic.

The Government's goal, which we share for the pan Dorset area (comprising Dorset Council and BCP Council), is for a thriving labour market where everyone has the opportunity for good work and to be able to get on in work, and where the ambition of an 80% employment rate is achieved.

For Dorset and BCP this would involve having an additional c.18,540 people in work. This would make a total of 360,240 economically active people across the area (using 2024-25 numbers – see below) and reduce the number of economically inactive people across the area by 20% (from 94,300). According to the Dorset Local Skills Improvement Plan (LSIP) 26.4%

(c. 24,890) of those who are economically inactive want to work (compared with 18% nationally), which indicates that from a resident perspective, there is motivation to achieve an 80% employment rate across the area.

In addition, there are 39,000 people in the area earning less than the Living Wage (c. 11% of the economically active population). Securing better quality work and higher rates of pay for this group is equally important for the wellbeing and prosperity of the area.

Dorset's population is ageing, with significant social and economic implications for the area. In 2024-25, there were 341,700 economically active people in Dorset, out of a working age population of 450,300. Just 59% of the population in Dorset is currently of working age, compared with 63% for England, and by 2043, only 53% of people in the pan-Dorset area will be aged 16-64, compared with 59% for England. Meanwhile 25% are 65+ compared with 18% for England, largely due to the Dorset Council area demographic profile where already 30% of people are 65+. **Dorset Council has the oldest age profile of all upper tier authorities in England and Wales.**

With lower than average population growth expected (5.6% between 2018 and 2043 compared with 14.1% for the South West and 10.3% for England), the over 50s projected to dominate in-migration, and a higher proportion of economically active people aged over 50 (38% of all economically active people are already aged over 50 compared with 32% for the UK), there are important considerations for the labour market and the local approach to securing an 80% employment rate.

WORKING DRAFT

Our plan to get Dorset and BCP working therefore focuses not only the volume, but also the **quality and diversity of work** needed to drive **prosperity, wellbeing and inclusion** across the area. It raises a range of significant questions, including:

- Is filling current vacancies sufficient or do we need to generate more jobs as well?
- Do we have enough working age people with capability for work to undertake current and future jobs?
- What do we need to do to support those with capability for work into jobs?
- What are the implications of our ageing population for the volume, quality and nature of future work?
- What balance might we aim for between more, better and different, jobs? How might this help to address Dorset and BCP's productivity challenge?
- How do we articulate the relationship between growth and foundational economic sectors to make visible the need, and value opportunities, for skills and work at different levels in the pan Dorset labour market
- What systemic priorities do we need to address for the long-term effective functioning of the pan Dorset economy and labour market?
- How does this help us understand the respective and collective roles of the Dorset + BCP Councils and NHS Dorset, key partners (ICB, JCP, DS&WFB, and LSIP) and stakeholders (including Skills and Learning ACE, FE colleges and providers, HEIs, employers, the Chamber, council services, voluntary and community sector bodies and organisations)

flexible recruitment and employment practices, and intergenerational co-operation. This should include how to maximise the value of project and fractional work, and how to harness the disruptive power of AI to become a force for good in promoting human and machine learning between younger and older working generations as part of newly imagined approaches to improving productivity and growth.

Dorset and BCP are ahead of the national curve in terms of the economic activity of the 50+ workforce. There is scope for the area to become a **testbed for exploring new approaches to securing work-life balance,**

2 Dorset and BCP Council Labour Market Analysis

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DRAFT



Labour Market <ul style="list-style-type: none"> 78.8% of 16-64 year olds were in employment vs 75.7% for the UK 15.7% of people in employment were self-employed vs 12.3% for the UK 26.6% working part time vs 23.5% for the UK Lower than average pay, particularly women and part time workers and 39,000 people earning less than the Living Wage 13,590 people claiming unemployment related benefits in April 2024 84,600 (18.9%) inactive people in December 2023, driven by early retirement in DC and long term sickness and studying in BCP 38% of economically active people are aged over 50, vs 32% for the UK, with implications for replacement demand 		Business Environment <ul style="list-style-type: none"> £19.5bn economic output (2019 prices), but slower than average growth £4.63 per hour productivity gap, equivalent to £2.68bn a year and falling behind rest of UK 33,225 businesses, of which 89.4% are micros Approx 500 scale-up businesses with 43,000 employees and £4.2bn turnover £792m trade surplus in 2021, driven by services in BCP Downward trend in FDI flows with more investment leaving the region than coming in 343 innovation projects funded in the area since 2004, less than expected Opportunities to create high value clusters and supply chains in: Finance and insurance; Advanced engineering and manufacturing; Creative and digital sectors; and Health sciences. Underpinned by the foundation economy 	
Population and Migration <ul style="list-style-type: none"> 779,779 residents in 2021, of which 59% were working age, compared to 63% for England Lower than average population growth expected and by 2043 only 53% of people will be aged 16-64 Life expectancy at birth is higher than the national average, although areas with higher levels of deprivation have a lower life expectancy 	Housing <ul style="list-style-type: none"> Median house prices were £340,000 in BCP and £353,000 in DC vs £290,000 for England Prices 10.23 times median earnings in BCP and 11.03 times more in DC, vs 8.26 for England 40.5% of homes in DC were under-occupied and 29.9% in BCP vs 34.6% for England <p>58,000 homes do not meet the decent homes standard</p>	Transport and infrastructure <ul style="list-style-type: none"> Largely rural area, but 78% of people live in urban areas Five main Travel to Work areas Issues with North/South connectivity Congestion on the A3, A35, A351 Poor rail connectivity both to and within the area Inadequate infrastructure for walking and cycling and EV use 98.8% of premises in BCP and 95.8% in DC have access to superfast broadband 	
Skills supply and demand <ul style="list-style-type: none"> 16% of establishments have at least one hard to fill vacancy vs 15% in England 42% of people aged 16-64 have a level 4 qualification vs 47% in the UK 3.4% of 16-17 year olds in BCP and 3.8% in DC were NEET compared to 5.2% for England After KS5, more young people went into employment and less into HE than nationally Lower than average participation rate in adult education 22,720 students enrolled in the area's three universities, but low graduate retention Graduates in the area were less likely to be employed in high skilled jobs 		Transport and infrastructure <ul style="list-style-type: none"> Largely rural area, but 78% of people live in urban areas Five main Travel to Work areas Issues with North/South connectivity Congestion on the A31, A35, A351 Poor rail connectivity both to and within the area Inadequate infrastructure for walking and cycling and EV use Unlikely to meet net zero targets for transport on current trajectory 98.8% of premises in BCP and 95.8% in DC have access to superfast broadband compared to 97% for the UK 	

The demographic, geographical and economic complexity of Dorset and BCP presents challenges to growth. Addressing these challenges requires a shared focus on high-value employment, skills and innovation, good health outcomes and place-based regeneration – ensuring that Dorset's unique assets deliver long-term, inclusive prosperity.

Economic Priorities for Dorset and BCP

The Dorset and BCP area benefits from a unique blend of urban, coastal and rural opportunities. BCP is the largest conurbation on the South Coast, the second largest urban area in the South West and the 10th largest in England. With three universities a premier league football club, an international renowned orchestra, and the home base of the RNLI, it offers a vibrant urban and coastal way of life and potential springboard for growth.

This is complemented by a wide range of opportunities in the Dorset Council area. The outstanding natural environment across the pan Dorset area provides the foundation for the whole economy and offers exciting potential for nationally significant low carbon energy projects in the Weymouth/Portland area, paving the way for clean growth.

The area also occupies a prime location for growth at the crossroads wider economic partnership areas such as the 'Great South West', 'Western Gateway' and 'Central South' regions. **With plans to develop hydrogen storage capability in South Dorset, together with the development of new nuclear energy capability at Hinkley Point, Somerset and Dorset offer the potential to power green energy production for the south of England, including London.** Furthermore, the growing ports and airport provide important passenger and freight services to the continent and beyond.

There is clear evidence of economic momentum across the area. Each year, more than 1,500 new businesses are established in Dorset, while over £30 million has already been invested in growth-enabling projects.

At the same time, the challenge remains clear: local productivity is around 13% below the UK average, workplace pay is approximately 90% of national levels, and the workforce continues to age.

The Productivity Institute has identified that both the BCP and Dorset Council areas, along with Somerset, fall into the 'falling behind' group with lower-than-average productivity and lower than average growth in productivity compared with the South West and England as a whole.

Poor infrastructure and transport links restrict opportunities to capitalise on spillover effects from the West of England Combined Authority, and the absence of a strategic authority for the area is limiting strategic oversight on major issues such as net zero plans (eg Electric Vehicle Charging Infrastructure), sharing skills and capacity to reduce barriers to affordable housing, and the adoption of new technologies.

Sectors for clean, secure, creative and healthy growth

Pan-Dorset holds a strong comparative advantage in globally competitive, high-growth sectors that also create better-paid opportunities for local residents. Key strengths include **advanced engineering and manufacturing** – particularly in marine, maritime, and aerospace, **defence**, and **clean energy industries** that build on Dorset's natural assets. Financial services, including **fintech**, are also significant contributors. In addition, Dorset's fast-growing **digital and creative industries** benefit from strong cultural heritage, smart technology investment, and university-led research, positioning them as a major growth opportunity.

The area is equally well placed to lead in **health innovation**. Dorset's integrated care system, world-class health science facilities, and unique demographic profile provide both a platform and a testbed for solutions to the opportunities and challenges of an ageing society. Increasingly, growth is also emerging at the intersection of sectors – for example, where creative and digital industries converge with defence.

Combined quantitative and qualitative analysis suggests that the following sectors provide opportunities to create high value clusters and supply chains, which have the potential to drive inward investment and exporting, as well as supporting the application of technology across and between sectors:

- Advanced manufacturing (in particular aerospace and marine and maritime)
- Defence
- Clean energy industries
- Financial services (including Fintech)
- Digital and creative
- Health and life sciences

The area also has a greater proportion of businesses in the construction sector than the UK average, albeit a smaller proportion of business in the professional, scientific and technical activities sector. Within the area, the most significant difference between the local authority areas is the number of agricultural businesses in the Dorset Council area.

Employers continue to report skills shortages vacancies in construction and advanced engineering / manufacturing, making skills development in these areas a priority for the LSIP.

Both Dorset and BCP Councils are setting an ambitious and coordinated course for growth. Dorset Council's new **Economic Growth Strategy (2025–2040)** places clean energy, innovation, and the regeneration of Weymouth and Portland at its heart, building on the strengths of Dorset Innovation Park and the development of a clean-energy super-cluster, which aims to deliver **2000 new jobs**. In parallel, BCP Council's **Economic Development Strategy** is harnessing its "coastline of opportunity" through a business-led **Prosperity Deal** and the **Big Plan**, supporting the creation of around **13,000 new jobs**.

Health and Innovation

The mixed use Talbot Quarter, is a proposed digital innovation site and new hospital with full planning permission, located in Bournemouth, strategically connecting the South West and South Central England, offering an international airport and strong train and road links to the rest of the UK.

Bournemouth is known as a hub of innovation with strong digital, creative, and tech economies, as well as key industries like medical, film, aerospace and finance.

The site is immediately adjacent to world renowned universities; Arts University Bournemouth (AUB), Bournemouth University (BU), and Health Sciences University (HSU) is nearby. These institutions are integral to the area's talent pool, specialising in fields such as AI, MedTech, and Augmented Reality, as well as digital and creative sectors.

The consented Innovation Park and hospital alone will contribute:

£97m GVA per annum to the regional economy
1,370 net additional full time equivalent jobs
Additional earnings of £48m per annum to the region

Clean Energy

A green growth revolution is underway which positions Dorset as a new UK destination for international investment in clean energy. Bringing together private sector organisations, the Dorset Clean Energy Super Cluster is on a mission to unlock investment and align processes to ensure the UK Industrial Strategy can be delivered in Dorset and the English Channel.

Dorset presents multiple opportunities to advance nationally significant infrastructure projects by harnessing its unique geography and geology, whilst leveraging the exceptional deepwater at Portland Port and Weymouth for hydrogen storage. With an estimated investment level of £28 billion across all projects, this will accelerate delivery of government ambitions set out in the Industrial Strategy, including clean power by 2030 and Net Zero by 2050.

These future looking industries and environmentally sustainable new technologies are attractive to younger people, providing secure, skilled and well-paid jobs. The goal is to generate over 2000 jobs and over £500m of private sector investment in renewable energy projects by 2029.

Innovation

Dorset Innovation Park is an important employment site in Dorset as a high security business park and Dorset's Enterprise Zone based at Winfrith's former nuclear site. The park offers opportunity for expansion for high-tech and cyber secure businesses, creating a high-quality network of defence related businesses. With sector specialisms and secure 5G network the park is well placed to make more of our natural advantages in clean energy and defence, whilst offering high-paid, skilled work.

The Foundation Economy

These growth-potential sectors are underpinned by a 'foundation economy' which provides a range of local services such as health, education, leisure and public services. These sectors are essential to the effective functioning of all economies, and account for a high volume of employment. Therefore, improving productivity, opportunities and wages in these sectors is important to tackling the area's productivity challenge.

Employment Opportunities in Dorset and BCP

The NHS is the largest source of labour demand in Dorset, with over 5 times as many job postings than the second largest employer, Dorset Council. By sector, health and social care has the most postings, followed by food and services and retail. The number of vacancies recorded in the pan Dorset area has increased by 114% since 2019. This increase has varied by occupational group, with the largest increase observed in medium and lower skilled jobs. This is likely a reflection of higher turnover, declining supply and possible changes in the way employers recruit for these roles in recent years.

Despite the increase in the number of advertised vacancies in medium and lower skilled occupations, the proportion of employment in each broad occupational group has changed very little between 2019 and 2023 and employment in **higher skilled jobs** continues to dominate, **accounting for 43% of all employment**.

Looking to the future, forecasts indicate that **the number of jobs in the area will grow from c400,000 jobs in 2020 to 439,000 in 2035**. The majority of new jobs created are expected to be in high skilled roles. However, **84% of projected employment change (204,000 jobs) will be driven by replacement demand**, that is replacing workers already in the workforce who are projected to leave. **The remaining 39,000 jobs are projected to be new roles associated with economic growth**.

Capacity

A wide range of infrastructure and economic factors currently limits the growth of capacity for good work in Dorset and BCP. These include:

- Housing affordability, with both BCP and Dorset Council ranked among the least affordable areas in the South West, which makes it difficult for employers to attract and retain staff. For example, the Dorset ICB reports high house prices make it difficult to attract people to health and care jobs
- The outmigration of younger, skilled workers, is creating labour shortages in sectors such as health, construction, and hospitality.
- Transport congestion and underinvestment in infrastructure constrain connectivity.

- Both BCP and wider Dorset's small business base, though entrepreneurial, often struggles to access finance, innovation support, and export markets, leaving the local economy vulnerable to external shocks and slower to adapt to emerging industries such as the green and digital sectors.
- Nearly nine in ten Dorset businesses are micro-enterprises with fewer than ten staff. While the area has pockets of innovation—particularly in BCP—funding levels are low and the number of scale-ups is below the national median. Barriers include talent shortages, transport congestion, lack of suitable premises, and slow broadband in rural areas.
- Despite a 40% cut in greenhouse gas emissions since 2005, Dorset remains exposed to coastal flooding and climate change impacts. Environmental degradation—from biodiversity loss to declining water quality—poses further risks to long-term economic resilience.
- The ICB reports that coastal areas have fewer consultants, medical trainees and nurses compared to inland areas, despite having older populations with greater needs

Capability

In terms of skills supply, Dorset and BCP has a good supply of intermediate skills, but a slightly lower proportion of people with Level 4 or higher qualifications than the national average. This is exacerbating skills shortages in key sectors. Data shows that females are more highly qualified than males in the county.

The percentage of under 25s with a Higher Education qualification is two thirds that of the national average (13% vs 22%). The Local Skills Improvement Plan (LSIP) reports progress in this area with Bournemouth University's Civic University project that aligns place-based offers, and successful bids for funding to develop new degree apprenticeship courses at Bournemouth University and Health Sciences University (HSU) in the LSIP-identified skill priority areas. All Further Education (FE) colleges now have University Centres to support upskilling throughout the workforce.

The two FE colleges enjoy good inspection ratings, both with reasonable or strong performance in supporting the skills agenda. The provision of vocational and technical programmes of learning aligned to local skills priorities is growing significantly, with recent capital investment in health and green skills provision.

Nevertheless, in both council areas the number of apprenticeships is not growing in line with regional and national rates. In particular Health and Social Care Apprenticeship starts are falling despite employer demand remaining strong and provision available. There are also very limited apprenticeships available in agriculture, despite the foundational nature of the sector, both locally and nationally.

The ageing workforce across the area signals an important role for continuing skill development and re-skilling opportunities. Skills Bootcamps are playing a significant part in this and there is scope for further innovation in AI and green skills through the Adult Skills Fund.

Growing capacity and capability for good work in Dorset and BCP

A focus on work-life balance is an emerging common thread across working age generations. It is as much a priority for many 'Gen Zs', as it is for those 'Gen X' and later 'Baby Boomers' who re-locate to Dorset in their 50s. Equally, millennials in their 30s and 40s who are more likely to be raising and supporting families value flexibility in their work whilst needing to earn sufficient income to afford to live in Dorset and BCP.

There is scope for Dorset and BCP to be at the forefront of a collective reimagining of how work can be organised to secure both prosperity and balance. This would include valuing the contribution of people in medium and lower skilled roles, all those working in the foundation economy, and the often invisible care and support that family, friends, neighbours and communities offer one another alongside more formal volunteering, such as at food banks, with the NHS, in community sport, and looking after our precious natural resources. Such an approach would contribute to building a diverse and vibrant economy and a more equitable society, to everyone's benefit.

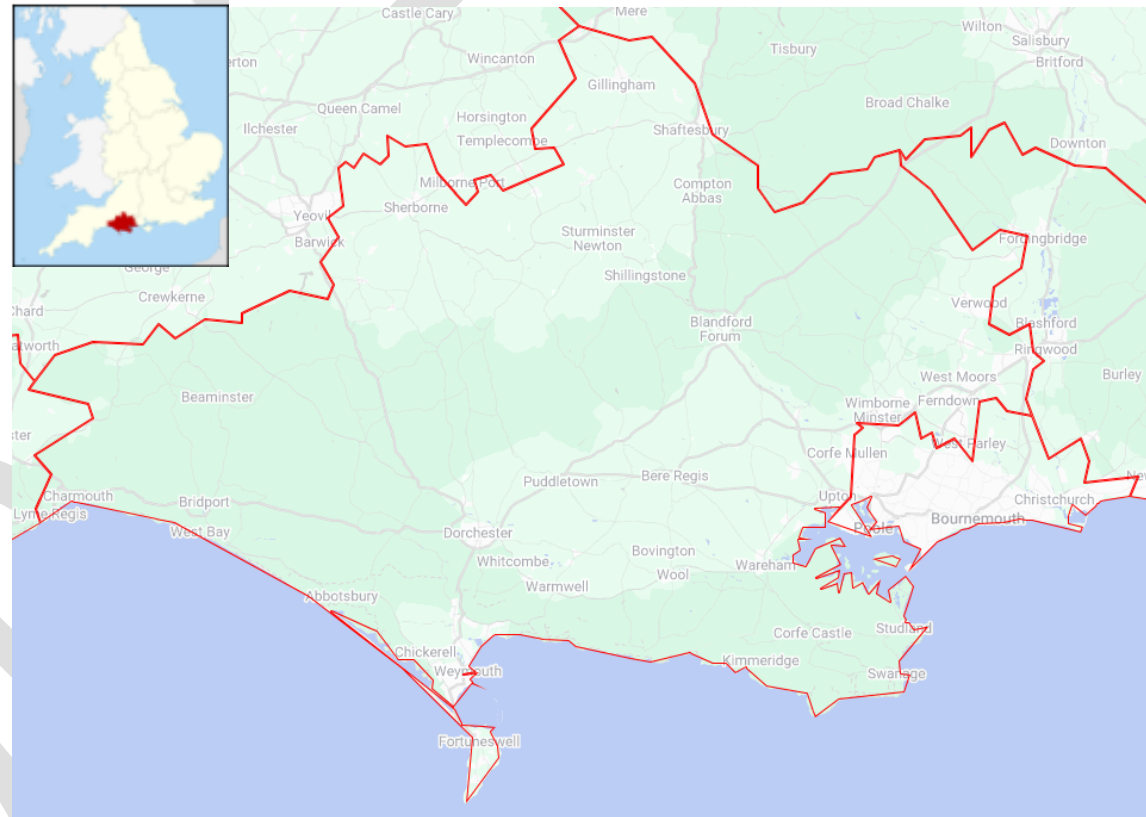
3 Drivers and Causes of Supply and Demand Side Labour Market Issues

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Drivers and causes of Supply and Demand Side Labour Market Issues

This is the functional economic area encompassing the two unitary authorities of Dorset Council and Bournemouth, Christchurch and Poole Council.

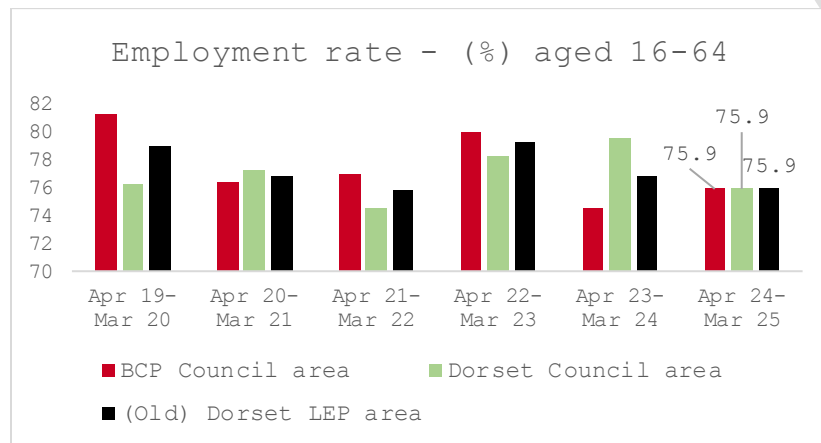
In this report, the combined geography and related data is referred to as 'pan-Dorset' which has an employment rate of 76.6% (Sept 2024).



Employment Rate

According to the DWP's Guidance on Developing local Get Britain Working Plans, the employment rate in Dorset and BCP between October 2023 and September 2024 was 76.6% (+/-2.4% pts), placing the area sixth out of the seven GBW areas in the South West, just below Devon, Torbay and Plymouth (76.9% (+/-2% pts)) and above Cornwall and Isles of Scilly (76.4% (+/-3.7% pts)).

Based on local data to March 2025, the employment rate for the pan Dorset area (75.9%) is down on pre-pandemic levels (79%) and appears to have stabilised following post-pandemic labour market turbulence, particularly in 2022-23 when the employment rate reached 79.2%.



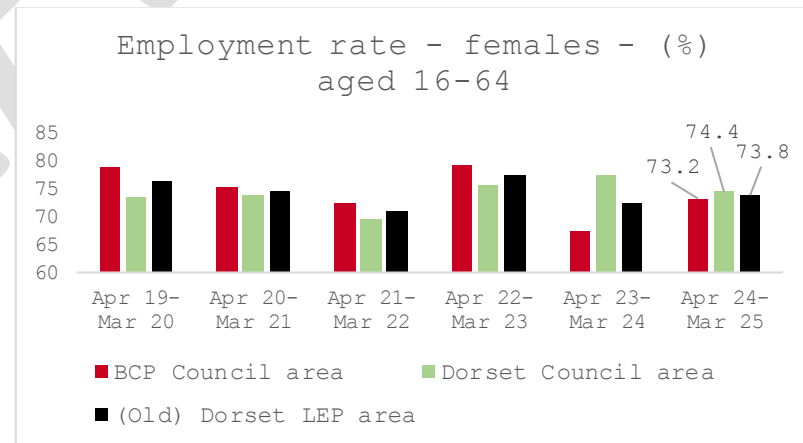
Whilst the employment rate in the pan Dorset area has consistently exceeded the national rate over the long-term, post pandemic employment rates have been lower than the national average within the BCP area. Sectors that have been particularly hit post-pandemic include hospitality, tourism and retail, reflecting national

trends, and with these sectors overrepresented in both BCP and Dorset Council areas, the effect has been significant for the local area.

Most recently, the labour market in Dorset and BCP has tightened during the last few months with more competition for the roles that are available, though this overview disguises the geographic and sectoral complexity of the area described previously.

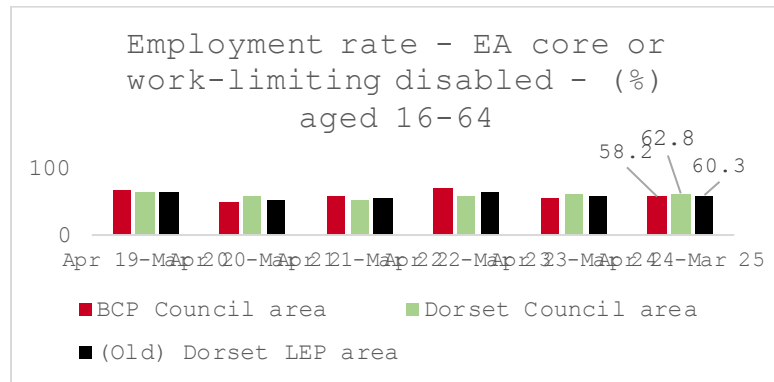
Female Employment Rate

The female employment rate in the pan Dorset area between April 2024 and March 2025 was 73.8%, a gap of 2.1% pts with the overall employment rate for the area. This compares favourably with the national employment rate of women aged 18 to 66, which was 72.3% in December 2024, however the local female employment rate has fluctuated during the post-pandemic years. The national rate is 7.1% pts lower than the employment rate of men at 79.4%.



Disability employment rate

The employment rate for people of working age (16-64) with disabilities in Dorset, calculated with reference to the Equality Act core or work-limiting disabled statistics indicates a rate of 60.3% across the pan Dorset area, a gap of 15.6% pts with the overall employment rate for the area.



Employment rate gaps amongst parents

As part of its Get Britain Working programme, DWP will be measuring (a) the difference in employment rate between lone parents and parents in a couple, and (b) the proportion of coupled families where at least one parent is out of work.

Nationally, the employment rate of lone parents has been consistently lower than for that of coupled parents. Although the

gap had been reducing since 2006, recent data suggest it is rising again.

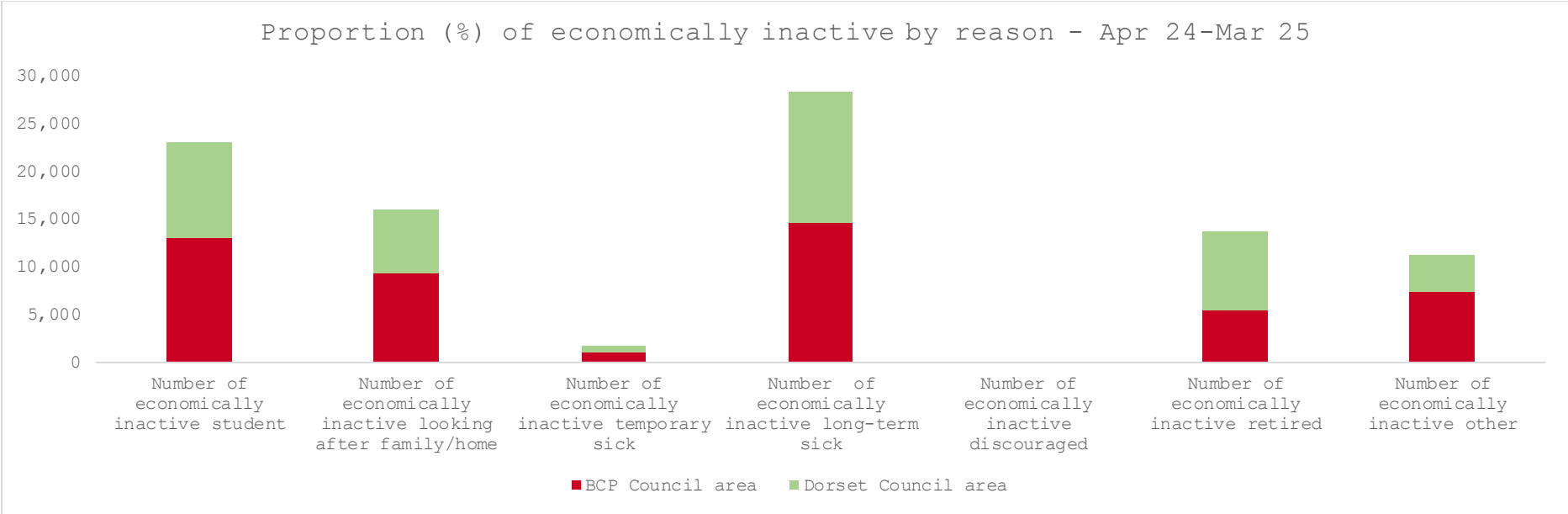
National data also indicates that in July-September 2024, 24.1% of all coupled families had at least one parent out of work, and that there has been a gradual decline in this figure since 2016.

Whilst local comparative data is not yet available, an important factor in enabling parents to work is ensuring there is good availability of childcare. The Dorset LSIP has highlighted a lack of childcare options and high costs. In the Dorset area, availability of care is sufficient, but there is an ongoing challenge to recruit staff locally and nationally.

Economic Inactivity

Economic inactivity rates have been consistently lower than the national average in the long term, but post pandemic the pan Dorset area appears to have had a steeper rise in inactivity rates. These rose to 21% in 2021-22, before dropping slightly to 19% and then returning to 21% in 2024-25. In March 2025, there were 94,300 economically inactive people in the pan Dorset area.

The reasons why people are inactive differ across the two local authority areas. In the Dorset Council (DC) area, (early) retirement is the most significant reason, whereas in the BCP area, long term sickness or being a student are the most significant reasons.



Economic Inactivity due to Health Conditions

In 2024-25 there were 30,100 people across the pan Dorset area who were economically inactive due to being either temporarily or long-term sick:

	BCP	DC	Pan-Dorset
Temporary sick	1,000	800	1,800
Long term sick	14,600	13,700	28,300
Total	15,600	14,500	30,100

Of those who are long term sick, over two-thirds have been considered as having limited capability for work (LCW) or limited capability for work and work-related activity (LCWRA):

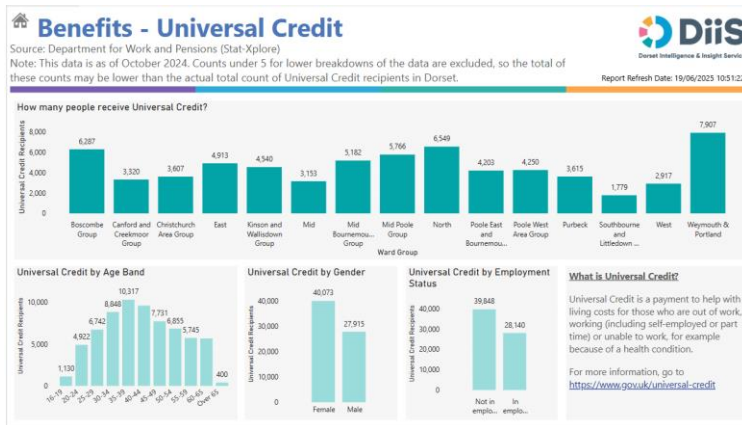
	BCP	DC	Pan-Dorset
LCW	165	129	294
LCWRA	10,890	8,019	18,909
Total	11,055	8,148	19,203

There were, therefore, c.10,000 people across BCP and Dorset Council who, at the end of March 2025, were economically active and considered capable for work. Supporting this group into work would take Dorset and BCP over halfway towards achieving an 80% employment rate.

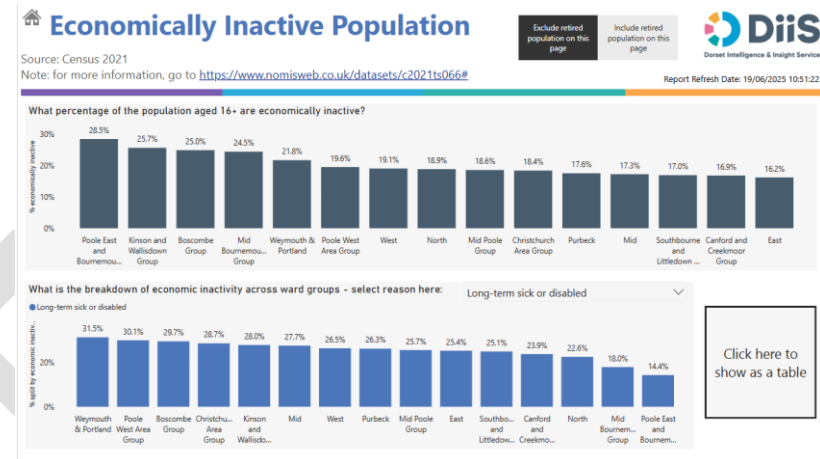
This group are a priority for the Integrated Care Board/Partnership for Dorset and BCP and for the Dorset and BCP Councils' Get Britain Working Plan. With limited additional resources available, partners are committed to working collaboratively to co-ordinate support

services to facilitate access for residents, support employers looking to recruit, and secure the maximum value from the time, energy and funding invested.

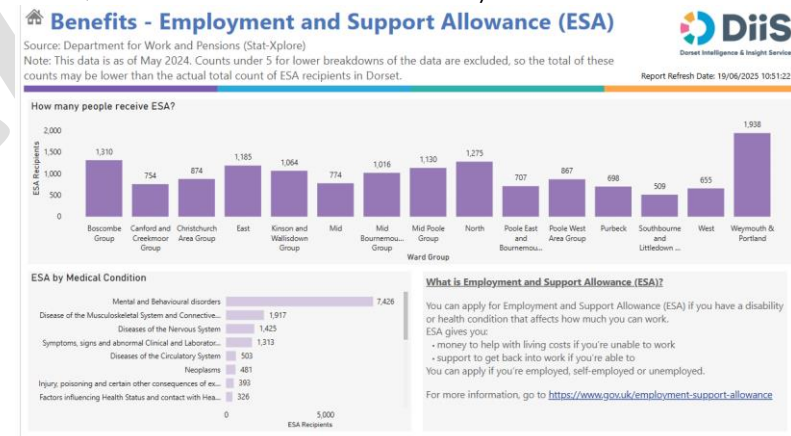
Universal Credit data indicates that across the pan-Dorset area those aged between 30 and 50 who are out of work, working (including self-employed or part-time) but on low income, or unable to work, for example because of a health condition are most likely to be claiming benefits to help with living costs:



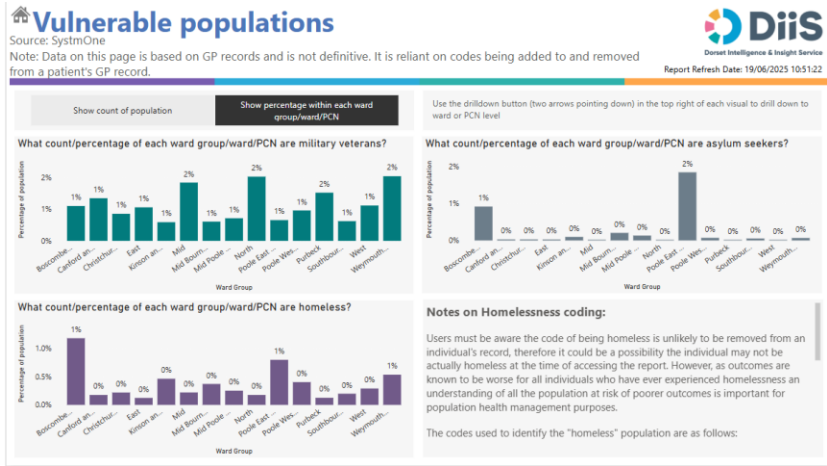
A targeted approach to the co-location of employment, health and employability skills services in priority neighbourhoods is being explored, informed by analysis of the ward groups in the pan-Dorset area with high levels of economic inactivity is due to long-term sickness, reflecting the impact of coastal, urban and rural deprivation on health outcomes:



A priority for the development of co-located neighbourhood services is a focus on mental health. For those in receipt of Employment and Support Allowance in Dorset and BCP, mental and behavioural disorders represent the largest medical condition, followed by diseases of the musculoskeletal system and connective tissue, and diseases of the nervous system:



Analysis of where vulnerable groups are living is also informing the location and co-ordination of health, skills and employment-related services:



Young People Not in Education, Employment or Training

In 2024, there were 832 16- and 17-year-olds in the pan-Dorset area who were either NEET or their destinations were unknown:

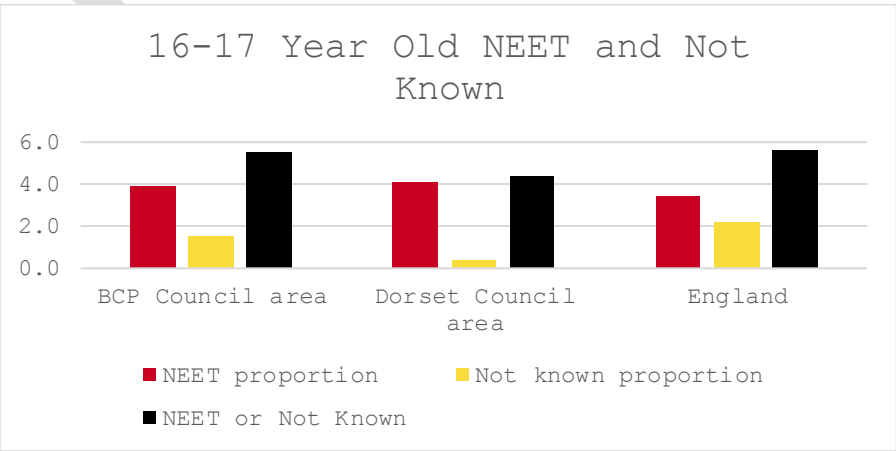
	BCP	DC	Pan Dorset
NEET	340	327	667
Not Known	137	28	165
NEET and Not Known	477	355	832

4.1% of 16- and 17-year-olds in Dorset were NEET, and 3.9% in BCP. These figures are a little higher than for England as a whole, albeit there are fewer young people locally whose destinations are unknown, particularly in Dorset.

After Key Stage 4 (ie 16-19), a greater proportion of young people go into employment destinations than the national average and a lower proportion go into further and higher education. A greater proportion of young people in BCP go into apprenticeships than the national average, but in Dorset a lower proportion do so.

The number of 16-18 year olds in jobs without training is monitored in particular in the Dorset Council area, as a feature of the rural economy.

Dorset Council area in particular is experiencing a population bulge which will place additional pressures on the services available to support young people aged 16-24 not in education, employment and training over the next ten years.



DWP's Get Britain Working measures focus on 18-24 year olds not in education, employment or training. Whilst the statistics for this group in the Dorset and BCP Council areas are not yet available, analysis of the national data for 16-24 and 18-24 NEETs highlights some of the key issues these young people are experiencing.

The NEET rate of 16–24-year-olds in England in 2024 was 13.6% (up 1.3% pts on 2023), and the rate for 18–24-year-olds was 16.2% (up 1.7% pts on 2023), compared with 4.6% for 16–17-year-olds. (If these rates were applied to the populations in Dorset and BCP that would mean that c. 10,740 16-24-year-olds and c. 9,890 18-24-year-olds would be NEET locally.) We know that in October 2024, there were 6,052 young people aged 16-24 claiming Universal Credit in the pan-Dorset area.

Of the national 16-24 NEET population, estimates show that young men are more likely than young women to be NEET. 14.5% of all male 16-24-year-olds were NEET, compared with 12.6% of females, both increasing in 2024. The increase in young people who are NEET has been driven by less employment. Both the proportions unemployed (5.5%) and inactive (8.1%) have increased since the end of the COVID-19 pandemic and are the highest in the period.

Analysis from the Annual Population Survey suggests that over half of those NEET had a health condition in 2024 with over 1 in 6 of those NEET currently report having a mental health condition.

Many of the 18-24 age group are no longer in education and are instead in the labour market. Since the start of the COVID-19 pandemic the NEET rate has fluctuated however, and there has been a notable increase in the latest year, up 1.7 percentage points. Again, this was driven by falls in proportions in employment with proportions in education and training remaining relatively stable.

In addition to these nationally identified issues, young people in Dorset face particular challenges with travel to learn and travel to work. The Accountability Statements for Weymouth and Kingston Maurward College highlight the significant investment that the College makes in subsidising bus routes, for example to enable students to travel in excess of 1.5 hours on a daily basis. The

Weymouth campus is reported as the 3rd most isolated GFE College in the country.

Deprivation and Inequality

Across the area, levels of deprivation vary significantly. While many neighbourhoods are among the least deprived in England, a number experience deep and persistent disadvantage. Evidence is clear that many of our social issues derive from the very fact of inequality. Almost everyone loses from living in a very unequal society – even those at or near the top, since it produces worse health outcomes, higher levels of violence and crime, and lower trust and mutual confidence.

Neighbourhoods

In Bournemouth, Christchurch and Poole, around 45,400 residents live in neighbourhoods within the 20% most deprived nationally, with concentrations in Boscombe West, Kinson, Alderney and Bourne Valley, West Howe, Somerford and parts of East Cliff and Springbourne.

Within Dorset Council, deprivation is most evident in Weymouth and Portland and parts of Bridport, where 11 of 219 neighbourhoods fall within the most deprived 20%, and areas such as Melcombe Regis, Littlemoor West and Fortuneswell North rank within the most deprived 10%.

Rurality presents additional challenges: almost half of Dorset Council residents live in rural areas, and 66 neighbourhoods are among the most deprived nationally for barriers to housing and services, reflecting both distance to essential provision and affordability pressures. These inequalities contribute to significant health gaps,

with life expectancy around 6–7 years lower in the most deprived communities compared to the least.

Coastal deprivation is a significant issue nationally and in Dorset and BCP, in particular in the Weymouth / Portland and Boscombe areas. The Chief Medical Officer's second annual report in 2021 drew attention to the impact of Covid-19 on coastal employment (with its reliance on tourism and hospitality), and the migration of vulnerable people to coastal areas, often with multiple and complex needs. Economic inactivity in coastal areas outstrips non-coastal areas, much of which is due to long term sickness.

According to the Dorset Integrated Care Board:

- Dorset's coastal communities have much poorer health outcomes than other areas.
- Health inequality affects health and wellbeing from early years to later in life in both BCP and Dorset council areas.
- Coastal areas in Dorset have high levels of unemployment with seasonal work common and zero hours contracts.

Coastal Navigators Network: Portland and Boscombe

The Integrated Care Board for Dorset and BCP is pleased to be a member of the Coastal Navigators Network, delivering one of six transformation projects designed to scale up scholarship programmes to reduce Dorset's high social care employment turnover rates. Currently over 50% of under 25s leave jobs in the sector within a year. The project is also helping to meet the growing care needs of one of the UK's oldest populations.

Insecure, poor quality and low paying work

The labour market in Dorset and BCP is characterised by lower than average pay, particularly for women and part-time workers, and in 2024, 39,000 people were earning less than the Living Wage. They were employed in 16.5% of employee jobs in the Dorset Council area, and 14.2% of employee jobs in BCP, compared with the South West and England averages of 15.7% and 15.9% respectively. The area has a higher proportion of people working part-time than the UK average, and women are much more likely to be working part-time than men. According to the Living Wage Foundation, in 2024, part-time employees were over three times more likely to be low paid than full-time employees (32.2% of part time jobs being paid below the real Living Wage, vs 9.7% of full-time jobs.) The top five highest paid sectors across the pan Dorset area are in relatively small sectors and account for 7% of employment. Conversely, the bottom five lowest paid sectors account for 36% of employment. Overall, 58% of employment in Dorset and BCP in 2022 was in five sectors: health and social care, retail, accommodation and food, education and manufacturing. The distribution of employment across sectors is broadly similar to the UK, though there is some over representation locally in human health and social work, administrative and support services, and accommodation and food services.

These high employment sectors reflect the ageing demographic profile of the population (particularly in Dorset), the popularity of the whole area as a tourist destination, and BCP's administrative and support services sector, and all have reputations for lower paid work. According to the Living Wage Foundation, in 2024, hospitality remained the industry with the highest proportion of low pay (53.6%).

Summary – Labour Market

- The number of economically active people (aged 16+) has been slowly increasing since 2004 and now stands at 383,900. This growth reflects the growing population, an increase in the proportion of people aged over 65 who are continuing to work, as well as a growing proportion of women working. The size of the workforce has increased faster in BCP than within the DC area.
- The workforce has an older demographic profile than nationally, with 38% of all economically active people aged over 50, compared to 32% for the UK, which has implications for replacement demand.
- The employment rate in the county of Dorset area has consistently exceeded the national rate over the long-term and may be approaching the concept of 'full employment'.
- The area has a higher proportion of self-employment than the UK average and men are more likely to be self-employed than women.
- The area has a higher proportion of people working part-time than the UK average, and women were much more likely to be working part-time than men.
- Whilst the occupational profile is similar to the national picture, the county of Dorset area has a lower proportion of people employed in professional, associate professional and process, plant and machine operative occupations and higher proportions employed in sales and customer service and caring, leisure and other service occupations. The occupational profile differs between BCP and DC with the BCP area having a higher proportion of employment in management and professional occupations.
- There is a pay gap between full time workers in the county of Dorset area and those in the rest of the UK, which is more pronounced in the DC area.
- Approximately 39,000 jobs pay below the 'Real Living Wage', and these are most likely to be part time workers and women.
- Over the last 20 years, unemployment rates in county of Dorset area have usually been lower than the national average, but post pandemic, rates have exceeded the national average within the BCP area. The unemployment rate has been falling in all areas since 2021 and in December 2023 stood at 2.8%.
- Claimant count data suggests that unemployment rates are currently higher amongst men, people under 40 and people in the BCP area.
- Economic inactivity rates have been consistently lower than the national average in the long term, but post pandemic the county of Dorset area appears to have had a steeper rise in inactivity rates, which peaked in September 2022. As of the end of December 2023, 84,600 people (18.9% of people aged 16-64) were inactive in the county of Dorset area.
- The reasons why people are inactive differ across the two local authority areas. In the DC area, (early) retirement is the most significant reason, whereas in the BCP area, long term sickness or being a student are the most significant reasons.

4 Health of the workforce



Health of the workforce in Dorset ICB

The role of the Dorset Integrated Care System (ICS) is pivotal through the health and care services it provides and through the community of people it employs. The ICS understands its dual role in not only ensuring access to well-paid, good work, which is a determining factor in enabling people to live well, as well as ensuring access to mental and physical health services.

The health of the labour market in Dorset

The Joint Strategic Needs Assessment sets out a number of important factors in relation to the health of the labour market in Dorset, including:

- mental health and wellbeing
- children's health
- workforce and the ability to help support people into work with complex needs
- integrated mental and physical health service provision.

In terms of mental health and wellbeing, service provision in Dorset is confusing, to know where to go to seek help and services are under pressure to support the volume of demand that they experience. Delay in access to service provision can impact on individual's ability to remain in or find work.

People living in the Dorset Council area appear to have higher rates of personal well-being than the national average, but people in BCP have rates that are similar to the national average. Dorset's natural environment (including coast) is thought to be a significant contributor to its quality of life and both Dorset and BCP Councils have cultural strategies in place.

Life expectancy at birth for people born between 2020 and 2022 is higher than the national average in the area for both males and females. However, there are inequalities in life expectancy between the most and least deprived parts of the area.

There are many people in Dorset living with long-term health conditions including high blood pressure, heart disease and diabetes. Service provision including medication is important, as well as preventive measures such as lifestyle and self-care. For young people, challenges include access to transport which impacts how the access services, education and employment. Other challenges for health outcomes include:

- Coastal communities have much poorer health outcomes than other areas.
- High house prices make it difficult to attract people to health and care jobs
- Coastal areas have fewer consultants, medical trainees and nurses compared to inland areas, despite having older populations with greater needs
- Health inequality affects health and wellbeing from early years to later in life in both BCP and Dorset council areas.
- Unemployment levels in Dorset are low compared to the national average, however coastal areas in Dorset have high levels of unemployment with seasonal work common and zero hours contracts.

Needs of future ICS workforce

Dorset ICS People Plan 2023-2028 sets out a vision to create a One Dorset workforce delivering the best possible improvements in health and wellbeing through a workforce that is looked after, feels valued and respected, and is reflective of our communities.

The people plan proposes harnessing the collective powers and influence of the ICS 'to build a productive labour market, creating roles and fulfilling careers for the people already living in our communities and attracting new people to Dorset'

It sets out the need for a workforce that:

- responds to the future needs of communities, informed through new models of care, population health management and digital innovations
- works closer with our wider population and acknowledge and embrace the role they play in helping us to achieve these aims, including volunteers and the voluntary, community and social enterprise sector and wider community support organisations.
- Where everyone has a part to play in prevention, so we must equip our people and communities with the skills and confidence to do this.

5 Current System and Offer

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Current system and offer

Employment Support in Dorset and Bournemouth, Christchurch & Poole Council areas

Bournemouth, Christchurch & Poole (BCP) Council and Dorset Council work together to provide residents with clear, joined-up pathways into employment. Our approach brings together targeted supported employment, joint adult learning provision, college programmes, Jobcentre Plus services, and NHS Dorset's One Dorset offer. By aligning these strands, we ensure that residents—whether seeking their first job, returning to work, or overcoming health-related barriers—can access the right support at the right time.

In BCP, commissioned support is delivered through the Community Outreach and Support Team (COAST), operated by Tricuro. This service provides vocational profiling, job search guidance, interview preparation, travel training and in-work coaching. It is designed to help residents with assessed needs prepare for, secure and sustained employment, working closely with Jobcentre Plus and local employers to build long-term opportunities. Dorset Council has moved to a commissioned model, with the Dorset Supported Employment Service delivered by Pluss (part of the Seetec Group). This service focuses particularly on residents with learning disabilities and autism, offering one-to-one support, work trials, job matching and in-work coaching. Both councils see supported employment as a vital element of promoting independence, inclusion and better lives.

NHS Dorset contributes to this employment landscape through its One Dorset approach, which recognises that health and work are closely linked. Employment Advisors are available through the Steps to Wellbeing service, offering short-term, targeted support for individuals experiencing workplace stress, difficulties communicating with managers, or challenges related to returning to work. These advisors provide up to six sessions of goal-focused guidance, coping strategies and onward referrals. In addition, the Dorset Work Matters programme, run jointly by Dorset HealthCare and the Dorset Mental Health Forum, supports people who are accessing community mental health services. It provides personalised help with CVs, interviews, vocational profiling, benefit advice and workplace adjustments, ensuring that mental ill-health is not a barrier to meaningful employment.

Adult learning sits at the heart of our system. Skills & Learning Adult Community Education (ACE), jointly funded by both councils, provides a comprehensive programme of English, maths, ESOL, digital skills, sector tasters and employability courses. It also offers free, impartial careers advice and guidance. Local colleges complement this offer: Bournemouth & Poole College runs "Job-Ready" and employability programmes as well as upskilling opportunities in core subjects and vocational areas; Weymouth and Kingston Maurward College delivers employability training, functional skills, job clubs and sector-specific courses, alongside land-based qualifications; and Yeovil College, accessible to Dorset residents, delivers Skills Bootcamps with guaranteed interviews.

Jobcentre Plus remains a key gateway for many residents. Work coaches provide one-to-one advice and support, helping people navigate job searches and access “Find a Job” and other national back-to-work programmes. Jobcentre Plus also acts as a connector, signposting individuals to local colleges, Skills & Learning ACE, and the councils’ commissioned services. Importantly, it provides access to Skills Bootcamps, short and intensive training opportunities aligned with local employer demand.

Taken together, these services form a coordinated and person-centred employment support system across Bournemouth, Christchurch, Poole and Dorset. Residents with social care needs can access supported employment through COAST in BCP or Pluss in Dorset. Those experiencing health-related barriers benefit from One Dorset’s Employment Advisors or Dorset Work Matters. Jobseekers and career changers can develop skills through Skills & Learning ACE or local colleges, while Jobcentre Plus ensures that national programmes are available locally and connected into the wider system.

BCP Council, Dorset Council and NHS Dorset are committed to building a resilient, inclusive and health-informed workforce. By bringing together social care, education, health and employment support, we are strengthening the local skills base, supporting vulnerable residents into sustainable jobs, and driving inclusive economic growth across our communities.

Jobcentre Plus services

Jobcentre Plus helps with preparation for work, finding work and staying in work, including:

Job Search and training	Work Experience and job trialling schemes
Help to start your own business	Help combining work with caring responsibilities
Extra help for specific problems	Help for young people

Jobcentre In House Offer

Additional Work Coach support provides people with health conditions or disabilities with increased one-to-one personalised support from their work coach to help them move towards, and into, work.	Family Community Work Coaches working in partnership with the Department for Education and local authorities to empower families through employment.
Disability Employment Advisor offers specialist advisors in all Jobcentres dedicated to helping people with health conditions or disabilities to secure and stay in work.	Armed Forces Champion Specialist support for service leavers and veterans to enhance their employability and enable the individual to move towards lasting employment or progress in work.

Youth Employability Coach offers specialist support for young claimants with multiple barriers to work and complex needs to develop the skills to look for, obtain and keep employment.	Vulnerable Customer Lead offers specialist advisors in all Jobcentres dedicated to helping vulnerable
Employment Advisors in IAPT provide specialist support service for service learners and veterans to enhance their employability prospects by providing intensive personal support from a dedicated key worker.	The Flexible Support Fund is a locally managed budget to supplement existing services and tailor support to the needs of individuals in the local area.
Advanced Customer Support Senior Leaders work with Senior Leadership Teams across DWP to focus on DWP's responsibilities to our customers most at risk.	The Health Adjustment Passport can support people with health conditions or disabilities to move into work or stay in a job.
Prison Work Coaches have a specialist role supporting people leaving prison and helps to reduce re offending.	School Advisor assists schools in England to provide high quality, independent and impartial careers advice to pupils aged between 11 and 18.

National Programmes and Services

Restart

Enhanced employment support for claimants who have been out of work for a minimum of 6 months.

Access to Work

Access to work provides support to get into or stay in work if you have a physical or mental health condition or disability. This can include a grant to pay for practical support, support with managing your mental health at work or month to pay for communication support at job interviews.

National Careers Service

This service supports people with careers advice and guidance, supporting job searching and application or CV writing. The service will change to an in-house DWP provision delivered as part of the refocused JCP service with skills and careers services, prioritising personalised employment support over benefit administration.

Connect to Work

The *Connect to Work* programme is a key component of the government's wider "Get Britain Working" initiative, designed to improve employment outcomes by offering personalised, intensive support to jobseekers who face barriers to entering the workforce. In Dorset the programme will be rolled out by Skills and Learning Community Education, the shared adult learning service for the county, working in partnership with council programmes, community organisations, and employers.

Participants will receive tailored coaching, skills training, and direct links to local job opportunities, with a strong focus on digital inclusion and transport support to address rural access challenges. The programme in Dorset will prioritise long-term unemployed individuals and those with health conditions or caring responsibilities, ensuring that the local workforce is better equipped and supported to engage with sustainable employment.

NHS Dorset Employment Support

[information due from Ellie w/c 1/9/25]

Local Employment Support

As part of the design of this plan, the stakeholder group was engaged to enable mapping of Dorset's employment support provision for those over 18yrs. A comprehensive directory of local employment support programmes across the Dorset and BCP Council areas, and specialist provision in local geographies is provided in Appendix 2.

The types of programmes that are offered in the county include:

- Employment and Skills Training - Skills Bootcamps, Sector Based Workshop Programmes (SWOPs), Apprenticeships, Adult Skills Fund employability provision, Digital Skills Hubs, Connect to Work
- Specialist Support programmes - for veterans, people with disabilities, mental health conditions, ex-offenders, asylum seekers
- Youth-Focused Programmes – Kings Trust [what else 18-24]
- Financial and Welfare Advice – Citizens Advice
- Community and Voluntary Sector employment pathway work- Community Action Networks in BCP and Dorset council areas, VCSE, Active Partnership, commissioned services to support and signpost
- Health-Linked Employment Services - NHS Talking Therapies, Integrated Mental Health Employment Service, Integrated Neighbourhood team, social prescribing.

Many programmes are funded through public sector commissioning or charitable funding. Some provide ongoing support, some have time limited funding often through public sector commissioning or charitable funding.

Further and Higher Education

Further and higher education providers across Dorset play a crucial role in equipping learners with the skills, knowledge, and qualifications needed to drive the county's economic development. In particular, our FE and HE providers are the backbone for young peoples development, employability and skills. Dorset's colleges and universities offer a rich blend of vocational, technical, and academic pathways, serving a diverse population that includes school leavers, adult learners, and those from disadvantaged backgrounds. These institutions are deeply rooted in the place and act as key anchors for social mobility and regional growth.

A notable strength of Dorset's education landscape lies in its close alignment with local and regional priorities, with provision focused on key sectors such as health and social care, engineering, land-based industries, construction, tourism, and digital technologies. Bournemouth & Poole College and Weymouth and Kingston Maurward College with higher education institutions Arts University Bournemouth, Bournemouth University and Health Sciences University collaborate with employers and training providers to co-develop curricula that meet workforce needs. This includes offering apprenticeships at all levels, T Levels, higher technical qualifications, degree qualifications and industry placements, ensuring learners gain real-world experience and employers benefit from a pipeline of skilled talent.

Dorset's colleges and universities are also leading the way in enhancing digital infrastructure and flexible learning models, expanding access through online and blended learning options. Looking to the future, the post-16 education sector in Dorset is working to further support the county's ambitions with focus on green growth, digital innovation, and health services. By continuing to prioritise inclusive and employment-focused education, Dorset's institutions will help ensure the local workforce remains adaptable, resilient, and competitive in an evolving economy.

Specialist SEND support

All young people have to stay in education or training until their eighteenth birthday. There is a range of education and training providers including specialist provision that supports young people aged 16–24 with SEND and those with Education, Health & Care Plans (EHCPs) to progress into education, training, employment and community activity pathways.

Support including travel assistance and bursaries to aid participation are available.

6 Systemic Changes

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Systemic changes

From the system mapping information, it is clear that within Dorset and BCP Council areas there is a comprehensive offer of services supporting residents into employment. However, the challenge lies in fragmentation. Services are numerous but not always coordinated, meaning residents, employers and partners can experience duplication, confusion and missed opportunities.

To create systemic change, we need interventions that alter how the system is designed, coordinated and incentivised. This requires close collaboration with Jobcentre Plus and the Department for Work and Pensions, the Integrated Care Board and NHS local services, as well as alignment with Department for Education priorities through the Local Skills Improvement Plan and Adult Education funding.

The following interventions begin the journey of systemic change. They are designed to move Dorset from a fragmented, silo-based set of programmes to an integrated ecosystem built on shared purpose. This means a single front door, strong joint governance, integration of health and employment pathways, unified employer engagement, a stronger local presence in high-need communities, and the flexibility to respond to practical barriers. Together, these shifts will benefit local people and help realise the growth ambitions of both Dorset and BCP Councils.

Single Front Door & Shared Triage

Across Dorset, residents seeking support to enter or progress in work currently face a fragmented landscape. People may come into contact with Jobcentre Plus, Skills and Learning, Access Wellbeing, Family Hubs, Dorset Work Matters, Restart and other programmes, but too often this results in duplication, delays, or people disengaging. By creating a single front door, supported by a shared triage and assessment process, we can ensure that every resident is connected quickly to the right service, no matter where they first make contact. This “no wrong door” approach would replace siloed, eligibility-driven referral routes with a simpler, more consistent pathway into support.

Joint Governance & Outcomes Framework

Delivering this shift requires robust governance. At present, different commissioners and agencies – including the Department for Work and Pensions, NHS Dorset and local councils – each operate with their own performance frameworks. This fragments accountability and makes partnership optional rather than integral. Establishing a pan-Dorset Work and Health Board, with representation from statutory bodies and employer organisations, would provide a single structure for leadership and oversight. By adopting a shared outcomes framework, focused on measures such as job entry, sustainment, in-work progression and wellbeing, all partners can be held collectively accountable for what matters most to residents and to the local economy.

Embed Work in Health & Care Pathways

Employment must also become a routine part of health and care pathways. While targeted provision exists – such as Dorset Work Matters and employment advisers within Talking Therapies – work is not consistently embedded in GP or primary care practice. Expanding Work Well-type approaches locally would enable employment conversations to take place at the earliest point of contact, with clear routes in to specialist support and close integration with Integrated Neighbourhood Teams. This positions work as a determinant of health and wellbeing, shifting it from the margins of the welfare system into the mainstream of clinical and community care.

Unified Employer Gateway

Employers, too, need a simpler and more effective relationship with the system. Currently, they may be approached separately by Jobcentre Plus, the Careers Hub, Business Growth Dorset, councils and even NHS programmes. This risks confusion and reduces impact. By positioning a government funded single employer-facing gateway, underpinned by behind-the-scenes coordination across agencies, we can reduce duplication and make engagement easier. This unified approach will strengthen employer buy-in, encourage wider participation in initiatives such as Disability Confident, and create clearer pipelines into key sectors, helping to align employment support with the wider growth of Dorset's economy.

Place-Based Integration in High-Need Areas

It is equally important that services are rooted in the communities where need is greatest. While many operate county-wide, they are not always visible or trusted in places such as Boscombe or Weymouth. By co-locating Jobcentre Plus coaches, NHS employment advisers and Skills and Learning provision within Family Hubs and Integrated Neighbourhood Teams, we can create accessible and trusted spaces where employment support is embedded in local community infrastructure. This place-based approach ensures that help is both hyper-local and integrated, building stronger relationships and tackling inequalities more effectively.

Build Sector pipelines aligned to priorities

Develop integrated sector pipelines, aligned with LSIP priorities and underpinned by Sector-based Work Academy Programme, Skills Bootcamps and education providers to create sustained, co-branded pathways in priority sectors—linking employer demand to tailored training, guaranteed interviews, and long-term in-work progression.

Use Flexible Funds as Glue

Finally, the system must be equipped with the flexibility to respond to the everyday barriers that can derail progress. For many residents, the cost of a bus fare, work clothing, or a short training course is enough to prevent engagement. Current funding streams are too rigid to address these challenges. By creating small, flexible funds – held by councils and accessible across agencies – we can provide practical, timely help to smooth progression into work. Drawing on resources such as the Shared Prosperity Fund, Connect to Work and Adult Education budgets, these pots of support act as the “glue” that holds the wider system together, making sustained employment achievable, particularly for those facing the greatest disadvantage.

Together, these changes represent a systemic shift. They move Dorset from a fragmented, programme-led environment to a joined-up, outcome-focused system where residents experience seamless support, employers engage with ease, and employment is recognised as a cornerstone of health and wellbeing. The result will be faster job starts, more sustained progression, stronger local economies, and healthier communities.

7 Working with Partners

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Working with Partners

Partnership through the creation of the plan

As part of the development of the Get Dorset & BCP Working plan a number of stakeholders were engaged. The main focus of the engagement was around three questions:

What can we do more of to give people the confidence and opportunity to work?	What can we do differently to give people the confidence and opportunity to work?	What are we doing not to give people the confidence and opportunity to work?
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The approach has allowed us to create a system map of the current provision as well as hear the views and opinions of stakeholders to enable the shaping of the plan.

The following stakeholders and collaborative groups have had opportunity to input to the plan:

Dorset Skills and Workforce Board	Dorset Council
Bournemouth, Christchurch and Poole Council	Department for Work and Pensions
Jobcentre Plus	Dorset Integrated Care Board and Service
Community Action Network and its members	Employment support providers
Voluntary, Community and Social Enterprise organisations	

Discussions on the creation of local plans have been had with Somerset Council and Wiltshire Council. Draft and final plans have been shared between the councils, recognising the plan to work together in the future.

Going forward the plan depends on national and regional partners for success, local partners and their delivery plans, government partners and in particular their commissioned services and support mechanisms within local delivery of councils, NHS, JCP and wider. It is also acknowledged that others need to be part of this plan, and wider engagement relating to the plan should continue.

Partnership throughout the delivery of the plan

Dorset Council

As Dorset Council, we are pleased to partner closely with Bournemouth, Christchurch and Poole Council (BCP) in the delivery of the Get Dorset and BCP Working Plan, with Dorset Council serving as the accountable body for its implementation. Building on the ambitions outlined in our Economic Growth Prospectus, we will lead collaboration across sectors by aligning our strategic economic growth priorities—including clean

energy, innovation, tourism, market-town regeneration, and skills development—with the plan's objectives. As the accountable body, Dorset Council will coordinate funding, governance, and oversight to ensure that interventions are well-targeted, evidence-based, and delivered across the county. We will bring together public, private, and community stakeholders, working with existing groups such as the Dorset Growth Board, to drive forward systemic change that enables creation of high-quality jobs, efficient employment support systems, sustainable investment, and enhances economic resilience across the pan-Dorset area. Through this leadership role, Dorset Council ensures robust coordination, transparent accountability, and alignment with Health and Work plans, Jobcentre Plus/DWP, Connect to Work and Local Skills Improvement Plans, helping to secure a thriving, inclusive, and prosperous future for all residents.

BCP Council

As BCP Council, our work within the Get Dorset and BCP Working Plan demonstrates our commitment to strengthening local employment, fostering inclusive economic growth, and supporting every member of our community to lead a fulfilled life. Grounded in our shared vision for Bournemouth, Christchurch and Poole, where 'employment is available for everyone' and 'skills are continually developed', we will leverage our Productivity Plan, Skills Plan and Local Growth Plan (March 2026) to target labour market challenges and create opportunities for all. In alignment with the Get Britain Working guidance, our partnership will review local labour market data, collaborate with Jobcentre Plus, the Integrated Care Board, employers, education providers, and community organisations, and co-design interventions that support those facing barriers to work with a focus on those with health conditions, caring responsibilities and our young people. By integrating our local skills strategies and leveraging funded programmes such as Dorset Careers Hub, we will connect young people to businesses and emerging sectors, build personalised pathways into sustainable, quality jobs. Through this collaborative approach, we will align with the national goal of raising employment rates towards 80%, support economic resilience across the pan-Dorset area, and empower our residents to thrive in an innovative, inclusive, and prosperous local labour market.

Department for Work and Pensions

DWP will work with the partnership behind the Get Dorset and BCP Working Plan by aligning local delivery with national Get Britain Working guidance—co-designing a whole-system plan with councils, NHS/ICB partners and employers; integrating Jobcentre Plus (and the emerging Jobs & Careers Service) into local pathways; and jointly setting outcome measures (e.g., employment rate) with regular progress reviews. In practice this means using Jobcentre Plus networks to convene stakeholders around shared labour-market priorities, coordinating provision and future commissioning, and ensuring local insights feed into national policy design. The plan will dovetail with national reforms in the Back to Work Plan—including the overhaul of jobcentres and a stronger "make work pay/skills" offer—so Dorset and BCP partners can sequence local activity with upcoming service changes. Where health is a barrier to work, the partnership can draw on the WorkWell model by creating an integrated work-and-health offer with the local ICB, backed by DWP guidance and evaluation learning from the pilots. Delivery should also anticipate published DWP/JCP changes signalled in the Pathways to Work / Get Britain Working programme—such as the transition towards a jobs-and-skills public employment service and the Youth Guarantee—while aligning local support for Universal Credit claimants and managed migration with current DWP guidance and grants.

DWP and Jobcentre Plus representatives will be key stakeholders for the plan, and will be engaged through Dorset Skills and Workforce Board, both for governance, delivery and shaping future iterations.

Integrated Care Board

The **Dorset Integrated Care Board**, in collaboration with Dorset and BCP Councils, will serve as a key strategic partner in developing and delivering the Get Dorset and BCP Working plan. This partnership will involve joint governance arrangements—where the ICB, Jobcentre Plus (or the Jobs and Careers Service), and the local authorities jointly agree and oversee the plan's objectives, actions, and monitoring mechanisms. Drawing on its existing integrated care partnership frameworks and community engagement networks, the ICB will help identify local labour-market challenges—particularly health-related economic inactivity—and support the mapping of existing services, identifying gaps, duplications, and opportunities for comprehensive interventions. Through this partnership, the ICB will facilitate the co-design of targeted support—such as embedding employment advisers in health and care pathways, especially for mental health and musculoskeletal recovery—ensuring integration between employment support and health services. Moreover, the ICB can engage its established place-based and community infrastructure to involve individuals and communities in shaping, reviewing, and sustaining the plan—ensuring that priorities reflect lived experience and build on existing strengths.

Dorset Skills and Workforce Board

The Dorset Skills and Workforce Board will provide strategic governance and stakeholder engagement for the **Get Dorset and BCP Working Plan**, acting as the key forum for oversight and collaborative decision-making. Bringing together representatives from employers, skills and training providers, local authorities, DWP, health and community organisations, the Board will ensure that the Plan is shaped by a range of perspectives and meets local economic need. It will coordinate stakeholder input, review reported progress against agreed outcomes, and provide challenge and guidance to keep delivery on track. By enabling strong partnerships and maintaining transparent communication channels, the Board's membership will be a key part of the success of the Get Dorset and BCP Working Plan.

8 Priority Actions and Outcome metrics

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Priority Actions and Longer-Term Goals

The **Get Britain Working Local Plan** sets out a clear framework for how we will support residents into sustainable employment, improve skills, and strengthen local economic resilience. With ongoing economic challenges and changes in the labour market, it is vital that we take a proactive, coordinated approach to reducing unemployment, supporting workers in the workforce and creating new opportunities for growth.

This action plan outlines the priorities, partnerships, and practical steps that will ensure individuals have access to the right training, guidance, and support to move into work. It also highlights the role of local employers, voluntary organisations, and public services in creating a more inclusive and dynamic labour market.

Our vision is to build a community where everyone who wants to work can access the pathways, support, skills, and opportunities they need. By investing in people, supporting businesses, and fostering collaboration, the Get Dorset and BCP Working Plan aims not only to reduce worklessness but also to promote long-term prosperity and wellbeing for all.

Outcome Metrics

For each of the DWP intermediate outcome metrics outlined below, a programme of actions has been developed to respond to the challenges identified in Dorset and BCP Council area. A particular emphasis has been placed on young people, as stakeholders consistently highlighted this group as a priority for focused support and intervention.

Key outcome priorities for Dorset & BCP:

- Reduce local variations in employment rates (people aged 18–66)
- Reduce health-related economic inactivity (people aged 18–66)
- Narrow the disability employment gap (people aged 18–66)
- Reduce the proportion of young people (18–24) not in education, employment or training (NEET)
- Reduce the employment rate gap between lone parents and parents in couples (people aged 18–66)
- Reduce the percentage of couple households where at least one parent is out of work (people aged 18–66)
- Increase the employment rate of women (people aged 18–66)

An initial action plan is included at Appendix 2. This plan will be developed further with partners and stakeholders throughout 2025, including the agreement of shared targets and measures of success. Progress will be reviewed and the plan updated on a quarterly basis until June 2027

It is recognised that some groups will require more detailed and tailored actions, including disabled people, care leavers and care-experienced young people, those with musculoskeletal conditions, and people experiencing mental health challenges. These priorities will be incorporated into the second iteration of the plan, to be published in January 2026.

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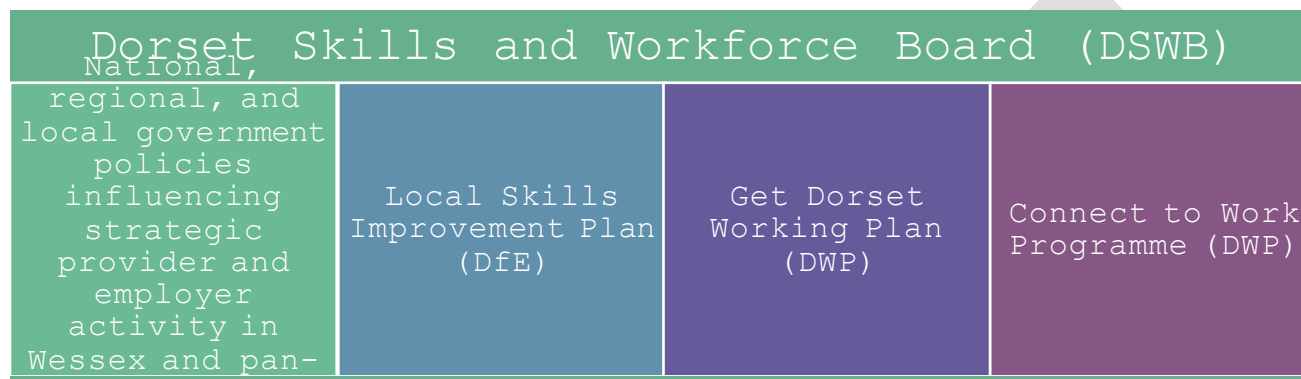


10 Governance, Monitoring and Future Iterations

83

Governance, monitoring and future interactions

Governance



84

The Dorset Skills and Workforce Board is appropriately structured to provide governance for the Get Dorset & BCP Working Plan. Its stakeholder membership offers a strong platform for collaboration, ensuring alignment across key partners and initiatives. The Board provides pan-Dorset governance for the Local Skills Improvement Plan and the Connect to Work programme, reinforcing its strategic role in working with local authorities to shape and support the local workforce agenda.

While this arrangement represents the most appropriate governance structure at present, it may be reviewed in future, particularly in relation to devolution plans for the Wessex area.

Monitoring

Dorset Council as accountable body for this plan will oversee the implementation of these actions, using the Get Britain Working Outcome Indicators as the primary framework for both internal and external performance monitoring. Monitoring will be conducted on a quarterly basis (31 Mar, 30 Jun, 30 Sept, 31 Dec) for the first 24 months following the plans publication. The frequency of monitoring will be reviewed and adjusted as appropriate. The monitoring report will be shared with the stakeholders via Dorset Skills and Workforce Board.

Where relevant data sets exist, and to align with local authority insight teams and other stakeholders, this data may be included.

It should be noted that many of the statistics that will be used for monitoring and evaluation are for people up to the age of 16-64, but the Get Britain Working Outcome metrics are up to the age of 18-66. As standardised data changes, the reports may be updated.

Reporting

Annual progress reports will be shared with the Integrated Care Board, BCP Cabinet and Dorset Council Cabinet. The final version will be shared with DWP, as required and published on council websites.

Future Iterations

This plan has been written at a time when a number of factors are changing in the health, work and geography of organisations relevant to the delivery. It is proposed that a second iteration of this plan is published alongside the publication of the Wessex area Local Growth Plan, the Wessex area Integrated Care Board Work and Health Plan and other strategies aligned to changing geography.

Somerset Council, Wiltshire Council, BCP Council and Dorset Council have collaborated during the writing of this plan, and understand that local area plans will need to be reviewed and potentially merged when devolution is agreed.

References and Appendices

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References for data

Rebecca to add from spreadsheet.

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Appendix 1 Challenges and Strengths by Local Authority

Dorset Council challenges

Dorset faces a complex mix of economic and employment challenges shaped by its geography, demographics, and industry profile. The county's economy is heavily reliant on tourism, agriculture, and a relatively small number of advanced manufacturing and marine sectors, which can make it vulnerable to seasonal fluctuations and wider economic downturns. Many rural areas experience limited access to well-paid, year-round employment, contributing to lower average wages compared to the national average. A growing, older population adds further pressure, with a shrinking proportion of working-age residents available to support local services and businesses. Transport links, especially in more isolated parts of the county, remain a barrier to accessing jobs, training, and investment opportunities. Together, these factors create a need for targeted strategies that both diversify the economy and improve access to skills, infrastructure, and sustainable employment.

Dorset Council Opportunities

In the Dorset Council area, the economy benefits from a rich mix of traditional strengths and emerging opportunities. Tourism remains a key driver, with the UNESCO World Heritage Jurassic Coast, historic market towns, and Areas of Outstanding Natural Beauty attracting visitors and supporting local businesses. Investment in digital connectivity and transport links is creating opportunities for higher-value jobs and enabling more small and medium enterprises to thrive, particularly in the creative, professional, and technical sectors. Advanced engineering and manufacturing—often linked to marine, defence, and precision industries—provide high-skill employment, while the area's strong agricultural base is diversifying into local food production, renewable energy, and agri-tourism. Combined with a commitment to sustainability and innovation, these factors position the Dorset Council area for a resilient and more self-sufficient economic future.

BCP Council challenges

The BCP Council area faces several interconnected weaknesses that constrain its economic potential and quality of life. Ageing transport infrastructure, chronic congestion on key routes such as the A338 and A35, and limited park-and-ride provision hinder connectivity, reduce agglomeration benefits, and deter inward investment. The local economy is marked by seasonality, with high visitor numbers in peak months but sharp drops in winter, creating instability in employment. Productivity remains below the South West average, driven partly by a leisure-heavy sector mix, while housing affordability—sustained at around a 9:1 price-to-earnings ratio—limits recruitment, particularly for key workers. Social issues such as anti-social behaviour, homelessness, and weak town centre branding persist, compounded by an ageing demographic in areas like Christchurch and Poole, which also face limited public transport and land constraints. Environmental risks, including floodplain exposure and coastal storm surges, threaten key assets and require costly adaptation. Wider structural challenges include underfunded adult and vocational education, low awareness of post-16 career pathways, and a shortage of workers in high-demand sectors.

BCP Council Opportunities

BCP Council benefits from a uniquely diverse economic and lifestyle offer that blends natural assets, sectoral strengths, and strong infrastructure. Bournemouth's award-winning seven-mile Blue Flag coastline, Premier League football club, and vibrant cultural scene attract young professionals, remote workers, and visitors alike, while its university ranks among the world's top 100 young institutions, supplying skilled graduates to the region's thriving digital and FinTech sectors. Christchurch is home to a nationally recognised aerospace and defence cluster, supported by excellent digital connectivity and Bournemouth Airport's growth past one million passengers in 2024. Poole leverages the scale of the world's second-largest natural harbour to anchor a world-class marine manufacturing and defence hub, with Sunseeker, the RNLI, and advanced composites expertise driving innovation and exports. Across the conurbation, the visitor economy is robust and year-round, supported by major events, high-profile attractions, and a strong hospitality base. Investment in housing, regeneration, and education—combined with above-average apprenticeship participation and collaborative skills partnerships—ensures that BCP offers both a high quality of life and the economic scale, diversity, and talent pipeline needed for sustained growth.

Appendix 2 Provider Mapping

Provider	Type	Delivery
Active Dorset	Active Partnership	Movement is the foundation of good health, wellbeing and thriving sustainable communities
Arts University Bournemouth	Specialist HE provider	Specialist delivery of creative and arts L4-L7
Autism Unlimited	Futures - Autism Unlimited	For all people an EHCP (education and Healthcare) plan
BCP / DC	Skills and Learning	
BCP Council	Day Opportunities Strategy 2024-29	Day opportunities suitable for individuals, supported employment 'Place and Train',
BCP Council	Digital Skills Hub	Courses, support drop ins, business accelerator, CPD sessions, tech courses
BCP Council	BCP NEET Strategy and Education Employment and Training (EET) Plan	Detailed understanding and action plan to support EET to age 18
BCP Council / private sector	Dorset Engineering Manufacturing Cluster	Collaborative group supporting and promoting sectors in Dorset
BCP Council Business Board	LA	Delivering Local Growth Plans
Bournemouth and Poole College	FE College	16-18 delivery, apprenticeships, university college, Sunseeker apprenticeship college, health apprenticeships
Bournemouth University	University	Delivery of L4-L7 including apprenticeships, KTPs, Help to Grow,
Brockenhurst College	FE College	16-18 delivery, apprenticeships, higher education, adult professional, Access to HE, workforce support
Civic University Consortia	Place agenda	Community based work to bring skills and community partners together for the benefit of the place

Community Action Network	Voluntary sector delivery	Support for local people through volunteering into work. Early Help Partnership with BCP to support families and young people.
CRUMBS Project, The	CRUMBS Project, The	Helping people with a learning disability or mental health condition or acquired brain injury through hospitality based training for independence
Dorset Abilities Group	Tuck by Truck - Dorset Abilities Group	Supporting development of skills, confidence and independence through real work experience
Dorset and BCP Councils	Dorset Business Growth	Programmes to support business growth, sustainability, leadership and supply chain.
Dorset Chamber of Commerce and Industry	Employer Representative Body / Membership body	Enabling growth through networking, government lobbying and support services
Dorset Chamber of Commerce and Industry	Local Skills Improvement Plan	Collaborative plan to deliver skills for business needs in Dorset, identifying issues and removing barriers
Dorset Community Action	Voluntary sector delivery, empowering communities	Supporting people with training and skills development
Dorset Community Hospital (DCH) & Dorset Mental Health Forum (DMHF)	Dorset Work Matters	Helping people who are accessing mental health services to find paid employment
Dorset Council	Dorset Family Information Directory	Comprehensive directory of support for young people - local and national delivery
Dorset Council	Education, Employment, Training and re-engagement support team	Support for all aspects of challenge for young people.
Dorset Council	Birth to Settled Adulthood	Strategy to support families, children and young people
Dorset Council (funded by CEC)	Dorset Careers Hub	Raise awareness and aspiration for all young people. Remove barriers to work and careers for all.
Dorset Council / private sector	Clean Energy Cluster	Working with clean energy businesses and Portland Port for delivery of clean energy projects
Dorset Council Business Board	Local Authority Place directorate	Accelerating and delivering Local Growth Plans

Dorset Health Care	Employment Advisors	Helps residents on Steps2Wellbeing with low/medium mental health challenges find work
Dorset Health Care	Steps to Wellbeing	Offers a range of talking therapies including counselling, online courses, CBT and guided self-help.
Dorset Health Care (DHC)	Steps to Wellbeing Employment Advice Service	NHS talking therapy in Dorset
Down's Syndrome Association	National WorkFit programme	Employment programme that brings together employers and job-seekers with Downs Syndrome
DSTPN	Training Provider Network	Strengthen the delivery of skills in the county, particularly via apprenticeships and other vocational routes
DWP / Disability Confident	Government department	Supporting businesses with process and culture change aligned to EDI
DWP / Get Britain Working	Get Britain Working	Reduce economically inactive population. Raise opportunity for those on lowest incomes. Grow the workforce and jobs.
DWP/JCP+	JCP+	Pre-employment training, work experience, guaranteed job interview
Employ My Ability	Employ My Ability	Provider of onsite hospitality, catering, and horticultural facilities that help students with SEND gather vital skills, expertise and confidence.
Exeter College	FE College	General College delivering full curriculum delivery including Skills Bootcamps
Great South West	Pan-regional partnership	Delivering major projects, developing a testbed for new ideas and ensuring GSW opportunities are understood by government
Health Sciences University	Specialist University	Delivery of specialist allied health L4-7 including apprenticeships, CPD
Help and Care	Charity empowering people and communities	Empowering individuals with physical and mental health conditions to build the lives they want.
Help and Kindness	Support and signpost service	Listings of support option for all residents.
Independent	Dorset Skills and Workforce Board	To enable a collaborative skills system that meets the needs of Dorset
Kings Trust	Programme delivery for young people	Helping young people into work and businesses

Linwood School	Classroom in the Heart of Industry (CHI)	On-the-job training opportunities supporting young people who have an EHCP
Minstead Trust	Empowering Employment programme - Minstead Trust	Supporting people with learning disabilities and autism to build skills towards meaningful employment.
One Dorset / ICB	ICB Joint Forward Plan	Better health and wellbeing outcomes for all
One Dorset / ICP	Working Better Together	Relevant -inequality in access and outcomes / WP agenda / children's health / use of population data to drive delivery
Pluss CIC	Dorset Supported Employment Service	Supporting people with a learning disability or autism get ready for, and find, paid work
Seeability	Ready, Willing and Able supported employment programme	Helps people with learning disabilities, autism or sight loss find the right job and get support to stay in work.
Seetec	Supported Employment Service	Includes personal development, job search, training, work trials and benefits advice
Seetec Pluss	National Careers Service	Support for all workers and potential workers with careers advice.
Seetec Pluss	Restart Scheme	Programme for people who are Long Term unemployed for 6 months or more
SEND 4	SEND4 Supported Employment Programme	Job coaching, travel training and supported employment provision
Sheltered Work Opportunities Project	Cherry Tree Nursery and Chestnut Nursery	Using therapeutic horticulture to provide meaningful occupation in a supportive environment for people with mental illness
Silicon South	Network for Digital, Creative and Tech Sectors in Dorset	Programme delivery, mentoring, access to expert, career development
Somerset Council/DSTPN/skills providers	Skills Boot Camps	Free flexible courses up to 16 weeks for 19+ aligned to in demand skills in the county.
Stable Family Home Trust	Gifted Garden Centre – Highcliffe	Learning disabilities, Mental Health

Support And Mentoring Enabling Entrepreneurship (SAMEE)	Charity enabling exploration of self-employment	Self-employment internship programme and Steps into Self-employment programme
The Royal Foundation - Homewards	BCP Homewards	Relevant - NEET prevention work for under 25yrs. Clearing the path to employment and training.
Tricuro	COAST - Tricuro	Work based training for adults with learning disabilities
Weymouth and Kingston Maurwood College	FE College	16-18 delivery, apprenticeships, university college, rural based courses, adult and employer facing delivery
Yeovil College	FE College	16-18 delivery, apprenticeships, university college, University Centre, health apprenticeships

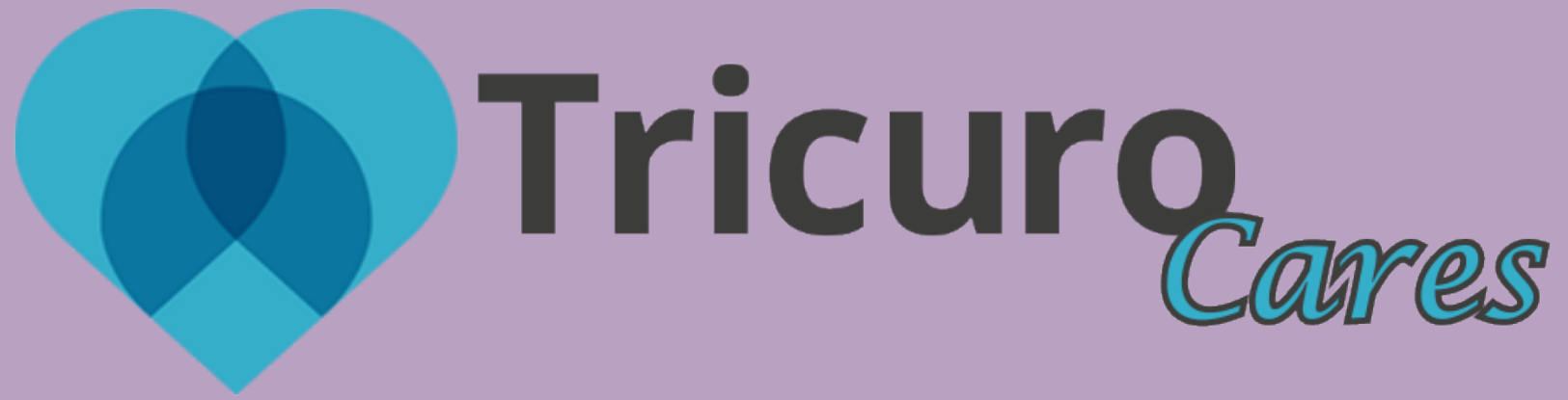
Appendix 3 Action Plan

(see excel spreadsheet and add your organisation actions to appropriate measure)

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Business Plan Review & Objectives 2025-26



Presenters:

- ▶ **Jan Bergman**
Chair – Tricuro Board
- ▶ **Marianne Wanstall**
Tricuro CEO

Agenda

- **Introduction from the Chair**
- **Review of 2024-25 business plan**
- **Tricuro strategic priorities 2025-2030**
- **Risks and opportunities**

Introduction – Tricuro board chair

- Tricuro Board
- Corporate Vision

Short – medium term priorities

– Chair's perspective

Providing Services of High Quality

- Focus on care outcomes and risk management
- Achieving regulatory “outstanding” (all services currently rated good)
- Client/family satisfaction

Open culture and empowered staff

- Staff training/development
- Freedom to speak up
- Visible and open leadership

Priorities – cont'd

Governance

- Board assurance and reporting (quality, outcome and impact audits)
- Strong stakeholder partnership – 5 year contract

Strategy for growth

- Drive for best recognised care for each service
- Growth strategy
- Estates strategy
- Workforce strategy

2024 – 25 Business Plan

Successes, progress and review

People supported by Tricuro

Service Type	Service	LA	Private	Total
Day Opportunities	Parkstone	97	20	117
Day Opportunities	Moordown	17	8	25
Day Opportunities	Boscombe	96	16	112
Day Opportunities	Christchurch	54	20	74
Day Opportunities - supported employment	COAST	46	0	46
Day Opportunities - supported employment	Kitchen Project	14	0	14
Mental Health - residential	Leven House	18	0	18
Community	Community Support	72	0	72
Reablement Services - at home	Reablement	49	0	49
Reablement Services - at home	Mobile Nights	17	0	17
Reablement Services - Residential	Coastal Lodge	30	0	30
Residential	Wallfield	13	0	13
Residential	April Court	17	0	17
Residential	Avon View	63	11	74
		603	75	678

Service restructures

Day services

- August 24 – February 25
- Services streamlined and reduced in line with budget cut
- 123 colleagues at risk (redundancies reduced from 60 to 5)
- New structure rolled out Jan 25

Community Reablement & Coastal Lodge

- August 24 – April 25
- Service re-shaped to increase capacity
- 67 colleagues at risk (no redundancies)
- New structure rolled out March 25
- Coastal Lodge part of Future Cares workstream pilot

Successes and progress

- Intermediate care – bed capacity enhancement
- Improved quality assurance
- Board assurance framework, risk register and review
- Digital transformation
- Mental Health support for colleagues

Areas with less progress

- Improved alignment with Council's vision and ASC Strategy
- Optimising intermediate care
- Employment support pathway
- Partnership initiatives

Tricuro Strategic Priorities 2025 - 2030

OUR VISION

"for people to live healthy, independent and fulfilled lives in connected communities"

OUR MISSION

"to provide high quality care and support where and when people need it"



Our vision

Supporting people to achieve a fulfilled life, in the way that they choose and in a place where they feel safe.



Our areas of focus



Putting people and their families first

We will listen and build good relationships with people so we understand what matters to them.



Living in a place called home

We will help people to connect with their family, friends and community, in a place where they feel safe and at home.



Developing how we work

We are creative and innovative with solutions and resources. We understand and measure the impact we are having.



haveyoursay.bcpccouncil.gov.uk/fulfilled-lives



Putting people and their families first



Living in a place called home



Developing how we work

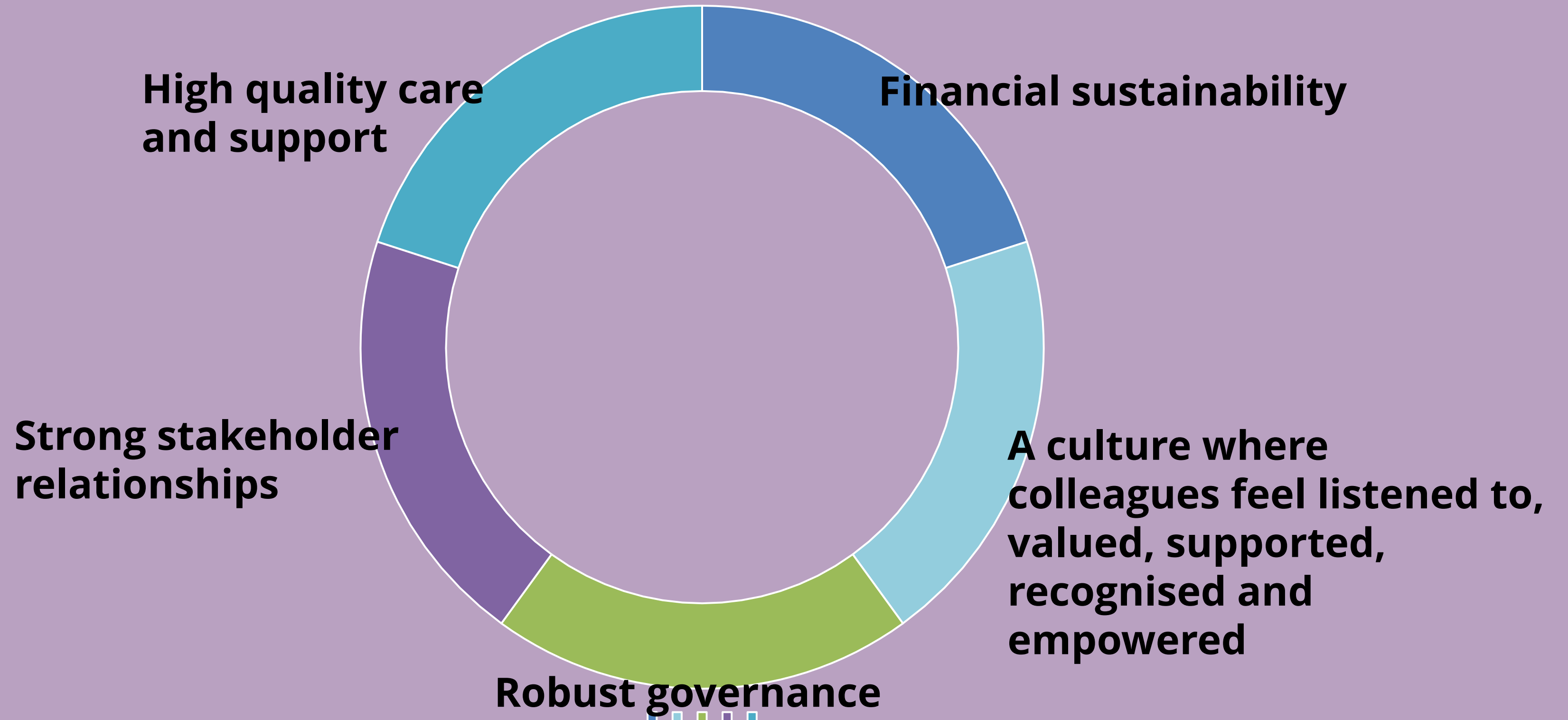
Our ambitions

- 1 People are empowered to make their own decisions and create support that works best for them
- 2 We understand our diverse communities and we support them to shape the services that matter to them
- 3 We have a diverse care provider market and people have more choice and control over their support
- 4 We have a strong focus on prevention to help people maintain their health and wellbeing for longer
- 5 We keep young people and adults safe from harm

- 1 We will establish and define what support at home people and families want in the future
- 2 Reablement services will be led by skilled therapists and focused on promoting wellbeing, confidence, and independence
- 3 We will continue to invest in valuing and supporting carers, and deliver the outcomes from our Carers Strategy
- 4 We support people to better understand and embrace self-directed support to encourage independence where appropriate
- 5 We work with partners to ensure everyone has a safe place they can call home

- 1 We have the right staff with the right skills, working with people at the right time
- 2 Technology is used to deliver effective and efficient ways of working
- 3 Good quality data and intelligence supports us to continuously improve
- 4 We work closely with our Integrated Care System Partners to support emergency care and hospital discharge
- 5 We have a positive workplace culture
- 6 We offer people helpful information and advice that is easy to find, including those that fund their own care

Strategic Objectives 2025-2030



High quality care/support

- Operational quality and consistency
- Client and family satisfaction – a partnership approach
- Clinical oversight and development
- Build our brand – trust partner, provider of choice

2025-26 Objectives

- Consolidation of existing service delivery
- Improve quality assurance and accountability
- Building a roadmap to CQC Outstanding

Financial Sustainability

Operational efficiency – working smart
Income generation – increase capacity in existing services
Growth of new business
Estates strategy
Consultancy service
Partnership, research and development opportunities
Green strategy – roadmap to net zero

2025-26 Objectives

- Meet/exceed budget targets with reduction in deficit
- Growth of income streams within existing services
- Cost reduction/improvements

A culture where colleagues feel listened to, valued, supported, recognised and empowered.

Investment in training and development

Leadership strategy delivering leaders who exemplify values

Communications strategy based on feedback, listening and participation

Recruitment and retention strategies

2025-26 Objectives

- Embed a colleague communications structure
- Implement a leadership development programme
- Initiate a HR/payroll system transformation project

Robust governance

Board assurance: integrated performance reporting
Assurance framework providing visible risk management throughout the organisation
Demonstration of regulatory/legal compliance
Drive compliance accountability with landlords

2025/26 Objectives

- Develop organisation-wide quality assurance framework
- Improve performance reporting and develop impact evaluation
- Development of 5-10 year strategy and supporting plan

Strong stakeholder relationships

Clear accountabilities and ways of working
Robust commissioning contract with clear service level agreements and measures for each service
Methodology for service review, evaluation, development
Strong links with estates team to identify opportunities for estate growth and development

2025-26 Objectives

- Completion of 5-year funding contract
- Continued participation in Future Cares workstream
- Engaging with finance/commissioning on optimal future build/design

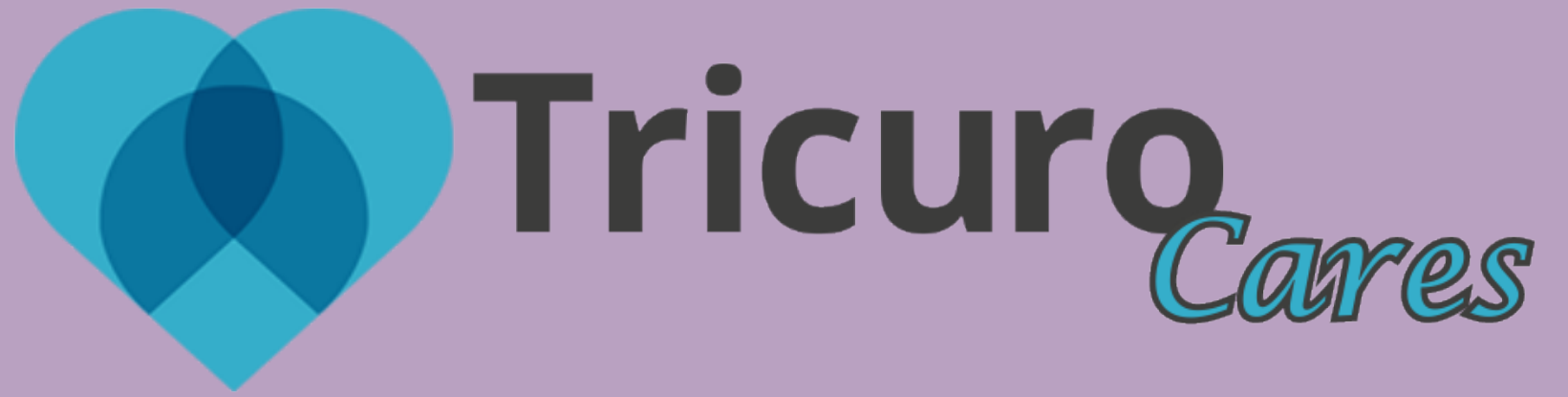
Risks and Opportunities

Risks

- Condition of existing buildings – regulatory compliance, investment, suitability
- Lack of growth – economies of scale essential
- Cuts in funding

Opportunities

- Company now leaner and equipped for growth
- Bidding for new services
- Creation of charitable entity for funding/partnerships



Thank you!
Any questions?



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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Adult Social Care Prevention Strategy
Meeting date	23 September 2025
Status	Public Report
Executive summary	<p>The Adult Social Care Prevention Strategy (2025-2030) sets out 5 key strategic priorities to reduce, delay or prevent the need for long term care and support for people living in Bournemouth, Christchurch and Poole.</p> <p>The strategy has been shaped by the views and experiences of local people, carers, the voluntary and community sector and partners. It aims to develop a sustainable approach to prevention in adult social care. The strategy emphasises early intervention, the promotion of wellbeing, and collaboration with key partners, to not only prevent the development of long-term needs, but also to enhance the overall quality of life for people living in the BCP Council area.</p>
Recommendations	<p>It is RECOMMENDED that:</p> <p>Committee supports the recommendation to cabinet to approve the Adult Social Care Prevention Strategy, contained in Appendix 1 to this Report</p>
Reason for recommendations	<p>The Strategy:</p> <ul style="list-style-type: none"> i) Delivers a sustainable, preventative approach to delaying, reducing, or preventing the need for long-term care and support services. It contributes to improved outcomes for people while generating financial benefits for adult social care through more effective demand management ii) Meets the requirements of the Care Act (2014) iii) Supports the priorities of the Corporate Strategy and Adult Social Care Strategy; and iv) Supports the Fulfilled Lives transformation programme

Portfolio Holder(s)	Councillor David Brown – Health and Wellbeing
Service Director	Zena Dighton, Interim Director of Adult Social Care Commissioning
Report Authors	Emma Senior, Strategic Commissioning Manager for Prevention and Wellbeing
Wards	Council-wide
Classification	For Recommendation

Background

1. BCP Council is facing increasing demand for adult social care services. There was an increase in new requests of support of 28% from 2022/23 to 2023/24 for people aged 18-64, and an increase of 7% for older people aged 65+.
2. The number of residents aged 65 and over is set to increase by 15% between 2018 and 2028. By 2028, 24% of the local population will be aged 65+. Living longer does not always equate to living healthier lives. While healthy life expectancy in the BCP area is better for both males and females compared to nationally, the difference between life expectancy and healthy life expectancy shows that locally, people may live between 15 to 18 years in ill health.
3. Mental health conditions such as depression and anxiety are the leading cause of disability in those aged 15-49, accounting for around a fifth of disability in this age group in the BCP Council area.
4. In order to manage this increase in demand, we need to shift the focus from crisis management to prevention and enable people to live happier, healthier and independently for longer.
5. In February 2025 we began engagement with local communities, the voluntary and community sector, the local market and the adult social care workforce, to understand their needs, preferences, aspirations and ideas for a new adult social care approach to prevention.
6. We delivered 30 presentations at community events, team meetings and conferences and met with over 30 different Voluntary and Community Sector organisations to hear their views.
7. We produced a series of surveys and offered 1:1 support and easy read copies, to which we received 180 responses.
8. We held a multi partner prevention event which brought together 117 key partners and stakeholders. We shared insights from public health and our adult social care fulfilled lives programme, celebrated best practice from voluntary and community sector organisations and hosted workshops to explore key questions about prevention and our developing priorities.

9. Overall, we had a combination of over 400 attendees at various events who collaboratively shaped the priorities of the adult social care prevention strategy.
10. The 5 key strategic priorities for the Adult Social Care Prevention Strategy are:

Priority 1: A change in culture

- Strengths based and holistic approaches
- Equality and diversity
- Co-production
- Language and listening

Priority 2: Living and ageing well

- Falls Prevention, strength and balance
- Better physical health
- Financial stability and security
- Age friendly communities

Priority 3: Individual resilience to build on wellbeing

- Information, advice, guidance and self-education
- Supporting people with sight and/or hearing loss and impairment
- Hoarding and self-neglect
- Self-funders and people on the cusp of eligibility
- Supporting Carers
- Occupational Therapy and Care Technology

Priority 4: Supporting the Workforce

- Workforce wellbeing
- Staff development and training
- Leadership commitment
- First, think prevention
- Integration, collaboration and communication

Priority 5: Connecting Communities

- Connection and a sense of belonging
- Addressing health and social inequalities
- Community first
- Safety and security
- Supporting the voluntary and community sector

11. The strategy identifies the areas where success will be measured and a detailed action plan with timescales is provided in appendix 2.
12. The strategy will be taken to Cabinet on 29th October 2026.

Summary of financial implications

13. Preventative services in adult social care are currently funded by a number of small funding streams. These are limited in scope and do not offer the sustainability required to support long-term preventative initiatives. Funding is restricted to one year contracts, which undermines continuity and strategic impact. To achieve meaningful and lasting outcomes, a long-term, sustainable financial commitment is essential, one that embraces an 'invest to save' approach.
14. At present, there is no dedicated fund for prevention, but establishing one is critical to enable consistent investment in preventative measures and for the successful implementation of the strategy.
15. The annual expenditure on our current preventative services stands at £670,000. According to the Local Government Association, every £1 invested in prevention can generate £3.17 in savings for councils through reduced demand on services and improved outcomes. Applying this multiplier, the estimated cost avoidance resulting from our preventative services is £2,152,629 per annum.
16. The funding streams for our current preventative services i.e. Public Health, MSIF and Ageing Well, are all ceasing in 2026, therefore, to maintain existing service levels, a minimum of £670,000 per annum will need to be secured. However, to fully realise the ambitions of the strategy, financial modelling indicates that an annual investment of £817,000 would be required. Based on Local Government Association estimates, this level of funding could generate £2,587,157 in cost avoidance, reflecting the substantial value of preventative approaches.

Summary of legal implications

17. Under The Care Act (2014) and associated statutory guidance, the first two general duties placed on local authorities are to promote individual wellbeing and to prevent, reduce or delay the development of needs for care and support, for people and carers.
18. The strategy aims to support and encompass the statutory duties placed on the local authority to people and carers living in Bournemouth, Christchurch and Poole.

Summary of human resources implications

19. To ensure the successful delivery of the Adult Social Care Prevention Strategy, it is essential that the senior commissioning officer for prevention and wellbeing post is extended beyond its current funding period, which ends on 30 April 2026 and is currently funded by transformation funding. Continued investment in this role will maintain the strategic capacity to implement the strategy and embed prevention across adult social care.

Summary of sustainability impact

20. A decision impact assessment report has been produced and is showing a positive impact on:
 - Communities and culture

- Economy
- Health and Wellbeing
- Learning and Skills
- Transport and Accessibility

Summary of public health implications

21. The Adult Social Care Prevention Strategy will improve the health and wellbeing of people living in Bournemouth, Christchurch and Poole. Priority 2 focuses on enabling people to live and age well and priority 3 supports individual resilience to build on wellbeing.

Summary of equality implications

22. An Equality Impact Assessment (EIA) screening tool has been completed and reviewed by the EIA Panel. A copy is contained in appendix 3 to this report.
23. The priorities of the Adult Social Care Prevention Strategy will have positive equality implications. Throughout its implementation, the experiences of people with different needs will continue to be considered to ensure that everyone can access preventative support to remain as independent as possible and live healthier happier lives.

Summary of risk assessment

24. If dedicated funding sources for preventative services cannot be identified i.e. Public Health, MSIF, Ageing Well, there is a significant risk that all current commissioned preventative services e.g. the BCP Handyvan Service, will need to be decommissioned. These services play a vital role in reducing long-term demand on statutory provision and improving outcomes for people.
25. The absence of a financial commitment would undermine the ability to plan and deliver preventative work effectively, potentially leading to increased pressures on adult social care services and missed opportunities for early intervention.
26. A lack of sustained investment would also compromise our ability to meet our statutory requirements under the Care Act (2014), to delay, reduce, or prevent the development of long-term care and support needs.
27. Continued funding is also vital to support the delivery of the Fulfilled Lives programme, as prevention is a key element underpinning its success.
28. As the priorities of the strategy were developed through engagement with people, carers and the voluntary and community sector, if these are not supported there is a risk of reputational damage to BCP Council for not taking into account the views of the people the strategy has been written for.

Background papers

None

Appendices

1. The Adult Social Care Prevention Strategy
2. The Adult Social Care Prevention Strategy Action Plan
3. Equality Impact Assessment Screening Tool for the Adult Social Care Prevention Strategy

Our Adult Social Care Prevention Strategy



2025-2030

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Foreword

As Interim Director of Adult Social Care Commissioning, I am proud to introduce our Adult Social Care Prevention Strategy for 2025–2030. This strategy marks a pivotal moment in our journey to embed prevention at the heart of everything we do, ensuring that people across Bournemouth, Christchurch and Poole can live healthier, happier, and more independent lives.

Prevention is not a single intervention, it is a mindset, a commitment to act early, to listen deeply, and to work collaboratively. It means recognising the strengths of individuals and communities and investing in the support that helps people thrive before crisis occurs. This strategy reflects that ethos, shaped by the voices of over 400 residents, carers, professionals and partners who shared their experiences and aspirations with us.

Adult Social Care Commissioning are deeply committed to delivering the ambitions set out in this strategy. It aligns with our wider commissioning principles and the Adult Social Care Strategy and will guide how we work with our partners the community and voluntary sector, health, and beyond. Together, we will build a system that is proactive, inclusive and person-centred.

I would like to thank everyone who contributed to this strategy. Your insights have helped us define what good looks like and how we will measure success. Prevention is everyone's business, and with this strategy, we take a bold step forward in making it a reality.



Zena Dighton
Interim Director of Adult Social Care Commissioning
BCP Council

Introduction

Preventative services delay, reduce or prevent the need for long term care and support, enabling people to stay healthier, happier, and independent for longer. This, in turn, reduces demand on health and adult social care services. Prevention is also more cost-effective than crisis management: the Department of Health & Social Care's 2018 paper "*Prevention is Better than Cure*" found that every £1 spent on prevention delivers around £14 in social value.

This strategy outlines BCP Council's plan to developing a sustainable preventative approach in adult social care. It emphasises early intervention, the promotion of wellbeing, and collaboration with key partners to not only prevent the development of long-term needs, but also to enhance the overall quality of life for people living in Bournemouth, Christchurch, and Poole.

To shape this strategy, we actively engaged with residents and stakeholders to gather their valuable insights. Through a series of engagement events, we collaboratively developed the vision, areas of focus, and ambitions of the strategy.

Our collective definition of Prevention in Adult Social Care

Throughout our engagement, we asked local people, carers, communities and partners: 'What does Prevention mean to you?'. It was clear that everyone shared the same vision for a future where people can live happier, healthier and more independent lives. We combined over 400 responses to develop a shared definition of prevention:

"Prevention in adult social care means taking early, proactive steps to help people stay healthy, independent, and safe for as long as possible. It focuses on supporting wellbeing, reducing risks, and avoiding crises by providing timely information, practical support, and community-based services. By working together with individuals, carers, and partners, adult social care helps people make informed choices, stay connected, and live well at home, reducing the need for hospital stays or long term care."



This Prevention Strategy is a key component of BCP Council's broader vision, aligning with our Corporate Strategy and the Adult Social Care Strategy, by focusing on helping people and carers stay healthy and independent for longer. Throughout the delivery of our approach, we are committed to continue working closely with partners across public health, housing, the voluntary sector, the NHS, care providers, and local communities.

BCP Council's Corporate Strategy sets out the council's direction and vision to create a place "where people, nature, coast and towns come together in sustainable, safe and healthy communities" with two key priorities:

Our People and Communities: everyone leads a fulfilled life, maximising opportunity for all.

Our Place and Environment: vibrant places where people and nature flourish, with a thriving economy in a healthy, natural environment.



BCP Council's Adult Social Care Strategy sets out our four-year plan to transform services, focusing on prevention and wellbeing.

Our Vision: Supporting people to achieve a fulfilled life, in the way that they choose, and in a place where they feel safe.

A fulfilled life looks different for everyone—whether it's living independently, building social connections, or accessing care. Our teams use a strength-based approach to understand what matters most to each person and how best to support them.

Putting people, carers and families first

We will listen and build good relationships with people, so we understand what matters to them.

Living in a place called home

We will help people to connect with their family, friends and community, in a place where they feel safe and at home.

Developing how we work.

We are creative and innovative with solutions and resources. We understand and measure the impact we are having.

BCP Council has also signed up to the Social Care Future mission statement:

"We all want to live in the place we call home, with the people and things we love, in communities where we look out for each other, doing the things that matter to us."

This reflects our commitment to supporting people to live fulfilled lives. It aligns with our strategic priorities, shifting away from process-driven systems towards compassionate, strengths-based practice. The vision helps us focus on what truly matters to individuals: living in the place they call home, surrounded by what they love, and connected to their communities



National Context

Our Adult Social Care Prevention Strategy, influenced by national changes, applies to all adults. With an ageing population and rising disability rates, the UK must shift from reactive to proactive care to ensure sustainability and better outcomes for people, carers and communities

With people living longer, the 85+ population is set to grow by 75% in 20 years, and care demand for over-65s could rise by 80%. However, longer life often means living with complex conditions. Disability is also rising among working-age adults, and unpaid carers face growing pressures. Without a shift toward prevention, this trend is unsustainable for adult social care.

The Association of Directors of Adult Social Services (ADASS) Spring Survey 2025 found that in 2024/25, 80% of councils overspent on adult social care and most directors lack confidence in meeting legal duties for prevention and wellbeing.

The Local Government Association (LGA) report – “Earlier action and support: The case for prevention in adult social care and beyond” shows how investing in prevention is both ethical and cost-effective by highlighting that early support could save councils £3.17 for every £1 spent, with potential national savings of £7.6 billion.

The Care Act 2014 imposes a statutory duty on local authorities to promote wellbeing, prevent or reduce care needs, and offer clear information and support to adults and carers – ensuring care is fair, person-centred, and focused on helping people achieve what matters most to them

Prevention is better than cure (2018) focuses on promoting good health to reduce the need for intensive social care. By addressing root causes and promoting early intervention, it aims to keep people healthier for longer, reduce health inequalities, and use social care resources more effectively.

‘Prevention is about helping people stay healthy, happy and independent for as long as possible. This means reducing the chances of problems from arising in the first place and, when they do, supporting people to manage them as effectively as possible. Prevention is as important at seventy years old as it is at age seven.’

Fit for the future: 10 Year Health Plan for England is part of the government’s health mission to build a health service fit for the future. It sets out how the government will reinvent the NHS through 3 radical shifts:

- hospital to community
- analogue to digital
- sickness to prevention

£774m

Total overspend by councils on their adult social care budgets in 24/25

74%

of directors have partial or no confidence budgets are sufficient to meet legal duties for prevention and wellbeing.





Local and Strategic Context

The 3 Conversations and Fulfilled Lives programme

Since 2022, we've been using the 3 Conversations (3Cs) approach in adult social care, with support from [Partners 4 Change](#), to shift from traditional care management to a more person-centred, strengths-based way of working.

3Cs seeks to enable us to think more preventatively and creatively in our work with people, focusing on building relationships, understanding what matters to people, and supporting them to live fulfilling lives – moving away from simply assessing for services – and aligning with our Care Act duties.



“The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life.” – [Care Act guidance 1.1](#)

Adult social care plays a key part in the **Dorset Integrated Care System (ICS)**, a partnership of health, care, and community organisations working together to improve wellbeing and outcomes across the region.

Integrated Neighbourhood Teams (INTs) in Dorset brings together professionals from health, adult social care, housing, and the voluntary sector to deliver joined-up, person-centred support in local communities. Their goal is to improve experiences and create a more equitable, integrated care system.

The FutureCare Programme aims to transform urgent and intermediate care in Dorset by 2027, creating a more integrated, people-centred system. It focuses on reducing unnecessary hospital admissions and helping people recover at home or in community care more quickly.



Our Population

Formed in April 2019 as part of Local Government Re-organisation, Bournemouth Christchurch and Poole Council is the tenth largest urban local authority. The area is home to just over 400,000 residents, which is predicted to grow to 403,600 by 2028. Alongside this growth, the area has one of the highest proportions of older people with high levels of care needs in the country and some of the most deprived areas, emphasising a need to prevent, reduce or delay the onset on long-term needs developing.

Overall, however, people living in Bournemouth, Christchurch and Poole generally live for longer than the national average. The area also has a strong and independent voluntary sector.

Our Prevention Strategy has been supported by BCP Council's Joint Strategic Needs Assessment (JSNA) which outlines current and future health and wellbeing needs. It identifies priority issues – like health inequalities, economic inactivity, and mental health, and supports strategic planning by highlighting where targeted action is most needed.

- Life expectancy at birth is **83.5 years** for **females** and **79.4 years** for **men** in the BCP Council area, which is higher than the national average
- **1,315** people are registered as **blind** or **sight impaired**. Over **half** are **over 75** and **555** have an **additional disability**
- **2474** people have a **learning disability** and **3660** people have **autism** in the BCP Council area
- **22%** of the population are **over 65** years old, **4% higher** than the **national average**
- There are **33,352** unpaid carers in BCP Council area, with **2.5%** of residents providing **50 hours or more** of care **per week**
- There are **1050** **serving armed forces personnel** and **15,894** **veterans**
- Over **80 languages** are spoken in the BCP Council area
- Around **12%** of BCP Council residents say they **feel isolated**
- There is a projected increase of **17%** of people living alone in the BCP Council area by **2043**
- Admissions to hospital for **alcohol related conditions** are **higher in BCP (890 per 100,000 population)** compared to England (**626 per 100,000**)
- The BCP Council area has **657** **registered charities** and over **2,600** **Voluntary and Community Sector** groups

BCP Council ASC support 2022-24



Numbers of people accessing long-term support services*

2022/23	↑	2023/24
5,435		5,615

*permanent care home placements and community based support



New requests for support*

2022/23	↑	2023/24
9,495		10,639

of which **47%** led to **no services** being provided

*Requests for support from ASC include support with rehabilitation, admissions to care homes, community-based support, occupational therapy

Introducing our Priorities for Prevention



“All of these priorities are important areas. Some areas already having strong development work in progress which will be a benefit. This is a strong strategic approach that will compliment, support and further strengthen what is already happening across Adult Social Care” – VCSE Member

Priority 1: A change in culture

Focus Area	Objective
Strengths based and Holistic approaches	Leverage the skills and talents of individuals and communities to promote independence, resilience and sustainable positive outcomes.
Equality and Diversity	Promote equal opportunities to create a more inclusive and supportive environment for all individuals.
Co-production	Support the implementation of BCP Adult Social Care’s Co-production Strategy and create opportunities for people to support the development of preventative initiatives.
Language and listening	Foster a more inclusive and supportive environment by using empowering language and addressing key issues that create barriers in access.

Priority 2: Living and ageing well

Focus Area	Objective
Falls Prevention, strength and balance	Reduce the risk of falls and improve physical health and independence among older people and adults with physical conditions and mobility limitations through targeted interventions.
Better physical health	Promote physical activity in adult social care to improve health and wellbeing.
Financial stability and security	Work alongside our Communities Team and partners to ensure adults and families have access to financial assistance and advice to maintain a dignified standard of living.
Age friendly communities	Continue to work in partnership with the Age Friendly Network to support the development of Age Friendly Communities across Bournemouth, Christchurch and Poole.

Priority 3: Individual resilience to build wellbeing

Focus Area	Objective
Information, advice, guidance and self-education	Empower individuals and the provider market to prevent, delay or reduce the need for long-term care by providing accessible, timely, and inclusive information, advice, and self-education resources that promote healthy behaviours, early intervention, and informed decision-making.
Supporting people with sight and/or hearing loss and impairment	To promote independence, inclusion, and wellbeing for individuals with sight and/or hearing impairments by ensuring timely access to preventative support, accessible services, and inclusive community opportunities.
Hoarding and self-neglect	Work with partners to identify and co-ordinate multi-agency approaches to identify, engage, and support individuals who hoard or self-neglect, reducing risk and promoting safety, wellbeing, and independence.
Self-funders and people on the cusp of eligibility	Enhance support for self-funders and individuals near the eligibility threshold by improving access to information, advice, and community resources that promote independence, financial resilience, and wellbeing.
Supporting Carers	Strengthen early identification and support for unpaid carers by improving access to information, advice, direct payments and wellbeing services, enabling them to maintain their caring role, avoid crisis, and live well alongside caring.
Occupational Therapy and Care Technology	Promote independence and prevent the escalation of care needs by expanding access to Occupational Therapy and Care Technology that supports daily living, enhances safety, and empowers individuals to manage their health and wellbeing at home.

Priority 4: Supporting the workforce

Focus Area	Objective
Workforce wellbeing	To strengthen workforce wellbeing in adult social care, ensuring a resilient, motivated, and high-performing workforce capable of delivering preventative, high-quality support.
Staff development and training	Empower the adult social care workforce through accessible, high-quality learning and development opportunities that embed preventative approaches and promote continuous improvement.
Leadership commitment	Cultivate strong, compassionate leadership that prioritises workforce wellbeing, fosters a culture of continuous learning, and drives the delivery of preventative, person-centred support.
First, think prevention	Embed a prevention-first mindset across the adult social care workforce by strengthening access to community-based knowledge, training, and leadership support that empowers practitioners to act early and innovatively.
Integration, collaboration and communication	To strengthen workforce capacity for prevention by fostering integrated, collaborative, and communicative partnerships across health, social care, and community sectors.

Priority 5: Connecting Communities

Focus Area	Objective
Connection and a sense of belonging	Strengthen community cohesion and social connectedness to reduce loneliness and isolation, enhance mental and physical wellbeing, and build resilient, inclusive communities
Addressing health and social inequalities	To reduce health and social inequalities by strengthening community connections, improving access to inclusive and person-centred care, and building trust with underserved groups - ensuring that all individuals, regardless of background or circumstance, can access the support they need to live healthier, more independent lives.
Community first	Enable people to live independently at home for longer by prioritising community-based, person-centred support to reduce avoidable admissions, delayed discharges, and reliance on long-term residential care through integrated, localised, and accessible services
Safety and security	Promote safer, more secure communities by raising awareness of personal and digital safety, strengthening partnerships with key stakeholders, and empowering residents to maintain their safety and security through community-led safety initiatives.
Supporting the voluntary and community sector	Support and strengthen the sustainability, diversity, and capacity of the voluntary, community, and social enterprise (VCSE) sector by embedding supportive commissioning practices and promoting collaborative relationships - ensuring the sector can thrive as a key partner in prevention and wellbeing.

Strategy Coproduction and Engagement

From November 2024 to May 2025, we engaged with residents, carers, professionals, and partners to shape this strategy. By exploring prevention from multiple perspectives, we gained valuable insights into people's experiences and the vital role of communities, the VCSE sector, and care teams in preventing and reducing long-term support needs.

We produced a series of surveys and offered 1-1 support and easy read copies, to hear the experiences and views of local communities, residents, carers, workforces and local organisations that support people to live well.

We attended various events and held in depth discussions to share our vision which enabled us to identify gaps and opportunities and gain valuable feedback.

Our ASC multi-partner prevention event

On 23 May 2025, we celebrated our first ASC multi-partner engagement event that brought together 113 key partners and stakeholders to collaboratively shape our ASC Prevention Strategy. On the day, 17 stall holders joined us to share the work they do, and we heard insights from Public Health and the Fulfilled lives programme. We also celebrated best practice in engaging ways and hosted table-top and open space workshops to explore key questions about prevention and our priorities.

The event gave us the opportunity to share the priorities and areas of focus we have identified throughout our engagement, and we have received strong support for our vision.

- 95% agreed or strongly agreed with the priority: A change in culture
- 96% agreed or strongly agreed with the priority: Individual resilience to build wellbeing
- 96% agreed or strongly agreed with the priority: Living and ageing well
- 100% agreed or strongly agreed with the priority: Supporting the workforce
- 100% agreed or strongly agreed with the priority: Connecting communities

Comments we received about our approach included:

"Looks a great strategy and priorities. Looking forward to working with you on it"

"Fabulous aspirational approach."

"I think it's hugely positive and moving in the right direction, maybe it's also about giving people the tools to swim...rather than rescue them."

"All important areas. Some areas already having strong development work in progress, which will hopefully benefit from a strong strategy"

Positive responses on the event with strong support for more like this:

"Fantastic event, great workshops and networking opportunities. Thank you."

"Perfect length of event, kept me captivated throughout, more should be like this"



180 responses to our combined surveys



Met with over 30 VCSE organisations and community groups



Gave over 30 talks and presentations at events, team meetings and conferences



A combination of over 400 attendees from various events



113 attendees at our Multi-Partner Prevention event

Measures of success

What does good look like?



INCREASE

The proportion of adults who say they find it easy to access information and advice



INCREASE

The proportion of people who report they have as much social contact as they would like



INCREASE

The number of people offered care technology



INCREASE

The proportion of people who use services who say those services have made them feel safe and secure



INCREASE

The proportion of new clients who receive short term support to maintain their independence, develop skills and continue living at home for longer.



INCREASE

Engagement and partnership working with the VCSE sector, health and other partners



INCREASE

Co-production with local people, carers and communities from all backgrounds



INCREASE

The overall satisfaction of people and carers with social services



INCREASE

The proportion of people who feel their health and wellbeing has improved because of the support from preventative services



INCREASE

The awareness of community resources and services that can support people



INCREASE

Investment into preventative services and interventions



INCREASE

Workforce confidence and satisfaction in their roles and ASC culture



INCREASE

Awareness and confidence from people in underserved groups, to find and use local services and support that meet their individual needs



REDUCE

The proportion of people referred to LTC locality teams for a care act assessment



REDUCE

The spend on long-term traditional services

From strategy to action

What will we do?

2025-26

Celebrate success by recognising the achievement of preventative outcomes through 'our stories of difference'.

Create focus groups with local people, carers, and stakeholders to co-produce preventative interventions and form a strategic steering group to monitor preventative outcomes.

Support the Age Friendly Network to align initiatives with the WHO Age Friendly Communities Framework.

2026-27

Create a framework for measuring preventative outcomes consistently

Raise awareness of support for people who hoard or self-neglect to reduce stigma and work with cross sector partners to identify opportunities.

Enhance workforce and public knowledge of community assets through joint campaigns, awareness raising and regular prevention updates.

Use the ASC Research Champions network and work with partners to identify research opportunities and funding.

Collaborate with ongoing preventative programmes and projects, such as Integrated Neighbourhood Teams

Partner with public health, communities and housing teams to ensure consistent messaging and raise public awareness

Promote information, advice, and self-education through targeted campaigns in various formats, using relatable and empowering language

2027-28

Work with partners and the local market to increase opportunities for peer support within communities and tackle barriers that prevent people from accessing their communities (i.e. Transport)

Boost ASC workforce knowledge of community assets by developing a prevention area on our ASC Intranet, sharing resources and hosting webinars

2028-29

Utilise data to identify at risk adults and collaboratively provide targeted support.

Create connect and collaborate forums for the ASC workforce and VCSE Partners to network, collaborate and share learning.

Review the information, advice and guidance provided to self-funders to ensure people have access to clear and effective resources to help them manage their own care and support.

Work with our learning and development team to identify learning opportunities for the workforce as well as the VCSE, provider market and communities.

Embed Occupational Therapy and Care Technology into early intervention pathways and equip staff, individuals, carers and communities with the knowledge and tools to use these services confidently and effectively.

2029-30

Collaborate with communities and local markets to enhance local assets for wellbeing, offering alternatives to traditional care services like micro-enterprises

From strategy to action

What outcomes do we want to achieve?

People stay at home safely for longer and have access to home adaptations, small works, reablement and care technology

Unpaid carers feel recognised and are supported to take a break from their caring role

Relationship focussed wellbeing support is available to prevent hospital admissions and support safe discharges

Professionals have the tools to connect people to community support and can collaborate effectively with partners

People with sight and/or hearing loss are connected to community services and offered solutions that can support them to live fulfilled lives

People at a higher risk of loneliness and isolation are identified and connected back into their communities

People can regain, build, and maintain skills to stay independent for longer with less support from, or without the need for, long term services

People at a greater risk of addiction are identified in communities, hospitals and primary care and are connected to specialist and community support

Peer support networks and long-term relationship-focussed support is available for people who hoard or self-neglect to reduce risk, prevent hospital admission, support safe discharge and enable people to stay at home for longer.

Our ASC Prevention Strategy will be supported by a robust action plan to monitor, track and measure progress in our focus areas.

It will detail how each service area prioritises prevention and ensures consistent outcome reporting, allowing us to track changes over time

The action plan will also clarify the roles of different professionals, departments, and programmes and how they link in with Adult Social Care, reinforcing the ethos that 'prevention is everyone's business'



With thanks...

Prevention is everybody's business, and we recognise that prevention cannot be delivered in isolation. Successful delivery of this strategy will only be achieved through collaborative working to provide a joined-up approach for our residents and communities across Bournemouth, Christchurch and Poole.

In developing this strategy, we have shared our aspirations with many key stakeholders to understand their thoughts and hear their feedback. This has helped shape our areas of focus which we feel will have the greatest impact and improve outcomes for local people, carers and communities.

Throughout the implementation of this strategy, we are committed to continue working in equal partnership with our partners and local residents to ensure their voices are central to everything we do.

We would therefore like to extend our thanks everyone who has contributed, supported and acted as a critical friend in the development of this strategy.



We hope you find the Adult Social Care Prevention Strategy useful, interesting and informative and would welcome and questions or comments that you may have.

We would also be interested to hear about your experience of services or what you would like to see improved.

To let us know e-mail comments.adultsocialcare@bcpcouncil.gov.uk

ASC Prevention Strategy Action Plan

Key	New action			
	Strengthening current practices			
	Finer detail			
Priority 1: A change in culture action plan				
Focus Area & Objective	Action	Start	Outcomes	Measures
Strengths-based and holistic approaches Leverage the skills and talents of individuals and communities to foster independence, resilience and sustainable positive outcomes.	Support the implementation of the 3 Conversations model across Adult Social Care and approaches that consider the whole person, focusing on individuals' abilities, resources, and potential.	2025	Reduce the proportion of people referred to LTC locality teams for a care act assessment	ASC intranet prevention page live and available to all ASC practitioners
	Increase awareness of preventative services for practitioners by:			Number of page hits on the ASC intranet prevention page
	Creating an ASC Intranet Prevention Page	2026		Number of views of preventative news updates and blogs
	Sharing blogs and good news stories from preventative services through the ASC news pages	2025		Connect and collaborate forums running on a quarterly basis
	Holding quarterly connect and collaborate forums with the VCSE sector and ASC colleagues to share details of commissioning updates, funding opportunities and showcase stories of difference	2026		Attendance rates and repeat participation at quarterly connect and collaborate forums
	Hosting 2 x yearly webinars that educate practitioners about preventative interventions and services	2026		Feedback from attendees at connect and collaborate forums via survey to measure the effectiveness of communication and understanding of services available
				Attendance rates at prevention webinars
				Feedback from attendees at prevention webinars via survey to measure their awareness and confidence in using preventative services

ASC Prevention Strategy Action Plan

Equality and diversity Promote equal opportunities to create a more inclusive and supportive environment for all individuals	Ensure service specifications and tenders outline how our commissioned services are flexible, personalised and adapt to individual needs and preferences	2025	Increase awareness and confidence among people, especially those from underserved groups, in finding and using local services and support that meet their individual needs	Quarterly monitoring reports from commissioned services, including EDI data, case studies and evidence of how they are flexible, personalised and adapt to individual needs and preferences
	Regularly monitor Equality, Diversity and Inclusion (EDI) data within our commissioned services through quarterly monitoring meetings.	2025		Number of meetings and events attended with underserved communities
	Collaborate with VCSE services that are connected to underserved communities by attending existing meetings and events. The aim will be to raise awareness of available services, listen to people's experiences and perspectives, and identify any barriers they face in accessing support.	2026		Number of people reporting increased awareness of and trust in services via survey after engagement
	Raise awareness of forums and co-production groups within underserved communities to increase diversity of membership through targeted campaigns and attendance at existing meetings and events.	2026		Number of people reporting they feel more confident in accessing services via survey after engagement Increased diversity of membership of forums and co-production groups
Co-production Support the implementation of BCP Adult Social Care's Co-production Strategy and create opportunities for people to support	Create focus groups with local people, carers, and stakeholders to co-produce preventative interventions and form a strategic steering group to monitor preventative outcomes.	2025	Increase co-production with local people, carers and communities from all backgrounds	Number of focus group meetings held annually
	Promote co-production opportunities through our networks and channels (ASC Your Voice forum, PIER Network, Age friendly network, People First Forum etc) to	2026		Attendance rates at focus group meetings Number of Prevention Strategic Steering Group meetings

ASC Prevention Strategy Action Plan

the development of preventative initiatives.	ensure everyone has an equal opportunity to be involved.			<p>Membership of the Prevention Strategic Steering Group</p> <p>Number of co-production opportunities created and promoted</p> <p>People attending groups and forums reporting that they feel their views were listened to in surveys following engagement</p> <p>People attending groups and forums reporting that they feel included in shaping services in surveys following engagement</p>
<p>The language we use and how we listen</p> <p>Foster a more inclusive and supportive environment by using empowering language and addressing key issues that create barriers for individuals accessing services</p>	<p>Promote information, advice, and self-education through targeted campaigns in various formats, using relatable and empowering language</p> <p>Raise awareness of health literacy through the ASC intranet news page, the connect and collaborate forums with the VCSE sector and ASC colleagues, and the Prevention webinars.</p>	<p>2027</p> <p>2026</p>	<p>Increase the overall satisfaction of people and carers with social services</p>	<p>Number of targeted campaigns promoted through ASC intranet news page, the connect and collaborate forums with the VCSE sector and ASC colleagues and the Prevention webinars.</p> <p>Number of people reached through campaigns, events, and digital platforms</p>

ASC Prevention Strategy Action Plan

Priority 2: Living and ageing well action plan				
Focus Area and Objective	Actions	Start	Outcome	Measures
Falls prevention, strength and balance Reduce the risk of falls and improve the physical health and independence among older adults and adults with physical conditions and mobility limitations through targeted interventions.	Link in with falls prevention programmes across BCP and relevant sectors and share knowledge with ASC practitioners (Communities, public health, health, VCSE etc)	2028	Increase the proportion of people who feel their health and wellbeing has improved because of the support from preventative services	Number of falls prevention programmes identified and shared with ASC practitioners Number of people presenting at A&E after a fall Number of views on falls prevention related information pages for both the ASC Intranet Prevention page and VCSE Prevention information hub
	Promote self-help mechanisms specifically designed to prevent falls, including balance and stability exercises and raise awareness about the benefits of falls prevention and strength training through: <ul style="list-style-type: none"> • System and partner networks • News updates • The ASC Intranet Prevention page • The VCSE Prevention Information hub • connect and collaborate forums with the VCSE sector and ASC colleagues • Prevention webinars. 	2026		Number of people supported through: <ul style="list-style-type: none"> • Care technology • Reablement • Occupational Therapy • Lifeline • Equipment services • Housing adaptations
	Work with partners to identify innovative solutions for preventing falls, such as Bournemouth University research project – DIALOR – with Help and Care	2027		Quarterly contract monitoring reports showing case studies relating to falls prevention
	Continue to commission a community Handyvan service that reduces the risk of falls by providing small household jobs and repairs that enable people to live safely in their own homes for longer	2026		Proportion of people who respond to the ASCOF survey to say services have made them feel safe and secure
	Utilise care technology, reablement, occupational therapy and housing	2025		

ASC Prevention Strategy Action Plan

	adaptions in innovative ways to reduce the risk of falls			
Better physical health Promote physical activity in adult social care to improve health and wellbeing.	<p>Work with the VCSE sector and internal departments and teams to identify, support and promote physical health programmes across BCP and relevant sectors (Communities, public health, health, VCSE etc) through:</p> <ul style="list-style-type: none"> • System and partner networks • News updates • The ASC Intranet Prevention page • The VCSE Prevention Information hub • connect and collaborate forums with the VCSE sector and ASC colleagues • Prevention webinars. 	2027	Increase the proportion of people who feel their health and wellbeing has improved because of the support from preventative services	<p>Quarterly monitoring reports of commissioned preventative services showing that people feel their health and wellbeing has improved because of the support</p> <p>Number of physical health programmes identified and shared</p> <p>Number of views on physical health related promotion on the ASC Intranet prevention pages and the VCSE Prevention information hub</p>
Financial stability and security To work alongside our Communities Team and partners to ensure adults and families have access to financial assistance and advice and maintain a dignified standard of living.	<p>Utilise data to identify at risk adults and collaboratively provide targeted support.</p> <p>Continue to collaborate with stakeholders and monitor the prevalence of older adults who are financially vulnerable through the DiiS system partnership group.</p> <p>Work with the Communities team to promote information, advice and guidance to support people who may be struggling financially through:</p> <ul style="list-style-type: none"> • System and partner networks • News updates • The ASC Intranet Prevention page • The VCSE Prevention Information hub • connect and collaborate forums with the VCSE sector and ASC colleagues 	2028 2025 2028	Increase the awareness of community resources and services that can support people	<p>Number of DiiS financially vulnerable pensioners working group meetings</p> <p>Number of views of cost-of-living support pages on the ASC intranet</p>

ASC Prevention Strategy Action Plan

	<ul style="list-style-type: none"> Prevention webinars. 			
Age friendly communities Continue to work in partnership with the Age Friendly Network to support the development of Age Friendly Communities across Bournemouth, Christchurch and Poole.	Support the Age Friendly Network to align initiatives with the WHO Age Friendly Communities Framework by: Attendance at Age Friendly Steering Group Meetings and Age Friendly Forums and feedback at team meetings Aligning initiatives through collaborative projects that achieve mutual aims. Promoting Age Friendly updates and training opportunities through the ASC Intranet page and VCSE prevention information hub.	2025 2025 2025 2026	Increase engagement and partnership working with the VCSE sector, health and other partners Increase the proportion of people who report they have as much social contact as they would like	Number of Age Friendly steering group meetings attended Number of Age friendly Forums attended Number of joint projects and initiatives ASC Attendance at age friendly training Proportion of people who respond to the ASCOF survey to say they have as much social contact as they would like
Priority 3: Individual resilience to build wellbeing action plan				
Focus Area and Objective	Actions	Start	Outcome	Measures
Information, advice, guidance and self-education Empower individuals and the provider market to prevent or delay the onset of long-term conditions by providing accessible, timely, and inclusive	Promote information, advice, and self-education through targeted campaigns in various formats, using relatable and empowering language Partner with public health, communities and housing teams to ensure consistent messaging and raise public awareness Utilise both physical and digital platforms and social media to reach wider audiences with preventative messages, services and opportunities for self-education, and work	2027 2026 2025	Increase the awareness of community resources and services that can support people	Proportion of people who use services responding to the ASCOF survey to say they find it easy to find information about services Proportion of carers who respond to the ASCOF survey to say they find it easy to find information about services

<p>information, advice, and self-education resources that promote healthy behaviours, early intervention, and informed decision-making.</p>	<p>with partner organisations that specialise in these areas, such as our commissioned service providers, LiveWell Dorset and ICS partners.</p> <p>Support the integration of the ASC directory into CAN's Service Finder database to develop a shared dataset of local assets, services, and support networks.</p>	2026		<p>Number of people reporting increased awareness of, and trust in, services via survey after engagement</p> <p>Number of people reached through campaigns, events and digital platforms</p> <p>Successful integration of the ASC directory with the CAN Service Finder</p>
<p>Supporting people with sight and/or hearing loss and impairment</p> <p>To promote independence, inclusion, and wellbeing for individuals with sight and/or hearing impairments by ensuring timely access to preventative support, accessible services, and inclusive community opportunities.</p>	<p>Provide tailored preventative support, such as assistive technology, skills training, and community navigation by:</p> <ul style="list-style-type: none"> Implementing the innovation phase of the care technology transformation Commissioning a service that offers community navigation support and training for people with sight and/or hearing loss and impairment and access to resources. <p>Raise awareness and understanding among staff and the public to reduce stigma and promote inclusion through:</p> <ul style="list-style-type: none"> The ASC Intranet Prevention page The VCSE Prevention Information hub connect and collaborate forums with the VCSE sector and ASC colleagues Prevention webinars. <p>Ensure commissioned services are accessible, including physical spaces, communication formats, and digital platforms by monitoring efforts to improve</p>	<p>2025</p> <p>2027</p> <p>2025</p>	<p>Increase the proportion of people who feel their health and wellbeing has improved because of the support from preventative services</p>	<p>Number of people supported by the sight and hearing team annually</p> <p>Quarterly monitoring reports from the service that provides community navigation, training, and resources for individuals with sight and/or hearing loss or impairment, highlighting impact through case studies and people's feedback and the number of people supported</p> <p>Quarterly monitoring reports from preventative commissioned services, including case studies and evidence of how they are accessible, personalised and adapt to individual needs and preferences</p>

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	accessibility through quarterly monitoring meetings.			
Hoarding and Self-Neglect Work with partners to identify and co-ordinate multi-agency approaches to identify, engage, and support individuals who hoard or self-neglect, reducing risk and promoting safety, wellbeing, and independence.	<p>Raise awareness of support for people who hoard or self-neglect to reduce stigma and work with cross sector partners to identify opportunities</p> <p>Conduct a needs analysis for people that hoard or self-neglect to determine whether there is a gap in provision that needs to be met</p> <p>Collaboratively identify practices and evidence-based approaches, explore opportunities, review policies and procedures across services and promote a consistent, joined-up response with a multidisciplinary working group.</p> <p>Support practitioners and partner sector workforces to gain a better understanding of identifying and supporting those who hoard or self-neglect by promoting training and guidance through:</p> <ul style="list-style-type: none"> • System and partner networks • ASC News updates • The ASC Intranet Prevention page • The VCSE Prevention Information hub • connect and collaborate forums with the VCSE sector and ASC colleagues • Prevention webinars. 	<p>2026</p> <p>2026</p> <p>2026</p> <p>2028</p>	<p>Increase the proportion of people who feel their health and wellbeing has improved because of the support from preventative services</p>	<p>Number of ASC practitioners hoarding drop ins held annually</p> <p>Attendance at ASC practitioner hoarding drop ins</p> <p>Needs analysis completed to determine if there is a gap in service provision that needs to be met</p> <p>Number of views on the hoarding support pages and guidance on the ASC intranet and VCSE Prevention Information Hub</p>

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Self-Funders and people on the cusp of eligibility Enhance support for self-funders and individuals near the eligibility threshold by improving access to information, advice, and community resources that promote independence, financial resilience, and wellbeing.	Review the information, advice and guidance provided to self-funders to ensure people have access to clear and effective resources to help them manage their own care and support.	2028	Increase the proportion of adults who say they find it easy to access information and advice	Number of people supported by independent living advisors Number of views on public facing information pages for self-funders
	Collaborate with independent living advisors, system partners and the VCSE Sector to identify and explore opportunities to support self-funders at the connect and collaborate forums	2027		Proportion of people and carers responding to the ASCOF survey to say they find it easy to find information about services
	Provide clear and consistent information and advice to guide self-funders on the BCP Council webpages	2027		
	Work with partners to review research on self funders and those with reducing assets to inform a more timely and preventative approach	2025		
Supporting carers Strengthen early identification and support for unpaid carers by improving access to information, advice, and wellbeing services—enabling them to maintain their caring role, avoid crisis, and live well alongside caring.	Implement the BCP Carers Strategy 2022-2027 and support the implementation of the Pan Dorset Carers Vision – Together with Carers	2025	Increase the overall satisfaction of people and carers with social services	Number of carers identified by the BCP Carers Support Service
	Supporting Carers Week and Carers Rights Day campaigns through co-producing campaigns and events with carers and partners	2025		Attendance rates and repeat participation at the Dorset Carers Partnership Group meetings
	Attendance and involvement in the Dorset Carers Partnership Group and Pan Dorset Carers Steering Group	2025		Attendance rates and repeat participation at the Pan Dorset Carers Steering Group meetings
	Jointly raising awareness of preventative carers services through:	2027		Proportion of carers responding to the ASCOF survey to say they are satisfied with social services

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	<ul style="list-style-type: none"> • System and partner networks • News updates • The ASC Intranet Prevention page • The VCSE Prevention Information hub • connect and collaborate forums with the VCSE sector and ASC colleagues • Prevention webinars. 			Proportion of carers responding to the ASCOF survey to say they find it easy to find information about services
<p>Occupational therapy and care technology</p> <p>Promote independence and prevent the escalation of care needs by expanding access to Occupational Therapy and Care Technology that supports daily living, enhances safety, and empowers individuals to manage their health and wellbeing at home.</p>	<p>Embed Occupational Therapy and Care Technology into early intervention pathways and equip staff, individuals, carers and communities with the knowledge and tools to use these services confidently and effectively.</p> <p>Collaborate with Occupational Therapy teams by attending OT colleague events and the ASC Research Champions network meetings and feedback in team meetings</p> <p>Use data and lived experience to evaluate impact of occupational therapy and care technology, and share stories of difference</p> <p>Implement the innovation phase of the care technology transformation to increase pathways into the service and support more people to access it</p>	<p>2029</p> <p>2026</p> <p>2026</p> <p>2026</p>	<p>Increase in number of people offered care technology</p> <p>Increase the proportion of new clients who receive short term support to maintain their independence, develop skills and continue living at home for longer.</p>	<p>Number of visits to the ASC intranet Care Technology Information Hub</p> <p>Number of referrals to the care technology service from different teams</p> <p>Number of people supported through Occupational Therapy</p> <p>Case studies showing the impact and outcomes for people who have used care technology or who have received occupational therapy</p> <p>Evidence the impact of care technology in delaying, reducing or preventing long-term care and support needs via PowerBI reporting</p>

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Priority 4: Supporting the workforce action plan				
Focus Area and objective	Objective and actions	Start	Outcome	Measures
Workforce wellbeing To strengthen workforce wellbeing in adult social care to ensure a resilient, motivated, and high-performing workforce capable of delivering preventative, high-quality care.	Enhance workforce and public knowledge of community assets through joint campaigns, awareness raising and regular prevention updates	2026	Increase workforce confidence and satisfaction in their roles and ASC culture	Attendance rates and repeat participation at quarterly connect and collaborate forums
	Celebrate success by recognising the achievement of preventative outcomes through 'Our Stories of Difference'.	2026		Feedback from attendees at connect and collaborate forums via survey to measure their awareness of community assets
	Improve internal communication channels to the ASC workforce related to wellbeing by: <ul style="list-style-type: none"> Sharing regular news updates and blogs Hosting commissioning drop-in sessions Hosting connect and collaborate forums Hosting prevention webinars 	2026		Attendance rates and repeat participation at the monthly commissioning drop-in sessions
	Promote Cross-Team Collaboration and encourage inter-team projects through connect and collaborate forums and commissioning drop ins to build relationships and reduce silos.	2026		Feedback from the ASC Workforce on the ASC Intranet prevention page
	Create or strengthen staff-led wellbeing and interest groups (e.g., carers network, mental health champions)	2025		Number of visits to the ASC Intranet Prevention Page
	Work with the Staff Involvement Group (SIG) to listen and respond to feedback	2026		ASC Colleagues reporting they are aware of preventative services via annual workforce survey
				Number of submitted 'stories of difference' relating to preventative outcomes
				Number of staff-led wellbeing and interest groups
				Number of SIG Meetings held annually

	and engage staff in co-designing service improvements			
Staff development and training Empower the adult social care workforce through accessible, high-quality learning and development opportunities that embed preventative approaches and promote continuous improvement in care delivery.	<p>Work with our learning and development team to identify learning opportunities for the workforce as well as the VCSE, provider market and communities.</p> <p>Equip practitioners with tools and frameworks to identify early signs of need (case studies and scenario-based learning) that highlight early intervention as part of the 3 Conversations Model roll out</p> <p>Attend the ASC Research champions network to encourage experimentation with new evidence-approaches and grow research capacity by encouraging more people to become ASC Research Champions</p> <p>Encourage staff to explore personal and professional development courses, including those focussed on staff wellbeing, prevention and early intervention through:</p> <ul style="list-style-type: none"> • System and partner networks • News updates • The ASC Intranet Prevention page • The VCSE Prevention Information hub • connect and collaborate forums with the VCSE sector and ASC colleagues • Prevention webinars. 	2028 2025 2028 2026	Increase the awareness of community resources and services that can support people Increase workforce confidence and satisfaction in their roles and ASC culture	ASC Colleagues reporting they have access to learning opportunities via annual workforce survey Number of ASC Research champion meetings held annually and membership of the ASC Research Champions Network Stories of difference, and good news articles highlighting innovation Number of staff accessing optional learning and development opportunities

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Leadership commitment To cultivate strong, compassionate leadership that prioritises workforce wellbeing, fosters a culture of continuous learning, and drives the delivery of preventative, person-centred care.	Create a framework for measuring preventative outcomes consistently	2027	Increase investment into preventative services and interventions	A long-term budget in place for preventative services
	Use the ASC Research Champions network and work with partners to identify research opportunities and funding.	2026	Reduce the spend on long-term traditional services	The creation of a framework for measuring preventative outcomes
	Strengthen place-based and cross-sector collaboration by continuing to have regular meetings with health, housing, voluntary sector, and community groups	2026		Number of ASC Research champion meetings held annually and membership of the ASC Research Champions Network
	Empower leaders to build cross-sector relationships and champion holistic prevention by embedding it into strategic and commissioning priorities, collaborative forums, and everyday decision-making	2025		Staff have an awareness and understanding of our collective definition of prevention via feedback after engagement ASC Colleagues reporting they are aware of preventative services via feedback after engagement Number of commissioned services that prevent, reduce or delay the need for long term care and support
First, think PREVENTION To embed a prevention-first mindset across the adult social care workforce by strengthening access to community-based	Boost ASC workforce knowledge of community assets by developing a prevention area on our ASC Intranet, sharing resources and hosting webinars	2027	Increase the proportion of new clients who receive short term services to maintain their independence, develop skills and continue living at home for longer.	ASC intranet prevention page live and available to all ASC practitioners
	Enhance workforce and public knowledge of community assets through joint campaigns, awareness raising and regular prevention updates	2026	Reduce the proportion of people referred to LTC locality teams for a care act assessment	Number of visits to the ASC Intranet Prevention page Attendance rates and repeat participation at quarterly connect and collaborate forums
		2026		Feedback from attendees at connect and collaborate forums via survey to

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knowledge, training, and leadership support that empowers practitioners to act early and innovatively.	<p>Gather and use feedback, case studies, and data to promote preventative practices through:</p> <ul style="list-style-type: none"> News updates The ASC Intranet Prevention page The VCSE Prevention Information hub connect and collaborate forums with the VCSE sector and ASC colleagues Prevention webinars. 			<p>measure their awareness of community assets</p> <p>ASC colleagues reporting they are aware of preventative services via feedback after engagement</p> <p>Number of people reached through campaigns, events, and digital platforms</p>
<p>Integration, collaboration and communication</p> <p>To strengthen workforce capacity for prevention by fostering integrated, collaborative, and communicative partnerships across health, social care, and community sectors.</p>	<p>Create connect and collaborate forums for the ASC workforce and VCSE Partners to network, collaborate and share learning.</p> <p>Identify and collaborate with ongoing preventative programmes and projects, such as Integrated Neighbourhood Teams</p> <p>Boost ASC workforce knowledge of community assets by developing a prevention area on our ASC Intranet, sharing resources and hosting webinars in partnership with stakeholders</p> <p>Raise awareness of roles and services that bridge sectors (e.g. link workers, community connectors) through:</p> <ul style="list-style-type: none"> The ASC Intranet Prevention page The VCSE Prevention Information hub connect and collaborate forums with the VCSE sector and ASC colleagues Prevention webinars. 	<p>2028</p> <p>2026</p> <p>2027</p> <p>2028</p>	<p>Increase engagement and partnership working with the VCSE sector, health and other partners</p>	<p>The creation of quarterly connect and collaborate forums for the ASC workforce and VCSE Partners.</p> <p>Attendance rates and repeat participation at quarterly connect and collaborate forums</p> <p>Feedback from attendees at connect and collaborate forums via survey to measure the effectiveness of how well they support collaboration, communication, and shared understanding of commissioning priorities</p> <p>Number of preventative programmes the Prevention Steering Group are engaged with (representative attendance)</p> <p>Feedback from the ASC Workforce on the ASC Intranet prevention page via survey</p>

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	Use feedback, case studies, and data to assess the effectiveness of integrated approaches and share learning across teams and partners to drive continuous improvement	2025		Number of visits to the ASC Intranet Prevention Page Stories of Difference relating to integrated working and joint commissioning
Priority 5: Connecting communities action plan				
Focus Area	Objective and actions	Start	Outcomes	Measures
Connection and a sense of belonging Strengthen community cohesion and social connectedness to reduce loneliness and isolation, enhance mental and physical wellbeing, and build resilient, inclusive communities	Promote co-produced local groups, peer support circles, interest-based clubs, community events and intergenerational activities that build trust and shared identity.	2027	Increase the proportion of people who report they have as much social contact as they would like	Proportion of people who respond to the ASCOF survey to say they have as much social contact as they would like
	Hold quarterly connect and collaborate forums with the VCSE sector and ASC colleagues to showcase stories of difference and promote community services	2027		Number of meetings and events attended with groups at a higher risk of loneliness
	Collaborative with organisations and networks to reach groups at a higher risk of loneliness (e.g. carers, young adults, LGBTQ+ individuals, older people) and provide targeted outreach to promote awareness of services	2027		Quarterly monitoring reports from commissioned services including case studies and feedback about how people have been supported to connect back into their communities
	Commission services that support people at a higher risk of loneliness and isolation and connect them back into their communities	2026		

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<p>Community first</p> <p>Enable people to live independently at home for longer by prioritising community-based, person-centred support following hospital discharge—reducing avoidable admissions, delayed discharges, and reliance on long-term residential care through integrated, localised, and accessible services.</p>	<p>Work with partners and the local market to increase opportunities for peer support within communities and tackle barriers that prevent people from accessing their communities (i.e. Transport)</p>	2027	<p>Increase the awareness of community resources and services that can support people</p>	<p>Number of referrals made by hospital staff into the Care Technology service</p>
	<p>Embed Occupational Therapy and Care Technology into early intervention pathways and equip staff, individuals, carers and communities with the knowledge and tools to use these services confidently and effectively</p>	2029		<p>Successful integration of the ASC directory with the CAN Service Finder</p>
	<p>Collaborate with communities and local markets to enhance local assets for wellbeing, offering alternatives to traditional care services like micro-enterprises</p>	2029		<p>Quarterly contract monitoring reports from commissioned services detailing outcomes that show a reduced risk of admission to hospital</p>
	<p>Support the integration of the ASC directory into CAN's Service Finder database to develop a shared dataset of local assets, services, and support networks.</p>	2026		<p>Quarterly contract monitoring reports from commissioned services detailing outcomes that facilitate discharge from hospital</p>
	<p>Commission services that connect people into community support following hospital discharge and to prevent hospital admission</p>	2026		
	<p>Commission community services that reduce the risk of hospital admission by enabling people to live safely in their own homes for longer and reduce the risk of falls</p>	2026		

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groups—ensuring that all individuals, regardless of background or circumstance, can access the support they need to live healthier, more independent lives.	raise awareness of services and rebuild trust with communities that have experienced discrimination or exclusion.			
<p>Supporting the VCSE sector</p> <p>To support and strengthen the sustainability, diversity, and capacity of the voluntary, community, and social enterprise (VCSE) sector by embedding supportive commissioning practices and fostering collaborative relationships - ensuring the sector can thrive as a key partner in prevention and wellbeing.</p>	<p>Create connect and collaborate forums for the ASC workforce and VCSE Partners to network, collaborate and share learning.</p> <p>Hold quarterly connect and collaborate forums with the VCSE sector and ASC colleagues to share details of commissioning updates, funding opportunities and showcase stories of difference</p> <p>Develop a VCSE information hub to share updates, opportunities, and changes in policy or commissioning.</p> <p>Involve VCSE partners in strategic planning, service design, and evaluation through co-production and advisory roles when designing new resources, projects and services, via task and finish groups.</p>	<p>2028</p> <p>2028</p> <p>2025</p> <p>2025</p>	<p>Increase engagement and partnership working with the VCSE sector, health and other partners</p>	<p>Annual partnership surveys to measure satisfaction, trust and impact</p> <p>Attendance rates and repeat participation at quarterly connect and collaborate forums</p> <p>Feedback from attendees at connect and collaborate forums via survey to measure the effectiveness of how well they support collaboration, communication, and shared understanding of commissioning priorities</p> <p>Number of page hits on VCSE Information hub</p>



ASCOF



Peoples Views



Compliments &
Complaints



Performance Data



Workforce Data /
Feedback



Partnerships /
collaboration



Cost Analysis /
funding sources

How we will measure success

Success comes in many forms and looks different to all individuals being supported by, working with or working within Adult Social Care. We measure our success using a variety of resources to ensure that we are meeting our legislative duty as well as ensuring the people we support, their carers, our stakeholders and our staff are satisfied with the way we work.

The Care Quality Commission assess adult social care against their duties under the Care Act (2014), this includes how the local authority works with people, partners and the local community to promote independence and support people to prevent, reduce or delay the need for care and support.

The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people. The ASCOF is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability.

People's views and feedback are integral in understanding how we are performing, and we use several methods to obtain these. Further to this, we welcome any compliments and complaints and use these as a means to better understand quality and strive for positive change.

We are committed to **equality, diversity and inclusion** within adult social care. We will continue to actively seek feedback during the duration of the strategy from a diverse range of people, including people of all ages, people with sight and hearing impairment, people with disabilities, and carers. This will ensure everybody is fairly represented.

We use **internal performance data and analytics** to give real time information on our performance, identify potential issues and put measures in place to rectify them, as well as work on continuous improvement.

We conduct regular **contract monitoring reviews** with commissioned service providers to analyse the impact services have on people's lives.

Workforce data and staff satisfaction measures enable us to better understand our workforce and colleagues and ensure they are effectively supported in their line of work.

Monitoring collaboration and partnerships between stakeholders will enable us to strengthen relationships and continuously improve our means of communication.

It is well evidenced that early intervention is more cost effective than crisis management and understanding our **expenditure** on long-term services versus preventive efforts (capital and revenue) will enable us to gain a clearer understanding of what works well.

Further to this, monitoring the **funding sources** for preventative services will enable us to have a better understanding of investment into prevention, along with the measurement of outcomes.

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Equality Impact Assessment: Conversation Screening Tool	
What is being reviewed?	Adult Social Care (ASC) Prevention Strategy
What changes are being made?	<p>The creation of an ASC Prevention strategy for individuals over the age of 18.</p> <p>It is aimed at people before they use ASC services or during early interactions with Adult Social Care, enabling people to live independently for longer, delaying, reducing or preventing the development of longer-term needs for support.</p> <p>The strategy could affect anyone who may be at a higher risk of developing care and support needs such as older adults who may be at a higher risk of loneliness and isolation.</p> <p>A separate EIA will be completed for implementation of the strategy and any potential equality impacts.</p>
Service Unit:	Adult Social Care
Participants in the conversation:	<p>Eliza Atyeo, Senior Commissioning Officer - Prevention and Wellbeing</p> <p>Mike Lynton, Policy Officer and ASC EIA Champion</p> <p>Emma Senior, Commissioning Manager – Prevention and Wellbeing</p>
Conversation date/s:	<p>05/12/2025</p> <p>12/02/2025</p> <p>05/08/2025</p>
Do you know your current or potential client base? Who are the key stakeholders?	<p>The Adult Social Care Prevention Strategy will apply to all residents over the age of 18 living in the BCP conurbation.</p> <p>The strategy impacts people with low level needs for support who engage with Adult Social Care Services, including unpaid carers, now or in the future. It also includes individual who may not be in contact with Adult Social Care but are at a higher risk of developing support needs.</p> <p>The Adult Social Care and Commissioning workforce are key stakeholders.</p> <p>The Voluntary and Community sector, NHS, public health and Dorset Healthcare are also key stakeholders as they will be key to the delivery of the strategy.</p>
Do different groups have different needs or experiences?	<p>Yes.</p> <p>The creation of the strategy is to ensure people that are provided with preventative support and interventions at the earliest opportunity. The engagement process for the strategy has included surveys, focus groups, workshops, discussion panels and engagement events to obtain feedback on the proposed strategy.</p> <p>The engagement aims to be inclusive for all BCP residents, local communities, business and services, the provider market, commissioned services, health colleagues and BCP staff to ensure that feedback is received from as broad a range of needs and experiences as possible.</p>

Surveys and presentations were also developed in easy read with the support from the Service Improvement Team and People First Forum. Consideration will be given to providing future information in easy read, accessible formats and translated versions of the consultation and strategy documentation.

The Department of Health and Social Care Paper [Prevention is better than cure \(2018\)](#) outlines a vision for public health focused on prevention. It emphasises creating conditions for good health to reduce the need for intensive social care. By addressing root causes and promoting early intervention, it aims to keep people healthier longer, reduce health inequalities, and use social care resources more effectively.

'Prevention is about helping people stay healthy, happy and independent for as long as possible. This means reducing the chances of problems from arising in the first place and, when they do, supporting people to manage them as effectively as possible. Prevention is as important at seventy years old as it is at age seven.'

General Population of BCP:

The ONS 2021 Census results for BCP give a resident population of **400,300**. This is an increase of **5.6%** compared with the 2011 Census and is **0.8%** higher than the mid-2020 population estimates.

Table 1 - Usual Resident Population³

	1981	1991	2001	2011	2021	Change 2011-21	% 2011-21
BCP	294,634	325,247	346,546	378,888	400,300	21,412	5.7%
SW	4,252,005	4,609,424	4,928,434	5,288,935	5,701,200	412,265	7.8%
SE	7,029,680	7,500,054	8,000,645	8,634,750	9,278,100	643,350	7.5%
England	45,771,917	47,055,204	49,138,831	53,012,456	56,489,800	3,477,344	6.6%

[Census-2021-First-Release-Briefing-Paper](#)

The ASC Prevention Strategy is aimed at all adults over the age of 18. The strategy seeks to ensure that local residents are supported at the earliest point to prevent them from going on to develop longer-term support needs. The estimated target population cannot be quantified due to the diversity and variety of circumstances that lead to an individual having contact with social care services or the voluntary and community sector.

The BCP areas population is expected to reach **403,600 by 2028, a growth of 2% since 2018**. This growth rate is slower than previously predicted and will be driven mainly by migration, including internal, international and cross-border moves.

Impact on protected characteristics:

Age

BCP has an older age profile with more residents over 65 and fewer under 16 compared to the national average. Specifically, 16% of the local population are aged 0-15 versus 18% for England and 22% of residents over 65 compared to the national figure of 19%.

Further to this, over two fifths of the current BCP population is aged 50 and over (41%); and 3.4% are aged 85 and over. This compares to 38% and 2.5% respectively for England.

In the BCP area there are:

Age	Number
0-15	65,903
16-64	250,032
65+	88,115

There is significant variation in numbers of older people within the older age bands. There are:

- A large cohort in their mid 70s born in the post war baby boom;
- Higher numbers in their mid to late-50s - the 60s baby boomers;
- A higher proportion of women, particularly from age 85 onwards. 53% of the population aged 65-84 are female, compared to 61% of those aged 85+.

This variation has implications for current needs and demand for services as well as an impact on future population trends.

Projections

Due to rising life expectancy and the transition into retirement of the 60s Baby Boom cohort, we have a growing number of older people. The number of over 50s could increase by around 17,000 people over the next decade – a 10% increase.

- By 2028, residents over 65 will make up 24% of the population, increasing by 12,400 people or 15%. Those over 85, currently 3.5% of the population will also increase.
- The number of residents aged 0-15 will drop by 4,500 (-7%)
- the working age population (16-64) will remain mostly unchanged, decreasing by just 106 people.

This shift in age distribution, especially the rise in older adults, will impact council services in the coming decade, particularly Adult Social Care.

Relationship between age and wellbeing

Previous research has shown the relationship between age and personal well-being to be U-shaped. That is, our sense of personal well-being is highest among younger people and older people and is lowest among people in their middle years. This is reflected in the ONS Annual personal well-being estimates for 2022 - 2023.

- A greater proportion of adults aged 50 to 54 and 55 to 59 years reported low levels of life satisfaction (7.9% for both groups) and low levels of happiness (10.3% and 10.9%, respectively).
- The greatest proportion reporting high levels of anxiety (25.1%) were also those aged 50 to 54 years. Anxiety remains fairly high until the ages of 65 to 69 when it begins to dip.

- While the highest proportion reporting low levels of feeling things done in life are worthwhile (6.8%) were those aged 85 to 89 years.

Married or in a civil partnership

in 2022, there were 1,844 opposite-sex marriages and 70 same-sex marriages in the BCP Council area. Both figures were higher compared to 2021 when it is likely that pandemic restrictions impacted the number of ceremonies.

There were 15 same-sex civil partnerships and 47 opposite-sex civil partnerships in 2022 in the BCP Council area.

Legal partnership status

The 2021 Census showed that in the BCP area, the largest percentage of usual residents ages 16+ are married or in a registered civil partnership (43%) with 37.5% never married and never in a civil partnership and 11% divorced or having had a civil partnership dissolved. 2% were separated but still legally married or in a civil partnership and 7% were widowed or a surviving civil partner.

No different needs have been identified at this time in relation to the ASC Prevention Strategy.

Pregnant or maternity

Modifiable risk factors in pregnancy can have health impacts on both mother and child. Smoking, alcohol and substance misuse, poor nutrition, and obesity, both before and during pregnancy, are all associated with adverse child health outcomes, and are more common in deprived areas. Breastfeeding is a protective factor for infant survival, particularly for infants born preterm.

- Rates of obesity and smoking in pregnancy and smoking at delivery in BCP are similar or better than for England overall, however, significant social inequalities exist. National data suggest women living within the three most deprived deciles experience significantly higher rates of obesity and smoking in pregnancy and at delivery.

- Rates of alcohol related admissions for females under 40 in BCP is significantly worse than the national average, and the highest in the Southwest. Rates have been rising since 2015/16. Social inequalities are also evident with Index of Multiple Deprivation (IMD) deciles 1, 2 & 4 having significantly worse rates nationally.

Maternal lifestyle risks and behaviour PIs and inequalities, BCP 2018-19²¹

	BCP	England	South West	Inequalities maternal deprivation	Inequalities ethnicity	Inequalities age of mother
Folic acid supplements before pregnancy (2018/19)	34.7%	27.3%	32.0%	IMD deciles 1-4 sig worse	Mixed, Asian & Black sig worse	Age <40 sig worse
Obesity in early pregnancy (2018/19)	19.6%	22.1%	21.0%	IMD deciles 1-3 sig worse	White & Black sig worse	-
Smoking in early pregnancy (2018/19)	12.4%	12.8%	13.3%	IMD deciles 1-3 sig worse	White sig worse	-
Smoking status at time of delivery (2018/19)	10.5%	10.4%	11.0%	NA	NA	NA
Alcohol-related admissions for females <40 rate per 100,000 (2018/19)	435.4	261.7	323.4	IMD deciles 1, 2, 4 sig worse		
Babies first feed breastmilk (2018/19)	79.7%	67.4%	75.3%	IMD deciles 1-3 sig worse	White sig worse	Age <30 sig worse

Compared with England	Better	Similar	Worse
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Late booking and poor attendance at antenatal care are associated with poor outcomes for mothers and babies. NICE recommends antenatal booking by 10 weeks of pregnancy, but significant inequalities exist in timely access to care.

- The proportion of women who access antenatal care within 10 weeks of pregnancy in BCP is significantly below the national and Southwest average:

BCP	55.4%
Southwest	63.5%
England	57.8%

Risk factors for late initiation of antenatal care include mothers living in the more deprived areas, ethnic minority groups (Mixed, Asian and Black ethnic groups in particular), high parity, age of mother especially <20, and living in temporary accommodation.

REF:

[Commissioning - Long Term Conditions & Disabilities - Health inequalities in BCP Nov 2021.pdf - All Documents](#)

Disability

The Equality Act defines disability as a physical or mental impairment that has a "substantial and long-term adverse effect" on the ability to carry out normal day-to-day activities.

BCP Census 2021 - Number of disabled people in household		
Category	Number	Percentage %
Total / All households	173,842	100%
No people disabled under the Equality Act in household	117,229	67.4%
1 person disabled under the Equality Act in household	45,244	26.1%

2 or more people disabled under the Equality Act in household	11,180	6.4%
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Throughout our engagement during the development of our Prevention Strategy, we heard that people with disabilities experience:

Barriers to Access

- Physical and communication barriers in healthcare settings can prevent disabled people from receiving timely and appropriate care.
- Digital exclusion and inaccessible information make it harder to navigate services or book appointments.

Cultural and Attitudinal Challenges

- An outdated “what can’t you do” mindset in services can lead to disempowerment and dependency.
- The 3 Conversations Model and similar approaches aim to shift this to a “what can you do” culture, focusing on strengths and potential.

Lack of Involvement in Service Design

- Disabled people are often feel excluded from shaping the services they use, leading to care that doesn’t reflect their needs or lived experiences.

National data and research tells us that health and wellbeing outcomes are often poorer for disabled people when compared to the general population:

Health Inequalities

- Disabled people often experience poorer health outcomes and higher rates of avoidable deaths. For example, people with learning disabilities are significantly more likely to die from preventable causes
- Disabled people aged 16 to 64 years had poorer ratings than non-disabled people on all four personal well-being measures; average anxiety levels were higher for disabled people at 4.6 out of 10, compared with 3.0 out of 10 for non-disabled people (year ending June 2021).
- The proportion of disabled people (15.1%) aged 16 years and over in England who reported feeling lonely “often or always” was over four times that of non-disabled people (3.6%) (year ending March 2021).

Ref:

[Outcomes for disabled people in the UK - Office for National Statistics](#)
[Mortality Among Adults With Intellectual Disability in England: Comparisons With the General Population - PMC](#)

When services are inaccessible or unresponsive and individuals are already experiencing poorer health and wellbeing outcomes, preventative care is missed, leading to crises that could have been avoided.

This is also made clear in the CQC’s State of Care report 2023/24, which highlights that people with disabilities face significant challenges accessing health and social care services, including long waits, physical and communication barriers, and insufficient capacity in adult social care. The report also emphasises that people with protected characteristics—including

disabilities—struggle to get timely care, often resorting to emergency services or delaying help until conditions worsen.

NICE also reports that people with learning disabilities often miss out on routine health checks and preventative care, contributing to poorer health outcomes.

Disability and age

There are around 16,000 people aged 50 or over in BCP whose health status is bad or very bad. The proportion in bad or very bad health increases to 15% for those aged 75 years and over, from 8% at age 65 to 74.

As the older population increases, the number of people living with ill health and multiple long-term conditions will increase too, generating significant additional demand for future care and support.

Older people are more likely to have multiple long-term conditions (LTC), which may compromise their quality of life. LTCs can present challenges in their social lives, psychological health, and activities related to self-care, domestic lives and mobility. These present difficulties not just for individuals but also for families, and care and support services

In BCP 115 thousand (80%) people aged 55 or over have at least one LTC. The proportion of people with 3 or more LTC increases from 29% aged 55-64 to 82% aged 85+. These can present significant challenges to people's lives. Supporting people to delay the onset and manage their LTCs is vital to maintaining health and independence.

Number of long-term conditions by age group:

Age	0 LTC	1 LTC	2 LTC	3+ LTC
55-64	31%	22%	17%	29%
65-74	19%	17%	18%	46%
75-84	9%	11%	15%	66%
85+	4%	5%	9%	82%

Top 10 long-term conditions 55+ age group

Condition	Number
Hypertension	55,696
Depression	30,265
Cancer	22,832
CKD Stage 3-5	19,924
Diabetes	19,773
Asthma	17,628
Coronary Heart Disease	14,977
Arterial Fibrillation	11,149
Osteoporosis	9,753
COPD	7,745

Race & Ethnicity

BCP's population has become increasingly diverse, 82% of the population were White British and 18% from an ethnic minority background, including white minorities.

In 2021 there were approximately 30,100 (5.3%) people born in the EU living in the BCP council area. This is a 60% increase from the 2011 census which showed an EU population of 18,800, equating approximately 5% of the population at the time.

Over 80 languages are spoken in the area with the top 10 being:

Language	Number
Polish	6,563
Portuguese	3,869
Romanian	3,066
Spanish	3,003
Hungarian	1,340
Italian	1,078
Arabic	865
Turkish	864
Russian	785
East Asian Language: All other Chinese	700

The 2021 Census also shows that our older population is becoming more diverse:

- 6% of older people aged 65+ identified as a minority ethnic group, compared to 12% aged 50-64.
- The majority identify as White: Other White (43%), followed by Asian, Asian British or Asian Welsh (19%).
- There is significant variation in the number and proportion of older people from minority ethnic groups between wards, from just over 1,000 (40%) in East Cliff & Springbourne to around 150 (8%) in Creekmoor.

Throughout our engagement into the ASC Prevention Strategy, and through local and national research, we have heard that people who come from an ethnic minority background have different experiences in their overall health and wellbeing, and access to services:

Ethnic minority groups are more likely to live in deprived areas, which are associated with poorer health outcomes.

- Deprivation affects access to nutritious food, safe housing, education, and employment—all of which influence health.

Experiences of racism, discrimination or a lack of cultural awareness can impact how services are designed and delivered, leading to unequal treatment or barriers to access.

- Language differences, cultural misunderstandings, and lack of culturally appropriate services can make it harder for some ethnic groups to engage with health and social care.
- Some may delay seeking care due to mistrust of the system or previous negative experiences.

Certain ethnic groups are more likely to experience specific health conditions. For example:

- Black African and Caribbean populations have higher rates of hypertension and stroke.

Some conditions may be underdiagnosed in ethnic minority groups due to lack of awareness among healthcare providers or biases in diagnostic tools. This can lead to delayed treatment and worse outcomes.

Furthermore, refugees often face higher levels of trauma and stress that can stem from experiences in their home countries and can be worsened during the asylum process, by media publications, negative reactions on an international scale (such as riots or racism) or concern and fear for the welfare of loved ones.

Ref:

[The Health Of People From Ethnic Minority Groups In England | The King's Fund](#)
[Inequalities by ethnicity | The Health Foundation](#).
[MHF Mental health of asylum seekers and refugees - 2025 report V2.pdf](#)

Religion or belief

In the ONS National Census 2021 the question regarding religion is voluntary, 94% of national population answered the question.

The Southwest is the least religiously diverse region with only 3.2% of usual residents selecting a religion other Christian, not including those that select “no religion”.

In the BCP Council area:

Religion	Percentage
Christian	46.8%
Buddhist	0.5%
Hindu	0.7%
Jewish	0.4%
Muslim	1.7%
Sikh	0.1%
Other	0.7%
No religion	42.2%
Not answered	6.9%

Experiences for people of certain religions and cultures can differ and influence their overall health and wellbeing:

Religious beliefs can influence diet, alcohol use, sexual health practices, and attitudes toward medical treatment (e.g. blood transfusions or end-of-life care). These beliefs may affect how individuals engage with health services or adhere to medical advice

- Some groups may struggle to identify caring roles as it is an expectations of the religion or culture.

People from some religious groups, especially people of the Muslim and Jewish religion, report experiencing discrimination in their communities, which can lead to mistrust and reduced engagement with services.

- Further to this, with growing conflict between countries and religions, the UK has seen an increase in antisemitism and religious hate crime.

Ref:

[Antisemitic Incidents Report January-June 2024 – CST Publications – CST – Protecting Our Jewish Community](#)

A lack of cultural or religious sensitivity in service provision (e.g. gender-specific care, prayer space, dietary needs) can discourage people from seeking support and engaging with services.

- Faith can be a source of resilience, but also a barrier if physical or mental health issues are stigmatised within a religious community.
- Some groups may prefer faith-based support over health and social care services.

Faith communities, however, often play a positive role in promoting health, especially during crises like COVID-19, by disseminating information, hosting clinics, and supporting vulnerable members.

Sex at birth

According to WHO research, sex and gender both impact health outcomes in different ways. Gender affects health throughout life, influencing experiences in crises, disease exposure, and access to healthcare, water, hygiene, and sanitation.

[A study by Manual, a wellbeing platform for men, found that in many countries, men are more likely to face greater health risks.](#) However, the UK does not follow this trend. It was found to have the largest female health gap in the G20 and the 12th largest globally.

Gender Health Inequalities

Women's Health:

- Women often face misdiagnosis and longer wait times for treatment. Research shows that women with abdominal pain wait 65 minutes in A&E, while men wait 49 minutes. Women are also less likely to get painkillers.
- Women's health concerns are often not taken as seriously. They are 13% less likely to receive pain relief or life-saving drugs after heart attacks.
- Alzheimer's is diagnosed later in women due to better verbal memory.
- Medical research has historically excluded women, leading to knowledge gaps.
- Women with dementia receive less care and support and have worse outcomes.

Impact of Gender Norms:

- Rigid gender roles harm both men and women.
- Women and girls more likely to take on domestic and caregiving roles.

- Men are more likely to take up risky behaviours and habits and avoid seeking help.
- The pressure to be a breadwinner is linked to stress-related illnesses in men.
- Men are also at a higher risk of suicide and are less likely to show symptoms of depression or anxiety or talk about how they feel.

Ref:

<https://pubmed.ncbi.nlm.nih.gov/18439195/>

<https://pmc.ncbi.nlm.nih.gov/articles/PMC4831033/>

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002805>

<https://pmc.ncbi.nlm.nih.gov/articles/PMC4800017/>

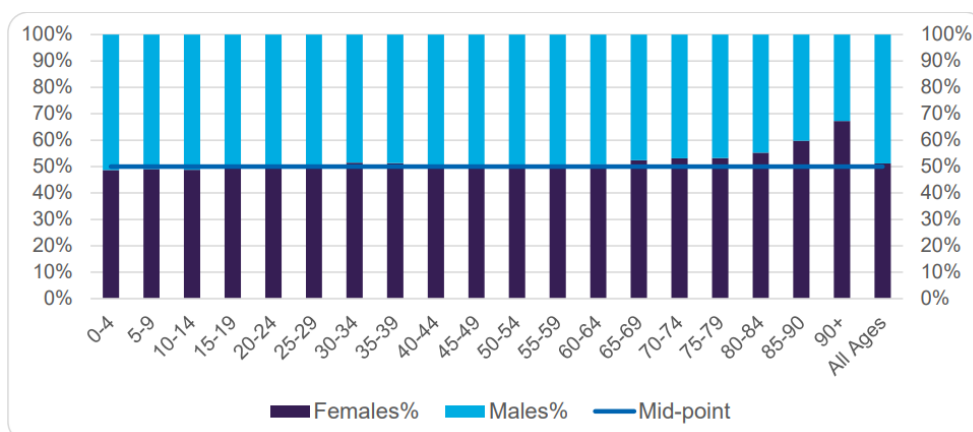
<https://www.ucl.ac.uk/news/2016/dec/women-dementia-receive-less-medical-attention>

<https://pubmed.ncbi.nlm.nih.gov/17522133/>

<https://hal.science/hal-00477883/document>

BCP 2021 Census – Gender:

The population in BCP Council is split by 51% female and 49% male as shown in the chart below. The chart illustrates that while in the younger age groups the percentage of males generally exceeds females, in the older age groups this pattern is reversed.



[Census-2021-First-Release-Briefing-Paper](#)

LGBTQ+ Communities

Sexual orientation

BCP 2021 General Population Census Data:

309,329 (92.4%) people aged 16 years and over in BCP answered this question:

- Straight or Heterosexual: **88.5% (296,257)**
- Gay or Lesbian: **1.9% (6,494)**
- Bisexual: **1.6% (5,358)**
- Pansexual: **0.2% (829)**
- Asexual: **0.1% (251)**
- Queer: **0.0% (75)**
- All other sexual orientations: **0.0% (65)**
- Not Answered: **7.6% (25,580)**

Ref:

[Sexual-Orientation-Gender-Identity-Briefing-Paper](#)

LGBTQIA+ individuals—including those who identify as gay, lesbian, bisexual, pansexual, asexual, queer, and other sexual orientations—experience distinct challenges in their health wellbeing, and access to health and social care services:

- **Mental Health:** Higher rates of depression, anxiety, and suicide due to discrimination and stress.
- **Chronic Illness & Substance Use:** More chronic conditions and higher tobacco, alcohol, and drug use.
- **Healthcare Access:** Many face discrimination and lack of LGBTQ+ competent care.
- **Preventive Care:** Lower use of some services (e.g., gynaecological exams), but higher sexual health screening.
- **Financial Barriers:** More likely to face poverty, housing issues, and trouble affording care.
- **Progress:** More LGBTQ+-focused mental health support and calls for inclusive healthcare policies.

Ref:

[KFF Report on LGBT+ Health and Access to Care](#)

[Frontiers in Public Health: Health Inequalities in LGBTI+ Populations](#)

[The Hospitalist: Disparities in LGBTQIA+ Healthcare](#)

A report from the House of Commons Women and Equalities Committee highlights several disparities in equality and experiences faced by LGBTQ+ people in health and social care

Ref:

[LGBT Health and Social Care:](#)

LGBTQ+ individuals often experience worse health outcomes compared to the general population. This includes higher rates of mental health issues, substance abuse, and certain chronic conditions:

Mental Health: 3% of gay/bisexual men attempted suicide (vs. 0.4% of men overall); 80% of trans youth have self-harmed (vs. 10% of youth generally).

Physical Health: Lesbian/bisexual women face higher risks of obesity and heart disease; bisexual women are 4x more likely to have long-term mental health issues.

Sexual Health: Men who engage in sexual activity with other men (MSM) account for 80% of new syphilis cases.

Lifestyle: Gay/bisexual men are less likely to meet dietary guidelines.

Access to Health and Social Care: Many LGBTQ+ people face barriers to care due to discrimination, lack of provider understanding, and fear of being outed. Discrimination from professionals can deter individuals from seeking help.

Data Collection: Lack of comprehensive data on LGBTQ+ health needs makes targeted support difficult

Gender Identity Gender Reassignment

BCP 2021 Census - Gender Identity:

1,588 (0.5%) indicated that their gender identity was different from their sex registered at birth:

- **549 (0.16%)** answered “No” but did not provide a write-in response
- **330 (0.10%)** identified as a trans man
- **291 (0.09%)** identified as a trans woman
- **259 (0.08%)** identified as non-binary
- **159 (0.05%)** wrote in a different gender identity

Ref:

[Sexual-Orientation-Gender-Identity-Briefing-Paper](#)

Experiences of trans, non-binary, and gender-diverse people across the UK are varied. This may be due to individual services experience and understanding:

Experiences in Health and Social Care

- **Discrimination:** 70% of trans and 55% of non-binary people report poor treatment or lack of understanding from healthcare staff. Nearly half say their GP doesn't understand their needs.
- **Delays:** 90% of trans people face delays in accessing gender-affirming care, with even greater barriers for trans people of colour.
- **Fear of Disclosure:** Many avoid sharing their identity in care settings due to fear of mistreatment.

Social Care and Community Impact

- **Invisibility:** Gender-diverse people are often excluded from data, leading to gaps in service design.
- **Isolation:** Discrimination contributes to mistrust and social isolation.
- **Workplace Barriers:** 37% of non-binary people hide their identity at work due to fear of discrimination.

Ref:

[National LGBT Survey: Summary report](#)

[LGBTQ+ facts and figures | Stonewall](#)

[Trans People And The NHS: The Heat Of The Debate Needs The Light Of Evidence | The King's Fund](#)

Socio-economic

Levels of deprivation play a significant role in health inequalities. Deprivation is a measure that assesses areas based on how they fare on multiple fields, including income, employment, quality of environment, health, education, and housing.

BCP is an area of significant disparity with neighbouring areas among the most and least deprived within England.

LSOA's (Lower-layer Super Output Area) refer to the level of deprivation experienced by residents within a specific small area in England, as measured by the English Indices of Deprivation (IMD).

In the BCP area 45,400 people (12% of the population) in BCP live in areas that are among the most deprived 20% nationally, including 8,900 0-16 year olds and 6,200 over 65s.

There is a social gradient to people's health, and the length of time people live is closely related to the extent of disadvantage and deprivation they experience. The difference in life expectancy between the most and least deprived quantiles of LSOAs in the BCP area in 2021 was:

- 6.9 years for males
- 6.4 years for females

Ref:

[An overview of health inequalities in BCP – November 2021](#)

In addition to the above, we have also adopted several local characteristics that must also be considered when developing equality impact assessments. These are:

Military veterans

Veterans are defined as anyone over the age of 16 who has served for at least 1 day in His Majesty's Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations. Not everyone will define themselves as a veteran. The term 'service leaver or ex-armed forces' can often be used instead.

The 2021 Census shows that there are 1.85 million veterans in England and Wales (3.8% of the over 16 population), with around 2 million estimated across the whole of the UK.

In April 2024, the BCP area was home to 1,070 Ministry of Defence personnel. This included 960 military (UK regular forces) and 100 civilians (full-time equivalent).

It is estimated that 74% of all military personnel nationally are married or have a long-term partner and that 48% have children they support financially. This equates to around 710 partners and around 460 service personnel with children in the BCP area based on the military figures.

BCP 2021 Census – Military veterans:

BCP is home to both serving military personnel and veterans. There are **15,894 (4.7%)** residents aged 16+ have previously served in the UK armed forces:

- Previously served in regular UK armed forces: **12,743**
- Previously served in reserve UK armed forces: **2,443**
- Previously served in both UK armed forces: **708**
- Total: **15,894**
- Has not previously served in any UK armed forces: **319,015**

Ref:

[Armed Forces - Our people our place - Equality and Diversity - Power BI](#)

Each veteran's service experience is unique. While many have positive memories, others face challenges that affect their transition to civilian life. Some may not identify as veterans, especially if their experience was negative.

- **Diverse Experiences:** Female and LGBTQ+ veterans may face unique challenges, including the legacy of exclusion.
- **Family Impact:** Frequent moves, disrupted careers for spouses, and complex family dynamics are common.
- **Transition Challenges:** Leaving service can be sudden, and adjusting to civilian life often requires tailored support and guidance.
- **Pride and Self-Reliance:** Veterans may downplay their needs, focusing on others and avoiding asking for help.
- **Access to Services:** Many are unfamiliar with civilian systems, expect faster responses, and may face barriers or confusion about what's available.
- **Barriers to Support:**
 - Stigma around mental health
 - Lack of military-aware professionals
 - Difficulty finding purpose post-service
 - Financial pressures and undervaluing transferable skills
 - Misunderstandings from the public and media

Minority veterans face the same barriers as the majority, but these are often intensified due to their minority status and experiences.

Despite these challenges, veterans bring valuable skills and resilience that can benefit communities.

REF:

[Personalising veteran healthcare: recognising barriers to access for minority and under-represented groups of veterans](#)

[10 things to know about veterans and their families: desk aid - GOV.UK](#)

Unpaid Carers

A carer is a person of any age who provides or intends to provide on-going, unpaid support to a partner, child, relative or friend. Without this help, the health and wellbeing of the cared for person could deteriorate due to frailty, disability, a serious health condition, mental ill health or substance misuse.

- The carer may live with or apart from the cared for person
- Professional care may also be in place
- The cared for person could be in residential care, however the carer should still be recognised and may still need support

The 2021 Census shows that an estimated 5.0 million usual residents aged 5 years and over provided unpaid care in 2021 in England and Wales.

In BCP, the census found that **33,352 (8.8%)** of usual residents aged 5 and over were providing unpaid care.

Number of Carers in BCP

- Total: **33,352**
- 1 to 19 hours unpaid care a week: **17,394**
- 20 to 49 hours unpaid care a week: **6,334**
- 50 or more hours unpaid care a week: **9624**

- Provides No Unpaid Care: **347,966**

Ref:

[*HOME - Our people our place - Health & Wellbeing - Power BI*](#)

The impact on carers' lives varies depending on the amount of care they provide, their age, and the length of time they have been providing that care. The needs of the individual receiving care and the relationship between the carer and cared for person will also have an impact on the caring experience.

Caring can impact on:

- The ability to access and stay in employment
- Financial resources
- The health and emotional well-being of the family unit
- The ability to access social and recreational activities
- Wider relationships with family and friends

For young carers it can also impact on their:

- Experiences of childhood
- Health and well-being
- Education and career opportunities
- Family and peer relationships
- Sense of identity

We also recognise that being a carer can impact on life after caring:

- Adjusting to changing relationships when caring at home is no longer viable
- Social isolation and lack of confidence after a bereavement
- Redefining their identity and purpose
- Having a higher risk of needing care services themselves

Children in care and care experienced young people

In 2025, there are approximately 516 children being looked after by BCP Council.

Data from the Sufficiency strategy for children in care and care experienced young people 2021-2024 tells us that on 31 March 2020 there were:

- **526 children in care** (CiC) within the BCP area
- **252 care experienced young people** (CEYP) within the BCP area

Further analysis from 2020 shows that of this cohort:

- 59% were boys
- 31% were aged 16+
- 24% were from BAME background
- 7% were Unaccompanied Asylum-Seeking Children (UASC)
- 5% had disabilities
- 14% of children were placed more than 20 miles from home address
- 8% came into care through police protection powers
- 71% were in foster care
- 4% were in semi-independent placements
- 88% had their annual health assessment

- 17% left care through adoption
- 9% moved more than three times in the year 2019-2020
- 70% were in education, employment or training
- 3% were in higher education (7 at university)

Children in care and care leavers can experience a multitude of challenges, including mental health difficulties, social isolation, difficulties with housing and employment, and limited access to support services. These challenges are often exacerbated by past trauma, lack of stability, and inadequate preparation for independent living.

Health and Wellbeing

- **Mental Health:** Care-experienced young people are more likely to face mental health challenges, including anxiety, depression, and trauma-related conditions. A more integrated and responsive mental health system is needed to support them effectively
- **General Wellbeing:** By the teenage years, 1 in 6 reported low overall wellbeing.
- **Social Relationships:** Compared to peers, fewer children in care report having close friendships or feeling able to talk to carers about important matters

Access to Health and Social Care

- **Barriers to Support:** Children in care often face fragmented services and inconsistent support. There are gaps in continuity of care, especially during transitions (e.g., moving placements or leaving care).
- **Inequality of Entry and Experience:** Children from the most deprived areas are significantly more likely to enter care.
- **Kinship and Informal Care (cared for by relatives / informally arranged care without social care involvement):** Many children in such arrangements are not formally registered, limiting access to services

REF:

Exploring the Lives of Care Experienced Children and Young People | National Centre for Social Research
10,000 Voices: The views of children in care on their well-being report - Coram Voice
Care experienced children and young people's mental health | Iriss

local business or community organisations

There are nearly **15,400 businesses** in the BCP Council area with around **89% considered micro-businesses** employing less than 10 staff, similar to the national average. Around **50 businesses are considered large**, (employing 250 or more people).

The number of businesses in the BCP area increased year on year with the exception of 2019-20 and 2022-23. This is comparison to both national and regional figures where nationally the number increased year on year until 2022 before decline during 2023 and 2024. Regionally, numbers have declined across the southwest from 2022.

In 2023 there were **1,910 new businesses** set up in the BCP area and **1690 business failures**.

	<p>Ref: HOME - Our people our place - Economy - Power BI</p> <p>As of April 2021, there were 657 general registered charities in the BCP Council area and 2,600+ voluntary and community sector groups.</p> <p>Ref: Empowering Communities - Summary of VCS and Volunteer Strategy</p> <p>Covid.19 had a significant impact on our economy and the ways in which organisations conduct their businesses. However the positive responses from many organisations throughout the pandemic saw communities coming together to support each other. Our Prevention Strategy seeks to strengthen this community support and enable people to live a fulfilled and meaningful life in a place they call home.</p> <p>During our engagement with the VCSE (Voluntary, Community and Social Enterprise), market providers and commissioned services we heard that the commissioning process is overly complex and rigid. Smaller organisations who are less versed in completing bids and applying for tenders feel they are missing out of opportunities as they are competing against larger organisations who have the resources and tools to bid for contracts. Smaller organisations can sometimes provide a more flexible and personalised service. They will be placing more focus into commissioned contracts due to it likely being their largest source of income. Larger organisations will be providing a variety of services and therefore may not be nurturing a commissioned service as closely.</p> <p>Our prevention strategy recognises that the VCSE sector and local market needs to be supported to thrive, therefore we will be reflecting on our own practices and working with the market to identify ways to make commissioning work for everyone.</p> <p>We do not see the prevention strategy having any negative impacts on local businesses or community organisations.</p>
Will this change affect any service users?	<p>Yes. The strategy would affect any BCP residents regardless of eligibility for care and support from Adult Social Care.</p> <p>Feedback received during the engagement may affect the content of the strategy and therefore the direction and focus of the ASC Prevention Strategy.</p>
What are the benefits or positive impacts of the change on current or potential users?	<p>The positive impact of a broad consultation and feedback from a wide range of people with different needs, experiences and opinions will ensure that this is reflected in the focus and approach of the new ASC Prevention strategy.</p> <p>The strategy aims to recognise services across the BCP Council area (both internal and external) that help to prevent, reduce or delay the development of longer term care needs. This will provide clarity for staff and BCP residents around providing more preventative interventions, reducing the need for longer term care and support, which in turn will improve the person's wellbeing, reduce reliance on carers, and reduce the need for ASC to provide longer term care and support.</p>

	<p>The strategy aims to secure longer-term funding for preventative services and interventions, ensuring continuity of service for local residents and security for the VCSE sector.</p> <p>The strategy may result in new services being commissioned that help to prevent the development of longer-term care needs. The strategy may result in changes being made to current services to improve provision.</p> <p>The strategy aims to promote partnership working and collaboration with the VCSE sector, market and partners in health sectors to improve communication between the local authority and key stakeholders. This will help to streamline peoples' experiences of support and the pathways they may encounter.</p> <p>Benefits relating to our priorities and focus areas:</p> <p>A change in culture</p> <ul style="list-style-type: none"> • Strength based approaches helping people to develop more independence and resilience creating sustainable positive outcomes. • Wider promotion of equal opportunities to create a more inclusive and supportive environment for individuals • Greater co-production through the implementation of BCP Adult Social Care's Co-production Strategy • People feeling better able to engage with social care and navigate pathways by ensuring the use of empowering language and addressing key issues that create barriers in access. <p>Living and ageing well</p> <ul style="list-style-type: none"> • A reduced risk of falls and improved physical health and independence among older people and adults with physical conditions and mobility limitations through targeted interventions. • Wider promotion of physical activity in adult social care to improve health and wellbeing. • Better access to financial assistance and advice to maintain a dignified standard of living • Strengthened age friendly communities work through continued collaboration and development <p>Individual resilience to build wellbeing</p> <ul style="list-style-type: none"> • Better access to timely, and inclusive information, advice, and self-education resources that promote healthy lifestyles, early intervention, and informed decision-making. • Services exist that promote independence, inclusion, and wellbeing for individuals with sight and/or hearing impairments by ensuring timely access to preventative support, accessible services, and inclusive community opportunities. • Enhanced support for individuals who hoard or self-neglect, reducing risk and promoting safety, wellbeing, and independence. • Enhanced support for self-funders and individuals near the eligibility threshold by improving access to information, advice, and community resources that promote independence, financial resilience, and wellbeing.
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	<ul style="list-style-type: none"> • Increased identification of unpaid carers with improved access to information, advice, direct payments and wellbeing services, enabling them to maintain their caring role, avoid crisis, and live well alongside caring. • Preventing the escalation of care needs by expanding access to Occupational Therapy and Care Technology that supports daily living, to enhance safety, and empower individuals to manage their health and wellbeing at home. <p>Supporting the workforce</p> <ul style="list-style-type: none"> • Improved workforce wellbeing in adult social care • Greater use and access of learning and development opportunities that embed preventative approaches and promote continuous improvement. • Compassionate leadership that prioritises workforce wellbeing, fosters a culture of continuous learning, and drives the delivery of preventative, person-centred support. • A prevention-first mindset embedded across the adult social care workforce with better access to community-based knowledge, training, and leadership support that empowers practitioners to act early and innovatively. • Greater capacity for prevention with integrated, collaborative, and communicative partnerships across health, social care, and community sectors. <p>Connecting Communities</p> <ul style="list-style-type: none"> • reduced loneliness and isolation and reduced health and social inequalities with more community connections, improved access to inclusive and person-centred support, and increased trust with underserved groups ensuring all individuals can access the support they need to live healthier, more independent lives. • People are able to live independently at home for longer through community-based, person-centred support that reduces avoidable admissions, delayed discharges, and reliance on long-term residential care through integrated, localised, and accessible services • safer, more secure communities with awareness of personal and digital safety, and community-led safety initiatives. • Better partnership working and collaboration with the voluntary, community, and social enterprise (VCSE) sector by embedding supportive commissioning practices and promoting collaborative relationships.
<p>What are the negative impacts of the change on current or potential users?</p>	<p>There are no negative equality impacts identified from the introduction of an ASC prevention strategy.</p> <p>The engagement has a limited timescale and limited resources meaning that feedback (and therefore the outcome) of the engagement is reliant upon utilising the feedback from people who have chosen to engage in the consultation and may not reflect the views and opinions of all BCP residents.</p> <p>To ensure representation from all groups we will be working closely with the VCSE sector and cohort specific teams and organisations to engage with local residents from different protected characteristic groups during the development of the prevention strategy actions plan and it's implementation.</p>

<p>Will the change affect employees?</p>	<p>Once implemented, the Prevention strategy would support BCP employees with providing earlier preventative support before a person develops longer term needs. This will mean more preventative interventions but reduce the need for longer term care and support requirements.</p> <p>The strategy aims to improve communication with the workforce to support them in their roles. This includes regular updates about any changes being made to current services.</p> <p>Staff will be involved in the development of the prevention strategy action plan to ensure any changes account for the needs of the ASC workforce.</p> <p>The strategy may result in changes being made to current preventative services, new services being commissioned or existing service being decommissioned – any changes to provision as a result of strategy implementation will have a separate equality impact assessment completed to ensure there is consideration to making content of the strategy accessible and non-discriminatory and that the implemented strategy is inclusive.</p>
<p>Will the change affect the wider community?</p>	<p>Yes. The strategy would affect any BCP residents eligible for care and support from Adult Social Care and also have a positive impact on reducing the need for longer term care and pressure on unpaid carers and use of community resources and services if preventative measures are implemented before becoming longer term enduring care and support needs.</p> <p>The VCSE Sector is well placed to support a better understanding of need and will be involved in the development of the prevention strategy action plan</p> <p>The strategy recognises the importance of the VCSE Sector and aims to secure long-term funding for commission services, clarify funding opportunities available for communities and raise awareness to the support available in communities.</p> <p>The strategy will also impact the wider market and VCSE organisations and may result in an increase in referrals to community based support - we will work closely to identify what services are receiving high demand to gain an understanding of what services are needed locally.</p>
<p>What mitigating actions are planned or already in place for those negatively affected by this change?</p>	<p>We have not identified any negative impacts of the Prevention Strategy, however, to ensure it is fully inclusive and accessible we will:</p> <p>Inclusivity:</p> <ul style="list-style-type: none"> • Easy Read and Large Print Formats: We will work with partners to ensure the prevention strategy can be available in easy read and large print format. • Translations: we will work with partners to ensure translations into other languages would be available upon request. • Audible Option for Visually Impaired: We will work with partners to ensure audible and visual options are available upon request. <p>Engagement and Consultation of the Strategy:</p>

	<ul style="list-style-type: none"> • The majority of engagement will be through mail shots, ensuring that information reaches a broad audience, including those who may not have internet access. • There will be opportunities to be involved in focus groups throughout the strategies implementation. • We will engage with key organisations/teams and community groups that's represent people from protected characteristic groups to ensure they can share their views. <p>Communication:</p> <ul style="list-style-type: none"> • We will provide regular updates throughout the prevention strategy implementation to ensure the workforce, wider market and communities are informed about any changes being made. • We will utilise existing communication channels with the VCSE sector to ensure effective partnership working and work with leading VCSE organisations to reach a wider audience. • We will look to have regular meetings and collaborative forums with the VCSE sector to share, learn and ensure the sector is aware of any planned changes. • We will work closely with the communities team to maintain an awareness of, and share information about ongoing schemes, opportunities and funding. • We will explore options for improving communication within the workforce via the ASC intranet, webinars and forums. <p>Future strategy implementation will have a separate equality impact assessment completed to ensure there is consideration to making content of the strategy accessible and non-discriminatory and that the implemented strategy is inclusive.</p>
<p>Summary of Equality Implications:</p>	<p>The strategy will have positive impact and all experiences will continue to be considered to ensure that everyone can access preventative support to remain independent and live healthier happier lives.</p> <p>Impact on Service Users:</p> <ul style="list-style-type: none"> • The strategy will affect all BCP residents, not just those eligible for Adult Social Care (ASC). • Feedback from public engagement may shape the strategy's direction and action plan. • The strategy may result in new services being developed – in line with local people's needs • The strategy may result in current services being re-tendered, adapted to meet needs, or decommissioned <p>Positive Impacts:</p> <ul style="list-style-type: none"> • Broad consultation ensures diverse needs and experiences are reflected. • Focus on preventative services aims to: <ul style="list-style-type: none"> • Delay or reduce long-term care needs. • Improve individual wellbeing. • Reduce pressure on carers and ASC services. • Supporting staff and residents to identify preventative solutions

- Secure long-term funding for preventative services and support the VCSE sector.

Negative Impacts:

- No negative equality impacts identified currently.
- Limited engagement resources may mean not all resident views are captured.
- Efforts will be made to engage underrepresented groups through VCSE partnerships.

Impact on Employees:

- Strategy will guide staff to provide earlier, preventative support.
- Aims to shift focus from long-term care to early interventions.
- ASC Workforce wellbeing is recognised within the strategy.

Impact on the Wider Community:

- Benefits all BCP residents by reducing long-term care needs and supporting community resources.
- VCSE Organisations are key stakeholders and will be involved in the development of the prevention strategy action plan
- The strategy aims to secure long-term funding for commission services, clarify funding opportunities available for communities and raise awareness to the support available in communities.
- An increase in referrals for preventative support may impact VCSE organisations – we will work closely to identify what services are receiving high demand to gain an understanding of what services are needed locally.

Mitigating Actions:

- Accessibility measures include to ensure inclusivity when publishing the prevention strategy and co-developing the action plan
- Wider engagement with communities and organisations that have trusted relationships with groups from protected characteristics
- Engagement via mail shots and through existing networks
- Opportunities to be involved in focus groups
- Future implementation will include an equality impact assessment to ensure inclusivity.
- Use of the ASC intranet page to reach the workforce with regular updates relating to the strategy implementation

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HEALTH AND ADULT SOCIAL CARE

OVERVIEW & SCRUTINY COMMITTEE



Report subject	Adult Social Care Fulfilled Lives Transformation Programme
Meeting date	23 September 2025
Status	Public
Executive summary	<p>In July 2024, BCP Cabinet and Full Council agree to support a four-year transformation programme called Fulfilled Lives, approving a total investment of £2.9m spanning the first three years.</p> <p>The programme is made up of four inter-dependent projects:</p> <ul style="list-style-type: none"> • How We Work • Short-Term Support • Self-Directed Support • Support At Home <p>An initial investment of £1.79m for the first 12 months of the programme was agreed, with progress monitored on a minimum six-monthly basis by members of the Health and Adult Social Care Overview & Scrutiny Committee.</p> <p>The programme entered its delivery phase in January 2025 and, since then, progress reports were presented to Committee in January, March and July.</p> <p>The release of the remaining £1.11m funding for the programme was approved by Cabinet and Full Council in July 2025, and this report provides a further brief update for the programme overall including a deeper focus, as requested, on the Self-Directed Support and Short-Term Support projects.</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 and specifically the updates for the Self-Directed Support and Short-Term Support projects.
Reason for recommendations	Delivery of the Fulfilled Lives programme will improve outcomes for adults and their families within the BCP Council area through enhanced person-centred practice, and the provision of effective

	and efficient support solutions. It will ensure that the Council continues to meet its statutory duties despite ongoing demand pressures and economic uncertainty, leading to recurrent annual savings of c.£3.5m by the end of the programme.
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 Tim Branson, Transformation Lead for Fulfilled Lives Programme Siobain Hann, Head of Strategic Commissioning for Disabilities Yvette Pearson, Head of Strategic Commissioning for Long-Term Conditions Harry Ovnik, Programme Manager for Wellbeing
Wards	Council-wide
Classification	For Recommendation and Decision

Background

1. In July 2024, BCP Cabinet and Full Council approved a business case for an adult social care 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.

This business case outlined the opportunities available to deliver true transformation and innovation within adult social care, whilst embedding lasting change which will support future demand, and achieve financial and service quality benefits through a transformation programme called 'Fulfilled Lives'.

The four-year programme of work has four interdependent projects, as shown in Figure 1.

2. Total investment of £2.9m to support the Fulfilled Lives programme was agreed by Cabinet and Full Council in July 2024, with an initial investment of £1.79m to establish the programme and its governance structure, recruit to the project teams, complete the scoping, initiation and approve business cases for each project.

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.

3. The programme moved into Delivery Phase from January 2025 with reports subsequently submitted to Health and Adult Social Care Overview & Scrutiny Committee in January, March and July.
4. Cabinet and Full Council approved the release of the remaining funding for the programme in July. The programme remains within budget, and a revised budget plan is currently in development to account for the implementation of Pay & Reward in December.

Strategic case for change

5. 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

6. Since reporting in July, the Fulfilled Lives programme has continued to make good progress towards the implementation of some significant changes to the First response function, the introduction of a community-focused reablement pilot, and the continued growth of local Community Micro-Enterprises. Key details are set out below.
7. Further adoption of Three Conversations practice has taken place in the remaining Long-Term Conditions locality teams, with the Hospital Social Work Team due to commence during September. Work is continuing to ensure smaller teams, such

as Homelessness Intervention, Drug and Alcohol Statutory Team, and Sight & Hearing Team are also onboarded during September.

8. Significant changes to our First Response function are on-target for implementation during October, which will see the first phase of staff transferring from Long-Term Conditions Teams in Poole to the new Adult Social Care Hub. This will enable us to respond to a broader range of requests for support at an earlier stage and reduce the volume of requests that get passed to long-term teams, thereby reducing waiting times.
9. As mentioned previously, these changes involve multiple background system and process changes; in all, needing in the region of 180 essential actions. Once the changes are implemented, people will find it easier to contact the practitioner who has been allocated to support them.
10. The setting-up of a community-focused reablement service, initially as a one-year pilot, will further enhance our ability to prevent or delay peoples' long-term need for support as part of our First Response function. Expressions of interest in delivering this service have been sought from our existing framework of registered domiciliary care providers. Shortlisting and selection is due to be completed in early September, with mobilisation expected by the 15 September 2025.
11. Performance and benefits realisation for this pilot reablement service will be tracked separately from the FutureCare programme's Home-based Intermediate Care project, which is focused on hospital discharge pathways.
12. Key performance indicators for the pilot have been developed to include:
 - Utilisation of available hours – target is a minimum of 90%
 - Referral response time – target 100% of referrals responded to within 4 hours
 - Start of service delivery – target for all new referrals to commence within 24 hours (subject to availability of hours)
 - Completion of reablement period – target 100% of all reablement care packages completed within 6 weeks.
 - Reduction in care hours delivered – target is for people reaching optimal reablement in the previous week to have reduced delivered hours by an average of 50%.
 - Number of people requiring no long-term support following reablement
 - Number of people with a reduced requirement for long-term support after reablement
13. Since April 2025, collaborative work has been underway with the Tricuro Reablement Service to increase the volume of commissioned weekly reablement hours delivered. Over the four-month period from April to August 2025, there has been consistent growth, resulting in a 37% increase—equating to an additional 195 hours delivered each week. The average hours delivered in April 2025 were 520 hours per week.

14. This progress reflects the strengthened partnership between Tricuro and BCP Adult Social Care (ASC) commissioners, supported by regular weekly meetings, additional touchpoints, and frequent on-site engagement at Tricuro's Reablement offices. These efforts have cultivated improved working relationships, enabling more effective dialogue, swift problem-solving, timely escalation, and resolution of issues. A recent example was the inclusion of a narrative box to Tricuro's operating system to reduce reliance on information being emailed, which can now be directly uploaded on their system.
15. The Tricuro Trusted Provider digital form was launched on 11 August 2025, following staff training held on 7 August. This new form replaces the previous paper based "Your Trusted Reviewer" format. While there were some initial internal functionality issues, these have been resolved, and new supporting processes have been implemented.
16. The introduction of the Trusted Provider form is expected to enhance communication between Tricuro Reablement teams and the Hospital ASC Operational Teams. By capturing more detailed information, the form enables more timely completion of the Care Act Assessment (CAA), which in turn shortens the time taken for requests to reach ASC Brokerage Services. This streamlining of processes helps release Reablement hours more efficiently and supports continuity of care.
17. There is a planned go live date at the end of September 2025 for Tricuro, for a new Reablement App which has been supplied via the FutureCare Transformation project. This App enables the logging of reablement goals and oversight of "real time" goal tracking and progress to provide enhanced management scrutiny of the utilisation of available Reablement hours.
18. Whilst further, more complex work in the development of data reports to reflect the longer-term benefits of Three Conversations and First Response workstreams continues, the latest analysis of conversion rates shows that, despite a 1.73% rise in new requests for support (11,326 rising to 11,522), 20.05% fewer people needed long-term support (1,366 falling to 1,092).¹ This represents a 2.6 percentage point reduction in conversion rate.
19. 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 £155,260 on average per week over the first six weeks of care².
20. Feedback from people continues to be positive (see **Appendix One**)

Self-Directed Support

21. The development of community-micro-enterprises (CMEs) is key to our ambition to balance large, building-based day opportunities with smaller – sometimes very

¹ Comparing July 2023 to April 2024 with the same period between 2024 and 2025

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.

small – community-based activities and support. Our Day Opportunities Strategy sets out the full details of how we are transforming daytime activities.

22. The CME model is based on building a network of new support across the BCP area to create a broader range of opportunities for BCP residents, with CME activities being flexible enough to potentially be delivered very locally to where somebody lives, reducing the need for supported travel arrangements.
23. If new CMEs are to be successful and sustainable they need to provide the support and activities that clients and their families are looking for, and that are easy to take part in.
24. The conversations that colleagues in the Trusted Reviewers programme have had with many people who take part in daytime activities, and their families, is informing potential CMEs what the demand for daytime activities is, and where this demand is located. Our social care practitioners are also able to do this through the Three Conversations approach.
25. Throughout 2024, the Trusted Reviewers summarised the themes that emerged from the conversations they held with clients and families at day opportunities services about what was important to them. These were:
 - Social connections
 - Life skills
 - Nature and wellbeing
 - Technology
 - Personal support
 - Creativity
 - Easy access to transport
 - Support managing budgets
 - Options and choice
26. The support offered by the first three CMEs to have completed the development programme include friendship and making new community connections, nature and wellbeing, providing personal support (not registered care), and creative activities.
27. CMEs are often the perfect option for people who prefer small groups or one-to-one support because they find that larger day centres and bigger groups do not suit them so well. CMEs also provide much needed support for people who privately fund their own support, giving them a broader range of options to stay well and independent.
28. Quality assurance is a key consideration within the CME development programme.
29. To that end, in addition to the regular contract monitoring and engagement we currently undertake with day opportunities providers, we are co-producing a range of measures so we can closely monitor the activities of day opportunities providers and CMEs. The information we gather can be made available to clients and their

families and will support providers to share learning and promote a cycle of continuous improvement.

30. Specifically, we are:

- co-producing a charter of quality standards for day opportunities that providers will sign up to, demonstrating their commitment to delivering high quality services
- designing a monitoring/self-evaluation process based on the co-produced set of quality standards that providers of services will complete and use as a learning and improvement resource
- re-introducing a peer-led quality checking service in 2026, which will use the same quality standards in its visits to services, and
- holding Provider Forum meetings for day opportunity providers to meet regularly, network with other providers, and receive updates about council initiatives and other joint working initiatives.

Individual Service Funds (ISFs)

31. An Individual Service Fund (ISF) is an option for managing a personal budget that combines the flexibility of direct payments with the third-party support of a managed budget, allowing an individual to choose a provider to manage their budget and help them organize their care and support services to meet their specific needs and goals. It gives people more control over their support without the burden of managing the money themselves, and the funding is flexible to enable personalised, outcome-focused support.
32. An ISF Early Adopters Provider Pilot has been established, made up of five of our learning disabilities framework support providers with an interest in becoming ISF providers. They have been working with us and a co-production group to shape and test the design of ISFs in BCP. An example of how an ISF can be used is provided in **Appendix A** (Example 3)
33. At the end of the pilot if these providers can demonstrate that they meet our ISF quality standards they will become accredited ISF providers and join our ISF register. New ISF providers will be added to the register through our framework tendering and accreditation arrangements.
34. People who choose to receive their personal budget as an ISF are protected against financial mismanagement by use of a treasury management system called Virtual Wallet.
35. Virtual Wallet securely holds people's personal budgets and enables their ISF provider to use it to achieve the outcomes in their care and support plan. There is full transparency of transactions, with the ASC Finance Team, the client, and their family able to log-in to view the budget and monitor spend. Virtual Wallet training sessions for providers, officers and practitioners is provided. When we are

confident in our use of Virtual Wallet, and with the consent of the clients wanting an ISF we will populate the system and start using it.

36. A factsheet, including an easy-read version, has been developed that explains how Individual Service Funds work.
37. The ASC Prevention Strategy has been drafted and is being presented to committee members at the Health and Adult Social Care Overview & Scrutiny Committee on 23 September as a separate agenda item.

Programme Next Steps

38. Work will commence to improve and update our adult social care webpages so that the content is aligned to our Three Conversations approach, and to make the site easier to navigate.
39. The planned transfer of staff from Long-Term Conditions Locality Teams to the new ASC Hub will commence, and additional new ways of working will be implemented. Frequent close monitoring of feedback and data will ensure that impact is measured, and necessary adjustments made.
40. Recruitment to a vacant Continuous Improvement Officer post to support the Direct Payments workstream will be completed.
41. Work will continue to progress the implementation of a provider payments portal, with supplier side configuration and testing taking place ahead of the estimated delivery in December.
42. Co-production activities will continue with an initial meeting of the Personal Budgets Options Steering Group and a stakeholder session for the ISF Virtual Wallet implementation.
43. The Care and Support at Home Strategy will be finalised for sharing with Health and Adult Social Overview & Scrutiny, ahead of Cabinet.
44. An evaluation of the recently launched Trusted Provider form, used in the Tricuro reablement service, will be undertaken to identify and resolve any issues.
45. Qualitative feedback will continue to be collected from people who have experienced practitioner support under the Three Conversations approach.

Summary of legal implications

46. Statutory roles are required to be held by the Council, including a Director of Adult Social Services (DASS) and a Principal Social Worker (PSW).
47. 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](#).

48. 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*”.
49. 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.
50. 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.
51. The quality of Adult Social Care services is inspected by the Care Quality Commission (CQC) against a quality assurance framework.
52. 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

53. As outlined in the July 2024 Transformation Business case, the programme has been provided with the first-year funding of £1.79m.
54. This funding has allowed key fixed term recruitment to be achieved to mobilise the programme, and approval for the remaining investment was approved by cabinet and Full Council in July 2025. 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.
55. 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

56. Human Resources processes will be followed, as required, during recruitment around resources for delivery.
57. 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

58. There are no sustainability implications within this report.

Summary of public health implications

59. 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

60. 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.

61. 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

62. 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.

63. 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

64. It is recommended that Cabinet:

- a) Notes the current work-in-progress with the Adult Social Care Fulfilled Lives Programme and specifically the updates for the Self-Directed Support and Short-Term Support projects.

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: James

James is in his late fifties. Over the last two years he had multiple admissions to hospital because he overdosed on medication each time that he was discharged home. A temporary eight-week admission to a residential care home achieved no improvement in preparing James to live at home independently.

Adopting a Three-Conversations approach, a social worker, Karen, began by listening carefully to what was important to Jim and what led him to keep taking overdoses. Karen discovered that it was because James was fearful of living at home alone, where he felt vulnerable and unable to manage his own shopping and housework. He had always relied on family to do these things for him, but this was no longer possible.

Karen successfully established a trusting relationship with James, helping him to see her as separate from mental health services which he considered unhelpful and bullying, simply telling him what to do. Karen allowed James to go at his own pace, presenting him with multiple choices to achieve what was important to him and to feel in control of his life.

James was at high risk of further overdoses, but because Karen took the time to maintain regular contact, even when James was in hospital, and build a deep understanding of the things that he viewed as most important, she was able to introduce James to reablement support and voluntary services that helped him to re-learn daily living skills.

James has now spent the longest time out of hospital without a repeat admission and has started to feel more confident and able to cope with day-to-day life. For the first time in 25 years, he has managed to shop at his local supermarket entirely on his own.

Example 2: Margaret

Margaret cares for her husband who has a rapidly advancing dementia which has proved increasingly challenging for her to manage. Following an intervention in August from one of our Long-Term Conditions locality teams that have recently adopted Three Conversations into their practice, Margaret agreed to a follow-up telephone interview with a member of our Service Evaluation team.

Margaret explained what a difference the social worker, and her team, had made to their lives; particularly supporting them with the Court of Protection process and helping them both with the difficult transition of her husband moving to a care home.

Speaking about her social worker, Margaret said "We were able to say everything we wanted her to know, she made us feel comfortable and gave us plenty of time. The whole team supported when she was on leave, all have been incredible. I really feel we've been supported. They worked together to understand what was important to us"

“We were booked to have a court hearing when the social worker was away, and the team were amazing with their support. The team manager called to confirm that the judge did not need to see me or my husband and gave me such reassurance with the process, such a relief, they understood how important this was to us. They also supported both of us with the process of settling into the care home, they understood what support we needed for this.”

“They have taken the stress out of the situation which means we can return to the relationship we had, which is as husband and wife. I feel I am getting my life back, which I had lost. The change is so important to me. I can now do all the other important things at home now that I had no time for before.”

Example 3: Kevin

Kevin has autism and receives his personal budget in the form of an Individual Service Fund with an accredited ISF provider. He finds it hard to settle into a place or an activity for any length of time and if he becomes bored or frustrated his behaviour becomes such that service providers are unwilling to continue attending. His ISF that means that he has the flexibility to frequently move between a range of different activity providers, which his ISF provider can organise on his behalf without the need to consult or seek agreement from his social worker every time. This ensures that Kevin has continuity of support and doesn't miss out on activities that keep him well. His situation is still regularly monitored to ensure his agreed goals are being met, however the ISF means that this can be done in a proportionate way.

Example 4: Harry

Following a stay in hospital, Harry was restricted to staying indoors at home because he couldn't mobilise safely outside and he was at high risk of falls when stepping over door thresholds. He became afraid to go out.

The Tricuro Reablement Team and Harry's Occupational Therapist assessed and identified his needs and wishes in overcoming these obstacles to improve mobility and increase his confidence. The team were able to do this by listening to Harry and understanding what it meant to him to be able to get out of his house.

Equipment was organised that included grab rails being fitted at the back and front doors and the Reablement Team helped Harry to practice crossing the thresholds in and out of his home, gradually increasing his confidence and reducing his anxiety.

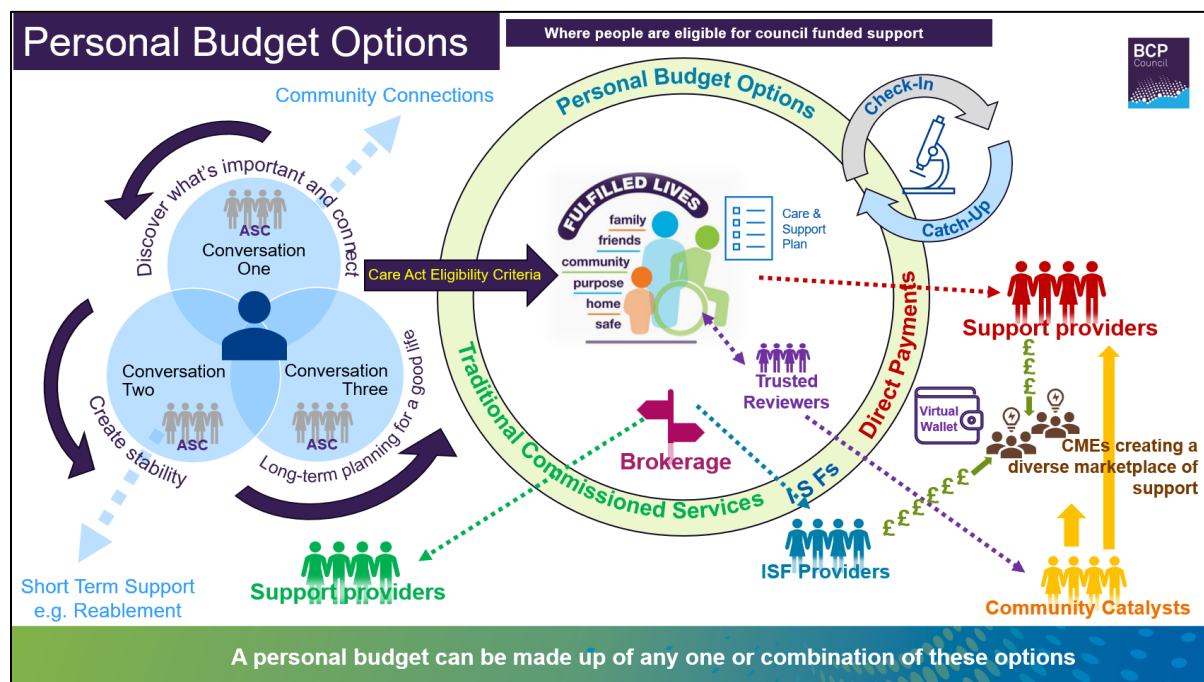
Harry was initially nervous to trial an outdoor mobility aid because he thought people would think he was frail, but with the support and encouragement of the team Harry began to practice using a four wheeled walker. It only took two weeks for Harry to feel safe using the four wheeled walker independently.

The input and approach from the Reablement Team made a profound difference to Harry's life by increasing his independence. He can now go out and about with his family by car, taking his four wheeled walker so he can once again do his own shopping, enjoy local days out and attend his church. Harry can also access his garden again and undertake simple gardening tasks, which is his true passion.

The intensive period of reablement has meant that Harry is now fully independent both indoors and outdoors. He has no need for paid support and can enjoy doing all the things that are important to him once again.

B: Personal Budget Options

This infographic shows the relationship between Three Conversations and personal budget options that people can choose from.



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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Work Plan
Meeting date	23 September 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.
9. The Committee are reminded to use its Data Toolkit as a horizon scanning tool [HASC O&S Data Toolkit](#).

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

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BCP Council Health and Adult Social Care Overview and Scrutiny Committee – Work Plan. Updated 12.9.25

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: 23 September 2025				
	Get Dorset & BCP Working Plan - GD&BCPWP 'NEW'	Scrutiny of Cabinet report prior to Cabinet consideration	Sarah Rice, Head of Curriculum, Quality and Business	Requested by the Chair of HASC O&S
	Adult Social Care Prevention Strategy 'NEW'	Scrutiny of Cabinet report prior to Cabinet consideration	Emma Senior, Commissioning Manager - Prevention & Wellbeing	Requested by Officers
	ASC Fulfilled Lives Programme – Programme update and Self-Directed Support	Committee report	Betty Butlin, Director of Adult Social Care	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	Presentation	Marianne Wanstall, Chief Executive Officer, Tricuro	Requested by Committee members (March 2025/September 2025)

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
October/November Informal Briefing – Directorate Budget Awareness briefing				
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 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

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
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) 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 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

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
4.	Integrated neighbourhood teams Received from NHS Dorset	TBC	Matthew Bryant and Forbes Watson, NHS Dorset	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.
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 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.			Six monthly updates – key changes April 2025 BEACH building (including maternity); winter 2025/6 for separation of emergency and elective services;

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
	Received from UHD			
	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			To update the Committee on progress re increasing the provision of block booked beds. Added following meeting of 3 March 2022.
	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 2022.
	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

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



	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
				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.
	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	To receive an annual report every Autumn.		Part of statutory reporting cycle to be received in Autumn annually.

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
	members to scrutinise and make any recommendations for future work. Received from ASC			
	Adult Social Care Complaints and Quality assurance annual report Received from ASC	To receive an annual report every Autumn.		
Working Groups				
	None currently scheduled			
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 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

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

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

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