

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

Minutes of the Meeting held on 01 December 2025 at 6.00 pm

Present:-

Cllr P Canavan – Chair  
Cllr L Northover – Vice-Chair

Present: Cllr J Bagwell, Cllr M Dower, Cllr C Matthews, Cllr P Slade and Cllr J Salmon

36. Apologies

Apologies for absence were received from Cllrs Hazel Allen, Lesley Dedman, Judy Richardson and Chris Rigby.

37. Substitute Members

Cllr Joe Salmon substituted for Cllr Rigby on this occasion.

38. Declarations of Interests

Cllr Joe Salmon declared a personal interest as an employee of Dorset Healthcare.

39. Minutes

The minutes of the meeting held on 23 September 2025 were confirmed as an accurate record and signed by the Chair.

40. Action Sheet

The action sheet was noted.

41. Public Issues

There were no public issues on this occasion.

42. Bournemouth, Christchurch & Poole (BCP) Safeguarding Adults Board Annual Report 2024-2025

The Independent Chair, Dorset and Bournemouth, Christchurch & Poole Safeguarding Adults Boards presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'A' to these Minutes in the Minute Book.

The BCP Safeguarding Adults Board (SAB) published an Annual Report each year and statutorily, the report must be presented to the local Health & Wellbeing Board and this took place on 6 October 2025. This Committee also agreed to consider this report as part of its annual work plan.

The report, agreed at the September 2025 meeting of the Safeguarding Adults Board represents reporting in the year April 2024 to March 2025.

The BCP SAB had continued to successfully work together with the Dorset SAB with joint meetings of the main Board and subgroups. Throughout 24-25, BCP SAB had delivered against all priorities which were set out in the annual work plan; this Annual Report summarised what the Board had achieved.

It was noted that there was two separate Annual Reports, one for each of the Boards as they were separately constituted.

The Committee considered the report, including:

- In response to a query from the Chair about safeguarding concerns that do not progress to Section 42 Enquiries, the Committee was advised many safeguarding concerns were triaged at the adult social care front door which resulted in some not progressing as a safeguarding concern but would instead be directed to the appropriate service. It was highlighted that of 6,291 referrals in the year, 1,381 progressed to Section 42 Enquiries (approx. 20%), which required detailed investigation.
- The Director of Adult Social Care advised that the remodeling and reconfiguration of the adult social care hub meant that there were trained specialists in place to ensure any safeguarding concerns were triaged appropriately and sensitively.
- In response to a query about whether members of the public or Councillors can raise safeguarding concerns for board consideration, the Committee was advised that the board was strategic, not operational and therefore any concerns should be raised directly with adult social care or relevant partners.
- It was highlighted that future oversight from the Board was planned for new mental health legislation and Liberty Protection Safeguards implementation.

**RESOLVED that Members note the report which informs how the SAB has carried out its responsibilities to prevent abuse, harm and neglect of adults with care and support needs during 2024- 2025.**

Voting: Nem. Con.

43. Adult Social Care – Compliments, Complaints and Learning Annual Report 2024/25

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

Adult Social Care had a statutory responsibility under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 to report complaints and other representations about Health and Adult Social Care. Councils and NHS bodies were required to produce an annual report about complaints received, issues that had been raised and any action that had been taken to improve services.

Adult Social Care produced an annual report on complaints received, issues that had been raised and any action that had been taken to improve services. Adult Social Care encouraged feedback from a range of sources including complaints, compliments and comments.

The report provided a summary of complaints and compliments, including learning, for BCP Council Adult Social Care from 1<sup>st</sup> April 2024 to 31<sup>st</sup> March 2025.

The Committee considered the report, including:

- In response to a query, the Committee was advised of the reasons why the 20-day target may not be reached and it was highlighted that although the target was best practice, it was not statutory. The measures being used to improve response times were detailed, including an increase in training for managers regarding the quality of complaint responses.
- A Member highlighted the importance of sharing compliments as part of learning and team development, and it was confirmed that positive feedback was actively shared to support improvement.
- It was noted that some delays related to the complexity of cases and the need for meetings with complainants to achieve the best outcome, which can take time to arrange.
- The Committee was assured that communication with complainants continued throughout the process to maintain transparency.
- In response to a query, it was explained that complaints were managed centrally, with lead responsibility agreed between teams based on the main area of concern and that a joint protocol existed with health partners to coordinate responses for complaints spanning social care and health services.

**RESOLVED that the Committee note and scrutinise the information contained in this report.**

Voting: Nem. Con.

44. FutureCare Programme – Mid-Programme Review

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

It was highlighted that at the midpoint of the FutureCare Programme, substantial operational benefits had been delivered. These included reducing the number of people moving directly into a residential and nursing home following a stay in a community hospital bed by 30%, increasing the number of people being referred to same day emergency care as an alternative to a hospital stay from a baseline position of 594 people per week to 649 per week and reducing the average length of time people stay in a community hospital or in a short stay care home bed from a baseline position of 38.2 days to a current position of 33.3 days. However, so far, the programme had only had a limited impact on reducing the length of time people spend in hospital waiting for a care package once they become medically fit. On 6 October 2025, the average length of time a person was waiting to be discharged from hospital with a care package, was 9.64 days, against a target of 8.07 days. At the beginning of the programme, the average length of stay was 9.7 days.

Overall, at the beginning of October the programme was on track against its operational benefits trajectory, delivering a projected £12.87m of annual operational benefits, against a target of £12.54m.

The Committee considered the report, including:

- In response to a query, the Committee was reassured that Bournemouth and Poole Hospital sites were fully embedded in the programme alongside other key partners, including Dorset Council, Dorset Healthcare and the Integrated Care Board.
- Concerns were raised about the lack of visible savings compared to investment, the absence of detailed financial analysis, and the need for clear evidence of realisation rather than theoretical savings.
- It was confirmed that a finance benefit working group met monthly, reporting to CFOs and Section 151 officers, and that in-year savings were on target for £6 million across the partners organisations involved.
- The importance of tracking savings through to tangible outcomes, such as reduced home care hours and improved reablement was highlighted, and the Chair requested detailed data analysis at a future meeting. **ACTION.**
- The Committee was advised that workstreams included alternatives to admission, same-day treatments, and discharge-to-assess beds, with efforts focused on reducing hospital length of stay and improving patient flow.

- It was noted that while reductions in length of stay were beginning to emerge, progress was inconsistent, and further improvement was required.
- The programme was reported to be essential for managing increased demand, with investment factored in the Medium Term Financial Plan.
- Members acknowledged the complexity of transformation and the need for continued scrutiny, while recognising the efforts of all partners involved.
- Confirmation was given that community hospitals managed by Dorset Healthcare were included in the programme, with a target of reducing the average length of stay from 36 to a maximum of 31 days.

**RESOLVED that the Committee:**

- **recognises the progress that the programme continues to make in respect of improved outcomes for people and the delivery of financial benefits to the Dorset Integrated Care System, but that more work is required to reduce the average length of time people spend in hospital waiting for a care package.**
- **requests the programme return to its next meeting on 2 March 2026 with detailed financial and impact data to scrutinise.**

Voting: Nem. Con.

45. Integrated Neighbourhood Teams (INTs) Update

The Joint Chief Nursing Officer introduced the item and the Transformation Director and Chief Medical Officer, Dorset Healthcare presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'D' to these Minutes in the Minute Book.

The government had emphasised the importance of this shift in its ambition for neighbourhood health services enabling people to live more years of healthy, active and independent life and improve their experience of health and care, whilst connecting together and making optimal use of health and care resource by:

- Moving care from hospital to community, so that more people can be cared for at home, helping them to maintain their independence for as long as possible, only using hospitals when that was the best place for people to be.
- Making better use of technology to support people to take better care of themselves, to improve treatment and diagnostics, and to provide seamless care across organisations.
- Focussing on preventing illness with an increased focus on prevention and proactive care

To realise this ambition health and care services need to:

- Streamline access to care and advice for people who get ill or become in need but only use health and care services infrequently: providing them with much more choice about how they access care and ensuring that support was available in their community when they need it.
- Provide more proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs, including, but not limited to, those with multiple long-term conditions.
- Help people to stay well for longer as part of a more ambitious and joined-up approach to prevention.

The approach was to develop Integrated Neighbourhood Teams (INTs). Integrated Neighbourhood Teams would be responsible for working with their local communities to improve health and wellbeing outcomes, co-design sustainable and high-quality health and care provision and improve the quality of life for individuals across the community by increasing accessibility to services.

These teams would work together to provide joined-up services which work more efficiently and provide quicker access to the care and support that people need. Integrated Neighbourhood Teams would be the gel that keeps things together for people within our communities.

Work across partners was needed, with citizens and communities, to co-design local solutions and also to improve systems and processes to reduce the burden of administration for staff.

This would not be simple; it would take time to deliver the full extent of the ambition and get everything in place.

The first two years of the Integrated Neighbourhood Team programme was building the foundations for this way of working and supporting the development of Neighbourhood Health Services.

The report provided a summary of the progress made in building INTs across BCP and how the programme was developing to reflect the emerging Neighbourhood Health agenda.

The Committee discussed the report, including:

- In response to a query regarding links between neighbourhood health centres and recent government initiatives announced in the Autumn Statement, the Committee was advised that details on neighbourhood health hubs were unclear and any potential local allocations were unknown at this time.
- Community involvement was discussed, and it was highlighted that a co-production group was developing plans to integrate communities into neighbourhood leadership teams at a sustainable pace.

- Concerns were raised about repeating past initiatives and the need to learn from previous experiences.
- Dorset Healthcare highlighted differences from past efforts, citing the NHS 10-year plan's stronger national commitment to neighbourhood-based care and improved, solid foundations to ensure success.
- In response to a query regarding how success and savings were going to be measured, it was highlighted that the programme aimed to deliver £6.3m cashable savings over two years, alongside productivity improvements.
- In response to a query, the Committee was advised that savings were tracked across eight areas, which included unplanned admissions, length of stay, emergency attendances, outpatient and elective referrals, prescribing, community equipment, and one additional category.
- The Committee was advised that forecasting used historic data to compare 'do nothing' scenarios with expected demand reductions which was monitored monthly via dashboards compiled by the Dorset Intelligence and Insight Service (DiiS).
- The Committee requested the programme DiiS dashboard be shared with them to consider further. **ACTION.**

**RESOLVED that the committee note the progress made on developing Integrated Neighbourhood Teams.**

Voting: Nem Con.

46. Dorset Palliative and End of Life Strategy

The Deputy Director of Integrated Neighbourhood and Primary Care, NHS Dorset and Chief Executive Officer, Lewis-Manning presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'E' to these Minutes in the Minute Book.

The Palliative and End of Life Care strategy explained what was hoped to be achieved and how it was proposed to do it. The document considered both adult and children's end of life care. It aligned aims and priorities, providing a clear strategy on how the service could provide excellent, personalised palliative and end of life care to anyone who needs it, no matter their age, and offer support to each individual and those most important to them.

Since the strategy had been approved a group of stakeholders had come together to work with Macmillan to draw in Social Finance to support the implementation of the strategy. Full approval was expected over the winter of 2025/6 and thoughts and questions were welcomed from the committee to support the implementation plan.

The Committee considered the report, including:

- The Chair thanked the presenters for highlighting patient experiences and emphasised their importance.
- In response to a query regarding funding from Macmillan to support the detailed initiatives and who would provide these services, the Committee was advised that appointments would not be through the ICB but potentially via providers, hospices, or local authorities, with preference for community-connected individuals.
- In response to a query regarding next steps, it was confirmed that Macmillan had signed off funding in March, and work was ongoing to align all stakeholders and secure continuity through social investment.

**RESOLVED that the Committee note the proposed Strategy for Palliative and End of Life Care in Dorset.**

Voting: Nem Con.

Cllr Bagwell left the meeting at 19:52.

**47. Overview and Scrutiny Annual Report**

The Chair advised that this was for information only and the report had already been considered by the Overview and Scrutiny Board, and a copy of which appears as Appendix 'F' to these Minutes in the Minute Book.

It was the annual report of the Statutory Scrutiny Officer on Overview and Scrutiny (O&S) activity within BCP Council. There was a requirement to report on the work of O&S to the O&S Board and Committees and then to Council. This promoted visibility of the O&S function and Council ownership of activity and any improvements required.

The annual report contained a summary and analysis of O&S activity during 2024-25, reflections on working practices and identified improvements to strengthen the O&S function.

The report version was for consideration by the O&S Board and O&S committees, providing opportunity for comment prior to the supply of the final report to Council. The Council would be the decision maker on any recommendations for change within the report. The final report to Council would be updated to incorporate the views of the O&S Board and Committees on these recommendations.

**48. Work Plan**

The Committee was asked to consider and identify work priorities for publication in a Work Plan.

The Chair advised of the work planning exercise scheduled for the new year.

The Chair directed the Committee to its next meeting and its wish for FutureCare to come back to that meeting. He also informed the Committee of the correspondence he had received from the Chair of the Healthbus Board regarding Health and Social Care for the Homeless and suggested that the Committee receive an update on this issue.

The Chair referred to a previous scrutiny request which was on the work plan regarding the impending changes for residents in receipt of benefits and the impact that might have and informed the Committee that the Citizens Advice Bureau (CAB) had requested to provide all Councillors with a briefing. It was scheduled to be held on 10 December and encouraged Committee Members to attend. Following that, the Chair advised the Committee may wish to consider if it wants to prioritise the item for a committee meeting.

The Director of Adult Social Care advised that the outcome of the CQC inspection would be available for the Committee to consider in the new year.

**RESOLVED that the Committee review, update and confirm the Work Plan.**

Voting: Nem. Con.

49. Portfolio Holder Update

The Portfolio Holder for Health and Wellbeing provided a verbal update, including:

- Attendance at a voluntary community sector conference in Dorchester to discuss health and care developments and shared updates on the Adult Social Care Fulfilled Lives programme.
- Positive feedback was received from voluntary sector representatives regarding the three conversations model and its implementation.
- FutureCare discussions and highlighted the critical role of the voluntary sector in supporting hospital discharge through transfer of care hubs.
- Participated in Leaders Live Q&A session focused on well-being; seasonal vaccination messages were promoted despite most questions relating to other topics.
- Attended the Dorset BCP Safeguarding Adults Board SAR learning event with around 200 participants; learning from local and national serious case reviews was shared widely.
- Joined the Joint Strategic Needs Assessment and Health and Well-being Board Strategy workshop, which included broad representation and input into updated strategies.
- Attended the Learning Disability Partnership Board meeting, which focused on co-production and preparation for public consultation on the big plan for learning disability services.

- Confirmed that CQC assurance process had commenced and that senior officers expressed readiness to share achievements and improvements in adult social care.
- Noted recruitment of new senior staff, including public health consultants and a corporate director for well-being, as a positive step for future development.
- Reported Cabinet approval of the Adult Social Care Prevention Strategy and allocation of over £1 million funding across three years to sustain and expand services.
- Highlighted examples of staff commitment during challenges, such as ensuring continuity of community equipment services following supplier liquidation.
- Acknowledged ongoing budget pressures but emphasised strategic, innovative approaches and optimism for future service delivery improvements.

The Chair thanked the Portfolio Holder for this update.

The meeting ended at 8:25pm.

CHAIR