

Notice of Health and Adult Social Care Overview and Scrutiny Committee



Date: Monday, 1 December 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 H Allen

Cllr J Bagwell

Cllr L Dedman

Cllr M Dower

Cllr C Matthews

Cllr J Richardson

Cllr C Rigby

Cllr P Slade

Vacancy

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=5939>

If you would like any further information on the items to be considered at the meeting please contact: Louise Smith, louise.smith@bcpCouncil.gov.uk or Democratic Services or email democratic.services@bcpCouncil.gov.uk

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

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

AIDAN DUNN
CHIEF EXECUTIVE

21 November 2025

**DEBATE
NOT HATE**



Available online and
on the Mod.gov app

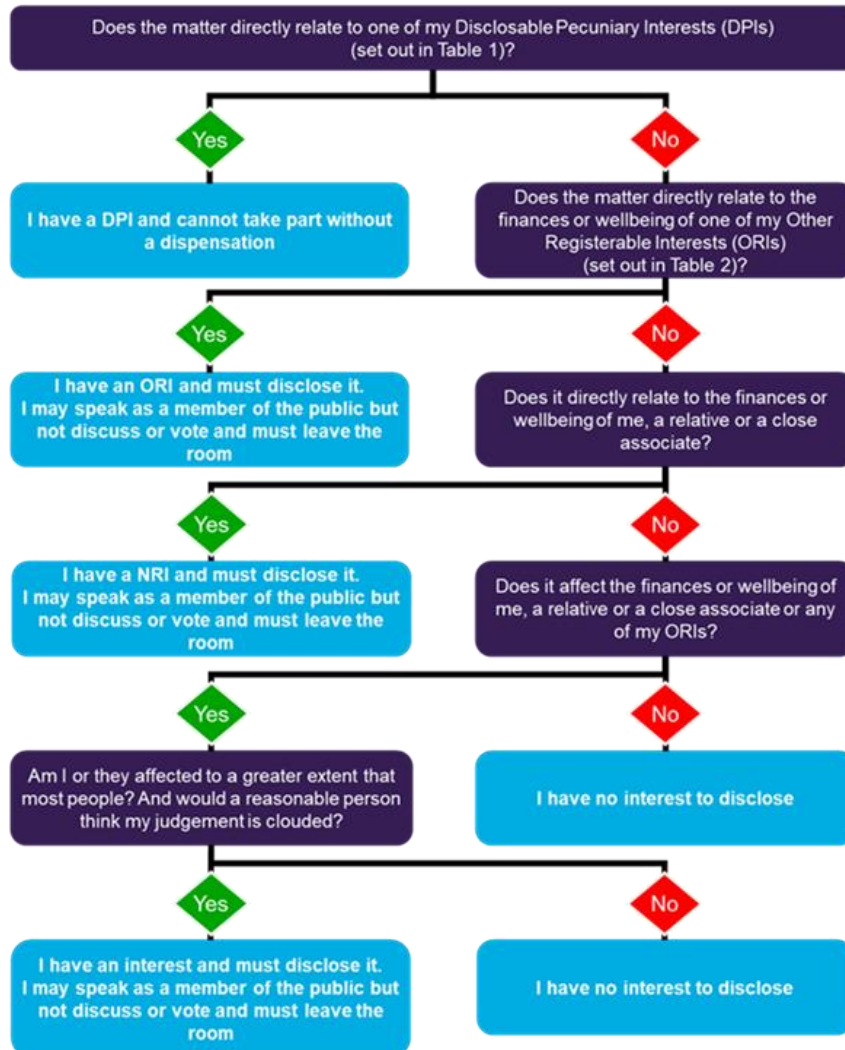


Maintaining and promoting high standards of conduct

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 23 September 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/ieListMeetings.aspx?CommitteeID=151&Info=1&bcr=1>

The deadline for the submission of public questions is midday 3 clear working days before the meeting – Tuesday 25 November 2025.

The deadline for the submission of a statement is midday the working day before the meeting – Friday 28 November 2025.

The deadline for the submission of a petition is 10 working days before the meeting -14 November 2025

ITEMS OF BUSINESS

- | | |
|--|-----------------|
| <p>6. Bournemouth, Christchurch & Poole (BCP) Safeguarding Adults Board Annual Report 2024-2025</p> <p>The BCP Safeguarding Adults Board (SAB) publishes an Annual Report each year and is required, as set out in the Care Act 2014, to present this to the Council's Health & Adult Social Care Overview and Scrutiny Committee.</p> <p>Statutorily, the report must be presented to the local Health & Wellbeing Board and this took place on 6 October 2025.</p> <p>The attached report, agreed at the September 2025 meeting of the Safeguarding Adults Board represents reporting in the year April 2024 to March 2025.</p> <p>The BCP SAB has continued to successfully work together with the Dorset SAB with joint meetings of the main Board and subgroups. Throughout 24-25, BCP SAB has delivered against all priorities which are set out in the annual work plan; this Annual Report summarises what the Board has achieved.</p> <p>2 separate Annual Reports, one for each of the Boards as they are separately constituted are published.</p> | <p>21 - 62</p> |
| <p>7. Adult Social Care – Compliments, Complaints and Learning Annual Report 2024/25</p> <p>Adult Social Care has a statutory responsibility to produce an annual report on complaints received, issues that have been raised and any action that has been taken to improve services. Adult Social Care encourages feedback from a range of sources including complaints, compliments, comments.</p> <p>This report provides a summary of complaints and compliments, including learning, for BCP Council Adult Social Care from 1st April 2024 to 31st March 2025.</p> | <p>63 - 90</p> |
| <p>8. FutureCare Programme – Mid-Programme Review</p> <p>At the midpoint of the FutureCare Programme, substantial operational benefits have been delivered.</p> <p>These include 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.</p> <p>However, so far, the programme has 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, the average length of time a person was waiting to be discharged from hospital with a care package,</p> | <p>91 - 102</p> |

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.

9. Integrated Neighbourhood Teams (INTs) Update

103 - 124

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

10. Dorset Palliative and End of Life Strategy

125 - 152

The Palliative and End of Life Care strategy explains what we hope to achieve, and how we're planning to do that. This document considers both adult and children's end of life care. It aligns our aims and priorities, providing a clear strategy on how we can 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 has been approved a group of stakeholders have come together to work with Macmillan to draw in Social Finance to support the implementation of the strategy. Full approval is expected over the winter of 2025/6 and thoughts and questions are welcomed from the committee to support the implementation plan.

ITEM FOR INFORMATION

11. Overview and Scrutiny Annual Report

153 - 244

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

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

This report version is 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 will be the decision maker on any recommendations for change within the report. The final report to Council will be updated to incorporate the views of the O&S Board and Committees on these recommendations.

12. Work Plan

245 - 256

The Overview and Scrutiny (O&S) Committee is asked to consider and identify work priorities for publication in a Work Plan.

13. Portfolio Holder Update

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

No other items of business can be considered unless the Chairman decides the matter is urgent for reasons that must be specified and recorded in the Minutes.

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

Minutes of the Meeting held on 23 September 2025 at 6.00 pm

Present:-

Cllr P Canavan – Chair

Cllr L Northover – Vice-Chair

Present: Cllr H Allen, Cllr D Farr, Cllr C Matthews, Cllr J Richardson,
Cllr P Slade and Cllr S Carr-Brown (In place of Cllr A-M Moriarty)

24. Apologies

Apologies were received from Cllrs Anne Marie Moriarty, Lesley Dedman and Joe Salmon.

25. Substitute Members

Cllr Sharon Carr-Brown was the substitute member for Cllr Anne Moriarty.

26. Declarations of Interests

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

27. Minutes

RESOLVED that the Minutes of the Health and Adult Social Care Overview and Scrutiny Committee of 14 July 2025, be confirmed as an accurate record and signed by the Chair.

28. Action Sheet

The action sheet was noted.

29. Public Issues

There were no public issues on this occasion.

30. Get Dorset & BCP Working Plan - GD&BCPWP

The Head of Curriculum, Quality and Business and a representative from Dorset Chamber 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.

‘Get Britain Working’ was a national initiative from the Department for Work and Pensions (DWP). The ‘Get Britain Working White Paper’ (Nov 2024),

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY
COMMITTEE
23 September 2025

sought to promote higher employment and reduced economic inactivity, whilst supporting individuals to enhance and improve their skills to transition into higher quality jobs.

All areas of England were required to develop local ‘Get Britain Working’ plans. Dorset Council, as Accountable Body, was required to 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).

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

- In response to a query raised on the White Paper’s link to local delivery, the Committee was advised that the initiative had ICB Board support and would be governed via the Dorset Skills and Workforce Board, with representation from BCP Council, Dorset Council, and health agencies.
- The Committee was advised that engagement had taken place with the Dorset NHS Widening Participation Working Group, colleges, universities, and other stakeholders to ensure inclusive design and delivery, particularly for the Connect to Work initiative.
- In response to a query raised regarding apprenticeships for young people post-18, the Committee was advised that efforts were underway to grow the apprenticeship market and align qualifications with local productivity needs.
- The Committee was advised that the plan aligns with the Local Skills Improvement Plan and local growth strategies, supporting employer engagement and expanding apprenticeship opportunities.
- In response to a query raised regarding support for individuals with mental health or long-term health conditions, the Committee was advised that Connect to Work would offer tailored, wraparound support including benefits counselling and signposting, with a single front door approach.
- In response to concerns raised regarding employer readiness to support individuals with additional needs, officers acknowledged the challenge and outlined plans to help employers become disability confident, with a coordinated approach via Dorset Chamber and other networks.
- The Committee welcomed the plan’s ambition to improve job quality, referencing local data on low wages and in-work poverty, and suggested engagement with the BCP Poverty Truth Commission to strengthen the lived experience perspective.
- The Committee highlighted unpaid carers as a distinct group facing employment barriers and requested explicit references in the plan, supported by local data. Officers agreed to consider this and explore partnership opportunities.

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY
COMMITTEE
23 September 2025

- In response to a query on barriers for individuals without GCSE English and Maths, the Committee was advised that functional skills qualifications were available year-round and suitable for entry into apprenticeship training, with referrals via the Connect to Work information, advice & guidance service or directly to Skills & Learning Adult Community Education.
- In response to concerns raised regarding travel assistance for 16–19-year-olds, particularly those with SEND, the Committee was advised that bursary support was available through providers and travel costs had been considered in Connect to Work grant funding.
- The Committee emphasised the importance of inclusive provision for neurodiverse individuals and those with SEND and requested further detail in future updates.
- The Committee proposed piloting a Universal Basic Income scheme to recognise unpaid work, which officers agreed to take forward for consideration.

Following a suggestion from the Chair and with Committee consensus, a second recommendation was added for consideration by Cabinet as detailed below.

The Committee RECOMMENDS that:

- 1) The recommendations as outlined in the report be approved by Cabinet.**
- 2) That Cabinet agree for the Get Dorset & BCP Working Plan to return to an Overview and Scrutiny Committee at an appropriate stage for further scrutiny, to enable Members to review its delivery, assess its impact in supporting individuals to return to work, and consider whether intended outcomes are being achieved.**

Voting: For - Unanimous

31. Tricuro: Business Plan Review and Objectives 2025-26

The Chief Executive Officer and Chair of Tricuro Board 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 Committee discussed the report and responses to queries were provided, including:

- In response to a query raised regarding the proposal for a charitable entity, the Committee was advised that some services currently undertake local fundraising, but the structure is not optimal. Establishing a Community Interest Company could improve engagement with local partners and businesses. It was noted that

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY
COMMITTEE
23 September 2025

this proposal is under legal review as part of the shareholder agreement update.

- The Committee requested data on service capacity, particularly at the Moordown centre. Officers confirmed that capacity data is available via dashboards and would be circulated to the Committee.

ACTION

- The Director of Adult Social Care highlighted the importance of prevention and early intervention, noting alignment with the Adult Social Care Strategy. The Committee was advised that future planning would focus on recovery-based models and short-term interventions, with investment linked to measurable outcomes.
- The Committee was advised of the ongoing work to develop a dementia hub model at the Moordown Centre, aimed at supporting carers and improving early access to advice and support. Reablement services were also being reviewed to enhance outcomes and maintain capacity.
- The Committee was advised that future KPIs would focus on individual outcomes such as confidence, independence, and mobility, rather than solely operational metrics.
- In a query raised regarding the importance of reaching individuals before the crisis point and supporting the wider network around service users, the Committee was advised that officers acknowledge this and are committed to broadening service accessibility and awareness.
- The Committee reflected on the significant changes within both Tricuro and BCP Council over the past year. It was agreed that regular updates beyond formal business plans would support collaborative working and service improvement.
- The Committee was advised of the officer's commitment to ongoing engagement and agreed that progress updates should be provided between formal planning cycles to support continued collaboration and oversight. **ACTION**

The Committee noted the report.

32. Adult Social Care Prevention Strategy

The Interim Director of Commissioning and Strategic Commissioning Manager presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'C' to these Minutes in the Minute Book.

The Adult Social Care Prevention Strategy (2025–2030) set out five key strategic priorities to reduce, delay or prevent the need for long-term care and support for people living in Bournemouth, Christchurch and Poole.

The strategy was shaped by the views and experiences of local people, carers, the voluntary and community sector and partners. It aimed to develop a sustainable approach to prevention in adult social care. The strategy emphasised early intervention, the promotion of wellbeing, and

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY
COMMITTEE
23 September 2025

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.

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

- The Committee welcomed the alignment of the Prevention Strategy with the Adult Social Care Strategy and the Future Care programme. It was noted that the approach focused on early intervention, recovery, and reducing reliance on traditional models of care.
- In response to a query raised regarding future targets and investment, the Committee was advised that officers were exploring short-term interventions and preventative models, with a view to reinvesting long-term funding into approaches that promote independence and avoid crisis escalation.
- The Committee was informed that work was underway to develop a dementia hub model at the Moordown centre, aimed at supporting carers and improving early access to advice and support. This was highlighted as an example of proactive, community-based prevention.
- The Committee was advised that reablement services were being reviewed to ensure individuals benefit fully from both at-home and residential support. It was noted that maintaining service capacity and improving outcomes were key priorities.
- The Committee was advised that future KPIs would focus on individual outcomes such as confidence, independence, and mobility, rather than solely operational metrics. This would support a more evidence-based approach to measuring the impact of preventative work.
- In response to a query regarding services that provide wider benefits beyond the individual service user, including respite and support for families and carers, the Committee was advised of the importance of reaching individuals before the crisis point and the commitment to broadening service accessibility and awareness.
- The Committee was advised that the strategy seeks to move away from models of care that create dependency and instead promote approaches that enable and empower individuals within their communities.
- It was noted that the three towns within BCP have distinct community needs, and the strategy aims to be dynamic and responsive to those differences.
- The Committee was advised that the strategy is informed by work with the LGA and national best practice, and that evidence of impact will be key to shaping future investment decisions.
- The Committee supported the direction of the strategy and welcomed further updates on its implementation and impact.

RECOMMENDED that the Committee support the recommendation to Cabinet to approve the Adult Social Care Prevention Strategy, contained in Appendix 1 to the Report.

Voting: For - Unanimous

33. Adult Social Care Fulfilled Lives Transformation Programme

The Director of Adult Social Care and Head of Service/Programme lead 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.

In July 2024, BCP Cabinet and Full Council agreed to support a four-year transformation programme called Fulfilled Lives, approving a total investment of £2.9m spanning the first three years. The programme was made up of four inter-dependent projects:

- How We Work
- Short-Term Support
- Self-Directed Support
- Support At Home

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. 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 provided a further brief update for the programme overall including a deeper focus, as requested, on the Self-Directed Support and Short-Term Support projects.

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

- In response to a query raised regarding the oversight of individual service fund providers, the Committee was advised that providers are subject to a two-stage accreditation process. The first stage involves assessment through the care and support framework, followed by accreditation specific to individual service funds. Ongoing monitoring is undertaken either by the Care Quality Commission or by the Council's service improvement team, depending on the provider's registration status.
- The committee was advised that providers deemed unsuitable would be decommissioned, with packages of care transferred to alternative providers as appropriate.
- The Committee raised concerns regarding the availability of suitable housing and the role of housing associations. Officers advised that

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY
COMMITTEE
23 September 2025

supported living and care-linked accommodation were being included within the commissioning framework, and that work was underway with housing colleagues to identify appropriate provision for people with learning disabilities, mental health needs and other vulnerabilities.

- In response to a query raised regarding the importance of safeguarding individuals who are self-directing their support, the Committee was advised that all individuals must have eligible needs and that governance mechanisms, including regular reviews and financial checks, would remain in place to ensure safe and effective use of funds.
- In response to a query raised regarding market capacity and whether individuals were able to access the support they needed in the right place and at the right time, the Committee was advised that work was ongoing with trusted reviewers and community groups to identify gaps and develop appropriate services. This included the development of services through Community Micro Enterprises.
- The Committee noted that the programme aimed to support individuals to access existing community resources, such as walking groups or social activities, where these meet their outcomes, rather than solely developing new services.
- The Committee welcomed the conversion rate achieved through the programme and commended the approach to expanding choice and flexibility for individuals.

RECOMMENDED that the Committee 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.

Voting: For - Unanimous

34. Work Plan

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

The Chair advised the Committee that the Social Care Budget item would be shared with Members during an upcoming Committee briefing session, which was agreed by the Committee. The Chair also reminded Committee members of the items scheduled to be presented to the Health and Adult Social Care Committee at the next meeting.

35. Portfolio Holder Update

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

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY
COMMITTEE
23 September 2025

- Continued work on the Adult Social Care Fulfilled Lives transformation programme, including the approval of an additional £1.1 million in funding by Cabinet and Council.
- Highlighted the effectiveness of recent presentations to Members, particularly the animated slide explaining the three conversations model.
- Noted ongoing changes within the Integrated Care Board (ICB), including clustering with neighbouring areas and senior management restructuring.
- Attended the Integrated Care Partnership meeting in July, potentially the last of its kind due to structural changes, with future responsibilities likely to shift to the Health and Wellbeing Board.
- Reported positive developments in the working relationship with Tricuro following recent board and shareholder governance meetings.
- Confirmed preparations for the upcoming CQC assurance visit, scheduled for the week commencing 1 December.
- Participated in the Senior Leadership Network meeting in July, which focused on wellbeing and included a case study illustrating lifelong service engagement.
- Visited the BCP Lifeline service at its new location in the Kinson Hub:
 - Observed the call centre and mobile response operations.
 - Noted plans to expand mobile response coverage across the conurbation, including Christchurch and East Bournemouth.
- Addressed the liquidation of NRS Healthcare in July:
 - Praised the successful transition of services to Mediquip with minimal disruption.
 - Described the response as a quiet but significant success in managing a major provider failure.
- Provided an update on Public Health:
 - Confirmed successful recruitment of 2.6 public health consultants, strengthening in-house expertise.
- Informed the Committee of the recruitment of a new Corporate Director for Wellbeing, Laura Ambler, whose appointment was confirmed at Full Council.
 - Anticipated that this would enhance strategic oversight and leadership capacity across wellbeing services.
- Expressed confidence in the Council's preparedness for the CQC visit, citing the breadth of ongoing work and improvements.

The Chair thanked the Portfolio Holder for the update.

The meeting ended at 8.40 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	Decision Made: The Board was advised that Public Health was unsure of the amount which would be allocated to the BCP area, as the closing dates for bids had not yet happened, however bids were being worked on and once any funding was known, the Committee could be informed. Action – Public Health aware		
Actions arising from Committee meeting – 15 July 24				
	Adult Social Care Transformation Business Case	Decision Made: That key risks and Key Performance Indicators be included in future reports regarding the Transformation Programme Action – Officers aware	To enable the Committee to have this information when scrutinising	

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	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. Action: to be considered further		
Actions arising from Committee meeting – 2 December 24				
46.	Health and Social Care for the Homeless	Decision Made: That the Health Overview and Scrutiny Committee Recommend that Cabinet discuss the issues caused by a lack of funding for rough sleepers with no local connection and those without an identified priority need with a view to developing solutions in partnership with other local authorities and key stake holders such as the Integrated Care Board and relevant ministers to create a robust system that does not fail our most vulnerable or unfairly place the responsibility for caring for these people on local particular local authorities, with a view to getting something in place before the new strategy.		Provided to Cabinet on 10 December 2024. Advised it would be considered at a later meeting.

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
		ACTION – passed to Cabinet for further consideration		
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)
		Decision Made: That the Committee receive data around benefits tracking and monitoring to be reported to a meeting at a future date. Action – Officers aware and added to the work plan Decision Made: That the Committee receive further information regarding capacity within secondary care to fulfil the future need. Action – Officers aware		
Actions arising from Committee meeting – 14 July 25				
20.	Adult Social Care Fulfilled Lives Transformation Programme	Decision Made: That the Committee receive quantitative data about the impact in future reports. Action – Officers aware 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.		

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	Decision Made: Committee to consider what they would like to consider for the budget awareness item. Committee to consider what data they would like to receive from Tricuro and also any information regarding reablement. Action – Dem Services emailed on Committee on 21 July and 29 July to request data for inclusion in reports for the next meeting. Decision Made: Democratic Services to email further information received from UHD following the Subcontractors briefing. Action – circulated to the Committee on 22 July 2025.		
Actions arising from Committee meeting – 23 September 25				
30.	Get Dorset & BCP Working Plan - GD&BCPWP	Recommendation made to Cabinet: The Health and Adult Social Care Overview and Scrutiny Committee recommends that Cabinet agree for the Get Dorset & BCP Working Plan to return to an Overview and Scrutiny Committee at an		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
		appropriate stage for further scrutiny, to enable Members to review its delivery, assess its impact in supporting individuals to return to work, and consider whether intended outcomes are being achieved.		
31.	Tricuro: Business Plan Review and Objectives 2025-26	Decision Made: The Committee requested data on service capacity, particularly at the Moordown centre. Officers confirmed that capacity data is available via dashboards and would be circulated to the Committee. Action – Officers aware Decision made: The Committee was advised of the officer's commitment to ongoing engagement and agreed that progress updates should be provided between formal planning cycles to support continued collaboration and oversight Action – Officers aware		

Health and Adult Social Care Overview & Scrutiny Committee



Report subject	Bournemouth, Christchurch & Poole (BCP) Safeguarding Adults Board Annual Report 2024-2025
Meeting date	1 December 2025
Status	Public Report
Executive summary	The BCP Safeguarding Adults Board (SAB) publishes an Annual Report each year and is required, as set out in the Care Act 2014, to present this to the Council's Health & Adult Social Care Overview and Scrutiny Committee. Statutorily, the report must be presented to the local Health & Wellbeing Board and this took place on 6 October 2025. The attached 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 has continued to successfully work together with the Dorset SAB with joint meetings of the main Board and subgroups. Throughout 24-25, BCP SAB has delivered against all priorities which are set out in the annual work plan; this Annual Report summarises what the Board has achieved. 2 separate Annual Reports, one for each of the Boards as they are separately constituted are published.
Recommendations	It is RECOMMENDED 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.
Reason for recommendations	1. In setting out how the SAB has delivered against the strategic plan during the year, this Annual Report also acknowledges the contribution each of the board partners has made to implementing its strategy. The Strategic Plan for this current year is set out on Page 8. 2. The safeguarding data for Bournemouth, Christchurch & Poole is shown on Page 7 of the Annual Report.

	3. It is a statutory requirement that the Annual Report provides a summary of any Safeguarding Adults Reviews (SARs) which were published within the year. These are statutory reviews commissioned by the Board, where someone with care and support needs has died or suffered significant harm and where agencies could have worked better together. An outline of SAR Edward is shown on Page 12.
Portfolio Holder(s):	Cllr David Brown, Portfolio Holder for Health and Wellbeing
Corporate Director	Betty Butlin, Director of Adult Social Care
Report Authors	Siân Walker-McAllister Independent Chair, Dorset and Bournemouth, Christchurch & Poole Safeguarding Adults Boards
Wards	All
Classification	Recommendation

Background

1. It is a statutory requirement for the Bournemouth, Christchurch & Poole Safeguarding Adults Board to publish an Annual Report each year.

The presentation of the report to Health & Adult Social Care Overview and Scrutiny Committee enables a discussion on the work of the Safeguarding Adults Board. Board Membership is detailed on Page 13 of the Annual Report and comprises statutory members from Adult Social Care, Dorset Police and NHS Dorset as well as representatives from other public services and the voluntary and community sector. Of note is that BCP Council is represented by Cllr David Brown, Portfolio Holder for Health & Wellbeing as well as senior officers of the Council, including the Director of Adult Social Services.

- 1.1 Members are advised that BCP Council hosts the Business Team for both the Dorset & BCP SABs. Income is received from BCP Council, Dorset Council, NHS Dorset and Dorset Police.
- 1.2 The BCP SAB works closely with the BCP Safeguarding Children Partnership and the BCP Community Safety Partnership, especially in relation to statutory reviews e.g., SARs, Domestic Homicide Reviews (DHRs) and the learning deriving from them. This ensures efficient working of the statutory boards and where there is an overlapping agenda, for example, where other reviews have identified adult safeguarding, we have been able to ensure there is joined up work and importantly joined up learning across professional disciplines.
- 1.3 The Board has a duty to include details of any Safeguarding Adults Reviews, published during the year. Members will note SAR Edward was published during this year. Work continues with other Safeguarding Adults Reviews across Dorset and

BCP and any published in 2025-2026 will be included in the next year's annual report.

Options Appraisal

2. Not Applicable

Summary of financial implications

3. The budget for the Board is shown on Page 6 of the Annual Report – it shows contributions made by each Council and the partners. For this financial year, the Board has worked as a single business unit.

Summary of legal implications

4. As set out in the Care Act 2014, it is a statutory requirement for the Safeguarding Adults Board to publish an Annual Report each year and to present that report to the Council's Health & Adult Social Care Overview. The Annual Report must also include details of any Safeguarding Adults Review (SAR) which has been published by the Board in that year., SAR Edward is included.

Summary of human resources implications

5. Not applicable

Summary of sustainability impact

6. Not applicable

Summary of public health implications

7. Not applicable

Summary of equality implications

8. None identified

Summary of risk assessment

9. None applicable

Background papers

None

Appendices

Bournemouth, Christchurch & Poole Safeguarding Adults Boards Annual Report
2024/2025

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Bournemouth, Christchurch & Poole Safeguarding Adults Board

ANNUAL REPORT 2024-2025

Safeguarding is everybody's business

Contents

Pg. 3	Foreword from our Independent Chair
Pg. 4	Role of a Safeguarding Adults Board
Pg. 5	Our Partners
Pg. 6	Board Structure and Budget Review
Pg. 7	BCP Council Safeguarding Activity 2024-2025
Pg. 8	Our Strategic Plan 2023-2026
Pg. 9	Key Achievements for 2024-2025
Pg. 10-11	Subgroup Chairs Reports 2024-2025
Pg.12	Published SARs
Pg. 13-32	SAB Partner Assurance
Pg. 33-34	Personal Safeguarding Story
Pg. 35-36	Good News Stories
Pg. 37	Reporting a Safeguarding Concern
Pg. 38	Back Page

Foreword

I'm delighted to introduce the BCP Safeguarding Adults Board (SAB) Annual Report 2024-2025. Over the last year, we have continued to strengthen our commitment to safeguard adults with care and support needs from abuse, harm and neglect in Bournemouth, Christchurch & Poole.

Our Board continues to meet jointly with the Dorset Safeguarding Adults Board and shares all subgroups which enables us to work efficiently with our partners across the local authorities, NHS and the Police and with many other public, voluntary and community sector organisations. A separate annual report is published for Dorset Safeguarding Adults Board as we have constitutionally retained separate Boards, enabling us to have place-based meetings where required.

It has been a busy and challenging year for many of our partners with increasing pressures across the system, though we have continued to work closely together to progress the priorities set out in our strategic plan to keep people safe. This has included:

- agreeing protocols for closer working with HM Coroner for Dorset
- strengthening our relationships and focus on safeguarding in Prisons and for those upon release from prison, through improved system engagement
- sharing best practice and embedding learning through our annual multi-agency SAR learning event.

^NIn addition to assurance through Board meetings and subgroups, our partners completed an annual audit providing evidence to the Board that their safeguarding arrangements are effective and that learning from safeguarding reviews is being embedded in practice throughout their organisations.

This year, we published SAR Edward, which is summarised later in this report and highlights key learning points around people who are cuckooed and how professionals use Multi-agency Risk Management processes to support and protect them.

I remain committed to ensuring that people's voices and their lived experience are reflected in our learning and approach to safeguarding with every Board meeting featuring a personal safeguarding story.

In 2025-2026, we will be refreshing our strategic plan as well as developing a new website to continue to promote safeguarding adult awareness and practice. I would like to thank the continued commitment, leadership and hard work of all our partners and also of the Board support team.



Siân Walker McAllister, Independent Chair BCP Safeguarding Adults Board

The role of a Safeguarding Adults Board

A Safeguarding Adults Board (SAB) plays a crucial role in protecting adults with care and support needs who are at risk of abuse, harm and neglect by providing multi-agency strategic oversight of adult safeguarding.

A SAB oversees and seeks assurance on the effectiveness of the safeguarding work of its members and partner agencies which includes the Local Authority, NHS, Police, Probation services, Prisons, Fire service, community and voluntary organisations.

28 Its functions and responsibilities are outlined in the Care Act 2014. Bournemouth, Christchurch and Poole Safeguarding Adults Board has three core duties:

- Developing and publishing a **strategic plan** detailing how we will meet our objectives and how our partner agencies will contribute to delivering our strategic priorities
- Publishing an **annual report** to report on progress against our strategic priorities and how effective we have been
- Commissioning and publishing **Safeguarding Adult Reviews** (s.44 of the Care Act) when an adult in our area dies as a result of abuse, harm and neglect, whether it is known or suspected and there is a concern that partner agencies could have worked more effectively to protect the adult.

SABs must arrange a Safeguarding Adult Review if an adult in its area has not died but the SAB knows or suspects that the adult has suffered serious abuse or neglect and must ensure partners demonstrate how they work together so that lessons learned impact the future delivery of services to those with care and support needs.

The Dorset and BCP Safeguarding Adults Boards are made up of senior representatives from the following agencies:

Our Statutory Partners



DORSET
POLICE



29

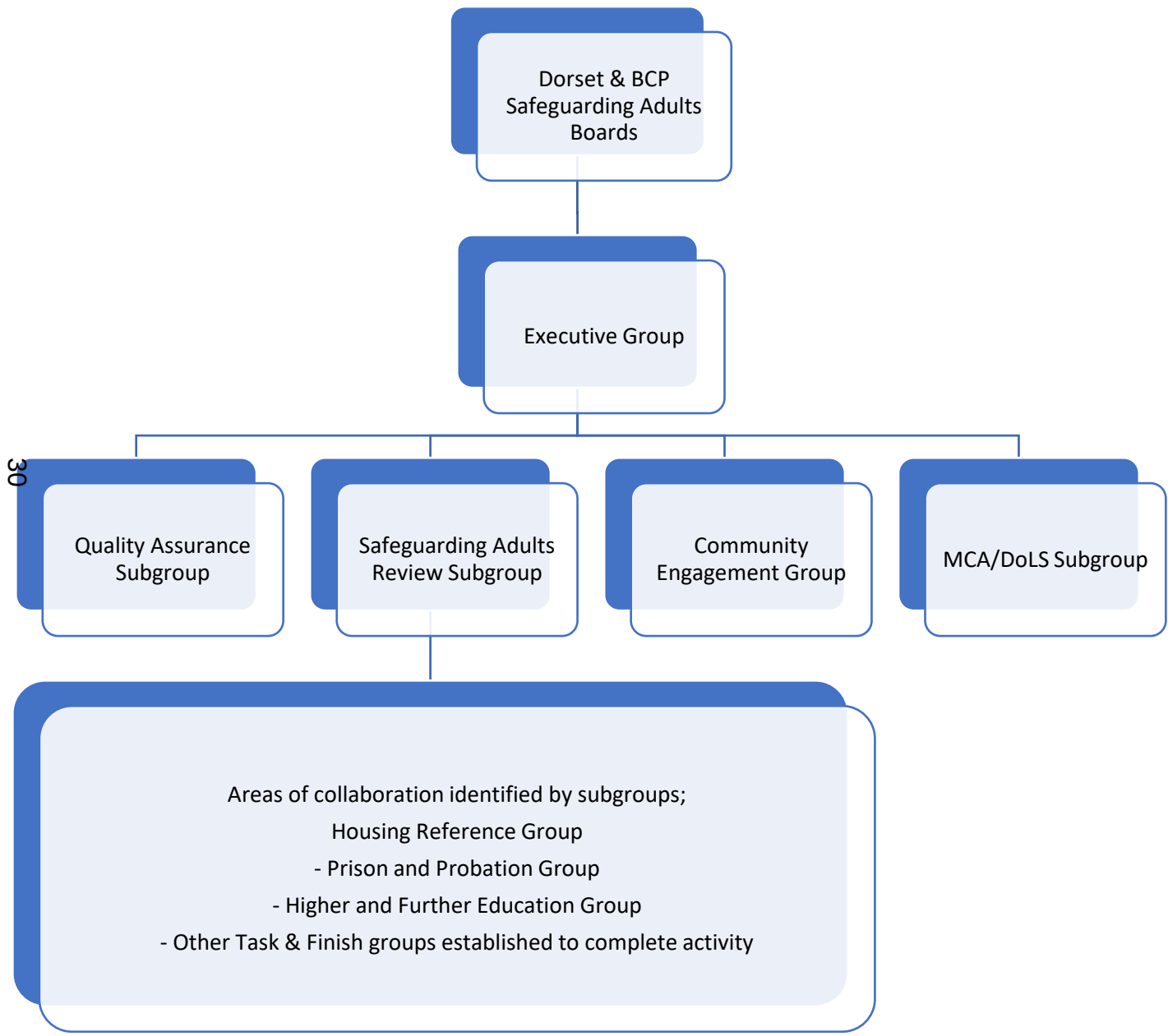
Local Authority representatives from Dorset and BCP Councils include senior officers from Adult Social Care and Housing as well as Cabinet Members for Adult Social Care.

Our Board Member Organisations



HMP Guys Marsh
HMP Portland
HMP The Verne

Structure of the Dorset & BCP Safeguarding Adults Boards



Budget 2024-2025 £

Dorset & BCP SABs maintain a working budget to enable them to undertake their work, and the priorities identified in the strategy and business plan. Each year, contributions are received from statutory partners to support this work.

During 2022-2023 the two Boards merged the Business Units and subsequently the budgets.

The Dorset and BCP SABs are grateful for the financial support of partners which enables us to carry out our work.

BCP Council	£70,000
Dorset Council	£70,000
NHS Dorset	£38,745
Dorset Police	£19,404
Total	£198,149

BCP Council Safeguarding Activity in 2024-2025

Concerns received S42.1	
Numbers received	6,291



Progressed to a Sec 42.2 Enquiry	
Numbers received	1,381

Breakdown of CONCLUDED Sec 42.2 Enquiries

Sources of Risk Breakdown	
Service Provider	27%
Known to individual	65%
Unknown to individual	8%
Top 4 Types of Abuse	
Neglect & Acts of Omission	28%
Financial or Material	18%
Physical	13%
Psychological	16%
Top 4 Locations of Abuse	
Own home	63%
Care home (Residential)	13%
Other	5%
In the Community	10%

Outcome of the Sec 42.2 Enquires (when risk identified)

Risk Removed	32%
Risk Reduced	62%
Risk Remains	6%

Gender & Age

22% of Concerns (S42.1) require a Section 42 Enquiry (S42.2), of which 58% of those Section 42 Enquiries (S42.2) are Female and 40% are Male (2% gender is Unknown).

45% of the Concerns that required a Section 42 Enquiry (S42.2) are for People aged 65 and over



Strategic Plan 2023-2026

The Dorset and BCP Safeguarding Adults Boards' strategic aim is to ensure adults are safeguarded by empowering and supporting them to make informed choices and decisions (Making Safeguarding Personal).

Preventative work in safeguarding	Seeking assurance on safeguarding practices	Assurance on delivery of 'Making Safeguarding Personal' (MSP).
Prevention Aim:	Accountability Aim:	Partnership working Aim:
Continued development with partners of preventative work in safeguarding.	Continuing to seek assurance on safeguarding practice across system partners.	Assurance on delivery of 'MSP' using a whole family approach.
We will: - Review learning from SARs from DBCPSAB & other Boards and revisit thematic learning from reviews to inform preventative work with adults with care and support needs. - Ensure we always take account of the experiences of people who use services or receive safeguarding interventions. - Seek assurance on an annual basis from partners that learning is embedded in the work of all frontline staff in all services in line with our Training & Development strategy. - Ensure that the Boards' subgroups are able to provide evidence of system learning and working to deliver preventative work. - Ensure there is good multi-agency working with a contextual safeguarding approach to preventative work with people who are homeless. - Improve use of data from all partners to enable us to identify trends which influence preventative work across all agencies	We will: - Continuously develop how we receive assurance as governance frameworks evolve across every statutory partner. - Ensure data is understood/ used to identify themes for every partner to progress in their safeguarding work; that information and learning is shared across the system. - Work in partnership across the safeguarding children and community safety partnerships to ensure that complexities of 'Transitional Safeguarding' are understood well. - Seek assurance on delivery of safe and person-centred practice in private mental health hospitals and for all placements of people outside our area. - Seek assurance that 'Think Family' practice across all agencies is embedded. - Continue to seek assurance on health & social care practice and provider care quality. - Seek assurance that the system is working to safeguard people via the new national policing initiative, 'Right Person, Right Care'	We will: - Seek assurance from all partners that Making Safeguarding Personal (MSP) is embedded throughout all agencies' safeguarding work. Seeking evidence that people have opportunity to express their outcomes at every stage in their safeguarding journey. - Involve people in the work we do – review how we communicate more widely with people and listen to and act upon the voices of those who have experienced safeguarding interventions. - Deliver our communication/ engagement strategy to the widest audience with the support of the voluntary and community sector through our Community Engagement Subgroup. - Ensure that the Quality Assurance subgroup continues to audit application of MSP and provides data which evidences that application of MSP is embedded.

Key achievements in 2024-2025

In our strategy we said...	This is what we achieved.....
Continued development with partners of preventative work in safeguarding	• Agreed protocols with the HM Coroner for Dorset, for working together in respect of SARs and Inquests • Worked with Public Health to develop a protocol to respond to suicide clusters and deliver SAB governance so there can be effective links with SARs • Continued with our programme of Prison visits - in August 2024 visited HMP Guys Marsh to re-engage with developing safeguarding in prisons with particular focus on pre-release • A joint event was held in September 2024 with professionals from the criminal justice sector, with a focus on safeguarding within prison settings and preparation for and beyond release. Participants included 3 local prisons as well as HMP Eastwood Park (nearest women's Prison in Gloucestershire), local Probation Service and LA safeguarding & housing teams along with colleagues from NHS providers.
Continuing to seek assurance on safeguarding practice across system partners	• Focused on policy/governance development and review - the Complaints Policy; SAR Policy; Subgroup Terms of Reference; SAB Constitution; Multi-Agency Safeguarding Procedures were all reviewed, updated and shared with partners. A SAR Subgroup Development Event was held in November 2024 to address working effectively and efficiently to the revised SAR Policy • A SAR Learning Event was held in June 2024 with over 300 colleagues from SAB partner organisations – the event featured the Boards' SARs 'Billy' and 'Simon'; and 2 SARs of national significance together with a presentation on the 2nd National SAR Analysis • Published a '7-Minute' Learning Review on SAR 'Billy' and delivered confidential Learning Review on SAR 'Elizabeth'. 7 Minute Learning SAR Billy • Published a '7-Minute' Learning on Diagnostic Overshadowing 7 Minute Learning Diagnostic Overshadowing • Commenced production of our SAB Newsletter with a broad distribution which received positive feedback.
Assurance on delivery of "Making Safeguarding Personal" (MSP) using a whole family approach	• Partners reflected on their MSP practice in our annual audit questionnaire. • Many different 'Personal Safeguarding Stories' presented by our Partners at our Board Meetings • The Community Engagement Group (CEG) continues its work looking at preventative measures with the aim of supporting people across our communities. Dorset Police presented the Herbert Protocol and CEG heard from organisations focusing on Dementia care.

Subgroup Chairs reports 2024-2025

Community Engagement Group (CEG) Subgroup	Membership continues to be a focus; to increase membership, giving a broader representation of VCSE (Voluntary, Social & Community Enterprise) sector across BCP & Dorset areas. Chaired by Voluntary & Community Sector (VCS) representatives from Council areas, bringing together a wide range of skills and knowledge of the wider sector. The group met 3 times in 2024-2025, and members discussed what is important to them, in respect of safeguarding, leading to a focus on Self Neglect, Hoarding and Local Authority safeguarding referral processes. The CEG received presentations from Dorset & Wiltshire Fire and Prama Life on the work they do to support people who hoard, which helps minimise risk. Both Dorset and BCP Council's Adult Social Care partners presented on their safeguarding referral process, giving organisations and volunteers clarity and increased knowledge about reporting safeguarding concerns. CEG works to refresh and review good safeguarding practices within the VCSE and share these findings and learning across the sector and has worked with other Boards' subgroups to ensure that the VCSE is recognised as often being the first point of contact for Dorset & BCP residents and that the sector often initiates reporting a concern when supporting adults in the community.
Safeguarding Adult Review (SAR) Subgroup	The Safeguarding Adult Review (SAR) subgroup met on 6 occasions throughout 2024-2025. The Subgroup held a Development Event in November 2024 to highlight the revised SAR Policy and the SAR referral process. During 2024-2025 the SAR subgroup provided the governance leading to the delivery and publication of one Safeguarding Adult Review - SAR Edward. The subgroup has considered 8 referrals over the year and two of these met the criteria for commissioning a SAR. These 2 individuals each experienced self neglect, one SAR will focus on system learning and the other will use a learning event methodology.
Mental Capacity Act/ Deprivation of Liberty Safeguards (MCA/DoLS) Subgroup	During this year the Mental Capacity Act & Deprivation of Liberty Safeguards (MCA/DoLS) Subgroup was established and met 3 times. Key areas of focus for the group included fluctuating capacity and executive function, community DoLS and data benchmarking. The group is gaining momentum and working well to address key issues. Links to other subgroups are already proving valuable. Discussions and information sharing will lead to better practice and practitioners feeling more supported. Regularly discussing SARs will enable the subgroup to address specific issues and ensure that actions and learning points are effectively tracked and implemented.

Subgroup Chairs reports 2024-2025

35 Quality Assurance (QA) Subgroup	In 2024-2025, the QA Subgroup focused on ensuring that it can measure that learning and insights are in embedded across partner agencies. Building on an audit by partners into self-neglect in 2023-2024, the QA subgroup agreed 5 key assurance indicators in 2024-2025 which will form part of future assurance. The group has reviewed • Drug Harm Strategy • gave further consideration to the impact on safeguarding on the cost-of-living crisis and agreed a focussed examination of whether there is any evidence that the cost-of living crisis is impacting the volume and complexity of safeguarding risk for adults with care and support needs in BCP and Dorset. Future areas of focus include embedding 'Think Family' and developing a closer working relationship with other Board subgroups - in particular the SAR subgroup, to track and provide assurance on the delivery of learning and improvements in practice following publication of SARs.
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BCP Safeguarding Adult Reviews (SARs) published 2024-2025:

SAR Edward (published February 2025)

[BCP SAB Safeguarding Adults Review Edward](#) [SAR Edward 7-minute learning](#)

Background

Edward was a 35-year-old man who had a keen interest in cookery and music, he played several musical instruments and had a foundation degree in 'Popular Music'. Edward was financially secure, owned his own flat and worked in a local supermarket. He lived on his own and was generous with people whom he believed were his friends. Edward was befriended by several young people over a prolonged period, who used his flat to prepare and deal drugs. Edward thought these people were his friends but admitted to professionals that he feared them. Whatever the reasons that attracted young people to Edward's home, it led to a significant decline in his life, contributed to his increased drug use, his deteriorating mental health, and significant behaviour change. Edward was murdered by two 16-year-olds. A criminal trial concluded that the young men were previously unknown to him,

Edward was known to have a mental illness and had been referred to mental health services; he was diagnosed as having schizophrenia. Edward was supported by a Care Coordinator from the Community Mental Health Team, but this support was limited. Concerns around Edward being cuckooed were raised in 2020. Edward made 2 self-referrals to Addiction Services but did not respond to follow-up support. Despite support from his family, Edward did not have the ability to manage his finances and by 2021, was known to be using foodbanks.

Key Learning Points:

It was believed that young people were using and had 'taken over' Edward's house for drug dealing – this is known as 'Cuckooing'. Whilst at the current time 'Cuckooing' is not a criminal offence, the review determined that professionals need to:

- Better understand cuckooing and how victims of cuckooing may also experience criminality such as violence, sexual violence and theft.
- Ensure that additional support be provided as required by victims, from agencies such as substance misuse providers, community mental health teams or GPs and to ensure valuable information is not missed or not shared.
- When aware that someone is being exploited, share information with other professionals, using the Multi-agency Risk Management process (MARM), for example, which is one way that all agencies could have shared information to support Edward. Early identification and assessment of the risk to people like Edward, needs to be undertaken early together with a prompt multi-agency response.

The Safeguarding Adults Board are also currently working on a number of SAR referrals which will likely be published in 2025-2026.

Partner assurance

This section includes a short report from each of our partners which highlights their achievements in 2024-2025 and the work they have done to embed learning from Safeguarding Adults Reviews, strengthen safeguarding practice and Make Safeguarding Personal.



BCP Council Adult Social Care, Commissioning and Operational Services



Achievements during 2024-2025

Adult Social Care (ASC) – Services

- Safely managing high demand of Section 42 (1) Concerns
- Development, implementation and embedding of the Serious Incident & Learning Procedure
- Review and refresh of the Parental Substance Misuse Court job role function
- Implementation of improvement plans that came from the Safeguarding Peer Challenge and Local Government Association (LGA) Peer Review
- Developed an improvement plan to enhance practice around 'Transitional Safeguarding'. A particularly positive element of this plan is the newly launched pilot being carried out with Children's Services; the pilot seeks to improve awareness within Children's Services on ASC's role and when to refer young people approaching 18. This work is focussing on young people who are not already identified through the Preparing for Adulthood pathway.

ASC – Commissioning

- Joint working between ASC operations and ASC Commissioning e.g. joint safeguarding/ focus visits either under Large Scale Enquiries (LSE) or undertaking preventative work with a safeguarding focus
- Regular information and intelligence sharing between ASC operations and ASC commissioning colleagues, and partners e.g. Care Quality Commission (CQC).

Challenges to effective safeguarding adults

ASC – Services

- Demand management
- Workforce retention and resilience
- The ability to recruit experienced practitioners who are able to undertake Safeguarding Enquiries.

ASC – Commissioning

- Inconsistent representation at low level or information sharing meetings (CQMG/quarterly) between partners e.g. Police, South Western Ambulance Trust, CQC.
- System and staff change in CQC prompting a need to review our processes and how we engage with them.

BCP Council Adult Social Care, Commissioning and Operational Services



Learning from SARs – changes which have taken place within the past year in response to learning from local or national SARs?

Due to the Thematic Review SARs and Mental Capacity Act (MCA) the focus this past year has been about improving MCA practice. A mandatory webinar was given to all front-line staff in November 2024 to launch a variety of newly developed Mental Capacity Act resources which includes:

- BCP Mental Capacity Act Guidance (co-produced with practitioners)
- Practice Guidance: Preparing for an MCA Assessment
- MCA Assessment Auditing tool
- A dedicated area on Adult Social Care intranet for Mental Capacity Act Resources
- Launch of monthly MCA Forums – one topic (as requested by practitioners) every 2 months – first session focussing on the theory provided external trainer second session is practice focused led by the MCA & DoLS team.

Achievements during 2024-2025

- Established Safeguarding Hubs around two years ago. Over the past year the benefits of these have been realised through the closer links with the Local Authorities and greater focus on investigations involving offences against vulnerable adults
- Established a 'Vulnerability' Board chaired by an Assistant Chief Constable to provide a more strategic forum for issues to be raised.

Challenges to effective safeguarding adults

The challenge internally remains ensuring that the Adult Safeguarding agenda receives the same level of attention as other areas of policing.

Learning from SARs – changes which have taken place within the past year in response to learning from local or national SARs?

The recommendations from all SARs are managed through our Force Operational Learning Board which is chaired by an ACC. This provides an audit around the implementation of the findings.

Achievements during 2024-2025

In 2024–2025, NHS Dorset significantly enhanced their Multi-Agency Risk Management (MARM) capabilities. By expanding resources and further embedding the MARM process more deeply into everyday practice, they've enabled a more coordinated, proactive, and person-centred response to complex risk scenarios. This work reinforces their commitment to safeguarding through integrated, collaborative care.

Recognising the critical link between data protection and safeguarding, the NHS Dorset safeguarding team worked closely with the NHS Dorset Data Protection Team to explore how these domains intersect. This joint initiative has improved mutual understanding and fostered stronger collaboration, ensuring that patient data is safeguarded while our statutory responsibilities are fulfilled with greater confidence and cohesion.

Understanding the complexities of applying the Mental Capacity Act (MCA) within their local NHS system is an essential part of NHS Dorset's role. To support this, The Designated professional for Adult Safeguarding led a comprehensive stakeholder engagement study. This work brought together expert voices within the local NHS system to identify key challenges and co-develop practical solutions. The insights gained will directly inform strategic planning, enhance frontline practice, and guide meaningful improvements in how the MCA is implemented across services.

Supporting 'Named Professionals' is a core part of the Designated Professional role. In line with this, the Designated professionals for Children and Adult Safeguarding collaborated with colleagues at South Western Ambulance Service to deliver tailored training on writing high-quality Statutory Reviews. This initiative has strengthened skills, boosted confidence, and ensured that learning from safeguarding cases is captured clearly and consistently, ultimately contributing to better outcomes for the people we serve.

System Level achievements

In 2024-2025, the Designated Professional for Adult Safeguarding dedicated time to visiting a wide range of frontline services, including Dorset Volunteer Centre, food bank, acute NHS trusts, and commissioned NHS services. These visits provided invaluable, ground-level insight into the services being delivered and the safeguarding challenges faced by staff and volunteers alike. The rich understanding gained from these engagements has directly informed strategic discussions and played a key role in shaping NHS Dorset's new commissioning strategy, ensuring it is responsive, inclusive, and grounded in the realities of those working closest to the community.

During Safeguarding Adults Week 2024, NHS partners across Dorset launched a new resource designed to promote and support professional curiosity. This collaborative tool empowers practitioners to ask the right questions, challenge assumptions, and explore concerns more confidently, strengthening safeguarding practice and helping to ensure that adults at risk receive the support and protection they need.

⁴² The 'Named' GPs for Safeguarding led the completion of a workstream focused on raising awareness across acute and community trusts about the risks associated with prospective access to GP records, particularly the potential for coercive access in cases of domestic abuse. Through targeted engagement, it was ensured that Trusts and GP surgeries were informed of the safeguarding implications, prompting the implementation of training and system safeguards. These measures now help prevent sensitive information, such as letters or consultation notes. This work has been especially vital in protecting victims of domestic violence, where risk of a perpetrator accessing records through coercion could significantly increase harm. The initiative has strengthened data protection practice and embedded a safeguarding lens into digital access protocols across Dorset.

Challenges to effective safeguarding adults

NHS Dorset is actively working to build a more comprehensive understanding of safeguarding activity across the entire health sector, including areas beyond our major NHS providers. While current insights are strongest within acute and community services, we recognise the opportunity to strengthen our visibility in sectors such as dental and independent healthcare. By enhancing data-sharing partnerships and broadening our engagement, we aim to provide the Board with richer, more informed advice to support the development of effective, system-wide safeguarding strategies. Our ongoing collaboration with local authorities remains a valuable foundation for this work, and we are committed to expanding and refining our approach.

Learning from SARs – changes which have taken place within the past year in response to learning from local or national SARs?

In 2024-2025, NHS Dorset has taken significant steps in strengthening its safeguarding system, driven by powerful learning from a series of Safeguarding Adults Reviews (SARs), including SARs "Billy," "Simon," "Aziza," and "Edward." Each review offered critical insights into areas such as multi-agency communication, risk escalation, and early intervention, highlighting opportunities to improve how services respond to adults at risk.

In response, NHS Dorset has implemented a comprehensive programme of improvements across the organisation. This includes:

- **Enhanced training** to help staff build on their current competencies to further recognise and respond to cumulative risk factors, ensuring earlier and more effective intervention.
- **Refined information-sharing protocols** that support timely, coordinated action between NHS services and partner agencies.
- **Updated frontline guidance and tools** to promote professional curiosity and empower staff to make more confident, defensible safeguarding decisions.
- **Clearer escalation pathways** to ensure that concerns are addressed swiftly and appropriately.
- **Stronger collaboration with voluntary and community sector partners**, recognising their vital role in safeguarding and early support.
- **Strategic integration of SAR learning into commissioning processes** via the gateway review mechanism, embedding safeguarding as a core design principle in all services.

These actions reflect NHS Dorset's commitment to continuous learning, system-wide collaboration, and delivering person-centred, inclusive safeguarding. By turning the learning from SARs into tangible improvements, NHS Dorset is not only addressing past challenges but also building a more resilient, responsive, and compassionate safeguarding system for the future.

Achievements during 2024-2025

- Increased to 3 safeguarding team members, allowing more time for safeguarding responsibilities, created a 'Safeguarding Dashboard', developed bespoke training and resources (using QR codes, MSP posters and Z cards, family tree posters, Fatal Fire guidance document) and guidance.
- Enhanced our referral form to be more intuitive and have a specific drop down for circumstances of self-neglect.
- Launched 'FRS Speak Up', completed train the trainer National Fire Chiefs' Council (NFCC) 'Safer Recruitment' Training
- Programmed drop-in safeguarding awareness sessions at Stations ('brew with the crew').
- All 'Safe & Well' Advisors are now trained in 'mental health first aid'.
- The safeguarding team won a DWFRS award for 'Making a Difference' for their Violence against Women & Girls (VAWG) related work.

44 Challenges to effective safeguarding adults

FRS are attending more incidents for people in crisis, this can be problematic if we are the only emergency service at the incident and there is no access to a mental health professional, the knock on being delayed at incidents where we are not the right person to support. We are experiencing resistance from some agencies to share information; we are working on resolving this.

Learning from SARs – changes which have taken place within the past year in response to learning from local or national SARs?

When fire-related lessons are identified from SARs, we share them appropriately and make corresponding updates to procedures. We routinely monitor the National SAR Library on the National AB Chairs' Network website and discuss relevant fire-related cases during regional FRS safeguarding meetings. In addition, we review Regulation 28 reports and implement changes or updates as necessary.

South Western Ambulance Service Trust (SWAST)



Achievements during 2024-2025

- SWAST has progressed its safeguarding improvement plan. We have strengthened our governance arrangements, increased our team capacity and are delivering much improved safeguarding training for our staff, which is aligned to the intercollegiate documents.
- We have been able to fully review our Managing Professional Safeguarding Allegations policy and develop a Safeguarding Supervision policy.
- We have launched our telephone support line for frontline staff, this enables them to contact safeguarding specialists or, out of hours, advanced clinicians for safeguarding advice on scene.

Challenges to effective safeguarding adults

- Lack of capacity within the SWAST Safeguarding Services.
- Processes which were predominantly custom and practice rather than defined processes.
- A manual referral management process which can result in delays in sharing information and has been increasingly difficult to manage as we have seen a continual increase in safeguarding referrals.

Learning from SARs – changes which have taken place within the past year in response to learning from local or national SARs?

- Within SWAST we have undertaken a significant programme of change within Safeguarding as a result of an independent review of many of the aspects covered within the project such as training, effective referrals processes, information sharing reflect the themes of SARs.
- On receiving recommendations from SARs, we have cross-referenced to ensure the learning/ recommendations are actioned. Where they are not, separate action is taken, e.g., adding application of professional curiosity within our safeguarding mandated training.
- SWAST recognise the themes of SAR recommendations appear to be; Training, application of Professional Curiosity and Mental Capacity Act.

Achievements during 2024-2025

- Full participation and sharing learning from Safeguarding Adult Reviews, Domestic Homicide Reviews, Child Safeguarding Practice Reviews (Thinking Family) and Multi Agency Public Protection (MAPPA) reviews
- Continued improved training and support on domestic abuse and sexual violence (use of Domestic Abuse, Stalking and Harassment (DASH) Tool) and controlling and coercive behaviours
- Closer links with all inpatient wards to improve evidencing 'Making Safeguarding Personal' (MSP) and improving confidence and competence to undertake mental capacity assessments
- Implementing sexual safety standards on all mental health wards, including development of sexual safety policy for all patients.
- Closer links with the Homeless Health Care team to support safeguarding practice.

46

Challenges to effective safeguarding adults

- Staff understanding of undertaking and recording mental capacity assessments
- Staff understanding that safeguarding is everyone's business and a key component to all intervention (making safeguarding personal)
- Developing a joint understanding with partner agencies for committed attendance at Multi Agency Risk Management (MARM) meetings under the SAB guidance for good practice
- Ensuring patients admitted to community hospitals (physical health) have a legal framework in place and their human rights protected when lacking the mental capacity to consent to care and treatment within that hospital setting (interface between the Mental Capacity Act 2005 and the Mental Health Act 1983, amended 2007 with the introduction of Deprivation of Liberty Safeguards (DoLS)).

Learning from SARs – changes which have taken place within the past year in response to learning from local or national SARs?

The learning is shared via the Trust's bi-monthly Safeguarding Group, updated policy, training and guidance and discussed during calls to the safeguarding advice line.

Main areas of focus within 2024-2025 have been:

- Development of self-neglect training and links with the local authorities' self-neglect and hoarding panels.
- Updated the DHC MARM guidance developed from the SAB, including how to escalate concerns to partner agencies.
- The development and sharing of guidance on Diagnostic overshadowing.
- The continuation of an MCA improvement plan across the Trust.
- Closer links with inpatient wards to support 'Making Safeguarding Personal (MSP)
- Sharing information developed by the DBCP SAB to improve recognition and practice relating to 'Cuckooing'.

Achievements during 2024-2025

- Development of Dorset County Hospital (DCH) Safeguarding team through positive recruitment
- Improved relationships and working practices with local partner agencies, allowing for more creative and co-ordinated approaches to statutory safeguarding (s42 Care Act) processes and discharge challenges related to safeguarding, resulting in some reduction of delayed transfers of care and a clearer understanding of each other's roles and limitations
- Coaching and supervision offer increased due to increase of resource within the team
- Strong 'think family' ethos demonstrated through quarterly data collection
- Improvements through weekly discussions and collaboration work with the discharge teams to consider 'Making Safeguarding Personal' and reduce paternalistic views by ward teams
- Increased recognition by DCH staff of potential transferability of risk that require consideration under People in Positions of Trust (PiPoT) / Local Authority Designated Officer (LADO) process.

Challenges to effective safeguarding adults

- Increased activity throughout 2024
- Inability to release staff for additional training / learning due to high levels of activity and acuity
- Insufficient reporting systems that will meet the new challenges of complex safeguarding
- Improvements to digital systems recognition: DCH staff need to consider greater utilisation of held information to inform decision making / multi agency planning
- Increasing demands on partner agencies, impacting on people remaining within an acute hospital for protracted length of time with no acute clinical requirements
- Limited support in respect of domestic violence due to commissioned service unable to backfill long term absence.

Learning from SARs – changes which have taken place within the past year in response to learning from local or national SARs?

- Mental Capacity Assessment/Mental Health Executive Function - Advice sought relating to a person who presented with an addiction to illicit substance/alcohol and appeared to lack capacity to make decisions about their care & treatment. Advice was that the Trust needed to assess capacity to consent to immediate care and treatment; that if the person had capacity, then the Trust would be unable to use apply the principles of the Mental Capacity Act in making decisions or apply for authorisation under the Deprivation of Liberty Safeguards (DoLS).
- Clarified that in terms of ongoing care and risks around discharge/placement/rehabilitation, the Local Authority would be responsible for undertaking the assessment of capacity.
- Learning across all partners as a result. Prompt Multi-Agency Risk Management (MARM) meetings to discuss risks and how best managed within appropriate legal frameworks and resources/options available. Highlighted need to consider appropriate and lawful use of legislation and how these impacts upon the person, other patients on ward can, i.e. how imposing restrictions can increase challenging behaviour towards others in acute hospital setting and need to consider how these risks can be mitigated.

Achievements during 2024-2025

- Audited Safeguarding Referrals following internal observations and partner feedback about quality. The outcomes led to a revised Safeguarding Adult Referral which includes more in-depth information, captures the person's wishes, directs staff to other pathways where safeguarding criteria is not met, and shares information to more partners – including GPs. All safeguarding concerns identified on admission to UHD now also form part of the electronic record for all staff to see if they are providing care for that person
- Improved use of body maps and progress being made towards imaging of wounds/skin damage to improve documentation – Safeguarding is now embedded within clinical workstreams for 'Fundamentals of Care' including Tissue Viability and Record Keeping. We intend to join workstreams in the next year to ensure safeguarding is on all agendas
- Launch of L3 Safeguarding Adults training using the NHSE National E-Learning Hub modules and blended face to face elements to capture Trust and SAB learning from local cases and SARs. Significant improvement in Oliver McGowan e-learning training
- Active partners in SAB meetings/ sub-groups. We enjoy being partners with the teams, working closely with our internal discharge team and external partners including with the FRS 'Safe and Well' team which has improved signposting/ referral pathways for safe hospital discharges.

Challenges to effective safeguarding adults

A significant challenge has been protecting people's right to freedom, when a person does not have capacity to make a specific decision and does need to remain in hospital for their own safety. There have been challenges regarding lawful frameworks and how to facilitate multidisciplinary meetings to protect people's safety. Working within DBCP SAB MCA/ DoLS subgroup has meant an outcome of proactive discussion and strong working relations within our MCA teams and development of a system agreed Memorandum of Understanding (MOU) to escalate and resolve such cases. The MOU is in its final stages of ratification.

Within UHD we have experienced an increase of violence and aggression towards health staff, whilst we recognise that the health needs for some people are extremely complex, being abused is demoralising for our staff. UHD has a strong focus on staff wellbeing. We are working with partners to improve staff safety through de-escalation behaviours and trauma awareness and improved MAPPA information sharing.

Learning from SARs – changes which have taken place within the past year in response to learning from local or national SARs?

It is extremely positive that UHD is more actively involved as partners in SARs and DHRs. Learning from these statutory reviews is embedded within the organisation in a variety of ways:

- Shared via our global comms systems
- Reported and shared via our quarterly safeguarding steering groups, safeguarding groups, clinical governance groups and Quality Committee
- Added to our staff intranet pages
- Discussed and shared via our face-to-face blended training sessions
- Individual and team feedback, as appropriate via a reflective supervision session.

Department for Work and Pensions

Achievements during 2024-2025

DWP continues to build capability around signposting to professionals/organisations to support our most vulnerable customers. We continue to share and use free training sought and shared through partner organisations to further build knowledge, confidence and understanding of subject areas falling under the safeguarding umbrella. We pride ourselves on our joined-up partnership/multi-agency approach to supporting our most vulnerable customers. We have 38 Advanced Customer Support Senior Leaders (ACSSL) across the country who support all benefit lines (Universal Credit, Employment Support Allowance, State Pension, Carers allowance) looking at improvements, lessons learnt, prevention and capability building.

52 Challenges to effective safeguarding adults

- GDPR – This can sometimes be a barrier when we are trying to gather information to support in safeguarding cases
- Lack of contact details/ trying to find the right person who can support with progressing a case

Learning from SARs – changes which have taken place within the past year in response to learning from local or national SARs?

- Many processes have been improved.
- Policy changes have taken place.
- Additional training delivered and refresh events.
- Increased resources to support activity within Advanced Customer Support

Achievements during 2024-2025

During 2024-2025, Dorset Probation Service collaborated with local Adult Safeguarding Boards and Her Majesty's Prison & Probation Service (HMPPS) to deliver a joint event focused on strengthening partnerships between probation and prison services. This initiative aimed to improve mutual understanding of safeguarding challenges and foster more effective multi-agency working across the criminal justice system.

Challenges to effective safeguarding adults

Dorset Probation has encountered several challenges in delivering effective adult safeguarding, particularly in cases involving individuals held in custody outside the local area. These situations often require coordination across multiple safeguarding teams, which can lead to ambiguity around roles and responsibilities. In at least one instance, escalation to Multi-Agency Public Protection Arrangements (MAPPA) Level 3 was necessary to clarify agency responsibilities and ensure appropriate safeguarding oversight.

A further challenge has been the limited availability of suitable housing for individuals within the criminal justice system who have identified safeguarding needs. This issue is compounded when individuals are relocated across geographical boundaries, making continuity of care and safeguarding planning more complex.

Learning from SARs – changes which have taken place within the past year in response to learning from local or national SARs?

In response to learning from both local and national SARs, Dorset Probation has taken several steps to strengthen safeguarding practice:

- All probation staff are now required to complete mandatory adult safeguarding training. This supports a more holistic approach to assessing and identifying the needs of individuals under supervision
- Efforts are underway to strengthen the strategic alignment between MAPPA Strategic Management Boards (SMBs) and local safeguarding boards, ensuring that safeguarding and risk management plans are better integrated.
- There is growing confidence among Dorset's middle management team in understanding the SAR process and making appropriate referrals, reflecting a positive shift in organisational learning and safeguarding culture.

Achievements during 2024-2025

We have had some successes including achieving the achievement of positive outcomes for one prisoner who had been in custody since the 1960s where we were able to successfully reintegrate him into the Dorset community.

Challenges to effective safeguarding adults

There continues to be barriers in terms of social care assessments. However, due to the nature of our prison population this does not happen too often, but we do find when we do complete referrals there can be delays in us receiving support.

Learning from SARs – changes which have taken place within the past year in response to learning from local or national SARs?

Professional and multi-disciplinary team meetings are held with all required stakeholders present to ensure effective and timely sharing of information. We share risk related information both internally and externally as appropriate this includes with probation colleagues who will be supporting the prisoner on release.

Achievements during 2024-2025

- More joined up working with the local community in terms of safeguarding. This led to a bespoke Prisons meeting, organised by the Dorset & BCP SABs in September 2024 that dealt more specifically with the issues faced by prisons and risks associated with prison release.
- Neurodiversity Support Manager has liaised with Dorset Domestic Abuse Forum to spotlight challenges around neurodiversity in the perpetrator population and how the same neurodiverse issues in victims increase risk of harm and vulnerability.
- Prisons have their own policies around managing safeguarding in prison especially around risks of self-harm and suicide.
- There has been an improvement in the liaison between the prison and Weymouth local adult social care office which is ensuring Care Act Assessments are being conducted as and when required.

Challenges to effective safeguarding adults

HMP The Verne is not funded for resettlement but is increasingly releasing prisoners into the community, many prisoners are released to 'Approved Premises' (AP). Due to government policy of reducing sentence served to 40% there has been increased pressure on AP beds. (PCOSO prisoners themselves do not fall within the remit for the 40% reduction but many other individuals who do, are requiring the same AP beds) This has meant that some have not been able to remain in the AP as long as anticipated, which impacts an increased need to find long-term accommodation, with hotels sometimes being used as an interim solution due to difficulties housing ex-offenders. Recall prisoners have reported intentional licence breaches to return to prison as they are finding themselves with no accommodation or unstable accommodation. This presents a risk to them as well as the wider public. 50% of our population is over 50 and we are seeing increased social care and nursing needs as a result. Meanwhile, population pressures mean we are also receiving prisoners from Local B category prisons quicker and much earlier in their sentence. Many of these individuals are neurodivergent, younger and have a history of drug abuse. Thus, the demography of our prison is changing, and we need to adapt practice to this.

Housing Reference Group

In January 2025, a second successful event was hosted by the SABs for Registered Housing Providers, building on previous events and linking in with the 2023-2026 Strategic Plan and Board priorities. There were presentations from:

- 'Recoop' charity - working with older (50+) prisoners, preparing for release and some of the issues in finding suitable accommodation. This was an opportunity for housing providers to learn more and share their experiences and concerns; and for criminal justice professionals to network with housing providers and share good practice.
- Dorset Council & BCP Council - with discussion on pathways for people who self-neglect and for people who hoard.

Reflections on good practice during 2024-2025 included;

- ✓ Successful engagement with a person – previous failed attempts now working with them and have ongoing support in place.
- ✓ Developed a productive and improved working relationship with Bournemouth Police.
- g✓ Vulnerable gentleman struggling in current accommodation, supported to move to a care setting
- ✓ A Homeless person supported to settle into accommodation
- ✓ Moved a couple into supported accommodation. Addressing complex Mental Health issues, now in safe and better suited accommodation.

The Housing Reference Group membership continues to grow and focus for 2025-2026 will cover:

- Learning from SARs – discussion and implementation
- Analysis and delivery of Safeguarding training needs
- Continued multi-agency work
- Links to the Prison Service – understanding blocks and barriers
- Tackling social isolation
- Further work on Hoarding and Self-Neglect.

Personal Safeguarding Story

A Safeguarding concern was raised by a GP due to failure to gain access to see 'Colin' in his own home who was significantly disabled following a stroke. Clinical staff had written to Colin, phoned and visited him and had key concerns about his unreviewed diabetes and reports that he was in pain and taking opiate medication.

Subsequent attempts by community clinicians, the GP and the safeguarding team to see or gain access to Colin's property were declined by him and he would shout expletives at practitioners. Concerns were also raised about the safety of Colin's partner who was potentially at risk from his abusive verbal behaviour.

The following action was taken:

- Clinical staff were subsequently able to visit Colin at home, assessing his needs and reviewed his diabetes.
- BCP adult social care (ASC) safeguarding brought oversight and helped facilitate all the partner agencies involved.
- BCP ASC assessed Colin's needs and arranged for a care package of 3 visits a day. BCP also arranged for a Benefits Advisor to work with Colin to ensure he had all benefits for which he was eligible and ensured he could access his money independently via his phone
- BCP Housing helped Colin clear the unwanted goods he was deemed to be hoarding and undertook electrical and gas safety checks. Housing also worked with him to arrange for a deep clean and arranged a sheltered housing application which was deemed more appropriate to his needs.
- Dorset Fire & Rescue Service attended and undertook a property safety check.
- The Safeguarding Practitioner later liaised with Colin's partner when she was taken unexpectedly into hospital. She denied any abuse having taken place and talked about the couple's shame at the state of their home which was the reason they declined access to others. She was also offered support to get her home cleared and cleaned and was open to this, but sadly, died suddenly in hospital.

Colin then became open to receiving support from agencies and is now positive about his future and how he is being supported. This motivated him to take responsibility and speak to agencies which has in turn improved his speech. He now has hope to regain his ability to walk and is benefiting from the care support brought to him. Colin expressed sincere thanks to all involved and stated he would willingly speak to anybody who wanted a perspective of the support and care provided for him over this period.

Personal Safeguarding Outcome

Colin had failed to engage or let anyone into his property for several years, and due to previous experiences had little trust in Social Services and the Council. Colin was in very poor health both mentally and physically and the property condition was very poor. He had also recently lost his partner.

Adult Social Care (ASC) worked extremely hard in regard to the 'safeguarding' aspect of this situation and worked closely with Colin to identify and bring in the necessary help and support he has desperately needed.

⁵⁸*The below represents a comment from a BCP Welfare Benefits Officer in respect of the work undertaken by the BCP Adult Safeguarding Team in Jan 2025*

"I have spoken regularly with Colin since my involvement, and he cannot speak highly enough of the ASC colleague and the work he has undertaken. The turnaround in Colin's situation has been nothing short of unbelievable. He is now engaging closely with several teams across the area including BCP Homes, ASC and health care professionals.

The work with Colin has most definitely restored his faith in Adult Social Care Services, and assisted him to get out of the extremely dark place he was in."

Good news stories

Safeguarding Adults Specialist Services (SASS) Team Compliments 2024-2025:

59

“J had been fantastic trying to support P even when he hasn’t wanted to engage. She has obviously fought hard for his housing application to proceed, and has been a source of good advice to his friends who have also been trying to support P. She is a caring and hard-working social worker and has taken setbacks in working with P in her stride.

I think P has benefitted from a dedicated social worker supporting him.”

Received for a colleague within the Drug and Alcohol Statutory Team (DAST) Oct 2024 from a family member of a person who accessed the service

“Thank you so much for all your support and for believing in me. You’re such a lovely person who made my journey that little bit easier with your kindness and thanks to you and everyone else you’ve given me the opportunity to make an amazing future for me and X and be the best version of me I can be. Thank you”.

Received for a colleague, Parental Substance Misuse Court (PSMC) Co-ordinator in April 2025 from a person who used the service

Good news stories

Safeguarding Adults Specialist Services (SASS) Team Compliments 2024-2025

“I want to reflect my compliment that you managed to work with S in a trauma informed way emphasising on pretreatment which involved pre-engagement, engagement, and currently contracting and understanding his values and goals.

You have helped with his cultural needs with also looking at promoting safety to facilitate change.

Good piece of work....”

Received for a colleague in the Homeless Intervention Team in Jan 2025 from a Team Leader of a partner agency

“During the past few months I have had frequent communication with C, she has been an excellent support to me with frequent phone calls and two visits. On all occasions she has made me feel supported and at ease.

I’d also just like to add that during our monitoring visit with B he was incredibly professional, friendly and also made me feel at ease.

Both B and C are incredibly professional but with an open and friendly manner, it’s been a pleasure to have them as the support for X.”

Received for colleague in Adult Safeguarding Hub (ASH) and a colleague, Service Improvement Officer from the Service Improvement Team (SIT) May 2025 from a Residential Home Manager

Safeguarding Adults

- Safeguarding adults is about protecting the rights of people with care and support needs to live in safety, free from abuse, harm and neglect.
- If you are concerned about a person who is over the age of 18 years, who has care and support needs, and you feel they are being abused or at risk of abuse from another person, you should seek help for them.
- **To report a safeguarding concern in the BCP Council area contact: 01202 123654**

During evenings and weekends, telephone 0300 1239895



Thank you for reading our Bournemouth, Christchurch and Poole
Safeguarding Adults Board Annual Report 2024-2025
If you would like to get in touch, please do so by the following contact details :

bcpsafeguardingadultsboard@bcpcouncil.gov.uk

Tel: 01202 794300

[BCP SAB Website](#)

Safeguarding is everybody's business

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Adult Social Care – Compliments, Complaints and Learning Annual Report 2024/25
Meeting date	1 st December 2025
Status	Public
Executive summary	Adult Social Care has a statutory responsibility to produce an annual report on complaints received, issues that have been raised and any action that has been taken to improve services. Adult Social Care encourages feedback from a range of sources including complaints, compliments, comments. This report provides a summary of complaints and compliments, including learning, for BCP Council Adult Social Care from 1st April 2024 to 31st March 2025.
Recommendations	It is RECOMMENDED that: i) Committee consider and scrutinise the information contained in this report. ii) Committee consider any actions or issues for inclusion in the forward plan
Reason for recommendations	Adult Social Care has 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 are required to produce an annual report about complaints received, issues that have been raised and any action that has been taken to improve services.

Portfolio Holder(s):	Councillor David Brown
Corporate Director	Betty Butlin – Director of Adult Social Care Services Zena Dighton – Interim Director of Commissioning
Report Authors	Nicky Mitchell – Head of Transformation and Integration Ellen Miles – Adults Complaints Manager
Wards	All Wards
Classification	For recommendation

1. Background

- 1.1 Adult Social Care has a statutory responsibility to produce an annual report under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 to report on complaints received, issues that have been raised and any action that has been taken to improve services.
- 1.2 This report provides a summary of the feedback and learning from BCP Council Adult Social Care annual report covering the period 1st April 2024 to 31st March 2025 included at appendix 1.

2. Summary of Key Findings

- 2.1 In 2024/25 the total number of complaints for BCP Council Adult Social Care was 195.

In 2023/24 the total number of complaints received was 180.

16 complainants referred their complaint to the Local Government and Social Care Ombudsman (LGSCO) for an independent review. The Ombudsman chose not to investigate 13 of the referrals due to either; a premature referral, the complainant did not have the authority to make the complaint, the length of time it had taken for the complainant to raise the referral or the Ombudsman felt that the council had already done all they could to rectify the situation and an investigation would not change the outcome.

- 2.2 Complaint themes highlighted communication and perceived standard of service and professional practise as being the most common concerns. Trends around finance and charging were also highlighted however there was a drop in numbers of complaints around delays in providing services.

- 2.3 Organisational learning has been developed from customer feedback where possible. Details of learning from feedback can be found at appendix 4.
- 2.4 Additionally, **202** compliments and messages of thanks were received.
- 2.5 Complaint themes and learning are now triangulated with other quality assurance findings, performance measures and stakeholder feedback, allowing more evidence-based decisions to be made about how to improve services. This work is governed by the Executive Performance and Quality Improvement Board. This report focuses on compliments and complaints.

3. Summary of financial implications

- 3.1 Financial payments can be made as a result of a complaint if this redress is considered appropriate. Any costs in this respect are accepted as the responsibility of the Social Care service. Financial redress can be offered on a case-by-case basis or can be recommended by the LGSCO. At the time of the report there had been no financial redress recommendations for this reporting year however some decisions are still to be made.
- 3.2 There are costs of employing independent investigators for complaints however they are only used in exceptional circumstances. The use of any independent investigators are always agreed by the service prior to commencement.

4. Summary of legal implications

4.1 The statutory framework for complaints about adult services are:

- the NHS and Community Care Act 1990
- the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

4.2 Alongside this, government guidance are also relevant including Getting the Best from Complaints (DfES 2006).

4.3 The guidance requires the complaints function for Social Care to be at 'arm's length' from the operational delivery.

5. Summary of human resources implications

5.1 Not applicable

6. Summary of sustainability impact

6.1 Not applicable

7. Summary of public health implications

7.1 Not applicable

8. Summary of equality implications

- 8.1 Many people or carers receiving support from adult services will have a disability, or from potentially disadvantaged groups. The complaints process is a vital part of the Council's quality assurance function to ensure all service users receive fair treatment and reasonable adjustments.
- 8.2 The Complaints Service will ensure complainant's individual requirements are supported, for example through interpreting services or by advocacy services.

9. Summary of risk assessment

- 9.1 The Complaints Service manages complex, high risk complaints which if not effectively managed could result in scrutiny by the Local Government and Social Care Ombudsman, Central Government, CQC or through the courts via judicial review. The implications of this scrutiny could negatively affect the Council's reputation and result in major financial costs.
- 9.2 Practice issue complaints can include elements of safeguarding which require effective management and proactive action. The Complaints Service must be able to recognise these issues when they arise within a complaint context and action them appropriately.

Appendices

Appendix 1 – Adult Social Care Compliments and Complaints – Annual Report 2024/25

Adult Social Care Compliments and Complaints

Annual Report
2024/25

Contents

Introduction	3
Executive Summary	3
Complaints	4
Summary of complaints activity in 2024/25	4
Complaints made to the Local Government and Social Care Ombudsman (LGSCO)	5
Complaint themes	7
Communication	7
Financial (funding issues, charges or fees)	Error! Bookmark not defined.
The lessons we have learnt from customer feedback	8
Monitoring the effectiveness of the complaints procedure	9
Staffing of the complaints service	9
Compliments	10
Appendix 1 – the Joint Adult Social Care and Health Complaints Procedure	12
Appendix 2 – Local Government and Social Care Ombudsman (LGSCO) decisions received ..	14
Appendix 3 – Equalities information	19
Appendix 4 – Learning from customer feedback	21

Introduction

Feedback from customers is vital to any organisation in making improvements. BCP Council Adult Social Care (ASC) welcomes and encourages feedback by any means including complaints, compliments, comments, surveys, consultation, engagement and audits and uses this feedback systematically to make improvements.

Local authorities have a statutory responsibility to report complaints and other representations about health and adult social care under the Local Authority Social Services and National Health Service (NHS) Complaints (England) Regulations 2009. These require councils and NHS bodies to produce an annual report about the complaints they have received, issues that have been raised and any action that has been taken to improve services.

This annual report covers compliments, complaints and related learning for the period 1 April 2024 to 31 March 2025. It aims to review the management and performance of the statutory complaints and representations process in 2024/25 (including statistics, the nature of complaints and compliments received, and how the learning from these has been used to improve services).

Executive Summary

In 2024/25 the total number of complaints for BCP Council Adult Social Care was **195**. This compares to a total of **180** in 2023/24. This is in line with the regional trends recorded by neighbouring authorities within the Southern area.

Communication, financial matters and assessment and eligibility have been highlighted as the most common themes from complaints:

- Complaints around communication was raised in 97 complaints
- Complaints relating to issues surrounding financial matters was raised in 72 complaints
- Issues relating to assessment and eligibility was raised in 59 complaints.

Of the 195 complaints brought, it was the council's view that, overall 24 were upheld, 35 were partially upheld and 135 were not upheld, however learning from any feedback is always considered. 1 complaint remains open at the time of writing this report.

Throughout the year 12 people made more than one complaint. Whilst the Complaints Team cannot investigate for a second time a complaint that has already been answered and concluded the process, complainants may bring additional complaints about new issues, should the need arise.

A total of **202** individual concerns and general enquiries were managed outside the complaints process. These individuals did not wish to pursue a complaint despite being offered the service, but felt they needed support to resolve a situation. These cases were dealt with in conjunction with Adult Social Care operational teams or signposting to the correct service, such as Safeguarding services.

In addition to the complaints and concerns received, a further **59** representations were received from MPs and Councillors on behalf of their constituents and residents. During 2023/24 39 MP and Councillor representations were received.

It is important to note that BCP Council Adult Social Care also received **219** compliments and messages of thanks during 2024/25. 228 compliments were recorded in 2022/23. During 2024/25 we continued to receive good news stories in a variety of methods, such as verbal reporting forms, Our Journey's and Stories of Difference. These ways of recording continue to be used and have become embedded in the formal recording of compliments. By having alternative ways to record good news, it strengthens our culture of continuous learning.

Adult Social Care alone serves around 4215 adults and 6992 carers, out of a local population of **399000**. Therefore, less than 2% of the people using services have sought to make a complaint about Adult Social Care.

Over the year, feedback and lived experience has also been sought via other Quality Assurance tools such as consumer surveys, staff surveys, consultations, and stakeholder engagement activity. These findings feed into quality assurance reporting to senior leaders for direction and to influence future planning.

Complaints

It is stated in legislation that most complaints should be resolved by local resolution. This means trying to resolve complaints at the earliest opportunity and as close to the point of service delivery as possible. An in-depth investigation may be carried out if it is judged by the Complaints Manager to be the best way to respond to the issues raised, usually in complex cases. The complainant can also approach the Local Government and Social Care Ombudsman (LGSCO) at any stage of the complaints process. Read more about the statutory process at [Appendix 1](#).

Summary of complaints activity in 2024/25

	2024/25	2023/24	Comments
Complaints received	195	180	Whilst there was a small increase in complaints this year it should be noted that cases are becoming more complex and this is reflected in the number of themes recorded this year. Whilst this increase is in line with both a regional and national trend the Complaints Team continue to monitor this. Learning from complaints is fed into other quality assurance activity to ensure that services remain accessible and supportive to people who draw on our services.
Complaints acknowledged within 3 days	99% (194)	98% (177)	One complaint acknowledgement was delayed due to work pressures.

	2024/25	2023/24	Comments
Resolved at local resolution	92% (179)	86% (155)	The percentage of complaints resolved at an early stage through local resolution remains high and has increased since 2023/24. 16 complaints from this reporting year went to the Ombudsman for review as the complainant was not happy with the local resolution offered. 3 of these complaints were accepted for investigation.
Resolved within 20 days	61% (118)	62% (112)	20 working days is the target set locally for resolution. Staff availability was the most common reason for complaint responses being delayed, however complexity of the complaint and the need to involve more than one investigating officer was also a factor. Where delays were unavoidable, complainants were kept informed and updated of when they could expect a response by. Whilst 20 working days is considered to be our best practice, this is not a statutory timescale.
Formal/in-depth Investigations	0	1	In 24/25, no cases required a formal in depth investigation.
The Unreasonably Persistent Complaints process	1% (1)	1% (1)	This year we have had to invoke the Unreasonably Persistent Complaints process on one occasion due to the protracted nature of the complaints. The Complaints Team are also managing a number of situations where persistent contact from complainants requires communication plans to manage expectation.

Complaints made to the Local Government and Social Care Ombudsman (LGSCO)

16 complainants referred their complaint to the ombudsman for an independent review during 2024/25. This is a decrease from 2023/24 where 25 complaints progressed to the Ombudsman for consideration.

Common themes for investigation during 2024/25 were around delay in providing service, assessed needs and matters relating to financial assessments/charging for care.

The Ombudsman chose not to investigate 13 of the 16 referrals as either they had not yet gone via the Council's complaint processes or the Ombudsman could not find fault with the investigation undertaken by the Council and that everything had already been done to remedy the situation. The Council, Complaints team and responding managers have worked hard to ensure that robust responses are provided and resolutions are found at the earliest stage.

Therefore, **3 complaints** from reporting year 2024/25 were investigated this year, compared to 10 investigations in 23/24.

- 1 decision received was upheld
- 2 remain under investigation at the end of year 2024/25

6 further decisions were received which were outstanding from 2023/24.

- 4 decisions were upheld
- 2 decisions were not upheld

Details of the referrals where there has been a decision can be found in [Appendix 2](#).

Complaint themes

To enable detailed recording and identification of key areas of learning and improvement, complaints may have more than one theme recorded. In 2024/25, whilst 195 complaints were received, a total of 418 individual themes were recorded. In addition, the upheld rate recorded includes complaints partially and fully upheld.

Complaint theme	2023/24	2024/25	Upheld rate
Communication (perceived inadequate communication, information and advice)	123	103	36% (37)
Finance (decisions around funding, invoice disputes/delays, self-funders approaching the council for funding, financial assessment)	102	93	20% (19)
Decision around assessment and eligibility	39	59	34% (20)
Professional Practice (level of support and guidance, feeling involved/empowered in assessment process)	29	57	32% (18)
Delay in providing a service	31	38	58% (15)
Policy or process	27	30	27% (8)
Quality of domiciliary provision	11	14	29% (4)
Quality of residential or nursing home	7	7	14% (1)
Commissioning	6	6	33% (2)
Hospital discharge process – with Health partners	2	5	20% (1)
Extra Care Housing	3	3	0% (0)
Safeguarding process	4	1	0% (0)
Contact centre delay	0	1	100% (1)
Respite	2	0	0% (0)

Communication

Many of the complaints around communication relate to providing information in a timely manner and families not feeling as involved as they would have liked to have been. The Council maintain Practice Standards relating specifically to communication that continue to be reflected on by practitioners when engaging with people who come into contact with our services.

In addition, the introduction of Co-pilot (AI) has provided Council Officers with an additional resource to support with managing communication. This system whilst still in its introductory phase is becoming embedded within ASC services and any efficiencies that this system affords will continue to be monitored during 2025/26.

Financial (funding issues, charges or fees)

Individual complainants have challenged national and local policy decisions in terms of funding eligibility. Where disputed, re-assessment may be offered to ensure that BCP Council have a clear understanding of a person's financial position in line with appropriate policy. During 2024/25 work has taken place to ensure staff are clear when making decisions around policy and also to strengthen the information that the Council provides to people when access services.

Decision regarding assessment and eligibility

Difficult conversations are often held around what services can or cannot be provided in line with Care Act 2014 eligibility criteria. Again, where appropriate, re-assessments have been undertaken to ensure that BPC Council ASC have a clear understanding of a person's needs where disputed. This ensures that a person's care needs remain being met and that eligibility in line with both policy and the Care Act 2014 is assured.

The lessons we have learnt from customer feedback

In year the main learning points have focussed around:

- Improving and simplifying communication standards internally between teams, with our providers and with people using the services of Adult Social Care.
- Addressing the issues surrounding delay when providing services and enabling people to access alternative provisions of care. The ASC Strategy and Transformation Plans focus on new ways of working and prevention, and early indications show that people are now waiting less time to be supported. In addition to improve the time people were waiting, staff were redeployed to focus on areas where people were waiting longest.
- Improving DFG processes and applications – focus was given on working with Housing colleagues to improve the process, new staff were employed to work across Housing and ASC to ensure a more joined up approach, and strategic level meetings were put in place to analyse learning about adaptations.

Desired outcomes to complaints are often specific to the case, but when there are organisational learning points that influence policy or procedure, they are acted upon. Individual case learning is dealt with directly with the complainant and more general issues are managed through supervision with team managers and reminders at team meetings.

ASC now has a well-established monthly Performance and Quality Improvement Board which reviews data and feedback from people, to ensure actions are being taken to improve services where needed. This has meant we are now triangulating complaint themes and learning, with

other quality assurance findings and performance measures, allowing more evidence-based decisions to be made about how to improve services.

Please see a full table of learning, including organisational learning, being rolled out across the BCP Council area in [Appendix 4](#).

Monitoring the effectiveness of the complaints procedure

A routine online feedback survey is sent to complainants after the process has closed, response rates tend to be variable with not everyone wishing to engage further with the process after their issues have been resolved. However, complimentary feedback has been received by the team, thanking them for their support and facilitation in managing complaints both by complainants and by managers responding to complaints. During 2025/26 the complaints team, now a centralised service will seek to align how all areas receive and collate feedback for future use.

Staffing of the complaints service

Currently there are two full time officers in post who manage the day-to-day statutory and corporate complaints process for ASC. This includes acknowledging complaints, recording and documenting details, tracking and monitoring each case and quality assuring responses to make sure all elements of the complaints are answered. The team also ensure that complainants are kept up to date with progress on their complaints and facilitate meetings where requested. The complaints team were centralised in April 2024, with colleagues from both statutory and corporate functions, aligning services and strengthening the team's flexibility making the service more robust.

Training

There is an online complaints training module for practitioners to use across the whole of social care and has now been added to Adult Social Care Mandatory training schedule.

Bespoke workshops and team-focused complaints training has been delivered both online and in person by the complaints team. This training has been well received and strengthened the working relationship between the complaints staff and operational teams and creating a more robust service. This programme of training will continue through 2025/26. This is in conjunction with the training being developed by the central service to align with new policy for corporate complaints which is in conjunction with the new complaint handling code that has been introduced by the Local Government and Social Care Ombudsman. In addition, additional support has been given to our providers to strengthen their complaints processes and regular reminders detailing updated policy are sent to our providers. The complaints team remain available to our providers and offer support and guidance during the complaints process.

An online staff complaints toolbox is also available to provide support; the tool kit includes staff guidance, documents such as letter templates, language checklists, legislative information and LGSCO information.

Compliments

People who draw on services and staff are encouraged to report feedback about services. Compliments are vital because they help to give us a complete picture of opinions about services. In addition to complaints, they can help us make changes to improve services further by identifying good practice.

In total, **219** compliments and messages of thanks were received. This excludes any positive messages received through the How Did We Do feedback forms. The recording and reporting of these will, moving forward, be recorded by the complaints team into 25/26.

Areas where the highest numbers of compliments have been received	2024/25
Community Teams	92
Contact Centre	22
Direct Payment	21
Statutory Services and Safeguarding	16
Hospital Social Work	14
Finance	12
Shared Lives	11

Themes of compliments (excluding thank you's)

Themes of compliments received	2024/25
Professional approach	104
Communication	83
Manner	74
Information provided	34
Positive Relationship	29
Carers Service (specific)	1

Compliments and positive feedback are shared with staff on a regular basis through the staff newsletter and Good News webinars. At the same time, teams are reminded to feedback comments from adults and carers and many teams now have a systematic way of doing this. Moving forward into 2025/26, then additional work surrounding fully exploring the themes of compliments and their impact will be fed into our quality mechanisms to ensure that we are embedding good practice amongst services.

A small selection of compliments are detailed below:

“

I would like to compliment you for your help, support and advice during the past year it has been tough for us all but you helped to make the process easier and gave us the advice which enable us to keep mum at home.

”

“

It was our good fortune and pleasure to meet you and have you do our care plan. You are extremely good at the way in which you put us at ease. Kind and considerate and a very good listener too. A true gentleman in your profession for which we are very grateful

”

“

You are extremely professional in your role as Practice Supervisor which is evidenced during my supervision with you and the learning opportunities you have given me. Including being able to attend a Mental Health Act assessment which I will remember forever as part of my journey with your amazing team.

”

“

I'd like to thank you for everything literally everything. You're 1 in a million! Thank you for all the advice you've given me. Thank you for always being there. I will be lost without you when I'm discharged! You stuck to your promise of giving me my full independence in our forever home.

Appendix 1 – the Joint Adult Social Care and Health Complaints Procedure

What is a complaint?

An expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a local authority's adult social care services provision which requires a response.

What is a representation?

A comment, suggestion or compliment made about the service provided. Legislation states that if it is possible to resolve a lower level matter immediately or within 24 hours, there is no need to engage the complaints process.

Who can complain?

An adult who is entitled to, or has a possible need for, a personal social service at any stage in their contact with the service. They also qualify if they are acting on behalf of the adult as their representative and acting in their best interests.

How the procedure works

a) Local resolution

In the majority of cases, a problem-solving approach will be adopted to resolve complaints as close to the point of service delivery as possible. Most complaints are resolved using this approach and typically by the operational manager. Timescales for responding to complaints are agreed between the complainant and the Complaints Officer. Locally, complaints are normally responded to within 20 working days. If the complainant is not satisfied with the outcome of their complaint they have the option to ask for their complaint to be formally investigated or to request a further meeting, or they can ask the Local Government and Social Care Ombudsman to consider their complaint.

b) Formal investigation

In discussion with the complainant and Complaints Officer, an investigation can be invoked rather than using local resolution. The risk, complexity and seriousness of the complaint will be considered when making this judgement.

An in-depth examination of the complaint is completed by an investigating officer who is independent of the service area. A report will be compiled and forwarded to the Director of Service who acts as an adjudicator and will identify the Service Unit's response/decision on each point of complaint and any actions with timescales for implementation. Timescales are agreed between the complainant, the responding manager and the investigating officer.

c) Local Government and Social Care Ombudsman (LGSCO)

The complainant can approach the LGSCO at any time during the procedure or if they remain unhappy after the local authority's efforts at resolution have been exhausted. However, if the ombudsman considers that issues could be resolved at a local level, they will refer the complaint back to the local authority.

Complaints that have both health and social care elements

There may be some occasions when complaints have elements of both health and social care services. If so, the Complaints Officer will look at the issues and decide whether the Protocol for Dealing with Joint Complaints needs to be adopted and the complaint progressed in accordance with this route.

Appendix 2 – Local Government and Social Care Ombudsman (LGSCO) decisions received.

Date of complaint referral	Complaint summary	Complaint themes	Decision	Remedy/Learning
23/24	The complaint centralised around the Council's delay in assigning a social worker and completing an assessment of their daughter's care and support needs.	Delay; Decision around funding	Upheld	The Ombudsman recognised that the Council apologised for the delay when it responded to the complaint, and it confirmed it was working hard to improve its waiting times. The Ombudsman however, did not consider this suitable remedy as during assessment, the Council determined that the person concerned needed care and support. The representative was also noted to be heavily involved in supporting the person's need and so a financial reward to recognise the uncertainty caused by the delay was awarded.
23/24	The complainant complained the Council had delayed processing their daughter's Disabled Facilities Grant application.	Delay in providing service; Delay in financial assessment; Communication	Upheld	It was noted that the Council confirmed it has employed and is continuing to employ new members of staff to address the shortages in the team. The Ombudsman recognised that there has been a notable reduction in the waiting lists due to a streamlining in the process for how the Council deals with referrals. The Ombudsman welcomed the Council's apology and service improvements made, but awarded the family a financial remedy in recognition of the delay experienced.

Date of complaint referral	Complaint summary	Complaint themes	Decision	Remedy/Learning
23/24	The complainant complained their family were not told in advance there would be a financial contribution towards care costs when his disabled child turned 18. As part of this complaint, concerns were also raised regarding the content of the financial assessment as it was felt that the Council had not taken consideration of appropriate contributions in their calculations.	Decision around assessment and eligibility; Decision around funding	Upheld	The Ombudsman agreed that many of the considerations requested by the complainant had suitably been considered by the Council based on the information provided by the family. The Ombudsman did, however, did ask that the Council re-assess the person's contribution subject to additional evidence being provided by their family and backdate funding as necessary. In addition, the Ombudsman also asked the Council to produce or amend guidance to families on DRE so they are aware of possible expenses that could be included under the Care and Support Statutory Guidance 2014 (Care Act 2014) Annex C.

Date of complaint referral	Complaint summary	Complaint themes	Decision	Remedy/Learning
23/24	The complainant complained that the Council was not providing them with the support they needed and consequently struggled with day-to-day activities. They complained that an assessment of their needs had not taken place in what, they felt to be an acceptable timescale.	Communication; Professional Practice; Delay in providing service	Not upheld	The Ombudsman recognised that the complainant had made multiple approaches to both the Council and LGSCO over a number of years regarding their care needs which had been suitably addressed. The ombudsman identified that there is no statutory timescale for completion of needs assessment and the Council's decision to wait for the return of a worker from a period of leave and with whom that the complainant had a positive relationship with was reasonable. The Ombudsman also noted that suitable alternative provision such as weekly contact with the duty team and a reconsideration the timescale for assessment if his situation becomes more urgent had been made by the Council. As such they found no fault with the Council's actions in this case.

Date of complaint referral	Complaint summary	Complaint themes	Decision	Remedy/Learning
23/24	The complainants complained that the Council did not properly explain the charges for their late family member's care home. They also say they were denied a choice of alternative care provider	Communication; Decision around funding; Invoice dispute or delay; Policy; residential or nursing care	Upheld	The Ombudsman recognised when a family member moved to the care home there was no expectation by their representatives that they would pay for it. There was evidence to suggest that the Council should pay for care and that it had indicated it would. The Council did accept that a letter of agreement should have been sent to the representatives. It was identified that the representatives would have been aware that there was a charge for care as they were over the threshold for Council funding. It was also identified that the Council were not responsible for any delays to the family member returning home. The Ombudsman noted that the Council should have done more to tell the representatives they could have direct payments and as a remedy for the complaint identified that the Council should: a. reminds officers of the need to tell people they can have direct payments, if they want them; b. takes action to ensure financial assessments are not subject to delays; takes action to ensure letters of agreement are sent out at the right time and to the right person
23/24	The complainants complain on behalf of a family member. They complain that the Council has not done enough to assist the family member in	Communication; Delay; Decision around	Not upheld	The Ombudsman recognised that the Council had proactively worked with the family in trying to secure alternative accommodation for the family member. The Ombudsman noted that the Council had supported the

Date of complaint referral	Complaint summary	Complaint themes	Decision	Remedy/Learning
	moving out of the care home where they are living and move into the community near to the representatives.	assessment and eligibility		client with their move; had assessed care needs regularly; had sought for an alternative provision of a placement within the Council's own area which had been declined by the family and was liaising with a Council within the family's preferred location.
24/25	The complainant complained on behalf of a family member, about delay in the Council considering their application for a Disabled Facilities Grant. The representative says they have had to pay for the works privately due to the Council's failings.	Delay in providing service; Communication	Upheld	Whilst the Ombudsman could not support that the works were undertaken by the family prior to council involvement which it recognised were at their own expense, it did recognise that there were delays by the Council in assessing the suitability for work. The Ombudsman noted that they did not make any service improvements as the Council had identified the changes it was making to reduce delays, including a new process, new staff and strategic level meetings to analyse learning from complaints about adaptations but did make a financial reward to the family for the delays.

Appendix 3 – Equalities information

Primary Support Reason	
Physical support - access and mobility only	29% (57)
Physical support - personal care support	10% (19)
Learning disability support	13% (26)
Not recorded	19% (38)
Support with memory and cognition	11% (22)
Mental health support	6% (12)
Not recorded – corporate	3% (5)
Social Support – support for carers	4% (7)
Sensory support - support for visual impairment	2% (4)
Social Support - Support for Social Isolation / Other	2%(3)
Sensory support – Support for dual impairment	1% (1)
Sensory Support – support for hearing impairment	1% (1)

Gender of Complainant	
Female	63% (122)
Male	33% (65)
Unknown	7% (8)
Gender of person drawing on services	
Female	47% (92)
Male	45% (88)
Unknown	8% (15)

Ethnicity

Ethnicity of complainants	2024/25
White - English/Welsh/Scottish/Northern Irish/British	78% (153)
Not recorded	18% (36)
Other ethnic group - Other	2% (4)
Any other white background	0.5% (1)
Asian/Asian British	0.5% (1)
Mixed/multiple ethnic groups - Other	0.5% (1)
Mixed/multiple ethnic groups - White and Asian	0.5% (1)

78% of the total people using services complained about told us they are White-English/Welsh/Scottish/Northern Irish/British, with a further 0.5% listed as Any other white background. 3.5% of complainants told us they are from mixed or multiple ethnic groups.

We do not hold a record for 18% of our complainants.

People do have a choice whether to disclose to us their ethnicity and gender, but the figures recorded in this section are not dissimilar to the ethnicities and genders of people who come into contact with the Council from within the conurbation.

This information will feed into our Equalities, Diversity and Inclusion review work.

Appendix 4 – Learning from customer feedback

NB - Below is a summary of learning which is measured and reviewed as part of the quality assurance framework.

Origin of learning and issues raised	Learning improvement identified	Measure/outcome of learning
Individual members of staff and the advice they have provided to people accessing services.	Practice Learning reviews are held between practitioners and managers which allow for reflective practice. Any specific learning for individual staff is picked up during these sessions or during supervision.	Review of complaints and comments in 25/26
Charging for care and the accuracy of invoicing.	Cases were reviewed on an individual basis. Where action, such as re-assessment was identified this was undertaken and outcomes made clear. However, in cases where appropriate signposting, such as repayment plans were identified, then this was also undertaken.	Review of complaints and comments in 25/26 for earlier resolution of issues.
Quality and availability of care that was received by providers.	The matters raised were identified with the providers and appropriate reflective action taken. BCP Council's monitoring team will continue to review the issues raised as part of their ongoing contractual work with the providers concerned.	Review of complaints and comments in 25/26
One complaint was received regarding a young person transitioning between CSC and ASC teams and the services that were now available to them including Direct Payments.	A review of the process of transitioning between CSC and ASC was undertaken. This has included arranging a regular meeting between both CSC and ASC financial services to highlight the young people approaching 18 in that financial year, so any complex transitions can be managed with clear communication.	Review of complaints and comments in 25/26

Origin of learning and issues raised	Learning improvement identified	Measure/outcome of learning
One complaint was received regarding reaching the capital threshold for care and delays in accessing services.	A review was undertaken regarding the delays experienced. BCP Council now have a dedicated worker that supports people whose capital is falling below the capital threshold.	Review of complaints and comments in 25/26
Delays in people being able to access services.	The ASC Strategy and Transformation Plans focus on new ways of working and prevention, and early indications show that people are now waiting less time to be supported. In addition to improve the time people were waiting, staff were redeployed to focus on areas where people were waiting longest.	Review of complaints and comments in 25/26
One complaint was raised regarding accessing a CHC assessment and the process undertaken in relation.	A review was undertaken and CHC assessment undertaken. As part of this review the service recognised the importance of ensuring that families are informed and updated about the Continuing Healthcare process. In addition consideration of the CHC process was to be recorded during peer huddles which included explaining to families why we are or are not applying at that time.	Review of complaints and comments in 25/26

Origin of learning and issues raised	Learning improvement identified	Measure/outcome of learning
One complaint was received regarding a client's perception that a manager would not return their calls.	After review, it was identified that a procedure for dealing with teams calls during absences e.g. forwarding calls/out of office messages should be undertaken. This included: - Ensuring that staff check their call logs on teams daily to alert staff to missed calls even if no voice mail is left - Raising the issue of not responding to voice mails in a timely manner in staff supervision and to consider the appropriateness of the method of communication based on the situation - Ensuring that staff advise people of the purpose of their involvement and that this is time limited, when they commence work with the person and their family	Review of complaints and comments in 25/26
One Complaint was received regarding the allocation and use of carers vouchers	A wider review of the carers vouchers service has been undertaken, however, in the interim, any vouchers sent out are now accompanied by a leaflet or covering letter explaining the allocation and how to redeem them.	Review of complaints and comments in 25/26

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Health & Adult Social Care Scrutiny Committee



Report subject	FutureCare Programme – Mid-Programme Review
Meeting date	1 st December 2025
Status	Public
Executive summary	At the midpoint of the FutureCare Programme, substantial operational benefits have been delivered. These include 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 has 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, 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.
Recommendations	It is RECOMMENDED 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

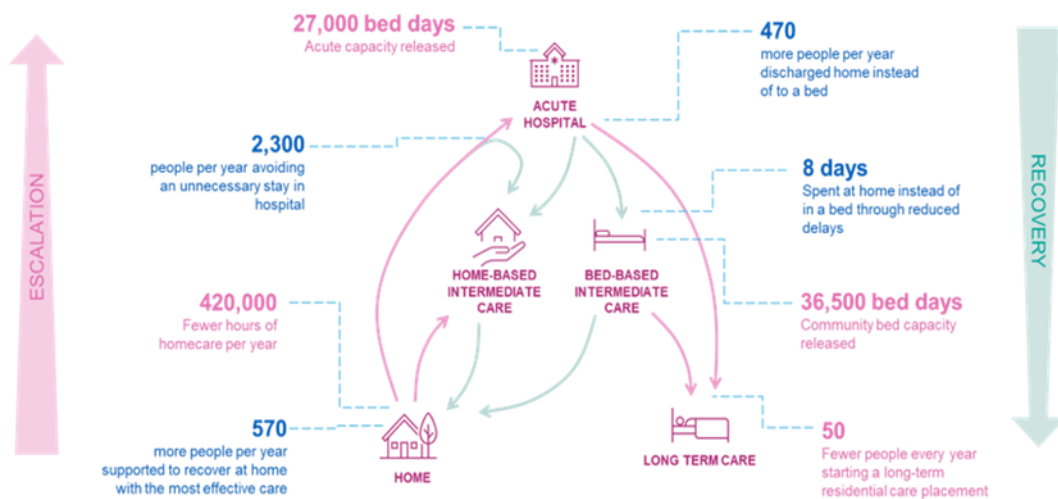
	work is required to reduce the average length of time people spend in hospital waiting for a care package.
Reason for recommendations	To provide assurance to BCP Council that the Scrutiny Committee is undertaking its role in monitoring the delivery of the FutureCare Programme and to confirm that the Programme is on track.
Portfolio Holder(s):	Councillor David Brown
Corporate Director	Betty Butlin, Director of Adult Social Care
Report Authors	Dylan Champion, Programme Director - FutureCare Programme
Wards	All Wards
Classification	Recommendation

1.0 Background

1.1 Following completion of a diagnostic exercise in September 2024 and the subsequent agreement of health and care partners across Dorset to progress, work commenced on the FutureCare programme in January 2025. The aims of the programme are to:

1. Reduce the length of time people spend in hospital by speeding up joint working and decision-making across organisations and starting discharge planning earlier
2. Support more people to recover better at home following a hospital stay, reducing the requirement for long term care packages at home and the need to move from home into long term residential or nursing care.

1.2 The diagram below provides an overview of the anticipated people benefits and resource savings that will be delivered through the FutureCare Programme.



1.3 This report provides an update on progress in delivering the FutureCare Programme and contains details from the recently completed Mid Programme Review. In parallel, the Mid Programme Review is also being presented to other partner boards and committees.

1.4 As well as focusing on the operational and cumulative benefits delivered as part of the programme, it also focuses on the impact the programme has had on overall system flow and in contributing to system financial plans.

2.0 Workstream Updates

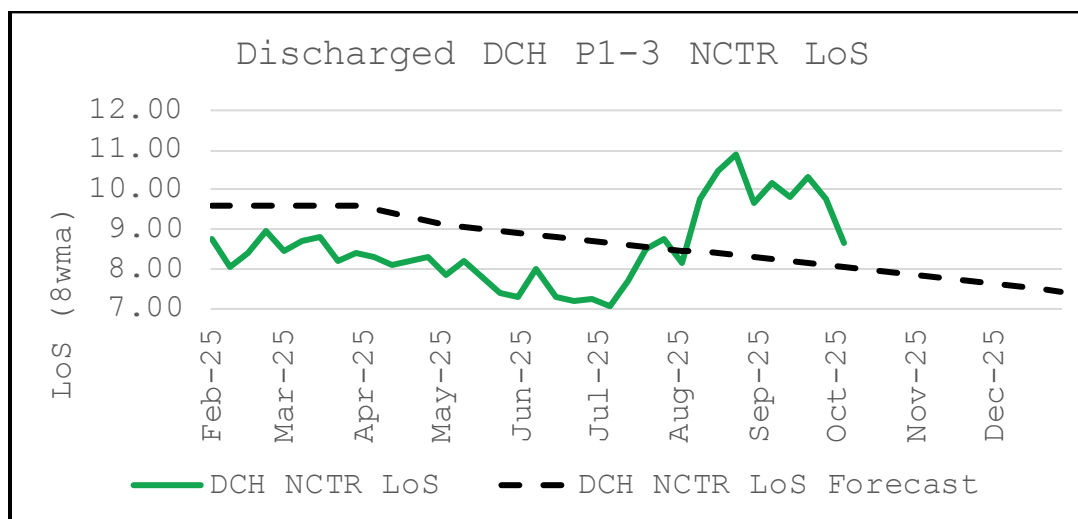
2.0.1 The Programme is structured around four key workstreams. Presented below is a brief update against each workstream.

2.1 Transfers of Care workstream

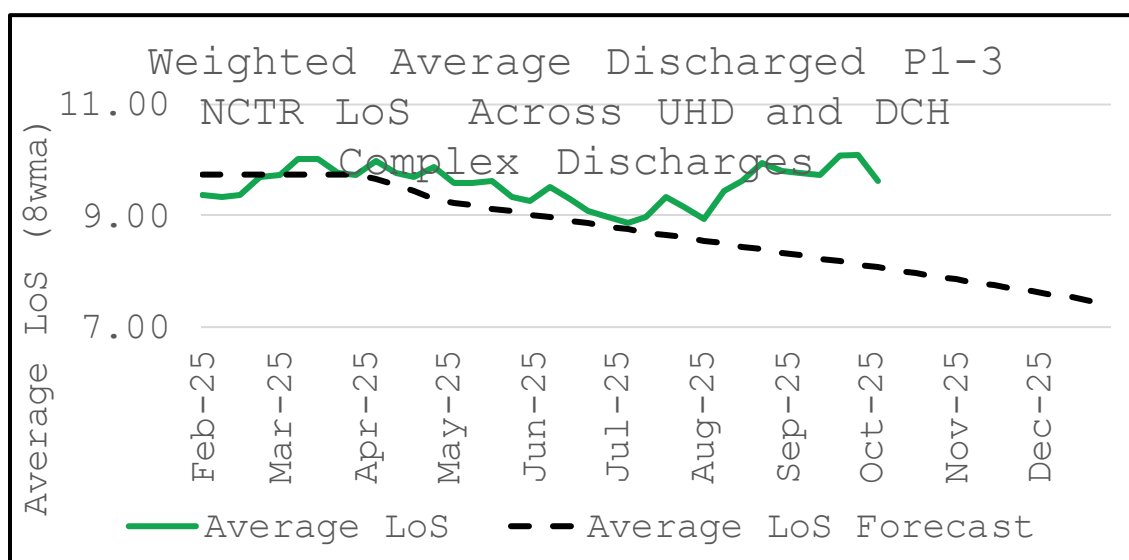
2.1.1 The transfer of care workstream aims to improve outcomes for people by increasing the number of people enabled to return home with an intermediate care package, once they are medically fit. This will be achieved by establishing two new Transfer of Care (TOC) Hubs, one at Dorset County Hospital and one at the University Hospitals Dorset, to provide a system-wide focus for managing the hospital discharge process and then, working with hospital wards, community and VCSE partners to support and deliver earlier discharge planning.

2.1.2 Both multi-agency TOC Hubs are now operational and intensive programmes of work are now underway to support system partners and hospital wards to achieve earlier hospital discharges.

2.1.3 At Dorset County Hospital there was early success with the average length of stay for people waiting to be discharged from hospital with a care package reducing from an 8-week average of 9.1 days on 24th of February 2025 to an 8-week average of 7.4 days at the end of June 2025. However, a combination of focussing on supporting people who had been in hospital for a long time to get home and increased hospital pressures meant that performance declined during the Summer but is now improving rapidly, as shown in the graph below.

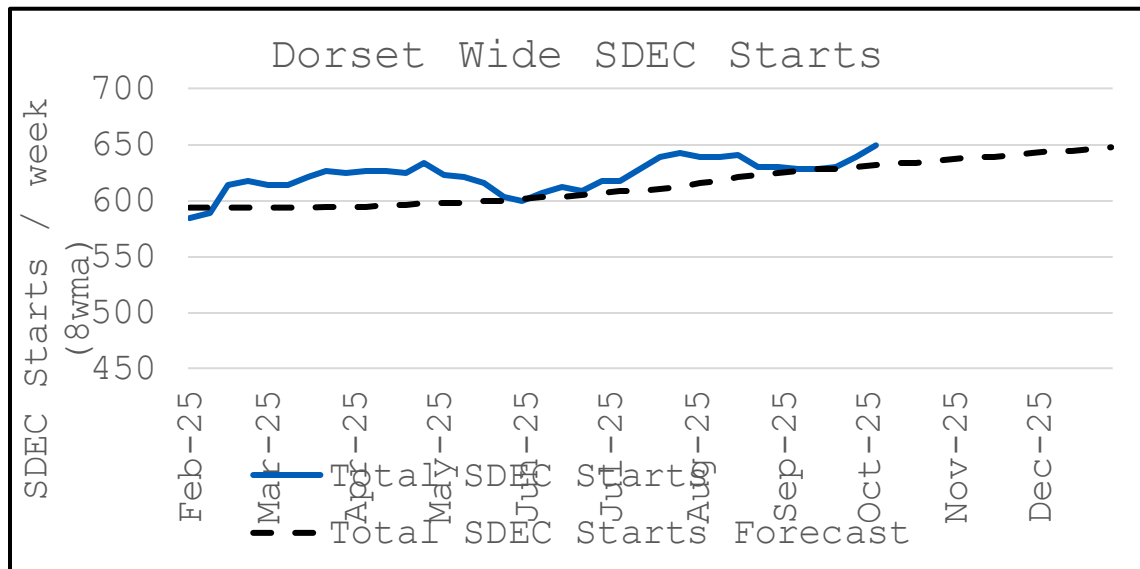


2.1.2 At UHD hospitals, it took longer to fully establish the East TOC hub but now this is complete and work has shifted to improving multi-agency working, overall system performance is also improving. The graph below sets out the combined performance across both hospital trusts.



2.2 Alternatives to Admission workstream

- 2.2.1 The Alternatives to Admissions (A2A) workstream primarily focuses on better utilising and referring more people to same day emergency care (SDEC) services as an alternative to admission into an acute hospital ward. Good progress has been made with this workstream at UHD hospitals and at DCH and so across Dorset this improvement trajectory is ahead of expectation.

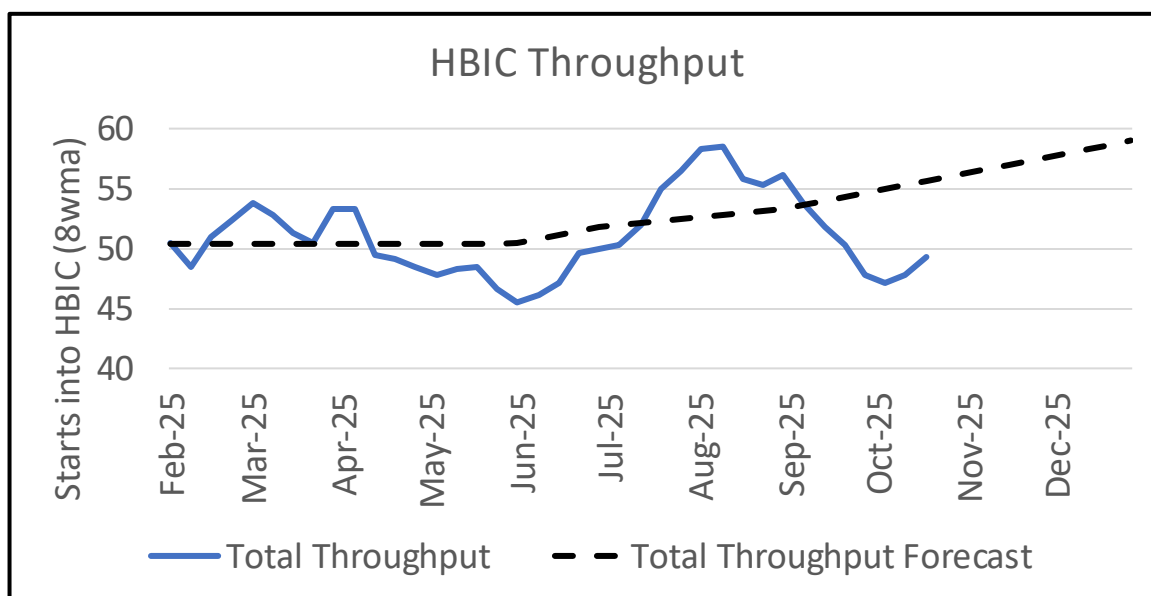


- 2.2.3 Focus is now shifting to working with community partners and in particular Dorset Healthcare to support more people to receive community support at home following a visit to an Emergency Department, rather than being referred to SDEC services or being admitted into hospital.

2.3 Home Based Intermediate Care (HBIC) workstream.

- 2.3.1 The HBIC workstream aims to increase the effectiveness of short-term care provided at home following a hospital stay, releasing more capacity to help more people and to improve the quality of the service.
- 2.3.2 Good progress was made with this workstream over the Summer period. During September there were challenges, across both council areas due to staffing shortages in reablement providers and amongst those teams responsible for sourcing packages, which limited the number of people who could be supported. As actions have taken place to address this and

capacity has increased, performance has begun to improve across both areas and this is anticipated to continue.



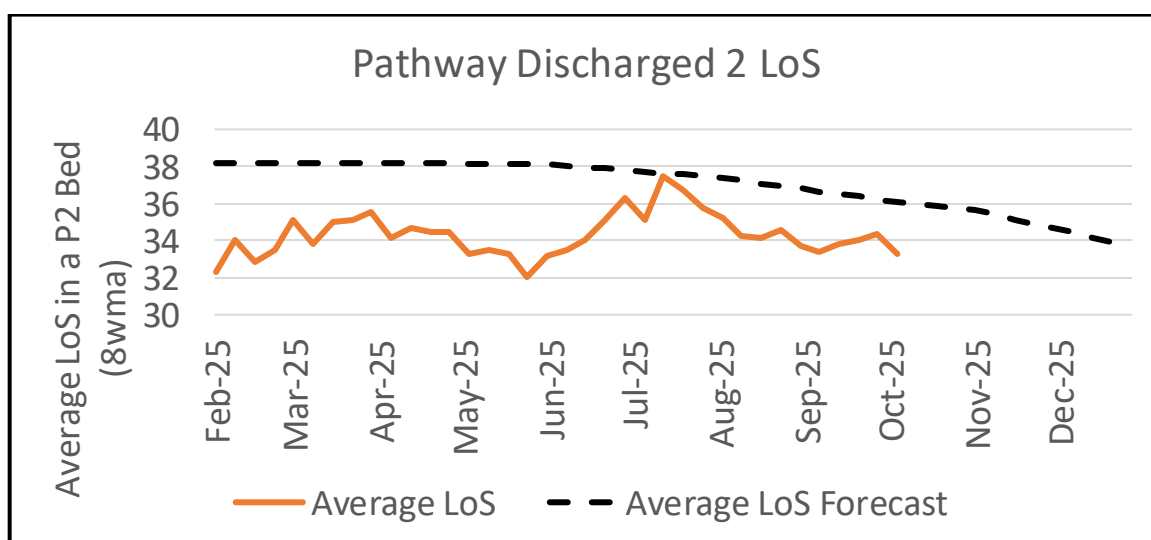
- 2.3.3 A key deliverable for the HBIC workstream is the launch of a new Reablement App. This allows residents to set personalised goals for their reablement programme and for reablement packages to be more tailored to individual needs. The App went live across Care Dorset and Tricuro reablement services during September and already positive feedback is being received.

What this is meaning for patients: Lewis

Lewis, a former doctor recovering from COVID-related complications, needed support preparing food and managing new medications. Using the reablement app his carers worked with him to focus on small, practical goals – like learning to use a bath board safely – while tracking progress over time. He now washes himself twice a week and is arranging to have handrails fitted to support further independence. The real-time updates through the app also meant his Reablement Officer could monitor progress and adjust support accordingly, allowing Lewis to regain confidence and reduce his reliance on care visits. It has also enabled them to step down two of Lewis's visits as soon as they're no longer required, which has freed capacity for someone else to join the service days earlier than they would have done previously.

2.4 Bed-based intermediate care workstream.

- 2.4.1 The aim of the Bed-Based Intermediate Care (BBIC) workstream is to deliver better patient outcomes for people receiving care in community hospital and local authority-provided intermediate care beds. In particular, the aim is to reduce the average length of stay from more than 39 days at the time of the diagnostic to 31 days or less.
- 2.4.2 Wave 1 improvement cycles focussing on community hospitals began in the middle of July and significant reductions in the length of stay have been achieved across these sites. The average length of stay in a community hospital had reduced from 36.7 days at the beginning of the programme to 31.9 days in the period up to 6 October.
- 2.4.3 In September and October, improvement cycles also began at Tricuro sites within BCP and at the Care Dorset Castleman site and significant progress is now also being made. At the beginning of October the average length of stay at Coastal Lodge was 28 days, a significant reduction from the 39.9 days in the 8 weeks to 29 September.



- 2.4.4 Consideration is now being given to how many and what type of intermediate care beds will be required in the future and a fuller update will be provided to a future meeting of the Health and Wellbeing Board.

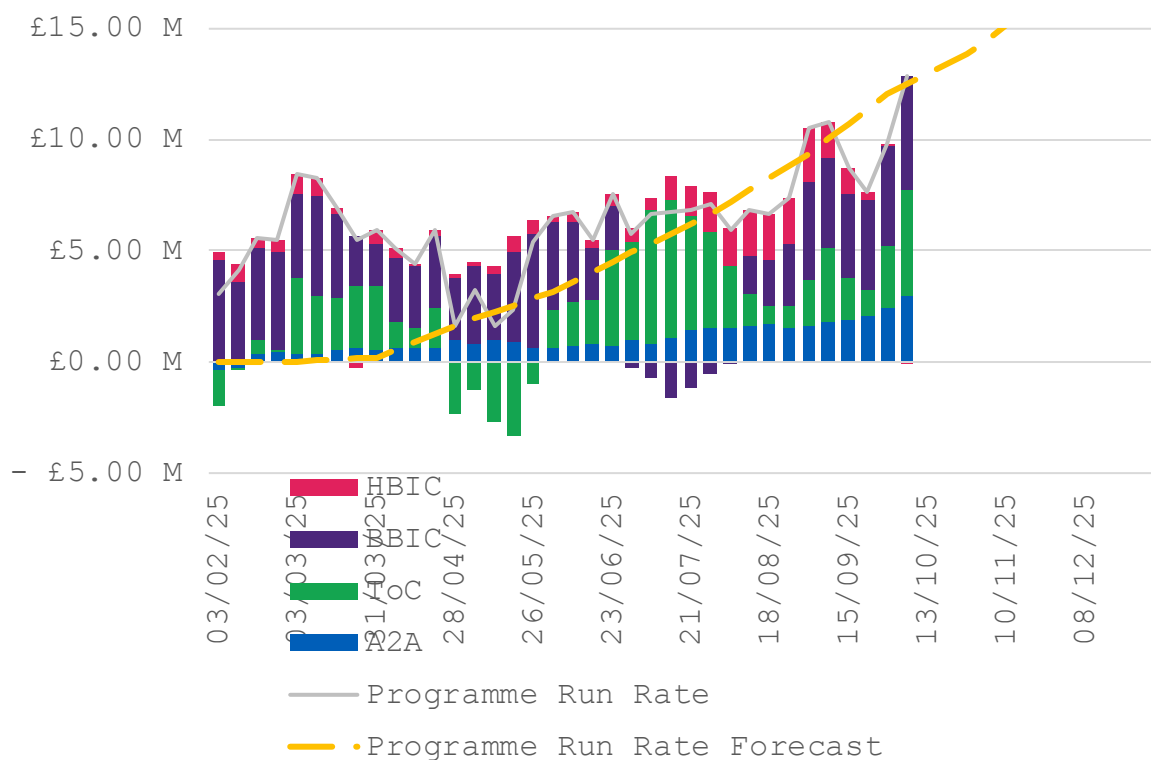
2.5 Mid Programme Review and Transacting Benefits

- 2.5.1 A mid programme review report has recently been considered by the FutureCare Steering Group and will be presented to partner boards and the Council Health and Wellbeing Committee. As well as looking at the value of

operational benefits delivered by the programme, it also considers the impact that the programme has had on reducing the number of people waiting to be discharged from hospital while an intermediate care package is sourced

Operational benefits

2.5.2 On 6 October 2025, the FutureCare Programme had achieved an operational run rate of £12.87m against a target of £12.54m and so at the mid-point was slightly ahead of trajectory. The run rate target for the year is £28.4m and, as can be seen in the graph below, rises steeply over the next six-month period.



2.5.3 While the programme is on track, week on week, performance is variable and subject to significant variation. During August, significant benefit was being delivered via the home-based intermediate care workstream, due to capacity challenges in reablement providers and west flow teams in September, this benefit has diminished but now these have been addressed will increase. Similarly, there is still significant variation, month on month with the amount of benefit delivered via the TOC workstream and significant under-performance against the anticipated trajectory.

Run rate or recurrent operational benefit is the financial value of the operational change that has been achieved if that level of performance is maintained for a year.

Example 1: During the diagnostic exercise it was agreed that the cost of a bed day at UHD hospital was £355. Under the agreed benefits model, if during a week a total of 50 people are discharged from hospital with a support package (P1-3) on average one day sooner than the 9.7 day baseline average agreed as part of the diagnostic, then this contributes £923,000 to the target run rate ($£355 \times 50 \text{ people} \times 52 \text{ weeks}$).

Example 2: During the diagnostic the hourly homecare rate across BCP was agreed at £16.20. Under the agreed benefits model, if 10 people complete a reablement package during a week, and the average reduction in the size of the subsequent long term home care package required is one hour greater than the previous average reduction of 4.59 hrs (i.e. 5.59 hrs) then this contributed £8,424 ($£16.20 \times 10 \text{ people} \times 52 \text{ weeks}$) to the run rate.

2.6 Reducing the number of people waiting to be discharged from hospital

2.6.1 A second key measure for the mid programme review is success in releasing system pressures, and in particular, reducing the number of people waiting in hospital to be discharged with a care package. As indicated above, though reductions in the key NCTR ALOS indicator are now being achieved, particularly at Dorset County Hospital, the programme is currently behind trajectory against this key indicator, with an average length of stay of 9.64 days being achieved on 6 October 2025.

2.7 Programme reset

2.7.1 To address this challenge a programme reset has been undertaken. Moving forward, the focus of the programme will increasingly be focussed on bringing together workstreams to collectively improve system flow and to speed up decision-making across organisations. More Newton resources will also be invested in to the programme at no extra cost to system partners.

2.7.2 Key appointments have also been made to the new Flow Team.

2.7.3 In combination, it is anticipated that these changes will ensure that system pressures will reduce in coming weeks and performance against the key NCTR ALOS indicator will improve and return to trajectory by December 2025.

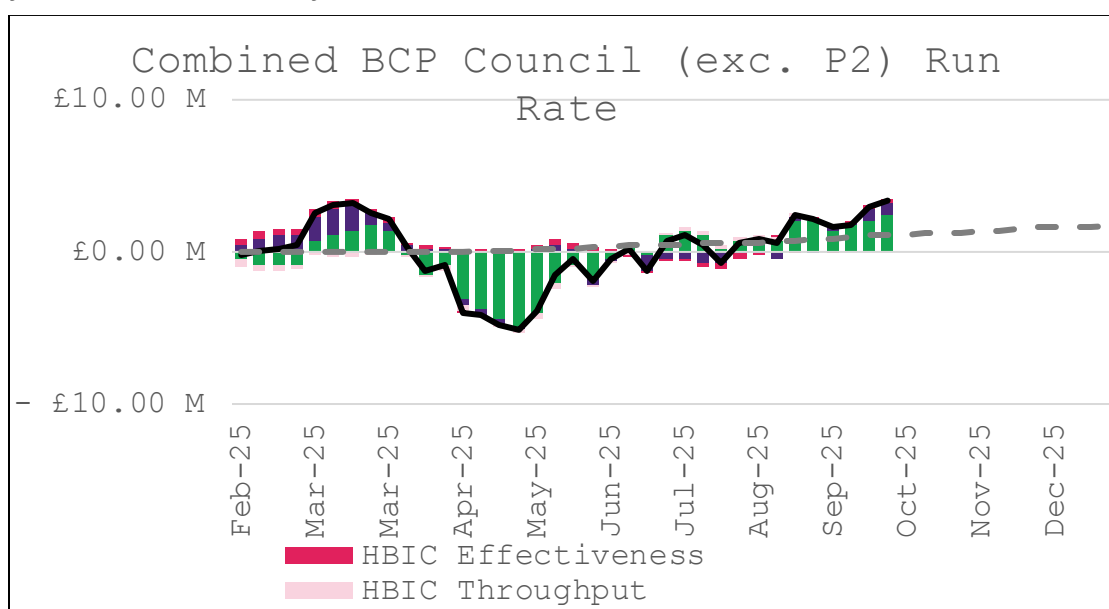
3. Options Appraisal

3.1 Not applicable.

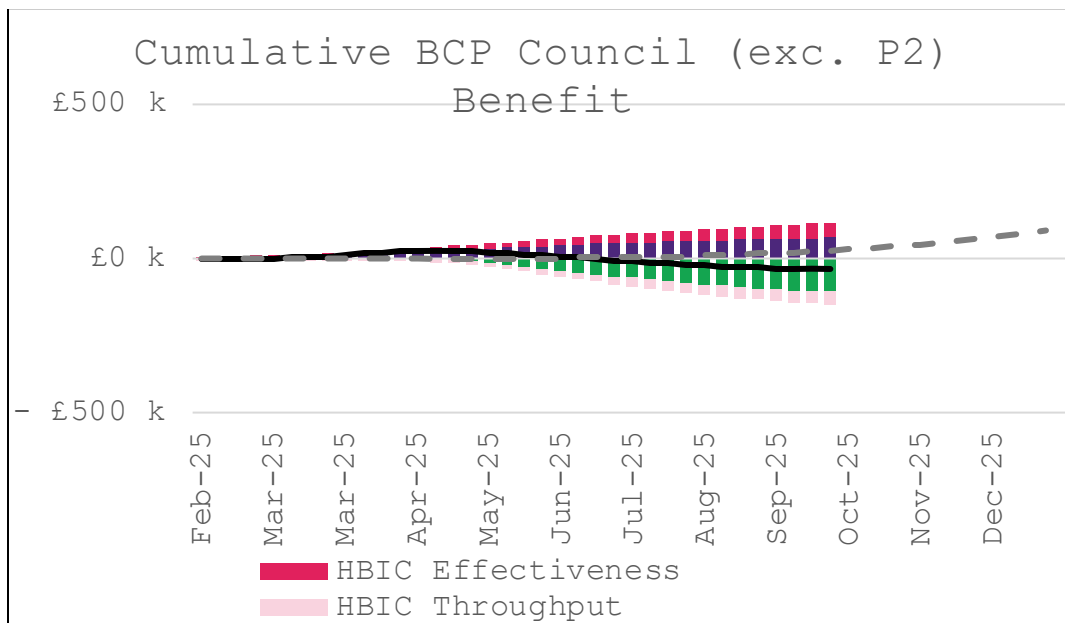
4. Summary of financial implications

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

4.2 The graph below presents the benefits delivery trajectory for BCP Council. Run rate measures the annual value of a benefit when it is released. While the impact on a person is often immediate (they go home early, or are not referred into a long term nursing or residential care bed), there is often a gap in the time it takes to release the financial value of the benefit because this is the total cost of the care that would have been provided in the period following the hospital discharge. This means that Run Rate rate is a better indicator of the impact that the FutureCare Programme will have on ASC budgets next year, rather than this year.



4.3 Savings delivered in-year are tracked as a cumulative benefit (below) – savings that have actually been delivered. At the beginning of October, the programme had delivered a net cumulative benefit of -£32,000 for BCP. This is because there was a temporary increase in the number of placements into long term care from hospitals around Easter (April and May). Since then, there has been a reduction in the number of placements from hospital and it is anticipated that this will result in the cumulative benefits delivered moving back to a positive trajectory in January or February.



4.4 The table below sets out the anticipated benefits that will be delivered for BCP Council throughout the lifetime of the programme.

FY	Cumulative benefit	benefit in year
FY24/25	£0.0m	£0.0m
FY25/26	£0.3m	£0.3m
FY26/27	£2.4m	£2.1m
FY27/28	£6.1m	£3.7m
FY28/29	£10.5m	£4.4m
FY29/30	£15.2m	£4.7m

5. Summary of legal implications

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

6. Summary of human resources implications

6.1 Adult Social Care staff and people employed in organisations contracted by BCP Council to deliver care services play an important part in the delivery of the services within the scope of this work programme. As a result of this programme, it is envisaged that many people will work differently but no substantial reorganisations to existing council structures or care organisations will take place.

6.2 Some changes in the delivery of home based reablement care services and intermediate bedded care services provided in care homes is envisaged but

these will follow a co-design process and a subsequent re-commissioning of services if required. Where this is the case then an appropriate consultation and change process will be undertaken.

7. Summary of sustainability impact

7.1 The FutureCare Programme will have a positive impact on sustainability, reducing the length of time people spend in hospitals, optimising hospital assets and supporting more people to live independently at home for longer

8. Summary of public health implications

8.1 The quality and effectiveness of urgent and emergency care pathways has a substantial impact on public health. In particular, the diagnostic identifies that it is primarily older people, with one or more long term condition, that are most likely to be admitted into hospital unnecessarily or are likely to face delays in returning home following a hospital stay. There is a substantial body of evidence that suggests that each additional day that a person spends in a hospital bed leads to physical deconditioning and that substantial hospital delays can be very detrimental to overall quality of life and can impact on whether a person is able to return home and live independently or will require long term residential care.

9. Summary of equality implications

9.1 Equality Impact Assessments have been undertaken at a workstream level. The diagnostic has identified some variation in the outcomes achieved from different services across Dorset and by geographical area. As key priority for the programme is ensuring equality, equity and consistency of services across the East and West of Dorset.

10. Summary of risk assessment

10.1 The greatest risk for the programme at the mid-point is failure to address the key no criteria to reside average length of stay indicator. Without sustained improvement in this area anticipated benefits for people – shorter lengths of hospital stay, once people are fit to be returned home will not be delivered. Following the programme reset there is increased confidence that anticipated improvements will be delivered.

11. Background papers

11.1 FutureCare Mid Programme Review.

12. Appendices

12.1 There are no appendices to this report.

Health and Adult Social Care Overview and Scrutiny Committee



Report subject	Integrated Neighbourhood Teams
Meeting date	1 December 2025
Status	Public Report
Executive summary	The government has 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 is 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 is 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. Our approach is to develop Integrated Neighbourhood Teams (INTs) Integrated Neighbourhood Teams will 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 will 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 will be the gel that keeps things together for people within our communities. We will need to work across partners, with citizens and communities, to co-design local solutions and also to improve systems and processes to reduce the burden of administration for our staff. This will not be simple; it will 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 is building the foundations for this way of working and supporting the development of Neighbourhood Health Services. The report provides a summary of the progress made in building INTs across BCP and how the programme is developing to reflect the emerging Neighbourhood Health agenda.
Recommendations	It is RECOMMENDED that: The committee note the progress made on developing Integrated Neighbourhood Teams
Reason for recommendations	To ensure the committee is aware of, and able to influence, the development of the programme

Portfolio Holder(s):	Cllr David Brown, PFH for Health and Wellbeing
Corporate Director	Rob Carroll, Director of Public Health
Report Authors	Dorset INT Programme
Wards	Wards
Classification	For Information

Appendices

Appendix 1. INT Programme Summary Pack

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Integrated Neighbourhood Teams Programme Summary

107

The NHS ambition is to enable people to live more years of healthy, active and independent life and improve their experience of health and care, whilst connecting 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 is 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.

108

To realise this, we 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 care is always available in their community when they need it.
- Provide more proactive, personalised care with support from a multidisciplinary team, of professionals and practitioners, 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.

Our approach is to develop Integrated Neighbourhood Teams

- Integrated Neighbourhood Teams will 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 will 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 will be the gel that keeps things together for people within our communities.
- We will need to work across partners, with citizens and communities, to co-design local solutions and also to improve systems and processes to reduce the burden of administration for our staff.
- This will not be simple; it will 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 is building the foundations for this way of working and supporting the development of Neighbourhood Health Services.

Why will INTs be better for local people?



1.10

MORE

- Joined-up focus on prevention to help you stay well for longer in your community.
- Information and support so that you can stay well, take better control of your own health to reduce the risk of developing ill health.
- Access to streamlined support so when you become ill or have an urgent need, you can see the right person the first-time round.
- Proactive, personalised support from a multidisciplinary team for your chronic or complex health and care needs.
- Services co-designed with local communities.

LESS

- Need to travel to a hospital for care, as more care and support will be provided in the community.
- Health complications and poor outcomes for adults and children with complex needs because of the support available locally from a mixed team of health and care professionals.
- Need for you to repeat your story to different staff because the team works closely together and have access to shared health and care information.

Why will INTs be better for staff?



- More efficient working and improved coordination help reduce frustrations and improve the experience of colleagues at work.
- Pooling resources, knowledge and expertise helps foster innovation, learning and improved problem-solving.
- Collaboration and clearer roles can lead to a more supportive and fulfilling working environment for frontline staff.
- Working in a team with clear communication and shared objectives helps reduce stress and enhances job satisfaction.
- The chance to create new and innovative roles offers career development opportunities for colleagues.
- For manager and leaders there are fewer issues to manage giving the opportunity to focus on continuous improvement and solution-finding – they can lead to success rather than manage failure demand.

The change logic at the heart of successful INTs



Increasing productivity, reducing demand and improving outcomes through activation and integration



What is activation?

- A positive change in activation for a person/patient can lead to positive changes in self-care behaviours which improves health and care outcomes and reduces demand on the healthcare system.
- Activated staff are more innovative in the workplace and attentive to their own health and wellbeing for the benefit of themselves, their patients and colleagues.

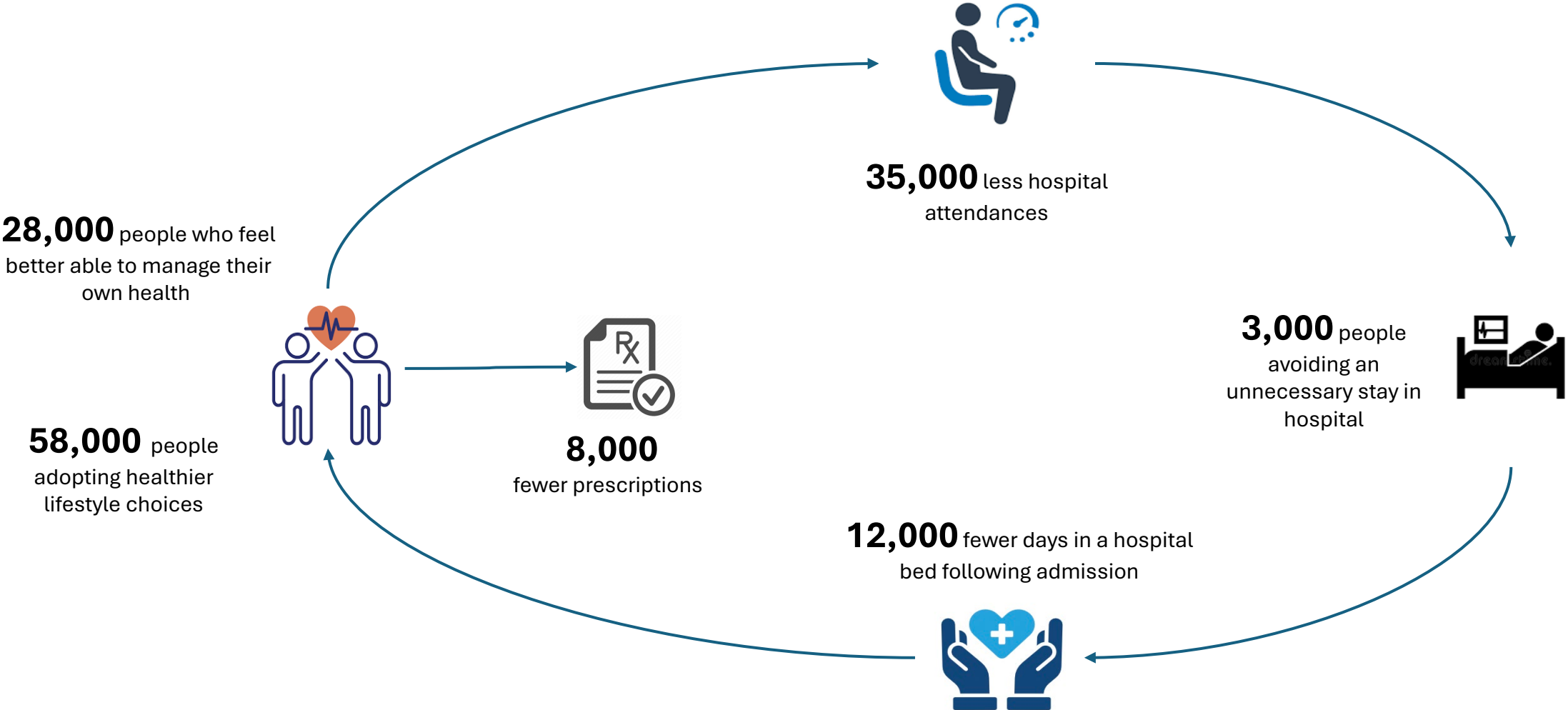
Why is activation important?

- The evidence from the National Association of Primary Care shows that as a persons' activation increases:
 - People experience improved health and wellbeing outcomes, as people engage in preventive behaviours (eat more healthily, move more within their capability, sleep better and make connections)
 - Staff experience greater satisfaction in their professional role, and are motivated and empowered to make changes that benefit both themselves and the population they serve
 - There is a reduced need for health and care services over time

Expected impact over the two years of the programme



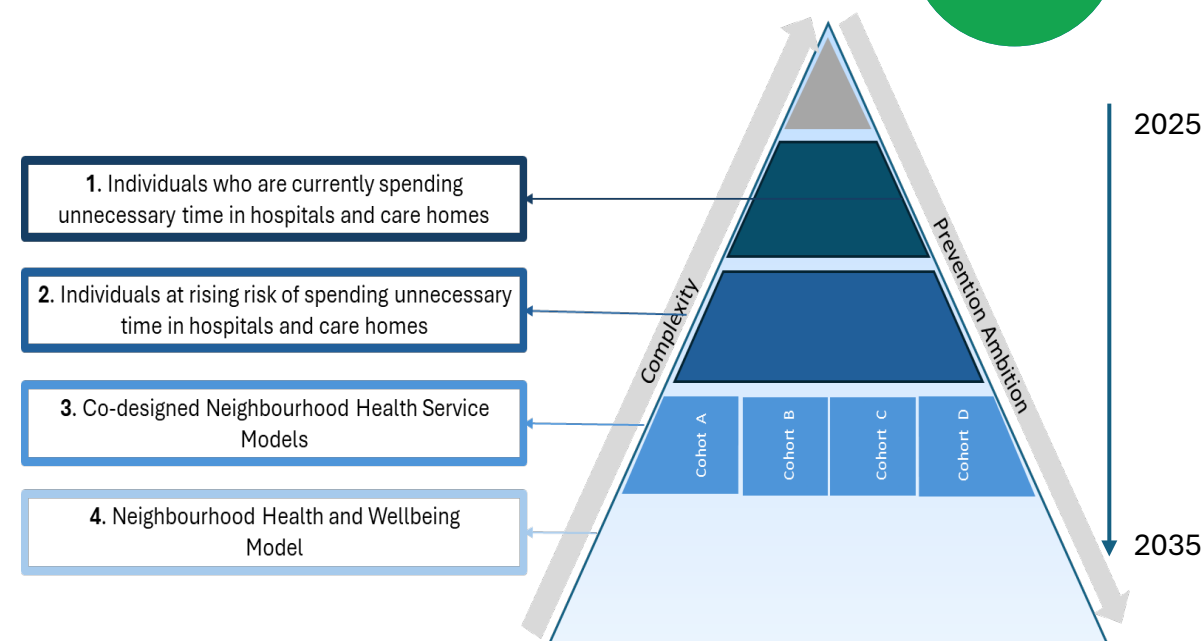
113



Neighbourhood Health Programme Development



- Recognising the immediate, and growing pressures, on services we started with a focus on those people who are already in our services to reduce their need to spend unnecessary time in hospitals and care homes.
- We are just starting to develop plans to identify and provide support for those individuals who have a rising risk of admissions
- As we progress through the programme, we will increasingly work with people and communities to co-design new service models and reimagine the future model for Neighbourhood Health and Wellbeing.
- Our emerging approach will be underpinned by strengths-based and relational practice at an individual and community level.

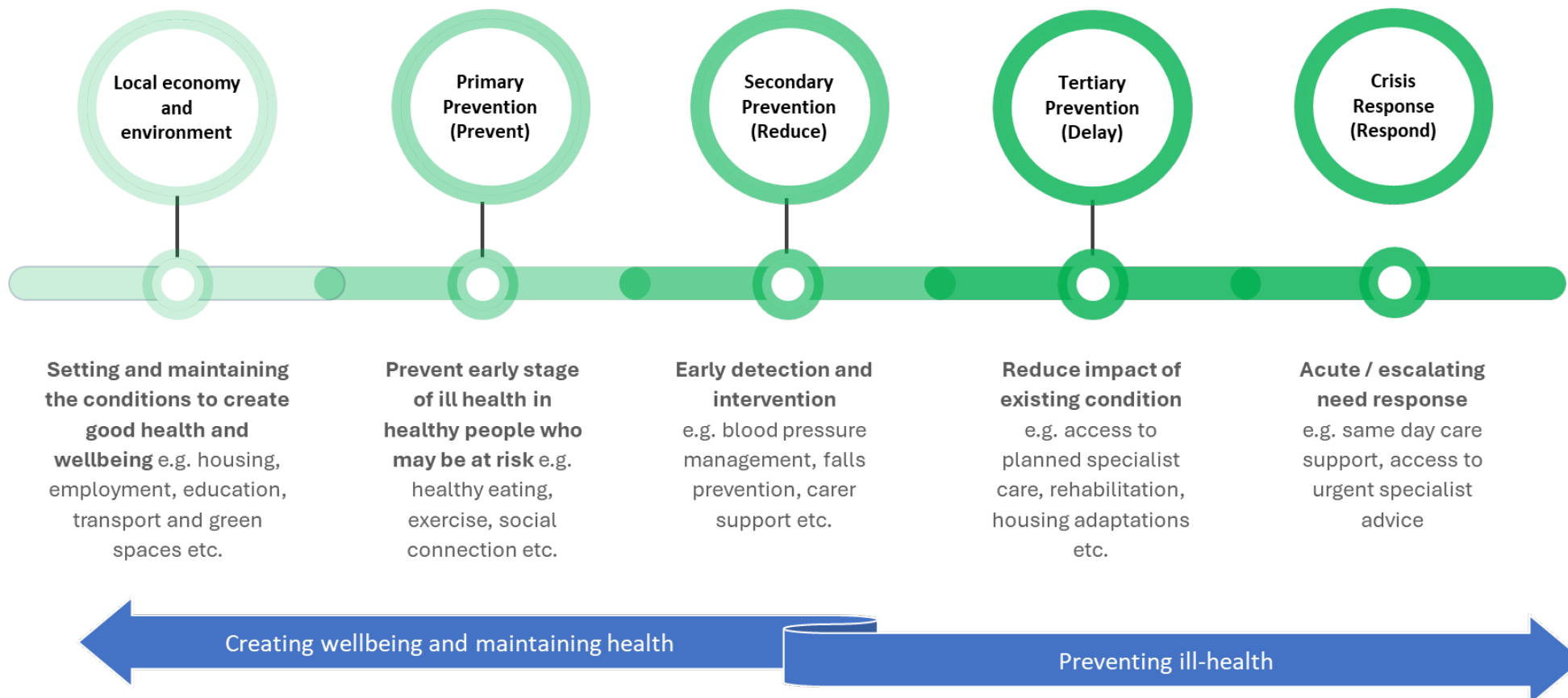


The Neighbourhood Health programme is a key component, but not the entirety, of the work to improve the Health and Wellbeing of the people of Dorset.

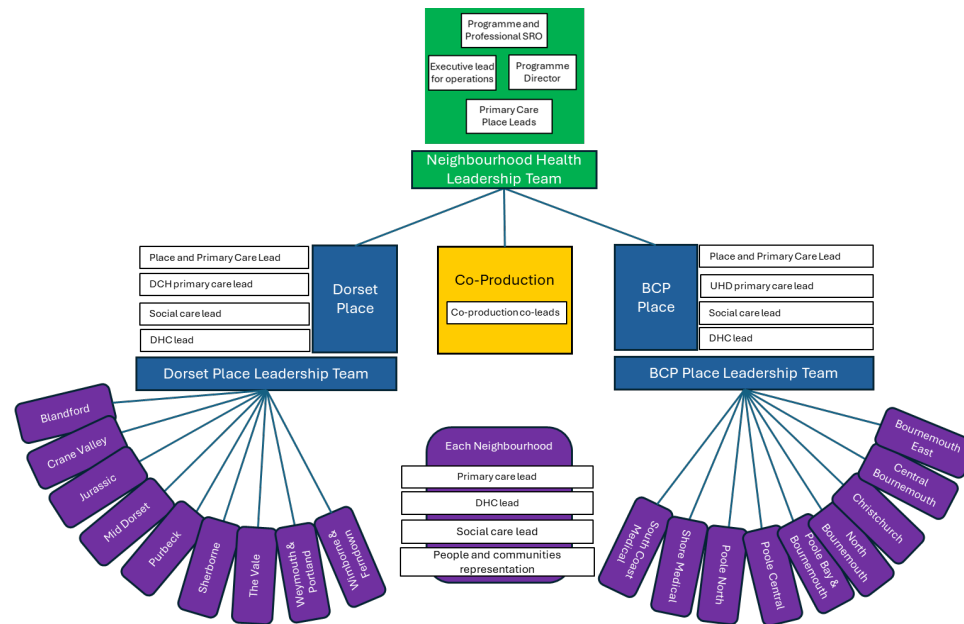
Local Authorities and Neighbourhood Health Services are partners in improving community well-being, with local authorities leading the work around social care, housing, public health and activities that support broader neighbourhood work, collectively addressing some of the wider determinants of health.

Changing the conversation from what is the matter with you, to what matters to you

At every stage of the programme, be it co-creating plans to support individuals who are currently spending unnecessary time in hospital or working with communities to co-design a new service models, we will adopt an approach that considers the whole person – not only their medical needs, but also the social and emotional factors that affect their health and wellbeing - doing with, not doing to and addressing the root causes of poor health, not just treating illness.



Programme Leadership



There are nine INTs within the BCP Place, and each is establishing a leadership team consisting leads from Primary Care, Community Health Services and Social Care, with People and Communities representation.

Neighbourhood Health Place leads from Primary Care, Community Health, Secondary Care and Adult Social Care will bring together the INTs leadership teams, VCSE, Public Health, communities and people with lived experience to create the conditions for Neighbourhood Health to flourish – rooted in relationships, shared purpose and collective action to:

- Deliver care differently for people with long-term conditions and those at rising risks of escalating need
- Generate the necessary changes in culture and integrated working across neighbourhoods and Place teams
- Create mechanisms to share learning and accelerate spread across neighbourhoods
- Listen to, and act on, feedback from the Neighbourhood Teams and develop plans that reflect their insights and experiences

Aligning INT Activity



Over the two years of the programme, we are asking Integrated Neighbourhood teams to:

- Build the team
 - Get to know each other and build the relationships, streamline internal processes and address the barriers to working together – the aim being to create the capacity to increase the focus on proactive care
- Integrate care around individuals and population cohorts:
 - Identify individuals with complex health and care needs who would benefit from joined up approach between teams and develop proactive care and support plans for them
 - Identify population cohorts with complex health and care need and redesign proactive care models with partners and local communities

Summary of Programme Progress

Building the Teams (well underway)



Integrating care around individuals (making progress)



Population cohort redesign (in development)



1.18

- ✓ INTs building relationships and streamlining systems and processes to create capacity
- ✓ Addressing escalated barriers to integration
- ✓ Integrated Nursing Team Blueprint
- ✓ Staff activation baselines
- ✓ INT maturity assessment baselines

- ✓ Identify and support individuals experiencing high intensity use of multiple services
 - ❖ Care and support plan conversations with individuals (asking what is happening for them and what would help)
 - ❖ Co-created plan that includes connection to VCSE offers and streamlined access to specialist services
 - ❖ Citizen activation measures
 - ❖ Tracking changes in unplanned care use
- ❑ Rising risk cohorts (tomorrow's users of multiple services)

- ✓ Identify common themes from complex individuals work
- ❖ Data and insight informed priority cohort selection
- ❖ Targeted cohort focused community insights and co-production and co-design of 'left shift' care and support pathways
- ❑ Citizen and community activation measures
- ❑ System markers

INT Development progress - BCP

Our
Dorset

Poole Central

Focus on shared understanding of “housebound” within Frailty context
Integrated Nursing development identified as a key objective.

Improvement focus:

- Frailty & Housebound
- CYP & Families
- Mental health Pathways

Shore Medical (Poole)

Opportunities to adjust CMHT boundaries to support joined up working being explored.
Clinical review of HIU completed and key themes identified for individuals
Daily sharing of housebound patient caseload to avoid duplication of effort between District and Practice Nurses

Improvement Focus:

- All age Mental Health
- Housebound
- ‘Who’s in your neighbourhood’ posters
- Referral pathways (via GP)
- Upskilling care navigators.

Poole Bay & Bournemouth

Initial core team meeting held and seeking to expand to include Local Authority and MH leads.
Work started to improve referral pathways between Primary Care and MH.

Improvement Focus:

Frailty, Mental Health - Both need further exploration

Castleman (3 PCN)s

Service mapping underway to support SPOA/INT referral pathway improvements
HIU lists: W&F – Frailty team/MH Team and Health and Wellbeing Coach contacting patients. Crane Valley has reviewed HIU list and are looking at non-clinical staff to care co-ordinate. Extra HIUs identified locally.

Requesting SystmOne coding/templates and SOP

Improvement Focus

- Frailty and Housebound
- Nursing Teams Communication and Integration
- CYP Mental Health

North Bournemouth

Developing understanding of UHD HIU offer to create a comprehensive approach.
Holistic Pre-Op Pathway group met, and mapping work planned to understand need and potential impact.
Regular events taking place with community groups to engage in social, physical and mental health.

Central Bournemouth

Reviewed high-intensity use, compiling lessons learned.
Looking at ways to reduce duplication in visits. Work on understanding immigrants’ access needs/ issues; meeting in Jan to review survey findings.

Improvement focus:

Frailty, inc. reducing care home duplication; mental health, reviewing pathways; pharmacy

Christchurch

Core leadership group meeting scheduled for 17th December. HIU review has identified a few patients whose need is not being met clinically.

Improvement Focus:

Advantage project trialling outreach for people not in recent contact with healthcare. Success with >90 years; expanding to lower ages.

Bournemouth East

Reviewing high-intensity users. Progressing work with South Coast Medical around mental health. Consolidating patient information leaflets. Piloting review of suitability for patients on insulin.

Improvement Focus:

Housebound patients/ care at home; catheter clinics for mobile patients; trial w/o catheter (TWOC) service; frailty; mental health; support for ED discharges.

South Coast Medical

Reviewing high-intensity users. Reviewing MH pathways with neighbouring INTs. Pilots with primary care/ DHC to remove bureaucracy & duplication (podiatry, heart failure, ENT, audiology). Looking at roll-out of insulin mgmt. in community.

Improvement Focus:

Integrated nursing; mental health; medicines administration.

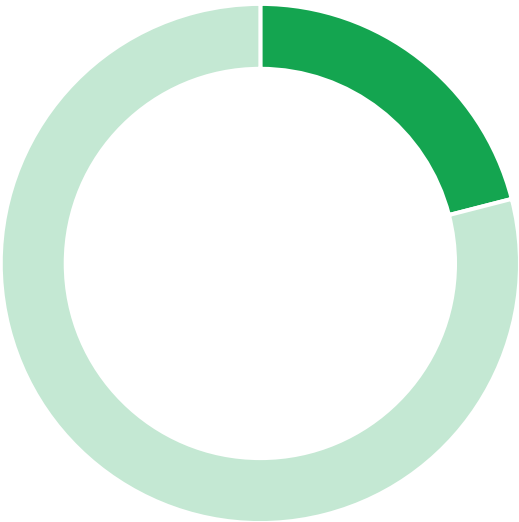
Integrating care around individuals



We are using data from the Dorset Intelligence and Insight Service (DiiS) to identify and support individuals to reduce their need to spend unnecessary time in hospitals. Through this we are able to see that a number of individuals across BCP are attending health services more frequently than might be expected i.e. attending Primary Care 20 or more times, Emergency Departments 5 or more times or having 3 or more emergency admissions.

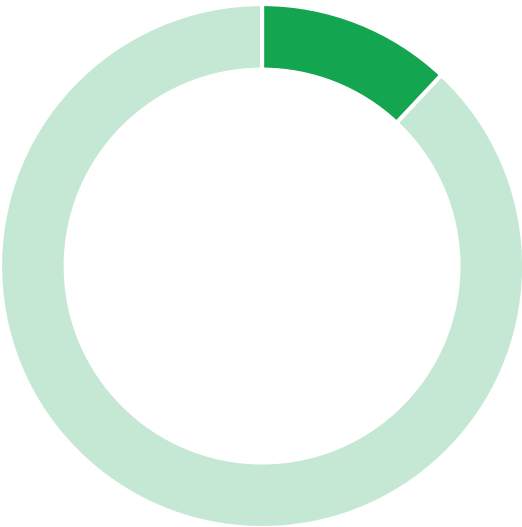
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3.7% of the population account for 21% of Primary Care Appointments



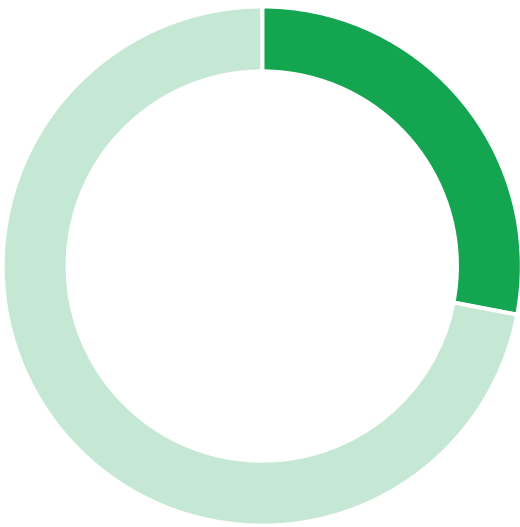
■ HIU (3.7%) ■ Everyone else

0.4% of the population account for 11.7% of A&E Attendances



■ HIU (0.4%) ■ Everyone else

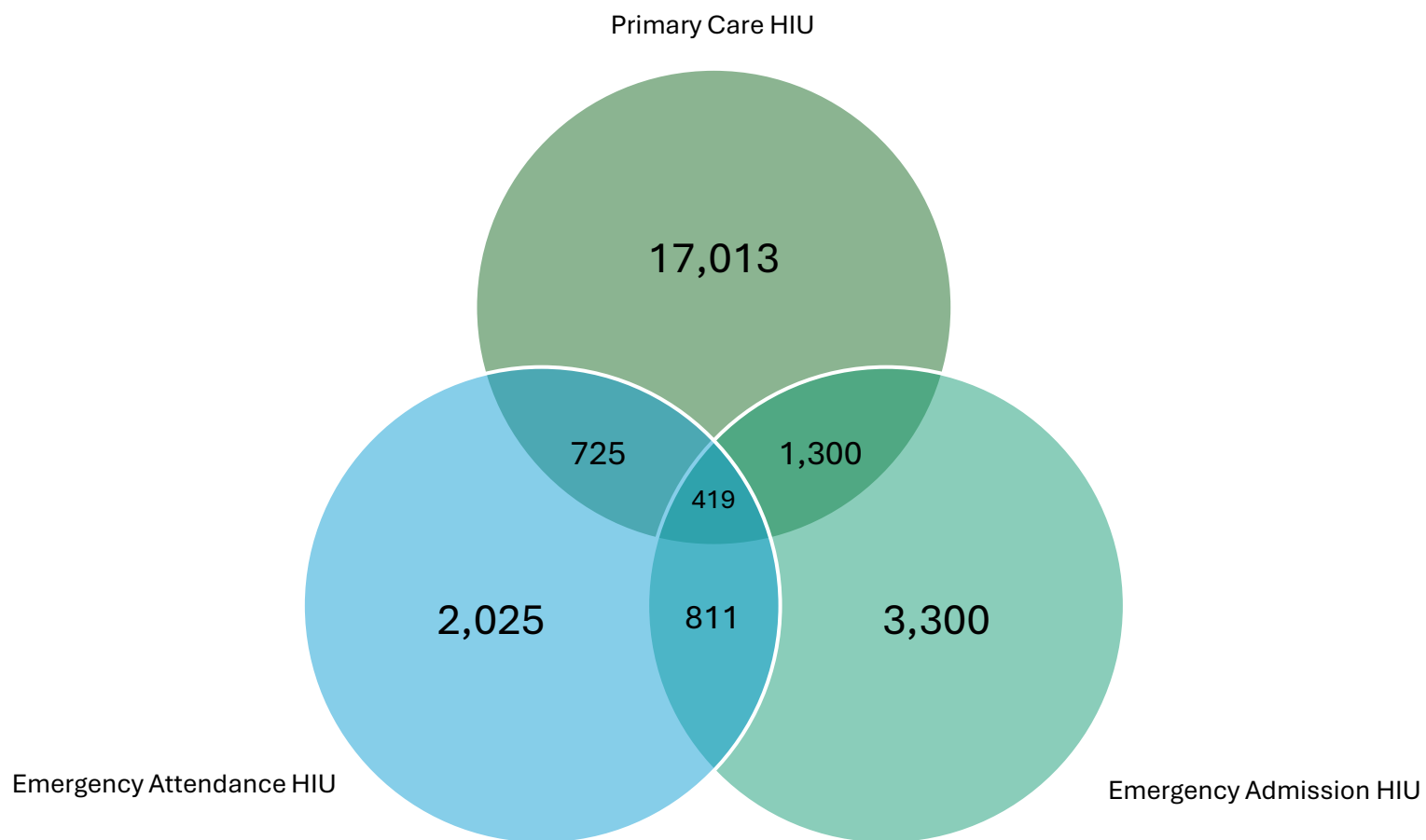
0.7% of the population account for 28% of Emergency Admissions



■ HIU (0.7%) ■ Everyone else

High Intensity Multiple Service Users (HIMSU)

There are approximately **22,338** people across BCP Local Authority who are experiencing High Intensity Use of health services, with **419** people who are experiencing High Intensity Use of multiple health services



These 419 individuals, 0.09% of the BCP population, account for:

15,500
GP appointments

3,756
ED attendance

2,319
Emergency admissions

Average of 36 GP
appointments
(7 times Dorset
average)

Average of 9 ED
attendances
(28 times Dorset
average)

Average of 5
emergency admissions
(53 times Dorset
average)

Nearly half are also in the social care data as having requested support or receiving a service.

These individuals have a **higher rate of unplanned reviews and more repeat requests** compared with the rest of the social care population.

Shifting our approach to supporting

- As health care services only influence around 20% of a person's health and wellbeing, Dorset is seeking to understand what is important to these individuals, and their networks, and work with them to co-create holistic plans
- Shifting the conversation from 'what is the matter **with** you', to 'what matters **to** you'; by asking, listening and responding to what matters, we believe that by doing this we will be able to promote person-centred care and improve outcomes
- Identifying the individuals and supporting our multi-agency, multi-disciplinary teams (including VCSE) to be able to work together support these individuals are essential building blocks for this

Next steps

- ✓ All INTs have now had their data
- ✓ Co-produced framework agreed for testing
- ✓ Re.ID individuals
- ❖ MDT discussion to agree the best person to make contact
- ❖ Invite individuals to take part in a care and support conversation
 - Co-create plans and put in place support offer – connections to other services etc
 - Review progress
 - Share learning, identify common themes and test of change opportunities
 - Review and refine approach and widen cohort to include rising risk



Health and Adult Social Care Overview and Scrutiny Committee



Report subject	Dorset Palliative and End of Life Strategy
Meeting date	1 December 2025
Status	Public Report
Executive summary	The Palliative and End of Life Care strategy explains what we hope to achieve, and how we're planning to do that. This document considers both adult and children's end of life care. It aligns our aims and priorities, providing a clear strategy on how we can 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 has been approved a group of stakeholders have come together to work with Macmillan to draw in Social Finance to support the implementation of the strategy. Full approval is expected over the winter of 2025/6 and thoughts and questions are welcomed from the committee to support the implementation plan.
Recommendations	It is RECOMMENDED that the committee: Note the proposed Strategy for Palliative and End of Life Care in Dorset
Reason for recommendations	To enable the Committee to consider the strategy.

Report Authors	NHS Dorset
Wards	All wards
Classification	For Information

Background

1. The strategy was co-designed by members of the Dorset Integrated Care System through a dedicated steering group. Membership included representatives from local authorities (DC & BCP), clinicians (acutes, community providers and GPs) and voluntary sector providers, including hospices and Wessex Cancer Alliance
2. National and local evidence informed development this included Joint Strategic Needs Assessment for Dorset, Office for National Statistics data, Dying Matters publications (summarised in Appendix 7) etc. Communication and engagement with families was undertaken to understand their lived experience to ensure the strategy reflects what matters to them and those close to them.

Appendices

Appendix 1 Strategy for Palliative and End of Life Care in Dorset

Strategy for Palliative and End of Life Care in Dorset



Published 24/01/24 Version 1.0

NHSD-EOLC1-1-EM-1-24





Contents

1. Introduction	4
2. Adults Section	6
Priority 1	7
Priority 2	10
Priority 3	13
Priority 4	15
Priority 5	16
Priority 6	17
Priority 7	18
3. Children’s Section	20
Priority 1	23
Priority 2	25
Priority 3	18
Priority 4	31
Priority 5	33
Priority 6	35
Priority 7	37
4. References	38
Glossary	39
End Notes	40
Appendix	43

Approximately **1%** of
people die each
year in the **UK.**

Introduction

Dying is a process that affects everyone, and the quality of care we receive at the end of our lives can have a lasting impact. Approximately 1% of people die each year in the UK. In Dorset, 9,889 people died in 2022 out of 824,754.¹; a total of 1.2% of the local population.

Each of us will have our own idea of what end of life care looks like, which is why it's important to have plans in place that put each person at the centre, helping them to receive the best possible care in a way that is most appropriate for them and the people they care about.

Dorset's all-age strategy for end of life care

The current national guidance for end of life care is set out in Ambitions for Palliative and End of Life Care: A national framework for local action 2021-26². We have used this to inform our own local all-ages strategy for the people of Dorset.

The point of a strategy is to explain what we hope to achieve, and how we're planning to do that. This document considers both adult and children's end of life care. It aligns our aims and priorities, providing a clear strategy on how we can 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.

The difference between adult and children's palliative care

Children's palliative care services look after people between the ages of 0-18 with a range of diverse life-limiting conditions, and their families. Care can even begin before a baby is born, as we continue to improve ways of identifying conditions while a baby is still in the womb. In this document, the word 'children' is used to cover babies, children and young people up to the age of 18.

There are important differences between adult's and children's palliative care, which are explored in detail in the children's section of this all-ages strategy.

The number of children with a life-limiting condition has trebled over the last 17 years^{3,4}, with about 66.4 per 10,000 of children and young people (aged between 0-19) in England affected⁵.

In Dorset, this means an estimated 1,038 0-19-year-olds who are likely to need access to palliative and end of life care.

The Dorset Palliative Care Steering Group

The Dorset Palliative Care Steering Group was formed in March 2020 in response to the pandemic. It includes representation from all those involved in end of life care in Dorset, including primary care, secondary care, social care, palliative care specialist services, district nursing, pharmacy, and commissioners. Their involvement and guidance has been vital in writing this strategy.

The Pan-Dorset Children's Palliative Care Group

The Pan-Dorset Children's Palliative Care Group has been in operation for ten years, providing a Dorset-wide collaboration between professionals from the NHS and the children's hospice sector, who provide palliative and end of life care for children across Dorset.

Our Aims



We want everyone in Dorset to have excellent, proactive, responsive, personalised and equitable end of life care. We have used information gathered from the people of Dorset, the Palliative Care Steering Group, the Pan Dorset Children's Palliative Care Group, and feedback from bereaved parents and carers to inform and develop this strategy.

We will use this strategy to guide Dorset's health and care system so every person in Dorset can get the best possible palliative and end of life care in the way that is most appropriate for them and those important to them.

Our vision and priorities

The vision statement and priorities for the adult section of this strategy were identified with the Dorset Palliative Care Steering Group, taking into account information gathered from the:

- Joint Strategic Needs Assessment (JSNA) for Dorset End of Life Care 2020⁶
- Results through relationships 2018-2020⁷
- Bereavement survey 2020
- Patient survey 2021
- Consultation with domiciliary care and district nurses
- Consultation with Dorset primary care networks.

On a national level we also used information gathered from:

- National ambitions for palliative and end of life care
- VOICES⁸
- National Audit of Care at the End of Life (NACEL)⁹

Priorities for the children's section were created in-line with those for the adult's section, with a focus on the different needs of young people. The Pan-Dorset Children's Palliative Care Group considered how these priorities fit within local, regional and national priorities for children with life-limiting and life-threatening conditions.

Our vision:

Achieving excellent, proactive, responsive, personalised and equitable palliative and end of life care for the people of Dorset and those important to them.

Our Priorities



1. Achieve timely, personalised care planning for people at end of life, taking into account what matters most to them, and their individual preferences.
2. Co-ordinated care across services with effective joint working and improving continuity of care at end of life.
3. Supporting people to live and die in their preferred care setting with timely symptom relief, personal care, support of and for carers and healthcare professional support.
4. Supporting education, training, resilience and wellbeing across Dorset for all staff involved in end of life care.
5. Ensuring effective, consistent and timely bereavement care for people in Dorset.
6. Helping to develop caring, inclusive communities with openness about death and dying and willingness to help in emotional and practical ways.
7. Ensuring continued feedback and involvement of people at end of life, those people important to them, carers and healthcare professionals in Dorset.

Adults Section

130



Priority 1

Achieve timely personalised care planning for people at end of life, taking into account what matters most to them, and their individual preferences.

Background



People are approaching the end of life when they are likely to die within the next 12 months¹⁰.

If we want to provide good care and support people and their families appropriately¹¹, then we need to know when people are approaching this point. If we can do that, then:

- people at end of life and their carers have time to deal with the news and realign their priorities
- people at end of life are less likely to be subject to treatments that might not help them
- health and care professionals can plan appropriate end of life care rather than work within a series of crises
- well-organised community support can halve the cost of hospital admission and allow 70% of people who choose to die at home.

The NHS Long Term Plan¹² identifies the development of personalised care planning (including personal health budgets) as a priority for end of life care so people at end of life and those important to them receive care holistically and in a more person-centred, co-ordinated way, to deliver outcomes and services that meet their needs.

In Dorset, the Joint Strategic Needs Assessment identified conversations to develop shared understanding of wishes as essential to improving end of life care. The patient survey identified that having clear plans, discussed in advance with people at end of life and those

important to them, often came up as a priority. Discussions with domiciliary care agencies, district nurses and the ambulance service also highlighted the need for clear, care plans, shared between providers, to allow people at end of life to remain in their chosen setting, with what matters to them being made a priority.

Aims



Everyone involved with care and support at end of life feels confident having conversations about what matters to people in their last weeks and months of life, and those close to them.

Everyone involved with care can identify people approaching end of life and undertake care planning.

- Standardised education and training offer across Dorset for everyone involved in care including:
 - ◇ GPs
 - ◇ hospital specialists
 - ◇ district nurses
 - ◇ care agencies
 - ◇ care home staff
 - ◇ frailty teams
 - ◇ specialist nursing teams including heart failure and respiratory nurses
 - ◇ palliative care at home team
 - ◇ any other stakeholders involved in end of life care
- Advance care planning across all settings
 - ◇ People across all settings should be offered personalised advance care planning towards end of life. This includes people at end of life at home,

in hospices, in hospitals and in care homes.

- » Engagement in advance care planning in all settings and with everyone involved in care.

- ◇ Aim for all advance care planning documents to have relevant, helpful information for everyone involved in care for people at end of life and
 - » Prevent people at end of life and those important to them having to repeat conversations.

- ◇ When considering advance care planning for young people transitioning between paediatrics and adult services, both the paediatric and adult teams will work with the young person and their family at the earliest opportunity.

- Standardised content for care plans

131

- ◇ What matters most to the person at end of life
- ◇ Treatment escalation plans and preferred place of care
- ◇ DNACPR information
- ◇ Functional status
- ◇ Summary of medical problems and level of frailty
- ◇ Medication summary
- ◇ Details of carers and relationships

- There is a standard national template for children and young person advance care planning at www.cypacp.uk.

- Good access to advance care plans across settings

- ◇ Care plans should be available to the person at end of life, and those important to them, as well as all health and social care professionals involved in their care. This will include but not be limited to specialist palliative care, GP practices, the ambulance service, out of hours service, domiciliary care and social care.

Resources for information about care planning to be made available to people at end of life, those important to them, and all involved in their care.

During discussions about care planning, it can be difficult for people at end of life and those important to them to take on information, and conversations may be emotive. To help make these conversations easier and reduce any misinformation, the following resources should be available:

- Easily accessible, reliable and useful information about understanding what may happen in the last hours, weeks and months of life, advance care planning and resuscitation. This may include written and audio-visual formats.
- Advance care planning information videos and leaflets have been produced in Dorset and approved for use.
- Access for all staff involved with care to advance care planning supporting information. Kathryn Mannix has produced many videos increasing understanding of, and preparation for, dying. These explore the art of participating in conversations that may feel emotional, frightening, or daunting¹³.

Every effort should be made to find a person's means of communication. Often carers who know them well can interpret sounds, sign language and eye movements, using a variety of aids, or they may recall their wishes prior to the loss of capacity. A lack of communication cannot be assumed to mean that an individual lacks capacity because they lack communication skills.

For those assessed as lacking capacity for advance care planning, there needs to be full discussion with carers and family involved in supporting that individual. In the absence of a deputyship or lasting power of attorney (for health and welfare) for adults who lack capacity, a decision should be taken in their best interests, involving the family, carers

and professionals, and recording the decision appropriately, according to the Mental Capacity Act 2005. In the case of under 18s, decisions are made by their parents or legal guardian.

Summary

- Standard offer across Dorset for education and training around early identification and advance care planning to everyone involved in end of life care.
- All people at end of life should have the opportunity to express preferences regarding their preferred place of care.
- All involved in end of life care across all settings to engage actively in advance care planning and early conversations. Create learning opportunities to develop skills to do this with confidence.
- Standardised advance care planning so that the required information is available to all, whichever care plan document is being used. Continuously test and learn what is working well and how to improve this.
- Advance care plans should be available to people at end of life, people important to them and all involved in care across all settings.
- Sharing the advance care planning videos and written information to all involved with end of life care to assist with early conversations.
- Early conversations to understand what matters most with people at end of life and those important to them.
- When transitioning between paediatric and adult services, care planning conversations will support the continuation of the established paediatric care plan. This can include how teams will work together and highlight any differences in services that the young people and those who are important to them may experience.

Actions



- Enable early conversations about what matters most to people. Identify the key enablers and barriers to this happening consistently and reliably – personally, locally and across Dorset.
- Develop education and training around early identification and personalised advance care planning for all of those involved in end of life care in Dorset, ensuring everyone has access to supporting materials such as the advance care planning videos and written information, including 'what matters' conversations.
- Work to ensure personalised care plans can be accessed across all settings.
- Enable those supporting people at end of life across Dorset to have early conversations about what matters most to them.
- Increase awareness and use of the children's and young person's advance care plan to support transition.



Priority 2

Co-ordinated care across services with effective joint working and improving continuity of care at end of life.

Background

People at the end of life, those important to them, and those involved in their care told us that appropriate and timely end of life care relies on excellent relationships.

Partnership working and shared communication was repeatedly mentioned as essential. Sharing information between organisations ensures that everyone involved has a full picture of the person, and early identification of their needs.

“ To have a key person available to be able to speak and support with anything required for your specific needs. Not just sign-posting to numerous leaflets where you get bogged down with information which just piles up and is no help. ”



Aims

- Improving continuity of care for people at end of life
 - ◇ enabling healthy relationships to form
 - ◇ reducing the risk of duplication of effort and the risk of miscommunication in handover
 - ◇ recognising the benefits of getting to know people as people rather than patients¹⁴
- Improving support for people at end of life moving between care settings
- Co-ordinated care across services with effective joint working
- Relationship building and trust between colleagues
- Sharing of IT systems across services
- Provide links between services involved in end of life care
- Advocates available to help navigate system for people at end of life and those people important to them
- Shared care planning
- Provide clear point of contact
- To ensure that all aims are consistent for young people approaching the end of life at the point of transition.

9,889 out of
823,754

people died in Dorset in 2022.

Multidisciplinary team (MDT) meetings

- MDT involvement for people at end of life
- Access to the MDT and the ability to bring people for discussion available to all involved in end of life care
- MDT is essential when approaching time of transition between paediatric and adult teams.

Information technology

- Primary care currently use SystmOne, with NHS hospices and hospitals on EPR and DPR
- Move to a standardised way that personalised care plans can be shared between all services as outlined in Priority 1:
 - ◇ Via Dorset Care Record (see below)
 - ◇ Printed and given to people at end of life
- Access to SystmOne for all hospices in Dorset if possible.

Dorset Intelligence and Insight Service (DiiS)

Proactive identification of individuals approaching and registered as end of life using a population health management approach.

Using technology, we will:

- Identify people likely to be dying in the coming months/weeks/days
- Identify people who are already recognised as approaching the end of life through the recognition and collation of an end of life register

Dorset Care Record and other solutions

- Support co-ordinated care, joint working, and people's preferences through digitally enabled services
- Standardisation of the systems we use, the data we collect, and the way in which this is shared across the integrated care system
- Look to extend and develop integrated working practices through our digital solutions
- Enable people at the end of life and their support network to contribute to their care planning through digital solutions.

Good discharge planning for people at end of life

- People moving between services at end of life need good planning and co-ordinated care
- Key workers to co-ordinate care and review needs
- Discharge summaries and anticipatory care plans available for all to view
 - ◇ Dorset Care Record
 - ◇ Printed and person-held

Establishing a clear point of contact

- Directory for all available services that support people across Dorset at end of life for health care professionals and for people at end of life and those important to them

- 24-hour advice line in Dorset shared with all people at end of life and those important to them
- Care co-ordinator or key worker available for people at end of life
- Young people in transition between services may have named worker in both paediatric and adult services
- During transition between paediatric and adult services at end of life, clarity on point of contact for the family is particularly important.

Summary

- MDTs available for discussion of people at end of life
- IT solutions to help facilitate sharing of information between services
- 24-hour help and support for people at end of life whenever needed
- Directory of palliative care services available in Dorset
- Key workers co-ordinating care for people at end of life
- Effective continuity of care for people at end of life moving between care settings, including between paediatric and adult services.

Actions

- Establish a directory of specialist and generalist palliative care services for Dorset
- Test and learn about how to effectively share information about what matters
- Develop IT solutions for sharing information including personalised care plans across all services
- Establish multi-skilled key workers for people at end of life to ensure co-ordinated, personalised care
- Learn about the best ways to co-ordinate care for people at end of life
- Establish MDT working to help co-ordinate care for people at end of life with involvement of key workers and advocates
- Establish MDT working for transition focused discussions between adult and paediatric services.



Priority 3

Supporting people to live and die in their preferred care setting with timely symptom relief, personal care, carers support and healthcare professional support.

Background

People at end of life, those important to them and those involved in their care highlighted the need for timely and adequate symptom control, provision of equipment, and access to home care, especially when there is a rapid change in symptoms or needs.

“ Being listened to. Good and clear information on what help can be provided practically, emotionally and spiritually. And quick access to it. ”

Aims

Care provision

- All people at end of life to have access to equitable care throughout Dorset, and multi-skilled key workers to facilitate this
- Assistance for people at end of life and those important to them with collection and disposal of medication

Carers support

- Awareness and acknowledgement of the burden on carers looking after those at end of life
- Active sharing of information with those close to people at end of life
- Access to advice line
- Involvement of those important to people at end of life with decision-making and advance care planning where appropriate
 - ◇ supported by advocates
 - ◇ resources explaining end of life decision making (videos and leaflets)
 - ◇ awareness and acknowledgement of a parents/carers voice when their child is reaching transition between palliative care services.

Symptom relief

- Early identification of need for symptom relief and anticipation of what may happen in the last hours, days, weeks and months of life
- Timely prescribing, supply and administration for end of life medications
- Assistance for people at end of life and those important to them with collection and disposal of medication

Night Service

- Overnight care and/or visiting service if needed
- Early conversations and regular updates are required when considering young people transitioning from paediatric services to adult services.

Equipment

- Early identification of equipment needs for people at end of life
- Priority provision of this equipment.

Summary

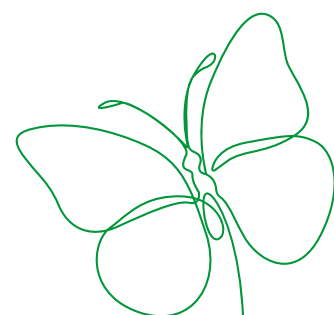
- Care available to all people identified as end of life who wish to die at home
- Support to those caring for people at end of life and those important to people at end of life
- Identification of need for symptom relief and timely provision of medication in timely manner
- Night service to assist with care and symptom relief
- Timely provision of equipment needed as care needs change.

134

1.2% of
people in **Dorset**
will need end of life care.

Actions

- Key workers/patient advocates for people identified as end of life to help co-ordinate care, and to support and advocate for people and those important to them
- A system that prioritises equipment and medication for people at end of life to ensure their needs are met in a timely manner
- A night service for care provision overnight if needed for people at end of life.



Priority 4

Supporting education, training, resilience, and wellbeing across Dorset for all staff involved in end of life care

Background

Workforce wellbeing and resilience are fundamental to providing quality end of life care. Consistent education and training across services would improve confidence and support staff, with time for shared reflection.

Aims

Education across Dorset for staff involved in end-of-life care

- Development of a centralised palliative care resource for Dorset with contributions from all specialist care services.
- Consistent education for end of life care across Dorset
 - ◇ Available to all health and care staff involved in end of life care including care home staff and domiciliary care home staff
 - ◇ Include training on:
 - » recognising approaching end of life
 - » 'what matters' conversations
 - » symptom control
 - » advance care planning
 - » available resources
- Webinars, podcasts and presentations uploaded to a central site
 - ◇ Some specific to different HCP and some universal
 - ◇ Resources can be used for primary care network protected learning time or for GPs and other HCP to work through individually.

Staff resilience and wellbeing

- Recognise the things that help wellbeing and

thriving, and those that don't

- Reduce activities which don't add value (eg repetitive paperwork)
- Create conditions for compassionate care, which is associated with less risk of burnout
- Ensure appropriate support, including peer support / mutual support as well as access to counselling
- Time for staff to be able to reflect and debrief
- Open environment where sharing is encouraged
- Emphasis on building relationships within and between organisations to support each other
- Helping staff with confidence in their practice built from education and understanding what matters to people at end of life.

Actions

- Develop a standardised education across Dorset for staff involved in end of life care, especially for advance care planning
- Set up a centralised palliative care resource for Dorset with contributions from all specialist care services
- Support staff resilience and wellbeing
 - ◇ development of an open environment and time for staff to debrief and reflect
 - ◇ equitable access to clinical supervision and counselling if needed
 - ◇ support staff via education and development to improve capabilities and confidence
 - ◇ build relationships between organisations

Priority 5

Ensuring effective, consistent and timely bereavement care for people in Dorset

Background

The information gathered from patient/family surveys and working with Dorset's primary care networks highlighted a need for improved access to bereavement services and for better written information.

This was further confirmed by domiciliary care and district nurses, who highlighted a need for a consistent approach when people die and more access to information about available bereavement services.

Aims

- Compassionate relationships to support people when their loved one is at end of life. This will be through a range of community and peer support.
- Bereaved people are followed up with in a consistent way, offering after-care and signposting to bereavement services.
 - ◊ All bereavement services added to central resource for bereaved people and HCP to see what is available
 - ◊ Sharing the Help and Kindness website
- Written information summarising all bereavement services available in Dorset.
- Timely bereavement counselling for those that need it.

Actions

- Create environments and time to develop compassionate relationships to support loved ones, before, during and after death.
- Formulate a centralised resource of bereavement services for people to access after bereavement.
- Ensure this resource is shared those caring for people at end of life and following up after bereavements so that they are able to signpost effectively.
- Establish consistent follow-up for bereaved people in Dorset and ensure timely bereavement counselling for those that need it.



Priority 6

Helping to develop caring, inclusive communities with openness about death and dying and willingness to help in emotional and practical ways.

Background

To encourage support, conversations and networking at a neighbourhood level, in line with ICB strategic priority. Creating supportive networks between those needing palliative and end of life support and those who can provide it. Offering equitable services that are both educational and compassionate, to ensure that end of life care is consistent, and peoples wishes are upheld.

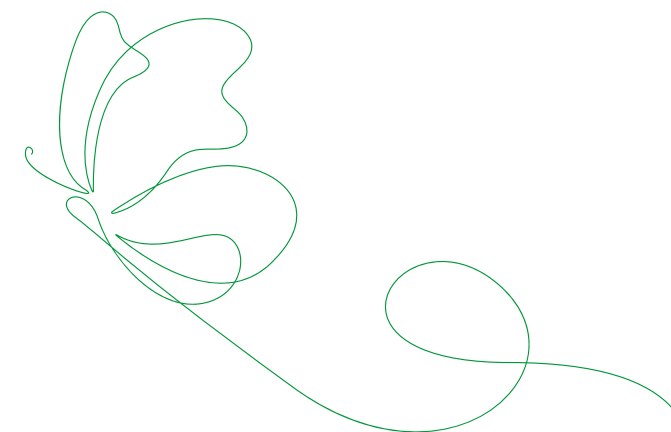
Aims and Actions

Awareness and engagement

- Normalising openness around dying
 - ◊ Acknowledging that this is hard
 - ◊ Embracing and provoking open conversations about death, dying and bereavement across Dorset
- Working with community groups and institutions to encourage more openness around death and dying
- Community development programmes in end of life care, led by local people
- Linking with Dying Matters¹⁵ for support and resources in starting conversations around death and dying
- Linking with integrated neighbourhoods programme to encourage awareness and highlight available services
- Increasing awareness of the difference between palliative and end of life care.

Making connections between people that want to help and those that need it

- Working with existing community groups
 - ◊ Identifying volunteer groups willing to help support people at end of life and linking them to those that need help
 - ◊ Using community volunteering hub in Dying Matters to assist with this
- Centralised up-to-date information available to people at end of life and those important to them regarding available help in the community and networks for both pastoral support and practical help.



Priority 7

Ensuring continued feedback and involvement of people at end of life, those people important to them, carers and healthcare professionals in Dorset to inform service development and improvements.

Background

To understand whether we're making the difference we want, it's crucial to listen to the views of people we're here for. It's important we understand what matters to people at the end of their life and in bereavement, and whether what matters was what happened.

Recognising that people choose to share their views in different ways, it's important people feel they have a choice in whether and how to participate.

Conversations enable generation of new ideas, seeing things from new perspectives. This isn't just about improving services. People are creative and can often find ways to be the architect of their own solution – far more powerful than any service.

“ Patient involvement means more than simply engaging people in a discussion about services. Involvement means having the patient voice heard at every level of the service, even when that voice is a whisper. ”

Aims

Establish a mechanism of regular feedback from all involved with end of life care to inform ongoing development and support.

Quantitative Data

- Collating quantitative data that is relevant to end of life care into a dashboard
- Data for consideration:
 - ◇ Unplanned activity for people at end of life, for example unplanned admissions, attendances at emergency departments, calls to the ambulance service
 - ◇ Flow of end of life care, for example:
 - » wait times for care packages at end of life
 - » wait times for equipment at end of life
 - » referral to contact time to different services at end of life
 - ◇ Demand and wait times for bereavement services
 - ◇ Using information from the Diis

Qualitative Data

- Taking time to listen to people at end of life and those important to them, and ensuring the system encourages and attends to this feedback
- NACEL – National Audit for Care at End of Life
- Patient and family journeys/carers' experiences
- Enabling feedback, comments and suggestions via a variety of routes, for example:
 - ◇ conversations
 - ◇ semi-structured conversations
 - ◇ free text
 - ◇ online platforms, eg Care Opinion
 - ◇ bereavement surveys
- Joint strategic needs events
- Understanding the views of health professionals involved in end of life care including:
 - ◇ GPs
 - ◇ district nurses
 - ◇ comicialary carers
 - ◇ specialist palliative care professionals
 - ◇ ambulance service

Engagement and action from feedback

- Based around Dying Matters week when conversations around death and dying are encouraged in the community
- Involving people with lived experience

Actions

- Establish a system for gathering quantitative and qualitative data to help measure the quality of end of life care in Dorset
- Use this data to establish regular engagement events to action change if needed both at local and pan-Dorset level
- Establish local improvement/sense-making forums to understand and act on what emerges from listening and learning from people approaching the end of life, and the people supporting them (families, carers and staff).



Children's Section

137



Introduction to Children's palliative care

Defining children's palliative and end of life care:

“Palliative care for children and young people with life-limiting or life-threatening conditions is an active and total approach to care, from the point of diagnosis or recognition throughout the child's life and death. It embraces physical, emotional, social and spiritual elements and focuses on enhancement of quality of life for the child/young person and support for the family. It includes the management of distressing symptoms, provision of short breaks and care through death and bereavement”¹⁶

There are some important differences between adult's and children's palliative care. In comparison to adults, the number of children dying are small¹⁷. Individual life-limiting conditions in children can be extremely rare, and may run in families. This means that more than one child in a family may be affected¹⁸.

The pattern of illness in children with life-limiting conditions can be long and unpredictable, where emergency care needs to be considered as part of their care plan¹⁹.

Some children may go through periods where they seem to be near the end of their life, then recover for a while²⁰. This can happen multiple times over the span of years. This uncertainty is extremely challenging for the children, their families, and those who care for them, and needs a co-ordinated and compassionate approach to their palliative care. It also means that it's not possible to separate planning end of life care for children from planning their palliative care.

As children grow and develop, physically, emotionally and cognitively, their educational, developmental and play needs also need to be met right up until the end of life²¹. This requires flexible care across home, hospital, hospice, short break and school settings. A child's approach to decision making and their autonomy also develops over time²².

Another difference between adult and children's palliative care is the focus on working with and supporting families. Parents are carers are impacted by a heavy burden of care needs. Research shows this has a significant impact on their physical and mental health, and even their life expectancy²³.

Siblings are vulnerable and need specific support²⁴. The dynamic of caring for whole families and decision-making in partnership with parents is specific to children's palliative care and can present unique ethical challenges²⁵.

Who needs children's palliative care?

Early in the development of children's palliative care, four categories of life-limiting and life-threatening conditions in children were proposed.

Life-limiting conditions are defined as ‘those for which there is no reasonable hope of cure and from which children will die’²⁶.

These conditions can involve continuous deterioration, increasing dependency and disability with complex health needs.

Life-threatening conditions are those ‘for which curative treatment may be feasible but may fail’²⁷. For these conditions there can be significant changes in goals of care depending on the outcome of active treatment.

Figure 1 (Appendix 1) details the four categories of life-limiting and life-threatening conditions and has been included to give a picture of the breadth and depth of needs for such a diverse population.

Figure 2 summarises how this has been applied to the perinatal population. It is important to note that a significant number of life-limited children do not have a defined diagnosis²⁸.

The identification of different phases in the life of children with life-limiting conditions aids planning for appropriate levels and types of support. These phases have been identified as stable, unstable, deteriorating and dying.

Originally defined and applied in practice in adult palliative care, research has provided objective definitions in order to assess the scope of need for children's palliative care .

138

Our vision:

Achieving excellent, proactive, responsive, personalised and equitable palliative and end of life care for babies, children and young people with life-limiting and life -threatening conditions and their families across Dorset.

Our Priorities



1. Achieve timely, personalised care planning for babies, children and young people at the end of life, including supporting their family and carers.
2. Co-ordinated care across services with effective joint working and improving continuity of care at end of life.
3. Supporting children with life-limiting conditions in all settings, and enabling choice in place of care at the end of life with timely symptom relief, support for family and carers and health care professionals.
4. Supporting education, training, resilience and well-being across Dorset for all staff involved in children's palliative and end of life care.
5. Ensuring effective, consistent and timely bereavement care for the families of children with life-limiting and life-threatening conditions in Dorset.
6. Helping to develop caring, inclusive communities with understanding of the needs of children with life-limiting conditions and the impact on their families and a willingness to support them in emotional and practical ways.
7. Ensuring continued feedback and involvement from children and young people with life-limiting and life-threatening conditions and their families, carers and health and other professionals in Dorset, providing transparency throughout.

Priority 1

Achieve timely, personalised care planning for babies, children and young people at the end of life, including supporting their family and carers.

Background



To achieve timely, personalised end of life care planning it is crucial to identify children with life-limiting and life-threatening conditions and to provide equitable access to palliative care from the time of their initial diagnosis.

Recent guidance for integrated care boards states that all organisations who provide palliative and end of life care should ensure they comply with their legal duties and professional obligations. This includes addressing health inequalities for palliative and end of life care by improving equity of access to services and reducing inequity of outcomes and experience²⁹.

Building trusting relationships between parents, carers and professionals who get to know a child and their family over time is vital in developing personalised care plans for these children, including advanced care plans³⁰.

Understanding the likely progression of a child's condition over time and having an awareness of changes in their clinical condition, rate of deterioration and acute life-threatening episodes is key to enabling timely care planning.

Advance care planning is the process whereby parents and when possible, children and young adults, discuss in-depth their hopes and plans for current and future treatment, including care at the end of life^{31, 32}.

Children with life-limiting conditions are 75% more likely to die on a Paediatric Intensive Care Unit than children without life-limiting conditions³³.

Advance care planning is vital if a family wishes for their child to be cared for at home or in a hospice at the end of life³⁴.

“ Our advanced care plan was implemented two weeks before our son died, it was dynamic to his needs and interchangeable. These plans need to be individual to families' beliefs and wishes ”.

A standard template for advance care planning for children is used across Dorset.

It is available at:

www.cyacp.uk

and includes resources for professionals, parents and young people³⁵. In 2023, it became the recommended national template for children and young people's advance care planning.



“ Being involved and informed about what would happen... relieved anxieties. The same can also be said about understanding what to expect leading up to our daughter’s death, being aware of the changes we may see ”.

The new CYACP includes a version specific to the antenatal and perinatal care of babies with palliative care needs and their families. This supports existing national and regional guidance for perinatal palliative care^{36, 37}.

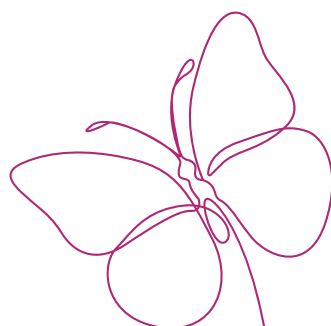
Aims

- To develop processes to identify all children with life-limiting and life-threatening conditions across Dorset, including during antenatal and perinatal care.
- To give these children and their families opportunities for timely access to children’s palliative care services in order to provide support and build trusting relationships which enable joint decision-making with parents and, ideally, children and young people.
- To develop joint referral processes for children’s palliative care services across Dorset at key time points in a child with a life-limiting condition’s life. (For example, when becoming unstable, when reaching the end of life) including equity in access to children’s palliative care services from antenatal and perinatal care.
- To provide all professionals working in children’s palliative care (across all sectors) with education and training in communication and compassionate conversations with parents of children with life-limiting conditions.

- To provide lead clinicians and nurses from children’s community nursing teams and hospice teams with specific training in use of the CYACP.
- To develop shared processes for dissemination and updating of advance care plans to ensure all those involved in the care of a child and family have access to the document when needed, including ambulance services, out of hours primary care services, GPs, hospitals and emergency departments.
 - ◊ This would enable... “consistent support in line with the advance care plan and the families wishes and beliefs. For our son, some unconnected professionals posed questions that were premature to the advance care plan and exacerbated our anxiety and stress” (parent quote).

Actions

- Establish a Dorset-wide database for children with palliative care needs
- To agree a joint referral processes for access to children’s palliative care services in Dorset.
- Access education and training in advanced communication skills and advance care planning for professionals working with children with life-limiting and life-threatening conditions.



Priority 2

Co-ordinated care across services with effective joint working and improving continuity of care at end of life.

Background

Parents of children with life-limiting and life-threatening conditions tell us that having to repeat their child’s story to each new professional is frustrating and distressing. Research has identified co-ordination of care as a key component of quality in palliative and end of life care for children^{38,39}.

It is a NICE quality standard for all children with a life-limiting condition to have a named medical specialist who leads and co-ordinates their care.

In order to provide care that is both unique to each child and family and that enables coordination across organisations, we need to promote co-ordination of care through palliative to end of life care and integration of care from a number of care providers. This co-ordination is needed both between local children’s palliative care services and across the region with tertiary paediatric services and the regional specialist children’s palliative care team.

“ We did have a POON [Paediatric oncology outreach] nurse who we liaised with (sporadically) and our community nurse was excellent. But, as parents, bridging the gap between multiple professionals could (and did) leave room for miscommunication and some error (medications from day ward to home discharge etc). ”

Parents of children with life-limiting conditions want their child to be cared for by someone who knows their child and has taken time to develop a relationship of trust with the whole family. This becomes increasingly important as their child approaches the end of their life. They also need access to ongoing advice from specialists who have knowledge of their child’s specific condition and timely access to advice from specialists in paediatric palliative medicine.

In Dorset we have been working to integrating care between children’s palliative care providers, eg hospital, community and hospice, which we aim to build upon with this strategy. See Appendix 3: Dorset model for integration of children’s palliative care services.

The Starfish Team



The Starfish Team is a team of nurses from across local hospital, community and hospice settings who can work together to provide nursing provision for end of life care for a child in any setting. (Appendix 4: aims and purpose).

Working together in this way means care can be more co-ordinated, and also means care can continue when staffing levels are low.

Our daughter's story: parents' feedback

"We thought the teams from [local children's hospice and local hospital] of nurses and doctors worked really well together. They were very attentive of our daughter's needs and despite being so ill they managed to treat her like a baby rather than just another patient who was receiving end of life care.

"They allowed us to do all we could to look after our little girl ourselves but were always nearby for additional support, and stepped in when it came time for us to just be there with our daughter in her final hours without having to worry about her medications, etc. We could trust that they were doing everything they could for her just as they would have their own child. This is something that was very important to us as we had spent 15 weeks of our daughter's short life in hospitals where we met many different doctors and nurses. Unfortunately, not all were able to see past the illness and see her for the baby she was.

"They were brilliant in helping us make memories. We got to take our daughter to the beach, something we didn't think was possible. They took photos and even picked a couple of seashells for us as keepsakes of that morning. Not only do we have the memories of that morning to cherish forever, we have something to share with her little sister... we take a seashell home for our daughter every time we go to the beach."

Multidisciplinary teams (MDTs)

In Dorset, existing structures for MDT work for the care of children 0-16 years with cancer who require palliative and end of life care. These are co-ordinated from the centre, with input from tertiary children's cancer specialists and regional specialist children's palliative care teams working with our Dorset-based children's palliative care teams and professionals who know the child and family.

Our hospital children's palliative care teams, together with the local children's hospice team, have developed a structure for MDT working for children with non-cancer life-limiting conditions.

This involves MDT discussions, regular reviews and updates for the child's whole team. This system needs to be sustainable and equitable across Dorset.

As young people with cancer age 16-18 years reach a stage of unstable symptoms and deterioration of their condition, the MDT for some areas of Dorset includes joint working with the local adult specialist palliative care team.

For all young people needing transition into adult palliative care services, there is a need to develop an MDT process to integrate and co-ordinate the adult palliative care teams with children's palliative care teams.

This needs developing and resourcing to provide an equitable and sustainable service for this group of young people across Dorset.

First point of contact

- ◇ Having a clearly named professional as a first point of contact is key to the coordination of a child's palliative and end of life care for both the family and the MDT. This is addressed as part of advance care planning (see Priority 1) with a professional named on the plan. For children this is often the child's community nurse. As the end of life approaches this first point of contact becomes essential.
- ◇ Research and national guidance confirms that parents and carers of children with life-limiting conditions need access to advice from someone who knows their child, 24/7 at all stages of their child's life^{40, 41}. Currently each organisation in Dorset has its own system for access to this 24/7 advice and there is a need to coordinate and build on this provision so that there is consistent and equitable access to advice from professionals who know these children and have expertise in children's palliative care.

Actions

- Establish a directory of children's palliative care services for Dorset which can be accessed via each service's website.
- Agree pathways for transfer of a child at the end of their life between settings, eg hospital to home, hospital to hospice, hospice to home.
- Develop IT solutions for sharing information. In particular use of the Dorset Care record and SystemOne across organisations.
- Following a workshop with adult and paediatric palliative care providers in Dorset to seek resources to support a palliative MDT transition process.
- Establish a coordinated and equitable approach to a first point of contact 24/7 for parents and carers of children with life-limiting conditions across Dorset at all stages of their life.

Aims

- To develop MDT processes for all children approaching the end of life in Dorset to enable equity across conditions and ages.
- To develop an MDT process for palliative care transition.
- To work collaboratively to seek IT solutions for sharing documentation (including advanced care plans and symptom management plans) across organisations.
- To review the current provision of 24/7 first point of contact for parent and carers of children with life-limiting conditions across Dorset.



Priority 3

Supporting children with life-limiting conditions in all settings, and enabling choice in place of care at the end of life with timely symptom relief, support for family and carers and health care professionals.

Background

Support in all settings during life

Children with life-limiting conditions need support to live their lives to the full in the same way as any child. Their families want them to have every opportunity to access education, activities, social events and to play. The fact that their lives are likely to be limited in length only increases the importance of making this possible. The focus of children's palliative care is on quality of life at every stage of life.

141 **Children with life-limiting conditions often have complex health care needs and are supported across a number of settings including schools, short break units, hospices, home-based respite with care providers, and at home with their families.**

In all settings, children with life-limiting conditions need to have their care needs and symptoms addressed in a way that is co-ordinated and safe. As their symptoms change children often require increasing medications and medical interventions. Professionals in every setting need support to respond to these changing health care needs and to manage increasingly complex care and medication plans in a timely way.

Symptom management plans

Symptom management plans in children's palliative care are written by doctors or nurses with specific training in children's palliative care when a child is deteriorating or dying, and is likely to experience increasing

symptoms. They are unique for each child and the child's condition, including how this is likely to progress over time. They include both non-pharmacological and pharmacological treatments and have a summary of existing medications and options for next steps in symptom management, as well as planning for sudden crises and guidance on who to call for advice.

Once a symptom management plan is in place it can be used across all settings. Therefore, in any setting the person directly caring for a child requires access to all medications which may be needed and an up-to-date medicine administration chart. There must be a first point of contact named on the plan in case there is a need to progress to 'next steps' if a child's symptoms are uncontrolled.

For children approaching the end of their life, this type of symptom management plan replaces existing individual care plans for specific symptoms (for example for seizures or dystonia) and becomes a guide for holistic management of symptoms during their care in any setting.

“ Parents and carers would like to have involvement in the discussions about symptom management and an awareness of basic symptom management ”.

We need to ensure consistent symptom management planning is available to all children in Dorset with life-limiting conditions when they reach a time of deterioration, and for end of life care.

“Our daughter's book with MAR chart, symptom management plan etc was a game changer for us. Every change of location (school, respite, home) it removed the need for complex handovers. It also made hospital admissions easier. The data also gave us a better understanding of the medicine schedule [...] and enabled doctors to see correlations between our daughter's symptoms and medication use. I started work on a digital version of this for us”.

Choice in location for end of life care

In Dorset, we want children and their families to have a choice about where they receive care at the end of a child's life. This could be at home, at the local children's hospice or in hospital. Planning for this will be part of advance care planning.

Both Dorset County Hospital and University Hospitals Dorset have dedicated areas for end of life care in their children's units, resourced by a specific trust fund within the hospital charity.

While we want children and families to choose the location of care, the most important thing to consider is that a child is comfortable, can receive the right care and treatment, and that care can be delivered safely.

Research supports that parents' primary focus as their child reaches the end of their life is that they are free from pain and distress and that where they are cared for is a secondary factor⁴².

24/7 nursing and medical support for end of life care

For a child to be cared for in the community at the end of life they need to have access to 24/7 at home nursing care provided by the Starfish Team. This access to 24/7 community nursing care is a quality standard in NICE guidance⁴³.

For children cared for at the end of life at home, provision of 24/7 telephone support from a consultant in paediatric palliative medicine is a NICE quality standard. For all children with life-limiting conditions, NICE recommends that care includes members of the specialist children's palliative care team⁴⁴. Nationally, paediatric palliative medicine has only been a recognised specialty since 2009⁴⁵, and therefore regional consultants with this sub specialist training are nationally and regionally a limited resource.

In Dorset our aim is for this 24/7 medical support to be provided by a small group of local paediatricians with a special interest in paediatric palliative medicine. Support is provided by telephone, virtual and face-to-face review of children being cared for at the end of life in any setting.

Currently, advice from a specialist consultant in paediatric palliative medicine based at our tertiary children's hospital is available by telephone within weekday daytime hours and is not formally commissioned out of hours, and is focused on proactive symptom management planning and planned review.

For children with cancer reaching the end of life 24/7 telephone advice is available from a team of paediatric oncology and supportive care clinical nurse specialists from the tertiary centre. For young people aged 16-18 years in East Dorset, this specialist palliative medicine advice is provided locally 24/7 as part of an integrated MDT across children's and adult palliative care.

The support of a paediatric pharmacist is also essential. Paediatric pharmacy time is needed to co-ordinate medications for children with multiple and changing medications and for end of life care prescribing and dispensing support in all settings.

Caring for the whole child and whole family at the end of life:

As a child's care needs change, there may need to be an increase in care at home to support parents. It is vital that the holistic needs of the whole family are met. In particular, play therapy, sibling and family support workers are an important and under resourced provision in the NHS.

Parents, siblings and children with life-limiting conditions need access to psychological support at this time.

"We found that the doctors interacted with [our daughter's siblings] in a warm and friendly manner and this helped them feel relaxed and comfortable. This was especially important whilst our daughter was in the hospices as the continuity of the medical professionals took away some of our children's fears."

Aims

- To build on the model of integrated care across organisations for children approaching end of life in Dorset so that the professionals who know the child and family follow them to provide care and support in any setting.
- To build on and expand the work of the Starfish Team of nurses to enable choice in place of care at end of life and sustainability of the nursing workforce. This will require increased resourcing of the CCN workforce.
- To achieve consistency and equity across Dorset in the use of symptom management plans for children with non-cancer conditions.

- Designated paediatric pharmacist time to support safe prescribing and dispensing of medication of palliative and end of life care in children across Dorset.

"To build on and expand the provision of psychological and wellbeing support for families during and at the end of life care. This could help with the increase in extreme anxiety, the management of decision making and the anticipatory trauma/shock experienced by families at this time."

Actions

- Develop and agree a Dorset-wide approach for paediatric symptom management plans across all settings.
- Dorset-wide documentation including a single medicine administration chart that is used across all settings.
- Develop and resource the children's palliative care nursing workforce (Starfish Team) and give access to education and training in children's palliative care.
- To develop paediatric medical support with paediatricians who have a special interest in paediatric palliative medicine.
- Designated paediatric palliative care pharmacy time to support safe prescribing and oversee the dispensing of medication for children with life-limiting conditions.
- To develop and resource counselling or psychology posts for children's palliative care in Dorset.

Priority 4

Supporting education, training, resilience and well-being across Dorset for all staff involved in palliative and end of life care for children.

Background

In addition to health care professionals, everyone involved in the care of a child with a life-limiting or life-threatening condition needs access to education and training in the core knowledge and skills involved in the delivery of children's palliative care. This includes carers, teachers and teaching assistants, and social care professionals.

Existing courses and resources are available and are being developed, and funding has been secured for a project aimed at developing and providing education and training in children's palliative care across the South West.

Providing palliative and end of life care to children can be emotionally draining, and being part of a balanced, well-functioning team with shared values and a supportive and open approach is known to enable this resilience and wellbeing of staff⁴⁶.

Providing joint education and training opportunities across organisations alongside an integrated model of care enables sharing of best practice, skills and knowledge and development of the good working relationships that allow each child and family to remain at the heart of the care provided.

At present, team debriefs are offered within organisations providing children's palliative care in Dorset, enabling staff to continue to provide compassionate care⁴⁷.

Professionals (either psychologists or counsellors) skilled in facilitating these debriefs are a limited resource, and this needs further development and resourcing to reflect a commitment to the resilience and wellbeing of staff.

Aims

- For all doctors in Dorset with a lead or key role in providing children's palliative care to have specific education and training in paediatric palliative medicine to the level of a special interest, and to have the time and funding to achieve this.
- For all children's nurses with a lead role in children's palliative care to have specific education and training in accordance with the Royal College of Nursing framework for competencies in children's palliative care⁴⁸ and to have the time and funding to achieve this
- In collaboration with the South West Children's Palliative Care Strategic Clinical Network, access training for the children's palliative care workforce in Dorset⁴⁹.
- To build on the current Starfish Team training program and develop a rolling program of training that can be accessed virtually by Dorset's children's palliative care workforce.



“ All NHS staff, even those not directly involved with children’s palliative care should do an introduction to children’s palliative care. It would help to raise awareness amongst staff and also may help to identify children who would benefit from early intervention ”.

- To develop counselling or psychology posts for children’s palliative care in Dorset and as part of these posts to provide regular supportive debrief for those providing children’s palliative care as a core part of their role.



“ As a parent it is something that we only experience once, for professionals they have to go through this repeatedly ”.



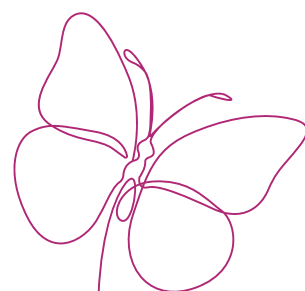
Actions



- To identify lead and key doctors in children’s palliative care in Dorset and support to access specific nationally recognised education and training in paediatric palliative medicine.
- To identify lead CCN and hospice nurses working in children’s palliative care and support to access specific education and training in children’s palliative care.

To develop the program of teaching for the Starfish Team, which can be delivered virtually as a rolling annual programme.

- To access the training delivered as an outcome of the South West Children’s Palliative Care Strategic Clinical Network Funding Bid.
- To provide or access a training event for advanced care planning for staff from across health, education and care providers in Dorset.



Priority 5

Ensuring effective, consistent and timely bereavement care for the families of children with life-limiting and life-threatening conditions in Dorset.

Background



The loss of a child impacts parents and carers, families and communities. Bereavement impacts on health and wellbeing, relationships and employment. It can make day to day life a struggle.

Continuation of care through bereavement is a key part of children’s palliative care. Families have told us that they have felt alone following their child’s death and that the sudden loss of carers and professionals involved in their life adds to the void following their child dying.



“ Bereaved parenting, where parents are supporting bereaved children whilst being a bereaved parent needs professional guidance to reduce secondary issues for siblings”. We found there was “a limited professional support structure from statutory services, particularly schools ”.

Bereavement care can support parents’ recovery from the devastating loss of a child and potentially reduce the burden on their mental health⁵⁰.

Enabling families to remain with their child after the child has died, supported by professionals who know the family and have cared for them through their child’s life, can be an important part of bereavement care.

This ongoing care can be facilitated by close working with funeral directors and equipment such as cool cots and cool blankets that can be used at home, in hospital or in the hospice.



“ I very much valued a meticulous plan of how our son would be taken care of when he died. It was an anticipatory plan and it alleviated a great deal of anxiety around his death. It also played a big role in navigating the bereavement as it was all within our control and there were no gaps in where he was. ”

Bereavement care for families in Dorset is currently offered by the NHS, local children’s hospice teams, independent organisations and volunteers, but there is need to further coordinate and resource this important aspect of children’s palliative care and to ensure all families have access to support.

Guidance on bereavement support recommends provision in accordance with need⁵¹:

- Universal Support – available for all bereaved people (provided by verbal, written and online information).
- Selective or targeted support – available for those seeking additional support or who are at risk of developing complex needs (provided by social support: self-help groups, faith groups, befriending and community groups or trained bereavement support workers).

- Support requiring specialist interventions – for a minority of bereaved people who have complex needs or prolonged/complicated grief (provided by specialist bereavement counsellors/practitioners, specialist mental health support/psychological support)⁵².

The Childhood Bereavement Network has a checklist for good practice in supporting bereaved children and young people (Appendix 5)⁵³.



“ Also, we needed guidance on the changes to carers allowance, home equipment, and motability. We had our housing benefit stopped five days after our daughter’s death. Nothing really prepared us for the financial changes. ”



Aims

- For all parents who experience the loss of a child with a life-limiting or life-threatening illness to have access to bereavement care as a continuation of the palliative care provided to the child and family.
- For parents to have access to specialist bereavement counselling or specialist psychological support, and for this to be available during the end of life care to support parents through decision-making.
- For all siblings of children who have died with a life-limiting illness to have access to bereavement care, including support for their schools and social groups. (Statutory support through the local education authority under the Adverse Child Events remit.)
- For family support workers to provide a link for bereaved siblings between home school and the local education authority to coordinate and support ongoing bereavement care.

In Dorset, an estimated

1,038

0-19 year olds are likely to need access to palliative and end of life care.

Actions

- Develop a Dorset-wide directory of bereavement services for families of children with life-limiting conditions.
- Develop a coordinated approach to bereavement care across organisations, providing appropriate bereavement support that includes universal support, selective or targeted support and specialist support.
- Improve access to specialist bereavement support with increased provision of trained counsellors.
- Develop Dorset-wide peer support/ bereavement support groups.

Priority 6

Helping to develop caring, inclusive communities with understanding of the needs of children with life-limiting conditions and the impact on their families and a willingness to support them in emotional and practical ways.

Background



Surrounding every unique child with a life-limiting condition is a unique family unit and a unique community. Feedback from families emphasises the importance of caring for a child within this context and supporting the families and communities around them.

Research shows that for children with life-limiting conditions social and educational activities are more important than their medical concerns⁵⁴.

Therefore a holistic approach to care is required to enable these children to live their lives as fully as possible, taking part in all the usual childhood activities.

This approach requires support for schools both throughout the life of a child with a life-limiting condition and through their end of life care and ongoing bereavement care for their family, friends and community.

Access to social events and venues for these children is needed, and raising awareness of their needs in communities is a key part of achieving this. Provision of specific social events has been reported by parents to be a lifeline in enabling them to feel part of a community who understand the challenges they are facing and can offer friendship and encouragement ⁵⁵.

Caring for whole families; short break/ respite care and sibling support

Families of children with complex needs and neurodisability are entitled to short breaks from their local authority. Access to and provision of these breaks varies widely. In addition, the voluntary sector, including children's hospices, provide respite/short breaks for children with life-limiting conditions.

Respite provision for children with life-limiting conditions has been shown to support parents' relationships and potentially prevent family breakdown⁵⁶.

Specifically, this research demonstrated that parents in a stable relationship were receiving on average 43% more respite hours than those in unstable relationships; and of those who had already separated, 75% had been receiving no respite breaks from any service at the time⁵⁷.

A study has found that mothers of a child with a palliative care need were twice as likely to develop heart disease or a serious mental health condition and 59% more likely to die prematurely than mothers of healthy children⁵⁸.

There is overwhelming evidence that more short break/respite care is needed to prevent family breakdown and to protect the health and wellbeing of the parents providing 24/7 care to children with life-limiting conditions, however short breaks are a limited, vulnerable and threatened resource.

Siblings of children with life-limiting conditions are known to be impacted by their sibling's care needs. Many are unrecognised young carers, carrying a burden of responsibility and knowledge way beyond their years.

They need time outside of this caring role to have fun, to be children and to receive emotional support when needed.

Sibling support in Dorset is currently provided by a number of services with different approaches to support.

Improved access, a co-ordinated and equitable approach and increased provision of this important resource is needed.

145

Aims

- Enable children with life-limiting conditions to continue to attend pre-school or school for as long as possible with teachers who understand their needs and have access to support from the wider children's palliative care team.
- Increase the provision of short break/respite care for children with life-limiting conditions in Dorset to enable a consistent and equitable approach to this provision.
- Develop opportunities for bespoke social events and access to mainstream social venues and events for children with life-limiting conditions.
- Develop the work of supporting siblings of children with life-limiting conditions in Dorset as a collaborative approach across organisations.

Actions

- Develop processes for the integration of schools and education colleagues within children's palliative care teams for individual children and on an organisational level with joint training and education opportunities.
- Review of current short break and respite provision in Dorset with analysis of the current offer alongside the need to plan for the resourcing of an increase in this provision.
- Develop a research proposal to measure the impact of an increase in short break provision.
- Collaborate across organisations to build on the work of the local children's hospice and other charitable organisations in developing social events and opportunities.
- Provide training and education on the impact of caring for a child with a life-limiting condition on parents for professionals and volunteers across sectors.
- Build on the work of the existing sibling teams and improve awareness and access to this service through specific education and training sessions.



Priority 7

Ensuring continued feedback and involvement from children and young people with life-limiting and life-threatening conditions and their families, carers, and health and other professionals in Dorset.

Background

Understanding children's and their families' experiences of palliative and end of life care is key to the ongoing development of children's palliative care and measuring the impact of services.

Until recently there have been no validated measures of outcomes in children's palliative care. The children's palliative outcomes scale is currently under validation 13 and University Hospitals Dorset is a pilot site for this research.

However, the most powerful force for change and improvement in children's palliative care has always been the experiences and journeys of individual children and their families. Listening to their stories and responding to what matters to them must be at the heart of everything we do.

To date, individual feedback from families has taken place as part of bereavement support provided to the family.

The Child Death Overview Panel provides a format for family and professional feedback and discussion of a child's palliative and end of life care.

Aims

- Improve our understanding of the experiences of children with life-limiting conditions and their families in Dorset.
- Establish a rolling program of data collection on outcomes of children's palliative care provision, both quantitative and qualitative.
- Involve parents and young people with life-limiting conditions in the planning and development of future services.
- Consider development of a research project to evaluate the Dorset model of integrated children's palliative care.

Actions

- Once available, use the Children's Palliative Outcomes Scale in practice.
- Develop the process for listening to feedback from parents and children via a range of forums including individual discussion, semi-structured interview and online platforms such as Care Opinion⁵⁹.
- Establish a co-production workshop with parent representatives and young people's involvement as a forum for feedback on development of children's palliative care services in Dorset.
- Establish a research group across organisations and in collaboration with Bournemouth University with parent involvement to develop a research proposal.

Reference section

146



Glossary



The Dorset Intelligence & Insight Service (DiiS)

a collaborative project to deliver a live, linked health and social care dataset across Dorset Integrated Care System (ICS). The aim is to make health and social care data open, easy to access, and available to create actionable insights. It is being used to support data-led service improvement, planning and decision making at a system and organisational level. We've been working together from the start with partners, community groups, and industry to provide analytics to deliver better health and wellbeing outcomes for Dorset people.

Palliative Care

an approach focussed on improving the quality of life of patients with life limiting illness and their families. These patients often, but not always, have a prognosis of less than 12 months. Good palliative care is integral to good end of life care.

End of life care

support for people who are in the last months or years of their life. End of life care should help you to live as well as possible until you die and to die with dignity.

Advance care planning

A voluntary process of discussion about future care between an individual and their care providers. If the individual wishes, those identified as important to them may be included. It is recommended that with the individual's agreement this discussion is documented, regularly reviewed, and communicated to key persons involved in their care.

DNACPR

Do Not Attempt Cardiopulmonary Resuscitation

SystemOne

The digital system which is used in all GP practices across Dorset, 2 hospices and Dorset Health Care.

EPR

Electronic patient record



- 1 The Dorset Intelligence & Insight Service (DiiS)
- 2 [ambitions-for-palliative-and-end-of-life-care-2nd-edition.pdf \(england.nhs.uk\)](#)
- 3 Children's palliative outcomes scale. 2023 Kings College London. kcl.ac.uk
- 4 Estimating the current and future prevalence of life-limiting conditions in children in England. Palliative Medicine 2021, Vol. 35(9) 1641–1651
- 5 Fraser, L., Gibson-Smith, D., Jarvis, S., Norman, P. and Parslow, R., 2020. Making every child count. Estimating current and future prevalence of children and young people with life-limiting conditions in the UK. Bristol: Together for Short Lives.
- 6 <https://www.publichealthdorset.org.uk/jsna/insights/end-of-life-care>
- 7 [Results through relationships | Next Stage Radicals - Exploring Aloud](#)
- 8 [National Survey of Bereaved People \(VOICES\) - Office for National Statistics \(ons.gov.uk\)](#)
- 9 [NACEL Audit Outputs — NHS Benchmarking Network](#)
- 10 [Treatment and care towards the end of life - ethical guidance summary - GMC](#)
- 11 [Dying Matters Resources | Hospice UK](#)
- 12 [NHS Long Term Plan](#)
- 13 [Kathryn Mannix - Dying, Death, and Wisdom in an Age of Denial - Panel Discussion - YouTube](#)
- 14 [Compassionomics | Evidence That Caring Makes a Difference](#)
- 15 [Dying Matters | Hospice UK](#)
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Appendix



Appendix 1

Figure 1 Categories of life-limiting and life-threatening conditions. Adapted from the Guide to Children’s Palliative care 1.

Category	Examples
Category one Life-threatening conditions for which curative treatment may be feasible but can fail, where access to palliative care services may be necessary when treatment fails, irrespective of the duration of that threat to life. On reaching long-term remission or following successful curative treatment there is no longer a need for palliative care services.	Cancer, organ failures of heart, liver, kidney, transplant and children on long-term ventilation
Category two Conditions for which premature death is inevitable, these may involve long periods of intensive disease-directed treatment aimed at prolonging life and allowing participation in normal activities. Children and young people in this category may be significantly disabled but have long periods of relatively good health.	Cystic fibrosis, Duchenne muscular dystrophy and SMA Type 1
Category three Progressive conditions without curative treatment options, where treatment is exclusively palliative and may commonly extend over many years.	Batten disease, mucopolysaccharidoses and other severe metabolic conditions.
Category four Irreversible but non-progressive conditions causing severe disability leading to susceptibility to health complications and likelihood of premature death. Palliative care may be required at any stage and there may be unpredictable and periodic episodes of care.	Severe cerebral palsy, complex disabilities such as following brain or spinal cord injury.

Figure 2 Categories of life-limiting and life-threatening conditions as applied to perinatal and neonatal care 25.

Category	Examples
Category one	Life-threatening conditions for which curative treatment may be feasible but can fail. Examples: extreme prematurity, severe necrotising enterocolitis, congenital heart disease.
Category two	Conditions where premature death is inevitable. Examples: chromosomal abnormality, severe spina bifida, bilateral multi-cystic dysplastic kidneys, bilateral renal agenesis.
Category three	Progressive conditions without curative treatment options Examples: anencephaly, skeletal dysplasia, severe neuromuscular disorders.
Category four	Irreversible but non-progressive conditions causing severe disability, leading to susceptibility to health complications and likelihood of premature death. Examples: severe hypoxic ischaemic encephalopathy.

Appendix 2
Summary of Child Death Overview Panel data for Dorset for past five years.

149

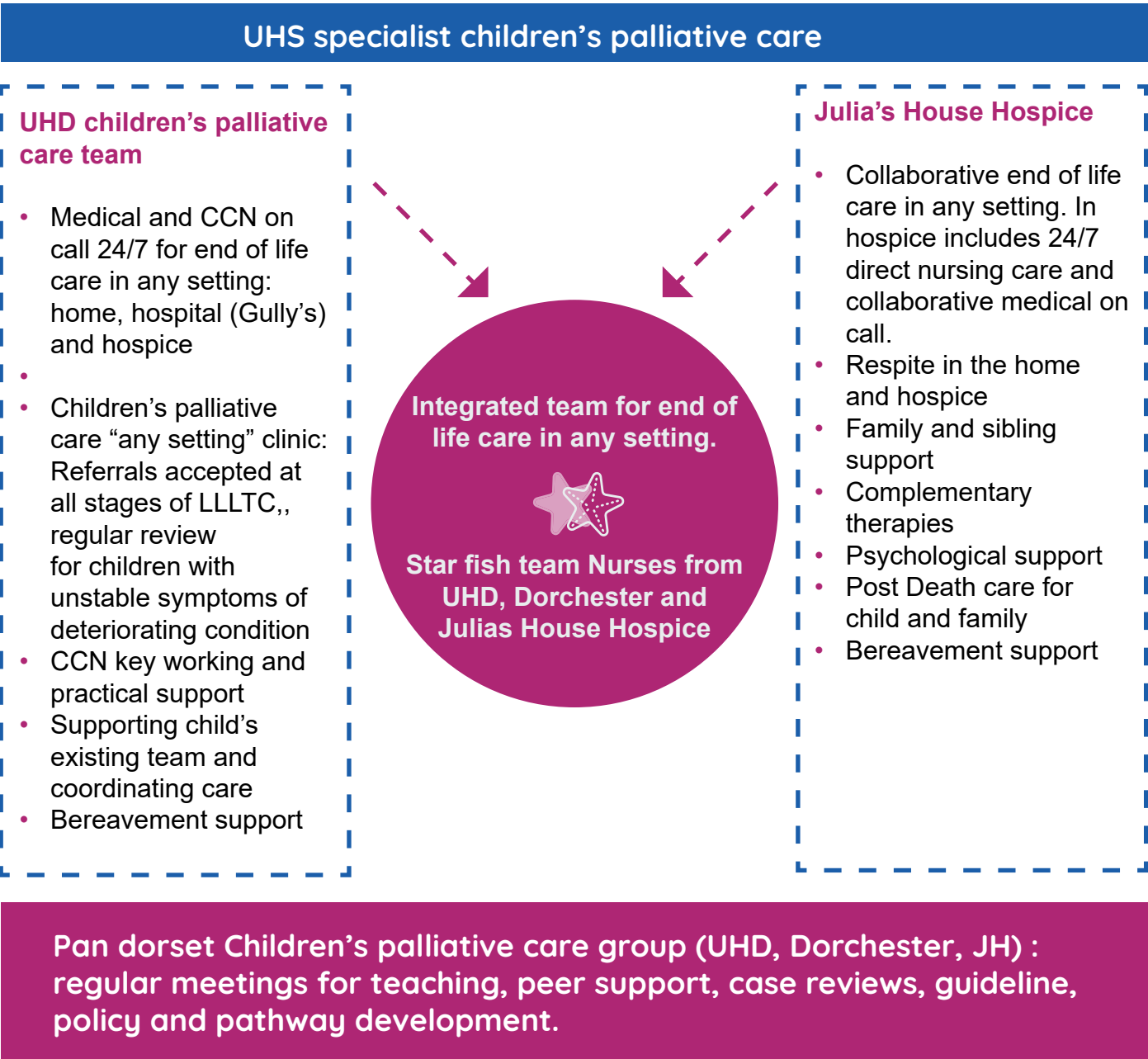
East Dorset			
Year	Unexpected Child Deaths*	Expected child deaths/ planned palliative care	Total child deaths East Dorset
2019	16	5	21
2020	15	5	20
2021	18	7	25
2022	10	5	15

West Dorset			
Year	Unexpected Child Deaths*	Expected child deaths/ planned palliative care	Total child deaths West Dorset
2019	6	2	8
2020	12	3	15
2021	3	2	5
2022	18	2	20

Total Dorset			
Year	Unexpected Child Deaths*	Expected child deaths/ planned palliative care	Total child deaths East Dorset
2019	22	7	29
2020	27	8	25
2021	21	9	30
2022	28	7	35

*Unexpected child deaths are those caused by accident, sudden event (including SUDI) or unexpected deterioration in health.

Appendix 3
Dorset model for integration of children’s palliative care services



Appendix 4

Starfish Team aims and Team



The Starfish team's purpose:

To support members in the delivery of best practice and standards in end of life care for children, young people and their families across Dorset, enabling family choice in place of care.

Aims:

- To promote effective collaboration across organisational boundaries to ensure the best use of resources, facilities, knowledge and experience to improve the quality of end of life care and outcomes for children, young people and families.
- To provide an opportunity for key members of these organisations to meet regularly.
- To provide peer support to colleagues through the sharing of knowledge and advice
- To develop, share and disseminate best practice across the network and to collaborate on initiatives designed to enhance patient care.
- Regular education for Starfish team members and wider teams
- Improved staffing availability to be responsive and equally effective regardless of location.
- Team support and supervision to assist resilience.

The team:

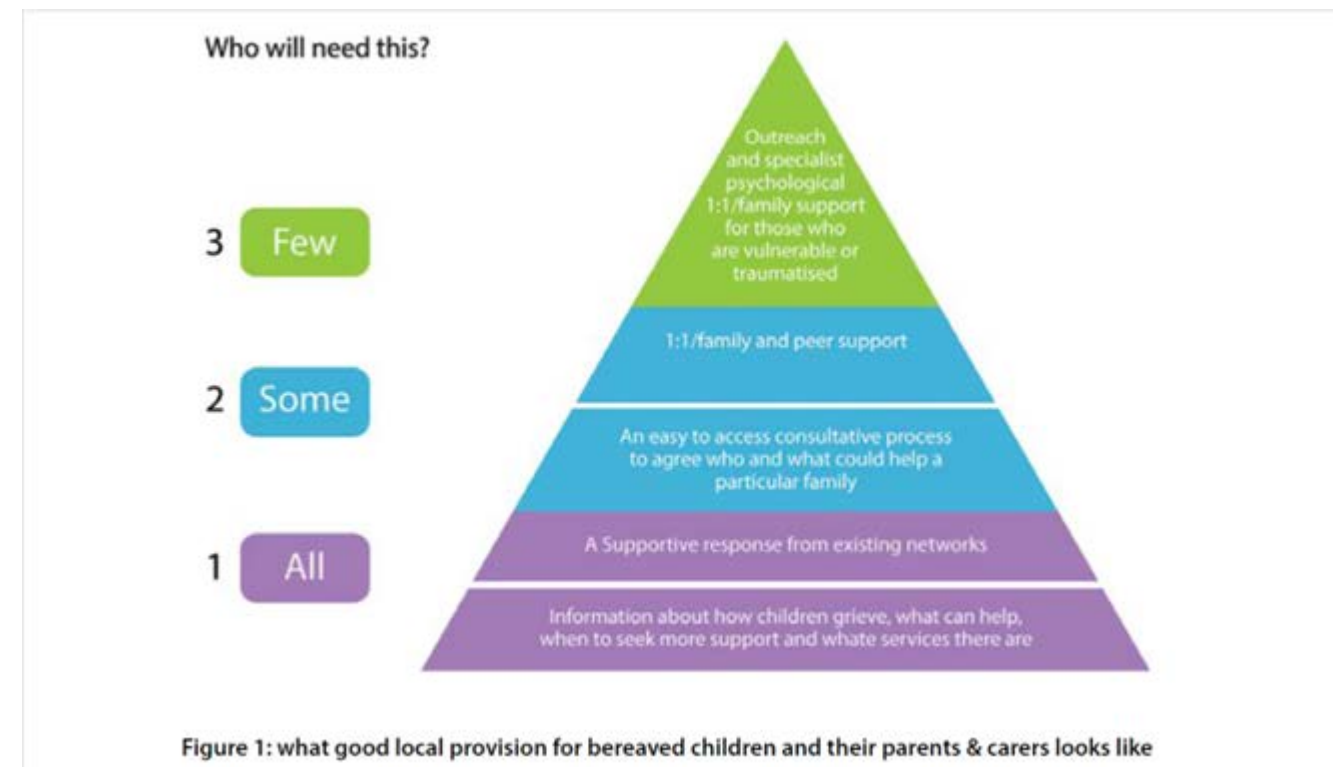
- UHD Children's Community Nurses
- UHD Ward Nurses
- Paediatricians with special interest in paediatric palliative medicine Pan Dorset
- Dorchester Community Nurses
- Dorchester Ward Nurses
- Julia's House Nurses

Hopes of the team:

- Children and their families receive the best care in the place of their choosing (Home/ Gully's Place (hospital) /Mermaid Suite (hospice)
- Ability to offer varied and flexible levels of support in accordance with the family's changing needs.
- Children and families do not have to navigate multiple professionals,
- Improved communication, upskilling current clinical staff and providing a bigger team.
- Children and families remain the focus of care at all times.
- Psychological, social and spiritual support
- Care and support for the child and families during and after death (Mermaid (hospice), Gully's (hospital), Home)
- Nurses and medics feel supported and empowered.

Appendix 5

Childhood Bereavement Network (2007) Checklist for good practice in services supporting bereaved children and young people.



Appendix 6

Table 1: Population data and estimated prevalence data for children in Dorset with life-limiting and life-threatening conditions.

Age Range	Area	Source of Data	Total Number	Estimated prevalence of CYP with LLTC: based on prevalence 66.4 per 10,000
0-19 years	Dorset County	Local Dorset data from ONS 2021 census	72,668	482.5
0-19 years	Bournemouth, Poole and Christchurch	Local BCP data from ONS 2021 census	83,687	555.7
0-19 years	All Dorset	Combined Dorset County and BCP census data 2021	156,355	1038.2

Appendix 7

Useful links

1. DiiS and NHS Dashboard
2. Dorset statistics and census information - Dorset Council
3. Ambitions for Palliative and End of Life Care: A national framework for local action 2021-26. <https://www.england.nhs.uk/wp-content/uploads/2022/02/ambitions-for-palliative-and-end-of-life-care-2nd-edition.pdf>
4. Joint Strategic Needs Assessment (JSNA) for Dorset EOL Care outcomes document <https://www.publichealthdorset.org.uk/jsna/insights/end-of-life-care>
5. Results through relationships | Next Stage Radicals - Exploring Aloud
6. Office for National Statistics (2016). National Survey of Bereaved People (VOICES): England, 2015 National Survey of Bereaved People (VOICES) - Office for National Statistics (ons.gov.uk)
7. National Audit of Care at the End of Life — NHS Benchmarking Network <https://www.nhsbenchmarking.nhs.uk/nacel-audit-outputs>
8. General Medical Council (2022). Treatment and care towards the end of life: good practice in decision making. <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/treatment-and-care-towards-the-end-of-life>
9. Identifying end of life patients https://www.dyingmatters.org/gp_page/identifying-end-life-patients
10. NHS (2019) NHS Long Term Plan <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan>
11. Kathryn Mannix - Dying, Death, and Wisdom in an Age of Denial - Panel Discussion - YouTube
12. Compassionomics | Evidence That Caring Makes a Difference
13. Dying Matters | Hospice UK
14. A promise to learn – a commitment to act – Improving the Safety of Patients in England (publishing.service.gov.uk)
15. RCGP has developed the Gold Standards Framework Identification Toolkit

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OVERVIEW AND SCRUTINY BOARD AND COMMITTEES



Report subject	Overview and Scrutiny Annual Report
Meeting date	To be provided to the following Overview and Scrutiny meetings: Overview and Scrutiny Board – 17 November 2025 Environment & Place O&S Committee – 19 November 2025 Children's Services O&S Committee – 25 November 2025 Health & Adult Social Care O&S Committee – 1 December 2025
Status	Public Report
Executive summary	This is the annual report of the Statutory Scrutiny Officer on Overview and Scrutiny (O&S) activity within BCP Council. There is a requirement to report on the work of O&S to the O&S Board and Committees and then to Council. This promotes visibility of the O&S function and Council ownership of activity and any improvements required. The annual report contains a summary and analysis of O&S activity during 2024-25, reflections on working practices and identified improvements to strengthen the O&S function. This report version is 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 will be the decision maker on any recommendations for change within the report. The final report to Council will be updated to incorporate the views of the O&S Board and Committees on these recommendations.
Recommendations	It is RECOMMENDED that: 1. The Board/ Committee consider and comment on the annual report. 2. The Board/ Committee comment on the proposed recommendation to Council that the Overview and Scrutiny committee structure as outlined in figure one be agreed. 3. The Board/ Committee comment on the proposed recommendations to Council aimed at maximising the resource available for O&S work: i) for pieces of in-depth work, the constitution be

	updated to allow one scrutiny topic to be undertaken at a time across the whole O&S function, with one further topic being scoped during the same period. ii) the O&S Chairs and Vice Chairs group role be strengthened to include a responsibility to agree the priority of all work topics across the full O&S committee structure. iii) the O&S Chairs and Vice Chairs group strengthen scoping for all O&S topics by reviewing key lines of enquiry for topics on an ongoing basis to provide peer test and challenge. iv) the Monitoring Officer be delegated to make the associated updates to the Constitution.
Reason for recommendations	The Constitution requires the Statutory Scrutiny Officer to report to Council on an annual basis on the work of Overview and Scrutiny, including recommendations for any changes that may be required to ensure the function remains fit for purpose. The report must be informed by consultation with the Chairs and Vice-Chairs of the O&S Committees and referred to the four O&S Committees for comment. Consideration and comment on the annual report by the O&S Committees and Council upholds principle b) of good scrutiny, as outlined in the Constitution, that O&S shall 'be a Councillor led and owned function that seeks to continuously improve through self-reflection and development'.
Portfolio Holder(s):	Not applicable – Overview and Scrutiny is a non-executive function.
Corporate Director	Aidan Dunn - Chief Executive
Report Authors	Lindsay Marshall – Overview and Scrutiny Specialist
Wards	Council-wide
Classification	For Decision

Background

The Overview and Scrutiny Annual Report

1. [‘Overview and Scrutiny: statutory guidance for councils and combined authorities’](#) by the Ministry of Housing, Communities and Local Government (MHCLG) and the Department for Levelling Up, Housing & Communities (DLUHC), recommends that councils report annually on their Overview & Scrutiny (O&S) function and activity. The purpose of the report is to outline the activity and output of the O&S function

over the previous year and to identify improvements for the function to ensure it remains fit for purpose. This report is based on the municipal year of May 2024 - April 2025.

2. The report will be received by all O&S Committees and at a meeting of Council but is aimed at all stakeholders of O&S – this includes those within the Council, external partners, and the public and communities served by the council.
3. This is the report of the council's Statutory Scrutiny Officer, who is responsible for supporting and promoting O&S activity. Contribution has been made by other officers who provide support to O&S, and Chairs and Vice Chairs of O&S committees. Comments made by Chairs and Vice Chairs through consultation are reflected within the body of this report.

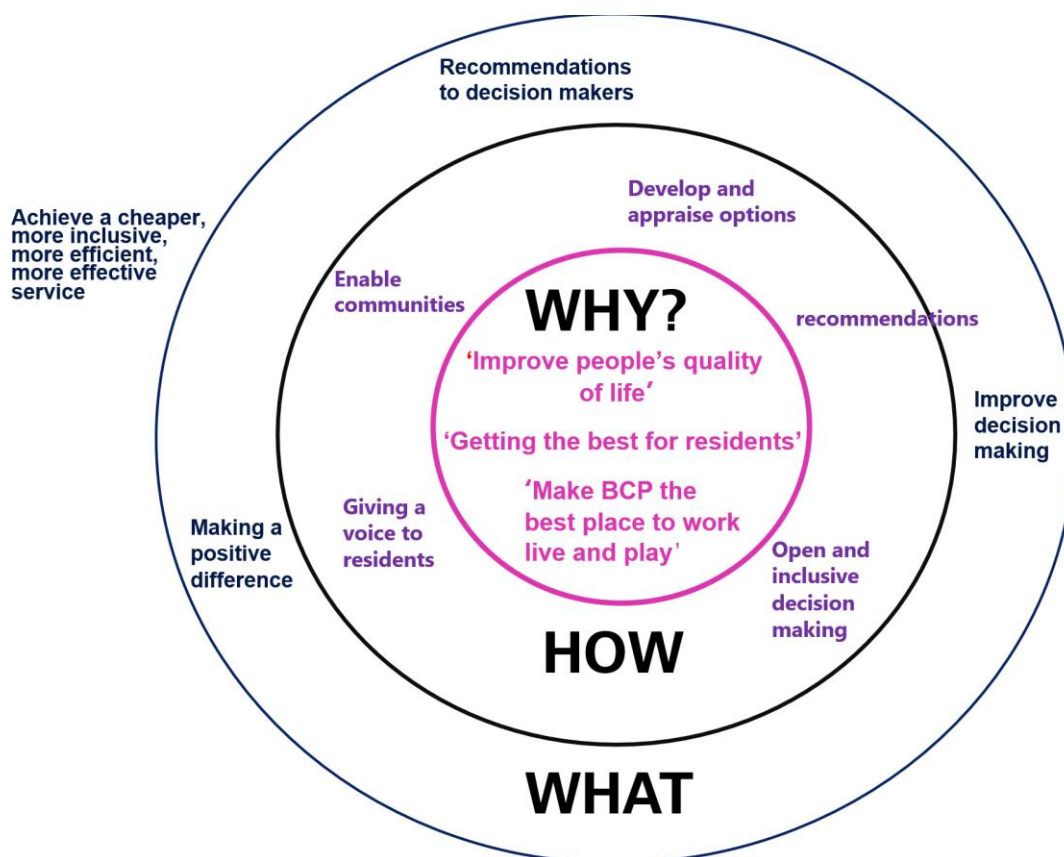
What is Overview and Scrutiny?

4. The purpose and principles of overview and scrutiny and its role in supporting the ambitions and values of the council is set out in Appendix 1.

What does good scrutiny look like?

5. There is not one definition of good scrutiny. In development workshops in 2025, stakeholders of O&S worked together to articulate their view on what good scrutiny looks like in BCP council. This is illustrated below as a 'What/How/ Why' of good scrutiny, and an outline of good scrutiny ways of working:

Good scrutiny – what/ how / why – defined by BCP O&S members, Cabinet and senior officers:



Good scrutiny – ways of working – defined by BCP O&S members, Cabinet and senior officers:

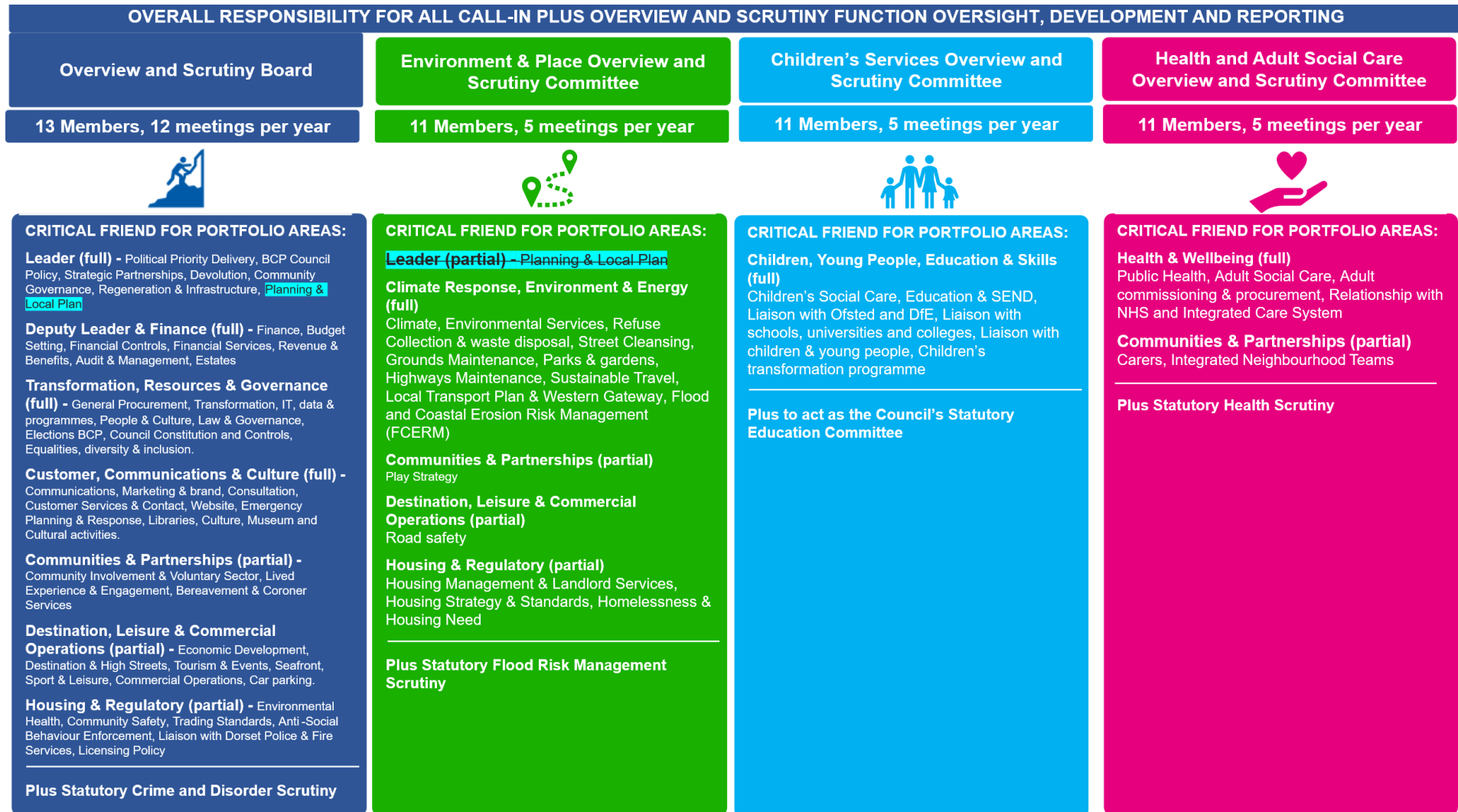
Approaches	Ask sensible questions
	Critical friend
	Sharing information
	Exploring information and data
	Wider input from members and community
Accountability	Accountability, defending decisions
	Holding systems, officers and outside bodies to account
	Asking questions of officials and portfolio holders
Policy development	A check on policy
	Adding value to the position, policy on output
	Opportunity to refine decisions and ensure views are considered
Overview and direction setting	More overview – forward looking
	Venue for fresh ideas

6. Understanding what good scrutiny looks like in BCP is important as this helps stakeholders of O&S work towards a common aim and to reflect on how well the organisation is meeting this aim. This annual report forms a key part of the reflection process and allows councillors the opportunity to refresh their understanding of the aims and purpose of scrutiny.

The Overview & Scrutiny Committee structure

7. The current Overview and Scrutiny Committee structure is illustrated in figure one below. The Council's Constitution makes provision for any changes required to the structure to be reported to Council as part of this annual report, to ensure committees remain fit for purpose. Councillors will note that 'Planning and the Local Plan' is highlighted and listed under the responsibilities of the O&S Board and removed from the responsibilities of the Environment & Place O&S Committee. This change was agreed by the Monitoring Officer in 2025 in consultation with O&S Chairs under constitution rules relating to joint working, to allow for more flexible interaction with the developing local plan through the higher frequency of O&S Board meetings. It is suggested that this now be agreed by Council as a permanent change to ensure clear lines of reporting.

Figure One – Overview and Scrutiny Committee structure



Overview & Scrutiny Activity 2024/25

8. A full outline of Overview and Scrutiny activity during this reporting year is attached at Appendix 2. This includes a summary of scrutiny topics and outcomes by committee, improvements and successes, and future aims.

Overview & Scrutiny Action Plan

9. An O&S Action Plan was agreed by Council in September 2023, to identify strategic actions to improve O&S activity in BCP Council and bring working practices in line with statutory guidance. Actions were originally planned for completion within one year but have slowed as a result of resource pressures with core service activity prioritised over action plan progression. The plan now is now at over 75% completion. More detail is set out in Appendix 2 and the full O&S Action Plan is appended to this report.

Recommendations from Council to Overview & Scrutiny

10. During 2024/25 there was a marked increase in recommendations from Council to Overview and Scrutiny committees to undertake work (detailed further in Appendix 2). This increase shows a greater council-wide understanding of the role that O&S can play in developing policy and providing critical friend test and challenge to issues of importance to councillors and residents.
11. When receiving a request for work, including requests from Council, O&S committees are required to weigh up the likely added value of any work suggestion and the resources available to it to proceed with the request. Many suggestions from Council to scrutiny have been agreed by O&S committees but not yet progressed owing to lack of work programme capacity. O&S Chairs and Vice Chairs have asked that, through this report, councillors be reminded that whilst Council can ask Overview and Scrutiny to undertake work, it is in the gift of the relevant O&S committee to determine whether to agree to this request and when to timetable work, taking account of other work programme priorities.
12. Many recommendations from Council to O&S result from motions raised by councillors. To make this process more effective, it is recommended that Councillors wishing to raise a Council motion for O&S work seek prior consultation with the relevant O&S Chair. This will enable them to gain an understanding of available O&S resources, the alignment of their motion with existing work programme priorities and so the likelihood of their work suggestion being agreed / progressing in a timely way through O&S.

Resourcing Overview & Scrutiny

Background and Challenges

13. Resources available to support Overview and Scrutiny are stretched and have been well documented in previous annual reports which are available to view as background papers. The most significant pressures relate to previous cumulative Council decisions to increase the number of O&S committees and meeting numbers over time, not matched by officer resource to support these. Accompanied by an increase in other committees also resourced by the same team (Democratic Services) the overall resource available to support Overview and Scrutiny work has reduced whilst the level of O&S and other committee activity has increased. This is illustrated in figure two below which shows the total meeting numbers resourced by the Democratic Services team.

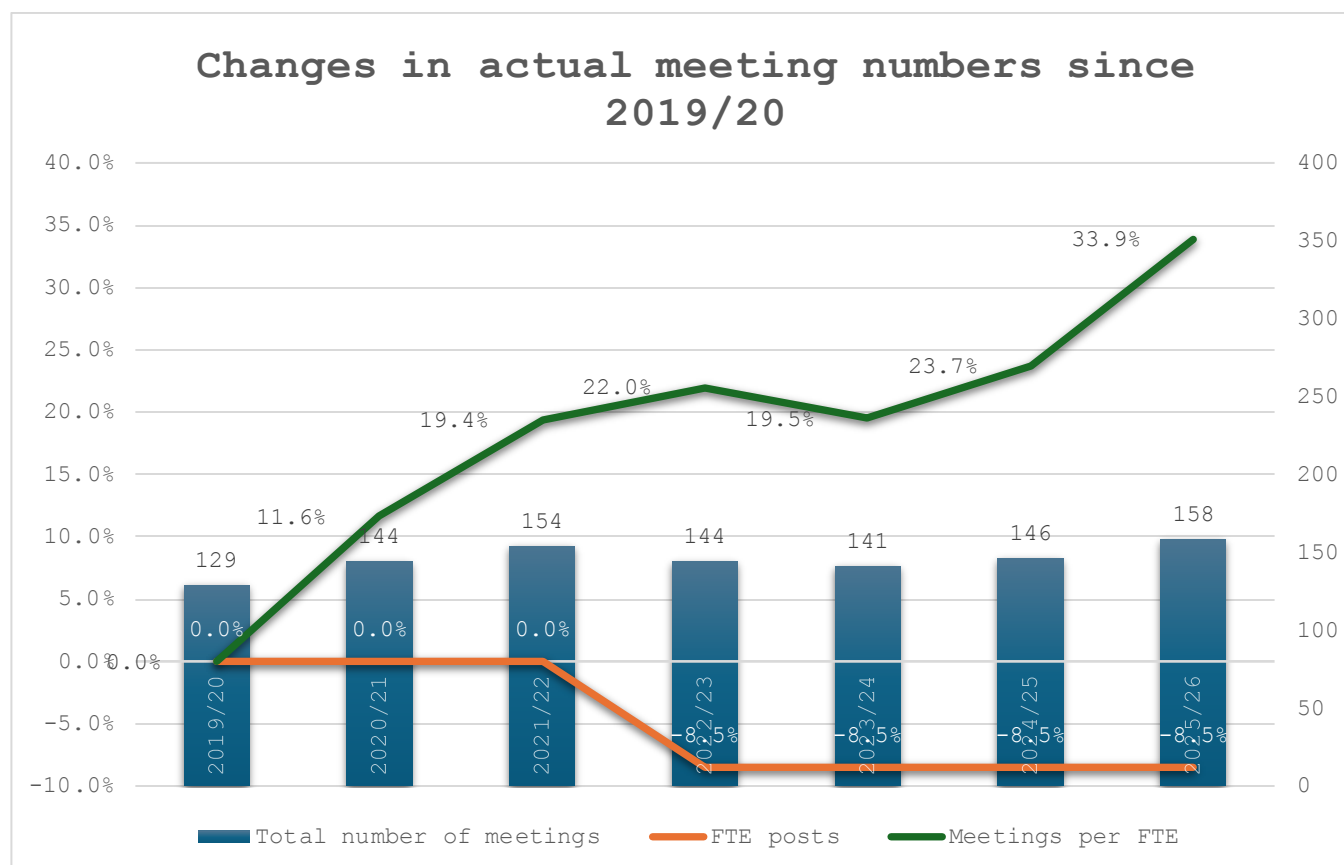


Figure Two – BCP meeting numbers in relation to Democratic Services Team resource.

14. More recently resource has been further strained by a high number of working groups and other in-depth scrutiny work (such as committee based proactive inquiries) scheduled to take place concurrently, as permitted under the constitution. An increase in work programme suggestions being received from councillors and other council bodies has also been seen, and day to day advice and guidance to councillors and officers on O&S has also increased in line with this. Whilst this reflects a healthy engagement with the O&S function and a wider understanding of the ability of O&S to undertake work which contributes to the priorities of the Council, this has added additional pressure to resources.
15. The impact of highly stretched resource has been a slow rate of progression for planned work, delays to strategic O&S work (such as annual work programme activity), limited resource available to respond to arising issues throughout the year and the likelihood that O&S outcomes have been limited in value as planned work has not benefitted from effective levels of officer support.
16. Scoping support: analysis of scrutiny outcomes in 2024/25 indicates that the current level of activity in O&S could benefit from strengthened scoping to plan for valuable outcomes. In 2024/25 an average of 25% agenda items across all O&S committee meetings led to recommendations. Whilst not all scrutiny work will lead to recommendations, this figure indicates that there is room for more targeted selection

of scrutiny topics and stronger scoping of the topics selected to ensure that O&S activity has impact.

Addressing resource challenges

Levels of concurrent work

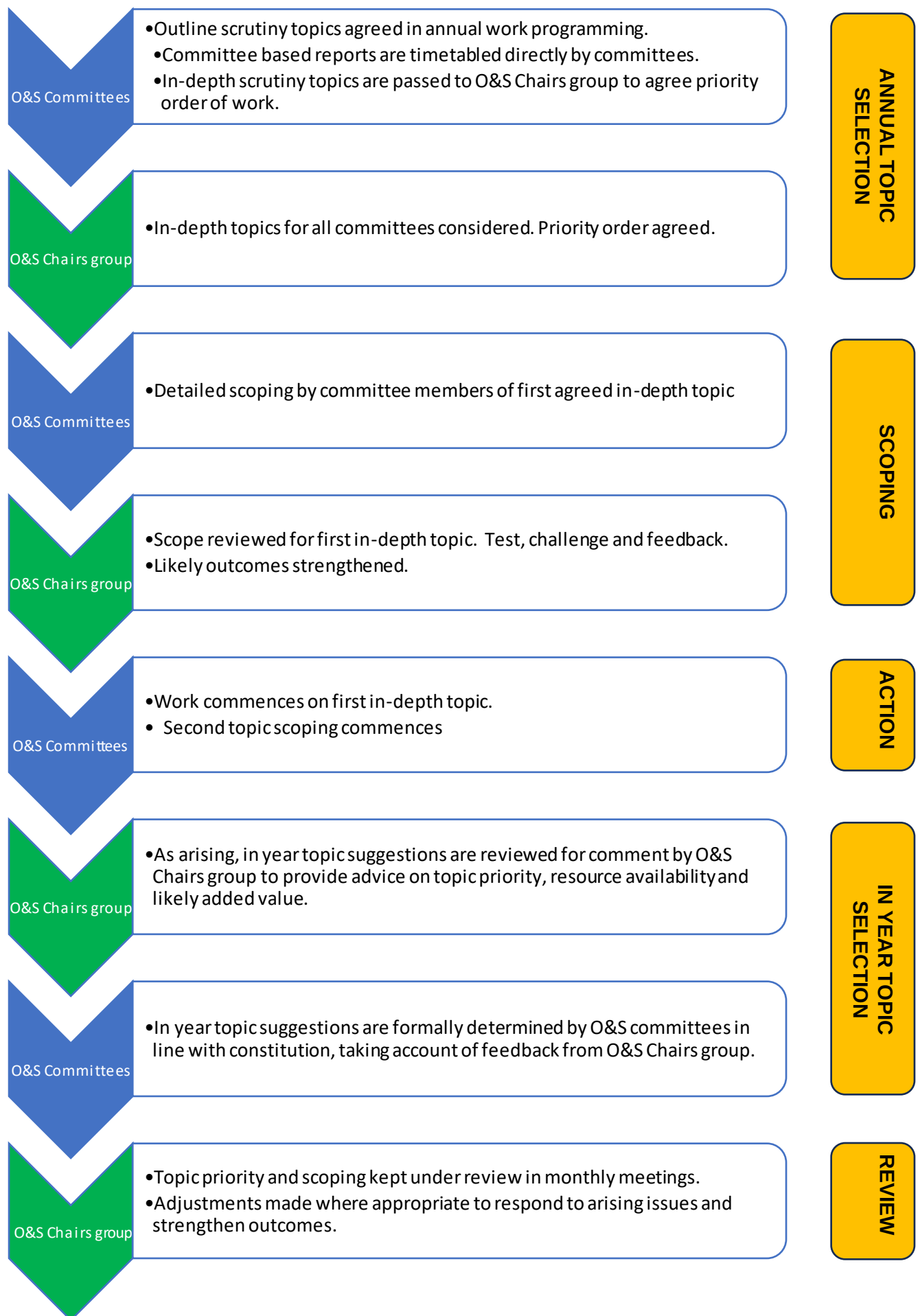
17. Under current Constitution rules, up to four committees are able to undertake one piece of in-depth work concurrently with no limit on scoping activity. This high level of concurrent activity across all O&S committees dilutes the level of officer support that is available for this purpose and risks a quantity over quality approach. To make better use of existing resources it is recommended that greater controls be placed around the use of resource for work that requires significant planning and resource to undertake (eg. working groups/ in-depth committee inquiries). **For pieces of in-depth work, it is recommended that the constitution be updated to allow one topic to be scrutinised at a time across the whole O&S function, with one further topic being scoped during the same period (Option A).** This will enable greater and more timely focus and support to selected topics in train.

Topic prioritisation

18. To agree the priority of in-depth topics, **it is recommended that the O&S Chairs and Vice Chairs group role be strengthened to include a responsibility to agree the priority of all work topics across the full O&S committee structure.** Currently, all O&S committees are able to decide their own work priorities. It is not proposed that this be changed but adding a level of O&S leadership sign off to the implementation of in-depth work will provide tighter grip to the use of resource and test and challenge to the selection of topics before work commences.

Topic scoping

19. To plan for valuable O&S outcomes, **it is recommended that the O&S Chairs and Vice Chairs group strengthen scoping for all O&S topics by reviewing key lines of enquiry for topics on an ongoing basis.** This group of O&S lead members have received a higher level of training in achieving effective O&S outcomes and are well placed to provide peer challenge.
20. Figure three below illustrates the proposed oversight to be provided by the O&S Chairs and Vice Chairs group. It is intended that this will provide opportunity for an ongoing dialogue with committees to give views on topic suggestions, resource availability and likely added value of the topics suggested. It is suggested that this be kept under continuous review to ensure that arrangements are fit for purpose.



Maximising Resource – Rapporteurs

21. Along with effective topic prioritisation, O&S resource can be maximised by a member-led approach to scrutiny that capitalises on the strengths and interests of individual committee members. An effective way to do this is through the use of rapporteurs. O&S committees have appointed more rapporteurs in 2024/25, and O&S Chairs intend to embed the use of these further in future. Rapporteurs are councillor champions appointed by an O&S committee to work independently towards an agreed remit and report back to committee. The model is suited to the progression of light touch scrutiny topics and research, such as gathering background information on a topic through conversations with officers and portfolio holders. By establishing rapporteurs O&S committees can spread workload across members with relevant skills and interests and progress issues in a timely way.
22. As a working method, rapporteurs rely on officers and portfolio holders working with them in a flexible and transparent way to share information, as they would if a committee report were requested by an O&S committee. O&S Chairs and Vice Chairs have asked that awareness of rapporteurs be raised through this annual report. Further information on rapporteurs and other working methods that will maximise resource is contained within Appendix 2.

Options Appraisal

23. Option A (Recommended option) -

- i) for pieces of in-depth work, the constitution be updated to allow one topic to be undertaken at a time across the whole O&S function, with one further topic being scoped during the same period.**
- ii) the O&S Chairs and Vice Chairs group role be strengthened to include a responsibility to agree the priority of all work topics across the full O&S committee structure.**
- iii) the O&S Chairs and Vice Chairs group strengthen scoping for all O&S topics by reviewing key lines of enquiry for topics on an ongoing basis to provide peer test and challenge.**
- iv) the Monitoring Officer be delegated to make the associated updates to the Constitution.**

More detail on this option is outlined in the paragraphs above. This option is preferred because it will allow work to progress in a more focussed and timely way and will release capacity for greater scoping support for agreed priorities. The option does not require any significant change to the current O&S committee structure or committee numbers and has no financial implications.

- 24. Option B – Arrangements for in-depth work levels remain the same but resource is released to support this work through a review of the O&S committee structure to reduce committee numbers and thereby reduce meeting numbers.**

A review of the O&S committee structure will be required if this is the preferred option, including stakeholder consultation. This will divert officer resource from ongoing O&S work priorities and so has not been provided in detail with this report.

If this option is preferred, the detail of this option will require further consideration and reporting.

- 25. Option C** – Arrangements for in-depth work levels remain the same but resource is released to support this work through a reduction in the overall number of meetings across all O&S committees.

A review of O&S committee numbers will be required if this is the preferred option, including stakeholder consultation. This will divert officer resource from ongoing O&S work priorities and so has not been provided in detail with this report. If this option is preferred, the detail of this option will require further consideration and reporting.

- 26. Option D** – Arrangements for in-depth work levels remain the same but resource to the Democratic Services team is increased to provide greater support to O&S work.

To advance this option, a bid will need to be prepared to set out the required resource. This will divert officer resource from ongoing O&S work priorities and so has not been provided in detail with this report. If this option is preferred, the detail of this option will require further consideration and reporting.

- 27. Option E** – Arrangements for in-depth work levels remain the same but in-depth work is outsourced to an external body such as the Centre for Governance and Scrutiny, to undertake work on behalf of the council.

(Note – this option was considered unfavourable by the O&S Chairs' group in early consultation due to likely prohibitive costs and reduction in council ownership of work. If this option is preferred it will require further consideration and reporting to identify financial implications).

- 28. Option F** – No change.

If no change is made resources will be used to support statutory work as a priority (eg. scheduled meetings and associated activity). Non-statutory O&S activity may be delayed or not delivered. This includes a delay to the progression of working groups and in-depth O&S work and limitations on scoping support which will affect the outcomes of work. Additional O&S activity such as annual work programming may not be supported and committees will instead plan work on a rolling basis. Proactive budget scrutiny, over and above committee meeting-based scrutiny, may not be fulfilled.

Summary of financial implications

29. There are no direct financial implications related with the production of this annual report. The report explores the implications of resourcing O&S in paragraphs 13 to 22 above. Should options D-E above be supported it is recommended that a further report be brought forward to set out the detail of financial implications associated with pursuing these options.

Summary of legal implications

30. Overview and Scrutiny is a statutory function of all councils operating an executive model of decision making. Improvements to the function, outlined in the report, will ensure that the work of O&S Committees in BCP Council complies with relevant legislation and upholds statutory guidance.

Summary of human resources implications

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

Summary of sustainability impact

32. There are no sustainability implications arising from this report.

Summary of public health implications

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

Summary of equality implications

34. Equality impact screening has been undertaken in relation to the preferred option in the report and the EIA is attached at Appendix 4. This has indicated that there are no equality implications relating to the proposals within this report and so no mitigations are required. Should other options within the report be preferred these will be the subject of a further report and associated EIA as appropriate.

Summary of risk assessment

35. The improvements identified for O&S, as set out in Appendix 2 and recommended above, will promote the upholding of statutory guidance and valuable O&S outcomes. There is a risk that the guidance will not be properly upheld by the Council if actions identified within this report, particularly those to address resources, are not taken; although this risk is low as it is for each local authority to implement their own scrutiny arrangements in response to the statutory guidance.

Background papers

Published works:

- [‘Statutory Guidance on Overview and Scrutiny in Local and Combined Authorities’](#) the Ministry of Housing, Communities and Local Government (MHCLG) and the Department for Levelling Up, Housing & Communities (DLUHC)
- [Overview and Scrutiny Annual Report 2023/24](#)
- [Overview and Scrutiny Annual Report 2019-23](#)

Appendices

Appendix 1– Overview and Scrutiny statutory powers and BCP context

Appendix 2 – Overview & Scrutiny 2024/25 Activity

Appendix 3 – Overview and Scrutiny Action Plan

Appendix 4 – Equality Impact Assessment (EIA) Screening Tool

BOURNEMOUTH, CHRISTCHURCH AND POOLE COUNCIL

OVERVIEW AND SCRUTINY STATUTORY POWERS AND BCP CONTEXT

WHAT IS OVERVIEW AND SCRUTINY?

1. Overview and Scrutiny (O&S) is an integral part of the Council's governance structure and is a statutory requirement for BCP Council. All councils operating executive arrangements must have at least one O&S committee. In BCP Council, O&S activity is carried out by four O&S committees formed of councillors and co-opted members. These are:
 - The Overview and Scrutiny Board
 - Environment and Place Overview and Scrutiny Committee
 - Children's Services Overview and Scrutiny Committee
 - Health and Adult Social Care Overview and Scrutiny Committee
2. The role of the Overview and Scrutiny Board and Committees is to help develop policy, to carry out reviews of Council and other local services, and to hold decision makers to account.
3. O&S committees are not decision-making bodies but can influence decisions through powers to obtain information, require attendance from council officers and members and to make recommendations. Under the [Local Government Act 2000](#), O&S committees have the right to scrutinise '*any matter affecting the local authority area or the inhabitants of the area.*'
4. Additional powers to scrutinise NHS services and review the work of the local community safety partnership mean that O&S committees have an important role in acting as a 'check and balance' to decisions made both within the council and in external organisations.
5. The overall aim of O&S activity is to impact in a tangible way on the council and the residents it serves. The Ministerial foreword of '[Overview and Scrutiny: statutory guidance for councils and combined authorities](#)' by the Ministry of Housing, Communities and Local Government (MHCLG) and the Department for Levelling Up, Housing & Communities (DLUHC) states:

"The role that overview and scrutiny can play in holding an authority's decision-makers to account makes it fundamentally important to the successful functioning of local democracy.

Effective scrutiny helps secure the efficient delivery of public services and drives improvements within the authority itself. Conversely, poor scrutiny can be indicative of wider governance, leadership, and service failure."

PRINCIPLES OF GOOD SCRUTINY

6. The majority of councils base their O&S arrangements on commonly held principles of good scrutiny. These are set out in the [BCP Constitution](#), which states that the O&S committees shall:
- a) contribute to sound decision making in a timely way by holding decision makers to account as a 'critical friend';
 - b) be a Councillor led and owned function that seeks to continuously improve through self-reflection and development;
 - c) enable the voice and concerns of the public to be heard and reflected in the Council's decision-making process;
 - d) engage in decision making and policy development at an appropriate time to be able to have influence;
 - e) contribute to and reflect the vision and priorities of the Council; and
 - f) be agile and be able to respond to changing and emerging priorities at the right time with flexible working methods.

Through their work, O&S councillors should seek to uphold these principles.

SUPPORTING THE AMBITIONS AND VALUES OF THE COUNCIL

7. O&S can support the high level aims of the council by aligning its work to the priorities identified within the council's corporate plan entitled '[A Shared Vision for Bournemouth Christchurch and Poole, 2024-28](#)'. The plan was refreshed in May 2024. With the remit of O&S committees spanning all service areas of the council, O&S activity has the potential to support the following vision and priorities identified within the corporate plan:

Our vision:

- Where people, nature, coast and towns come together in sustainable, safe and healthy communities.

Our priorities:

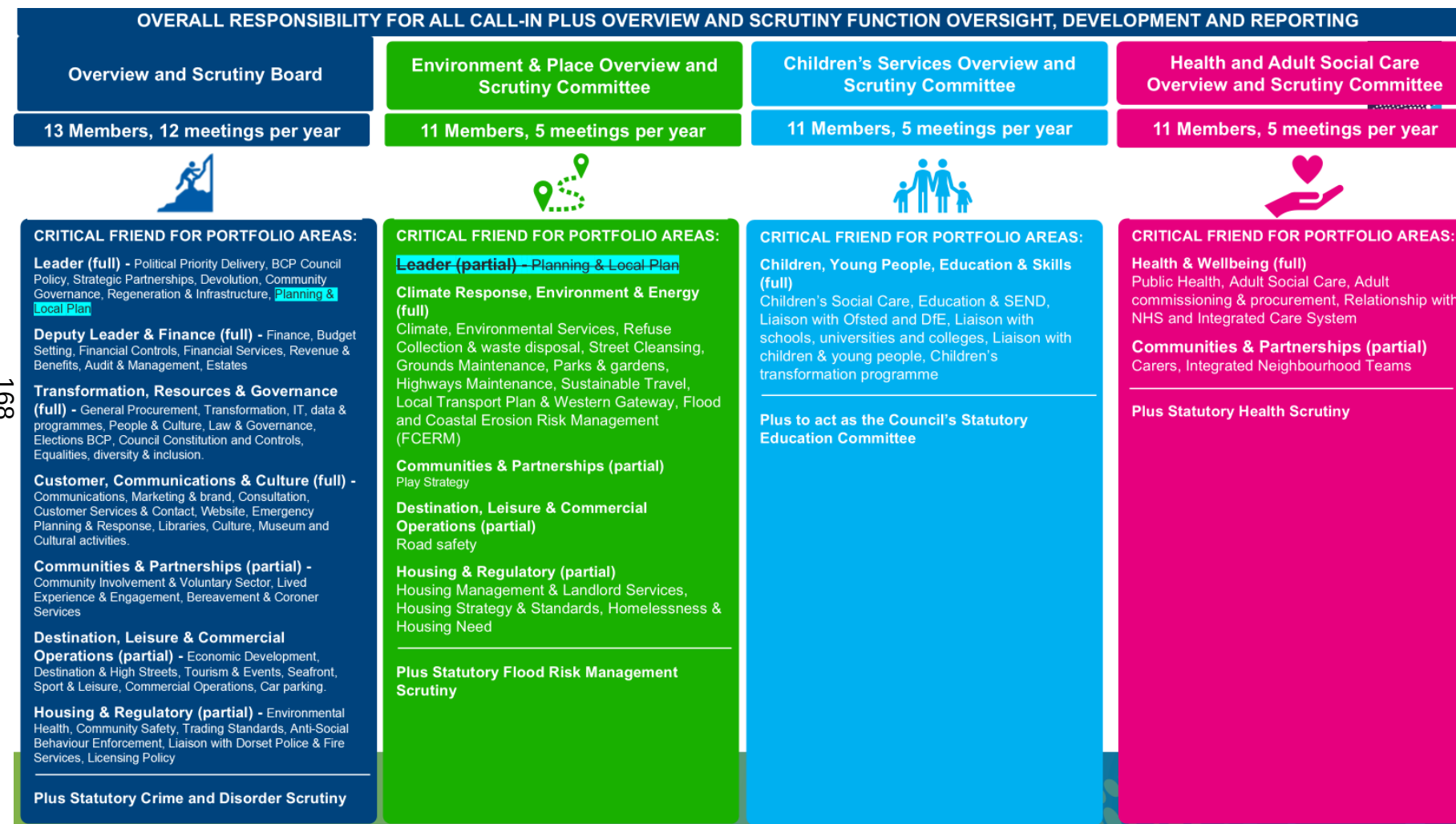
- Our place and environment: Vibrant places, where people and nature flourish, with a thriving economy in a healthy, natural environment.
- Our people and communities: Everyone leads a fulfilled life, maximising opportunity for all.

This could be achieved through alignment of O&S work plans to policy areas earmarked for development within the corporate plan. O&S can also provide benefit by monitoring the progress of the council against the ambitions set out in the corporate plan, through engagement with the relevant aspects of performance dashboards.

Overview & Scrutiny

2024/25 Activity

BCP Overview & Scrutiny Committee structure



The structure consists of one Board and three committees, with remits aligned to Portfolio Holder responsibilities.

The Board has additional responsibilities, but each O&S body is distinctly separate and has powers to set its own programme of work.

Recent changes to the structure are identified in highlighted text.

Overview & Scrutiny Board



169



**CHAIR –
COUNCILLOR
STEPHEN
BARTLETT**



**VICE CHAIR –
COUNCILLOR
SUE
AITKENHEAD**



MEETINGS: 10
ORDINARY, 2
SPECIAL
MEETINGS



MEMBERSHIP: 13
COUNCILLORS



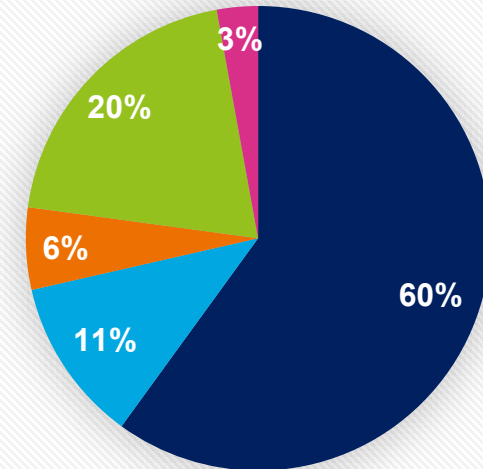
AVERAGE
NUMBER OF
AGENDA ITEMS –
2.9



WORKING
GROUPS - 2



O&S Board Agenda Item Categories

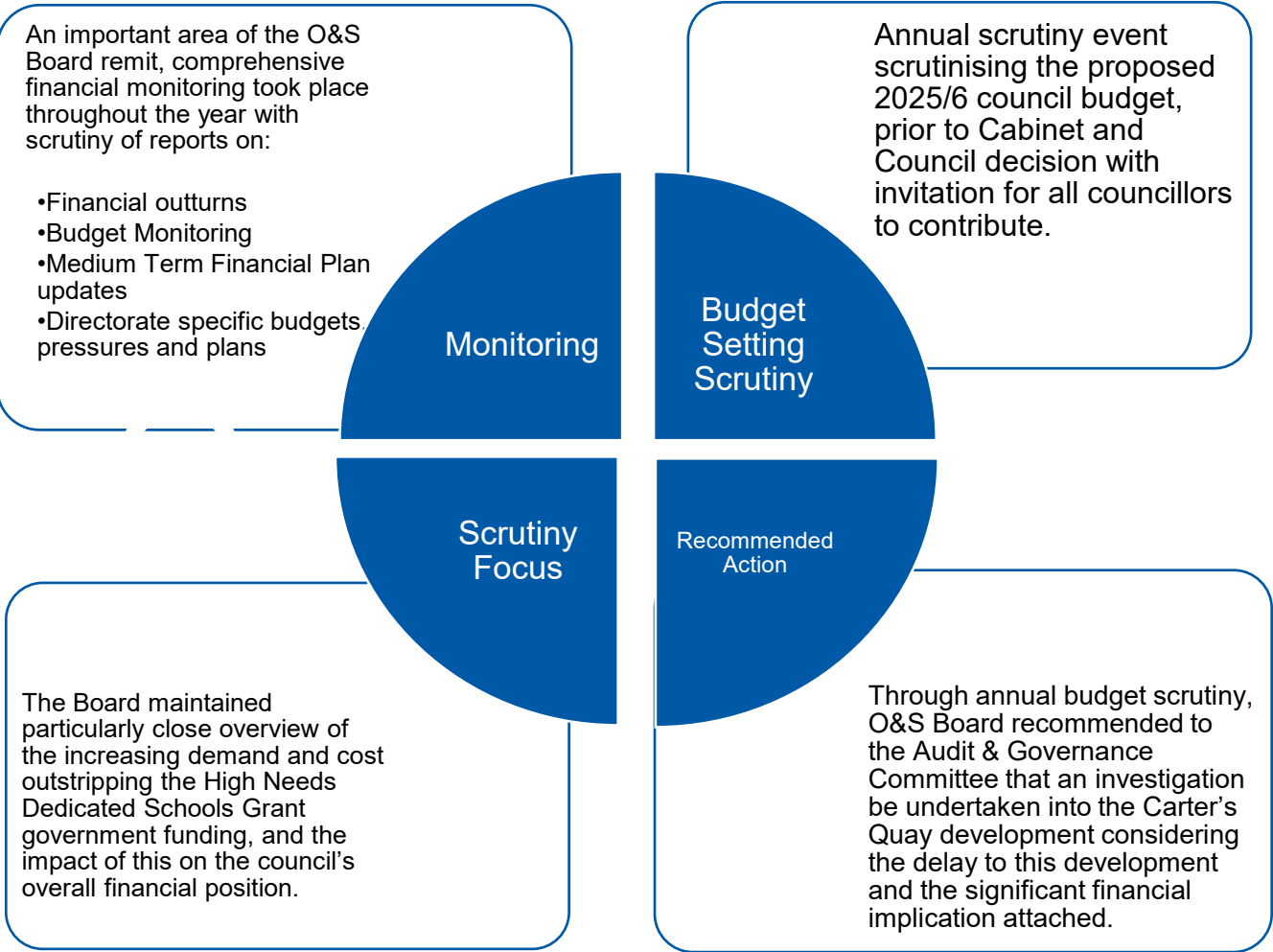


■ Pre-decision scrutiny ■ Proactive scrutiny
■ Reactive scrutiny ■ Update/ monitoring reports
■ Call-In

Overview & Scrutiny Board - Scrutinising the Council's Finances



Ongoing in year monitoring of finance related Cabinet reports:



Scrutiny of the developing 2025/26 budget:

Budget Working Group

Deep dive scrutiny into budgets associated with **car parking** and the proposed **Resident's Card**.

Working group provided test, challenge and ideas to strengthen the areas selected. Working group recommendations to Cabinet included:

Car Parking

- Inflationary increases across all car parks endorsed;
- Proposal for use of surplus car parking income to accelerate the car park charging machine replacement programme;
- Exploration of options to reduce costs for the Council and make the process easier for the public to pay for car parking, in particular an option to be able to pay in advance on Council website.

Resident's Card

- Proposed small financial contribution for the Resident's Card, to make it a financially sustainable offer to residents; concessions to the charge to be considered for disadvantaged groups.

Overview & Scrutiny Board

Scrutinising Corporate Activity

The Board scrutinised key areas of council activity:

- The Council's **Transformation Programme**
- **Regeneration updates**, including scrutiny of activity of the **Bournemouth Development Company**
- **Seafront Strategy**
- Strategic use of the **Community Infrastructure Levy**
- **Pay & Reward**
included multiple update reports and one call-in meeting.
The Board determined that no scrutiny advice was required to be given to Cabinet following the call-in.
- Monitoring the impact and effectiveness of the whole O&S function through scrutiny of the **O&S Annual Report**.

Developing Policy

- Open discussion items to test, challenge & contribute views to emerging policies including:
 - **The Library Strategy**
 - **Centralised complaints policy**
 - **Community Governance Review**
 - **Devolution**
 - Discussion items in committee to consider the council's position on joining with other local authorities to form a strategic authority across a wider area.
 - O&S recommended, and Cabinet agreed, that an emergency Council meeting was required to include all councillors in this important decision.

Performance Monitoring

- Contribution to the refreshed **Corporate Plan**
- **Corporate Performance Dashboard** demo and scrutiny
- **Best Value Notice**- monitoring this improvement activity until conclusion with the lifting of the Best Value Notice.
- **Quarterly performance 'for information' reports** – regular monitoring of these reports allows scrutiny members to identify red flags and issues which may benefit from scrutiny.
- Reports circulated outside of meetings to reserve committee time for impactful scrutiny.

Overview & Scrutiny Board

Monitoring Impact



Blue Badge Service

- Monitoring reports of improvement actions following scrutiny of the service in 2023.
- Original scrutiny requested triggered by councillor and community concerns about lengthy waiting times for badge renewals and the negative impact on residents who may be left without a badge whilst waiting for a renewal.
- Update reports showed that changes in operational activities were being implemented with streamlined assessments, renewals being prioritised and good practice from other authorities being adopted in BCP.
- A final report in May 2025 highlighted that waiting times had significantly reduced.

Working Groups



Small groups of members meeting to deep dive into a specific topic:

BCP Consultation approaches

- Working group commissioned to provide test and challenge to a refreshed Consultation Framework, as it develops.

Budget working group

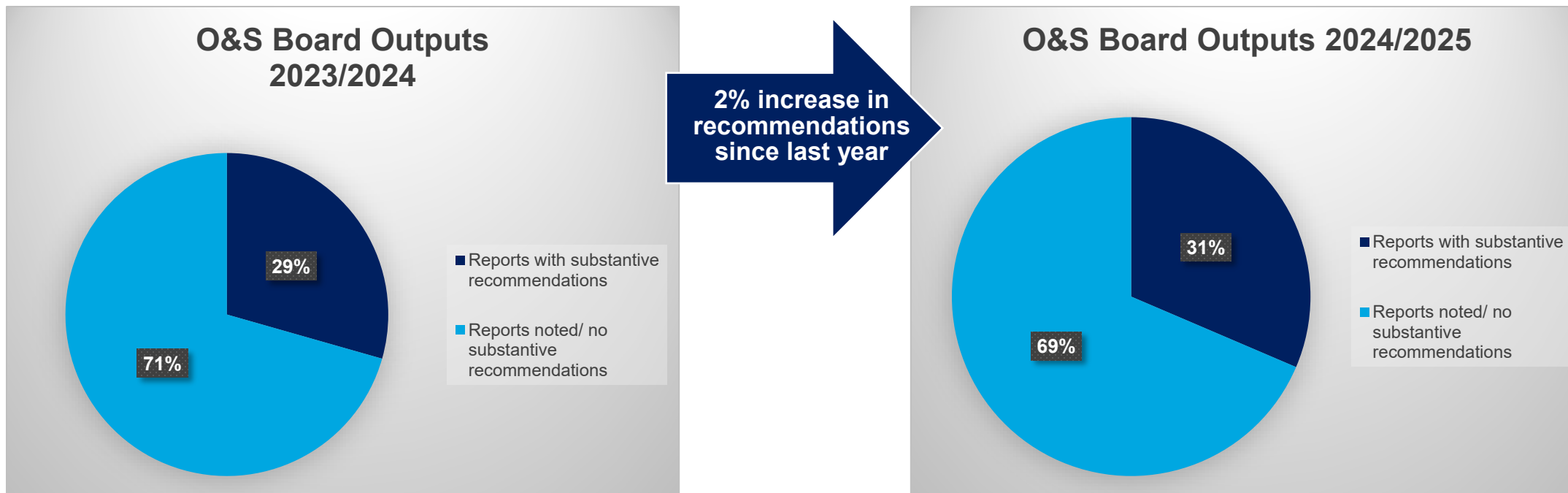
- Deep dive into the budgets associated with car parking and residents card, providing opportunity to test and challenge and influence the related 2025/26 budget as it develops.

Statutory Scrutiny



Scrutiny of the **Community Safety Partnership** – fulfilling the requirement for councils to undertake crime and disorder scrutiny annually.

Overview & Scrutiny Board



Environment & Place Overview & Scrutiny Committee



**CHAIR –
COUNCILLOR
CHRIS RIGBY**



**VICE CHAIR –
COUNCILLOR
DAVID D'ORTON-
GIBSON**



MEETINGS: 5
ORDINARY, 0
SPECIAL
MEETINGS



MEMBERSHIP: 11
COUNCILLORS

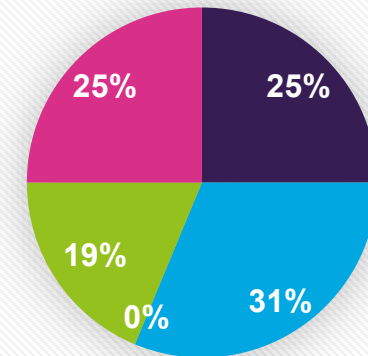


AVERAGE
NUMBER OF
AGENDA ITEMS –
3.2



WORKING
GROUPS - 2

Environment & Place O&S Agenda Item Categories



- Pre-decision scrutiny
- Proactive scrutiny
- Reactive scrutiny
- Update/ monitoring reports
- Referrals from Cabinet/ Council

Environment & Place Overview & Scrutiny Committee



Listening to Residents

Prompted by high levels of public interest, the committee held a scrutiny session dedicated to hearing views on the **trial closure to vehicles of an entrance to Poole Park**. The committee assessed a range **of views and evidence, including:**

- Over 30 public questions and statements, for and against the closure.
- The outcome of a four- week public consultation
- The impact of the trial closure on the elderly and disabled through a report by DOTS disability.
- Portfolio Holder and ward councillor views.
- An officer report outlining the purpose of the trial closure and anticipated benefits to the environment of Poole Park.

The committee recommended to Cabinet that a full Council debate and decision should be held on the topic in light of the significant public interest. This was not upheld by Cabinet and the closure was confirmed as permanent.

Climate & Nature Scrutiny

A central part of the committee's remit, the committee scrutinised a range of areas relating to climate & nature:

- Monitoring work relating to **Nutrient Neutrality** in respect of Phosphates in the River Avon.
- **Heathland Mitigation** - monitoring work that mitigates the impact of housing on Dorset's lowland heaths.
- Scrutiny of progress across the council towards reaching climate action goals through the **Climate Action Annual Report**.
- Review of the Council's new **BCP Greenhouse Gas Emissions Dashboard**, with scrutiny recommendations to strengthen targets for carbon emission reduction.
- Through the budget working group, the committee recommended that Cabinet **strengthen the corporate approach to financing the council's climate action goals**, to enable the council to meet its net zero targets by 2030.

Environment & Place Overview & Scrutiny Committee



Monitoring Improvements



- Scrutinising the performance of the **Planning Service** to monitor improvements including the reduction of the planning application backlog and stabilisation of the workforce.

Adding value through rapporteurs



The committee increased its capacity to undertake work through member-led rapporteur scrutiny.

Rapporteurs work towards an agreed remit on behalf of the committee, liaising with officers to progress issues outside of meeting and reporting activity back to the full committee

This year, Councillor Felicity Rice worked with officers to progress a Play Streets policy, which sets out how residents can close streets to make them safe for children to play and socialise. The work led to the drafting of a policy in readiness for launch.

Further rapporteurs were established in 2025 and their work will be reported in the 2025/26 annual report.

Housing Scrutiny



- **Housing Strategy review** – scrutiny of the refreshed housing strategy with recommendations made regarding the governance and monitoring of the strategy.
- **Safe Accommodation Strategy** – the committee established a working group to test, challenge and contribute to the developing strategy which outlines how the council will support residents in need of housing due to domestic abuse.

Working Groups

- Small groups of members meeting to deep dive into a specific topic:
- **Budget Working Group** – topics covered: climate & ecological emergency budget; housing temporary accommodation budget.
- Recommendations included requesting a gap analysis of the estimated total amount of spend required to reach net zero targets and including the costs within the MTFP
- **Safe Accommodation Strategy Working Group**
- Recommendations included an awareness campaign to inform residents escaping domestic abuse about the financial and housing support available to them; suggestions to strengthen the strategy itself and councillor awareness of it; suggestions for KPIs to be introduced to monitor the effectiveness of the new safe accommodation model.

Council Driven Scrutiny

The Committee saw an uplift in suggested topics for scrutiny, generated by debate at full Council meetings or portfolio holder suggestions. Topics submitted included:

Safe Accommodation Strategy

Van Life

Climate & Nature scrutiny

Cliff and Coastal erosion

Redhill paddling pool

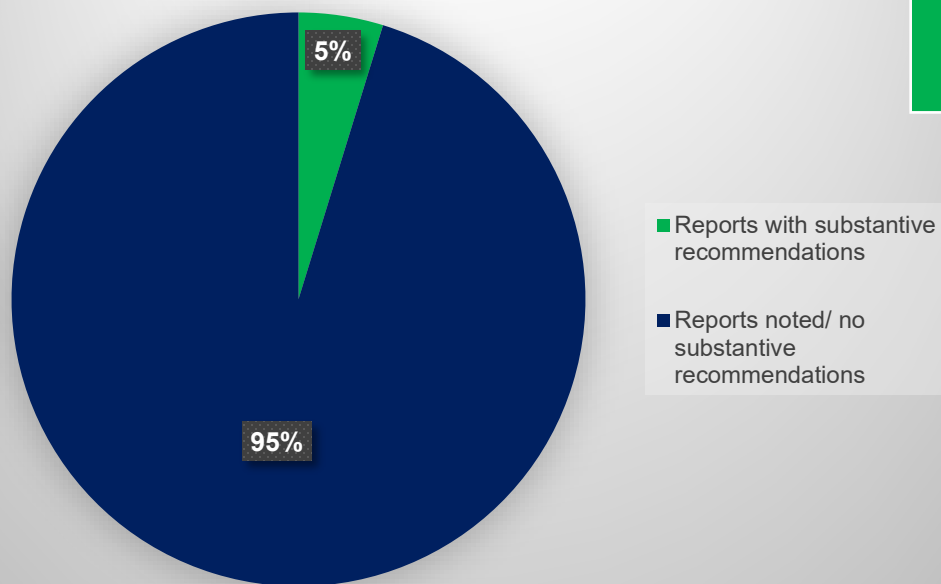
Strengthening building standards through local authority control.

A Safe Accommodation working group was established in response (see above), and other topics were added to the committee's work programme for later work.

Environment & Place Overview & Scrutiny Committee

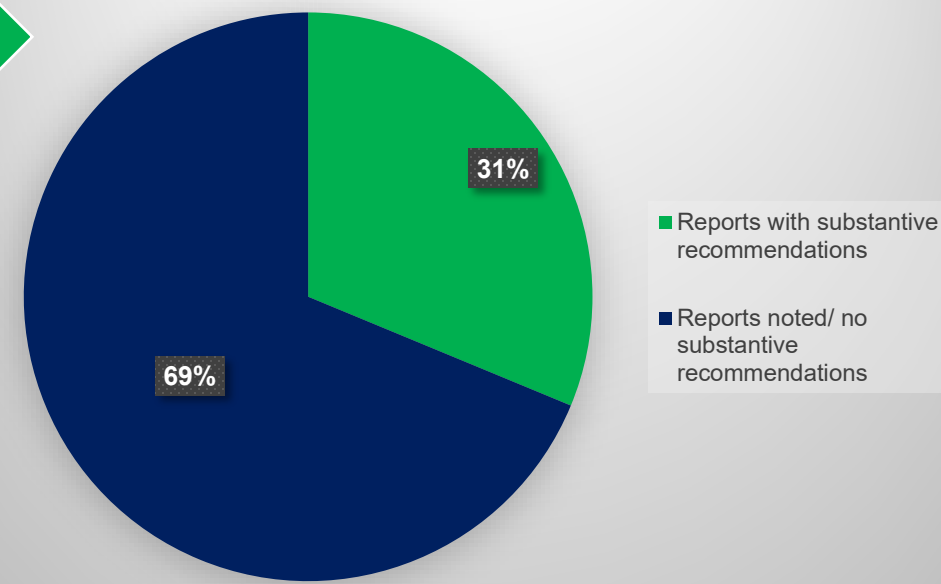


Environment & Place O&S Outputs
2023/2024



26% increase in
recommendations
since last year

Environment & Place O&S Outputs
2024/2025



Children's Services Overview & Scrutiny Committee



178



**CHAIR –
COUNCILLOR
SHARON CARR-
BROWN**



**VICE CHAIR –
COUNCILLOR
SIMON BULL**



MEETINGS: 5
ORDINARY, 0
SPECIAL
MEETINGS



MEMBERSHIP: 11
COUNCILLORS



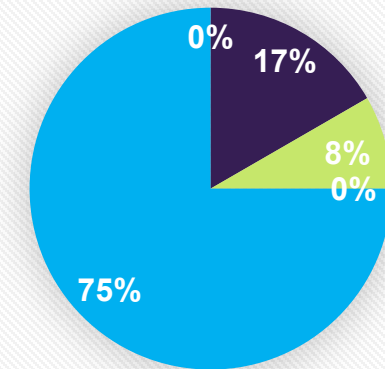
AVERAGE
NUMBER OF
AGENDA ITEMS –
4.8



WORKING
GROUPS - 2



Children's Services O&S Agenda Item Categories



- Pre-decision scrutiny
- Proactive scrutiny
- Reactive scrutiny
- Update/ monitoring reports
- Referrals from Cabinet/ Council

Children's Services Overview & Scrutiny Committee



Scrutinising new activity

The committee scrutinised new decisions and strategies prior to adoption, applying test and challenge to strengthen outcomes:

- **Linwood Special School** – the committee scrutinised the Cabinet paper prior to decision and recommended that expansion of the school go ahead.
- **Children in care and care experienced young people sufficiency strategy** – setting out how BCP will provide sufficient, safe, secure and sustainable homes for children in care and care experienced young people between 2024-2028.
- **Children & Young People's Partnership Plan 2025-2030**- a high-level strategic plan that outlines how to support children and young people living in Bournemouth, Christchurch and Poole with the aim to improve outcomes for all children and young people.
- **Childcare Sufficiency Assessment 2024-2025** – an evaluation of childcare places to ensure that there are enough to meet the needs of the BCP area.

Monitoring progress

In its role as a critical friend, the Committee monitored key areas of activity within children's services:

- **SEND progress updates** including discussions and continued public interest in the Safety Valve Programme.
- **Children's social care improvement journey**- in keeping with previous years' work, the committee supported this critical area of improvement in the council and closely monitored activity along the way. In 2025 the council moved from an 'inadequate' to a 'good' Ofsted rating.
- **Independent Reviewing Officer annual report.**
- **Speech and language therapy update**

Holding decision makers to account

- The committee received updates on activity from the Portfolio Holder for Children, Young People, Education & Skills at every meeting, providing opportunity for questions and idea sharing.

Children's Services Overview & Scrutiny Committee



Scrutinising the Council's Finances

The committee considered a range of financial reports to monitor budget and pressures within children's services, and the impact on children and families. This included:

- **An update on the full children's services budget**
- **Alternative Provision** – an update on the services provided to support mainstream inclusion and action being taken to positively impact the trajectory of high needs expenditure.
- **The High Needs Schools Grant Expenditure Forecast**
- **Children's Services Capital Strategy** – setting out the capital funding available to the service and improvement priorities aligned.
- The committee also recommended that Cabinet **assess the impact on children, young people and families of any potential budget overspend in the SEND service budget**, which Cabinet agreed to through a dedicated report.

Gaining insight

In addition to councillors bringing insight from their own work with residents and schools, the committee heard from:

- **Youth Parliament representatives** – a regular meeting slot to provide updates on Youth Parliament priorities and gain the views of young people on scrutiny topics.
- **NHS Dorset representative** – the introduction of a standing invitation to the Chief Nursing Officer to provide a link between children's services and health related matters and gain the insight of health professionals on topics scrutinised.

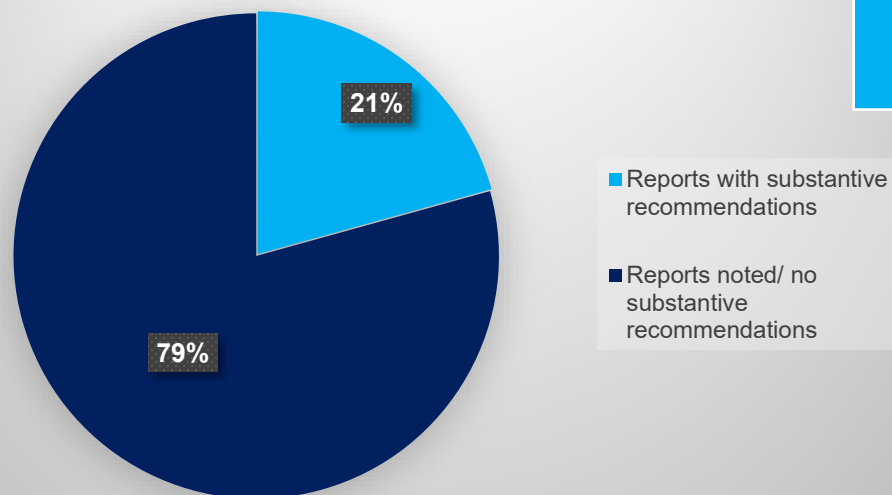
Working Groups

Small groups of members meeting to deep dive into a specific topic:

- Final report of the **Child Exploitation Working Group** (activity took place in previous municipal years). Recommendations included earlier age-appropriate education in schools regarding the risks associated with exploitation, drugs and the dangers of carrying weapons.
- **Family Hubs Working Group** – included a visit to see Family Hubs in action. Further work in progress.
- **Budget Working Group** - priority topics selected by councillors for deep dive scrutiny - **School Transport Costs** and **Care Growth Forecast**.
- Recommendations included advocacy for:
 - the protection of non-statutory services (such as Early Help) – councillors highlighted that it is vitally important to support these services to avoid additional financial impact on statutory services.
 - the inclusion of pupils with SEND in mainstream, local schools, to reduce the need for school transport provision and associated costs.

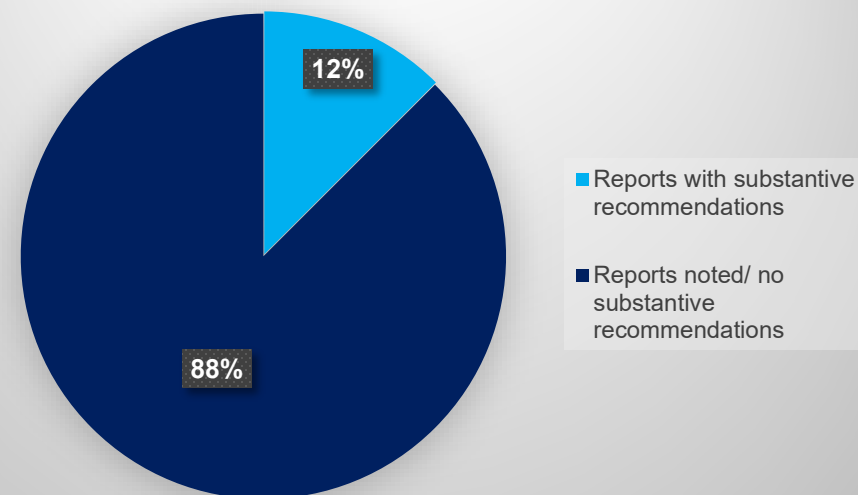
Children's Services Overview & Scrutiny Committee

Children's Services O&S Outputs
2023/2024



9% decrease in
recommendations
since last year

Children's Services O&S Outputs
2024/2025



Health & Adult Social Care Overview & Scrutiny Committee



182



**CHAIR –
COUNCILLOR
PATRICK CANAVAN**



**VICE CHAIR –
COUNCILLOR
LESLEY DEDMAN**



**MEETINGS: 5
ORDINARY, 0
SPECIAL MEETINGS**



**MEMBERSHIP: 11
COUNCILLORS**

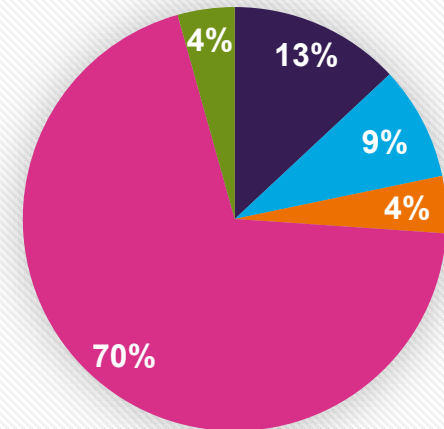


**AVERAGE NUMBER
OF AGENDA ITEMS –
4.6**



**WORKING GROUPS
- 2**

Health & Adult Social Care O&S Agenda Item Categories



- Pre-decision scrutiny
- Proactive scrutiny
- Reactive scrutiny
- Update/ monitoring reports
- Referrals from Cabinet/ Council

Health & Adult Social Care O&S Committee



Holding decision makers to account

The committee received updates on activity from the Portfolio Holder for Health & Wellbeing at every meeting, providing opportunity for questions and idea sharing.

Scrutinising new activity

The committee scrutinised new decisions and strategies prior to adoption, applying test and challenge to strengthen outcomes:

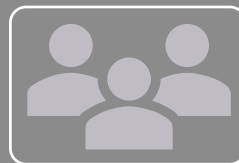
- **Adult Social Care Strategy 2025-28**– the committee made recommendations that the strategy be strengthened by the inclusion of clear targets.
- **Reconfiguration of the Public Health function for BCP**– the committee contributed views on new arrangements and received updates on progress throughout the year.
- **Transforming Urgent and Emergency Care Services** – the committee scrutinised plans for a system-wide programme to transform and improve urgent and emergency care services for Dorset residents.
- **‘Fulfilled Lives’** – the committee scrutinised the establishment of a new transformation programme for adult social care services and supported activity throughout the year through a series of briefings and update reports on specific themes within the programme.

Monitoring Progress

In its role as a critical friend, the Committee monitored key areas of activity by health providers and within adult social care:

- **Home First Development across Dorset** update report.
- **Integrated Neighbourhood Teams** update report.
- **NHS Dentistry** – update report from Healthwatch.
- **Tricuro Business Plan**
- **Safeguarding Adults Board Annual Report**
- **Adult Social Care Compliments, Complaints & Learning Annual Report**
- **Adult Social Care Waiting Times** update report

Health & Adult Social Care O&S Committee



Working with Health Partners

- The committee maintained overview of key issues relating to health service provision, including:
- **Transformation of UHD hospitals**
- **UHD Maternity Services**
- **Gender Identity Disorder Services**

Gaining Insight

- In addition to councillors bringing insight from their own work with residents the committee heard from a representative of **Healthwatch Dorset** at every meeting. Healthwatch champions residents' voices in relation to their experience of health and social care services and brings this service user insight to scrutiny debates.

Working Groups

- Small groups of members meeting to deep dive into a specific topic:
- **Data Working Group** - this working group developed a Data Toolkit to enable members to more easily access data and information sources, with a view to achieving more evidence driven scrutiny. The group recommended roll-out of a similar toolkit to all O&S committees.
- **Budget Working Group**

Proactive Scrutiny

- Prompted by a publication of Healthwatch Dorset, looking at **health inequality for people experiencing homelessness**, the committee asked NHS Dorset and council officers to outline how existing services address inequalities.
- Through recommendations, the committee highlighted the issues to Cabinet and asked them to discuss the matter further, in particular funding and partnership collaboration, to ensure a robust system is in place to support the most vulnerable.

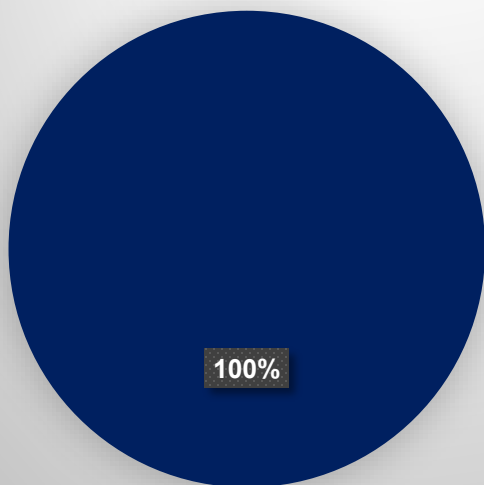
Scrutinising the Council's Finances

- The committee received an update on adult social care and public health budgets and commissioned a **Budget Working Group** to take a deep dive into financial planning for **demand management**.
- The working group made a recommendation to Cabinet that block booked-beds for long-term care provision be increased, to achieve more value for money in this budget area.

Health & Adult Social Care O&S Committee



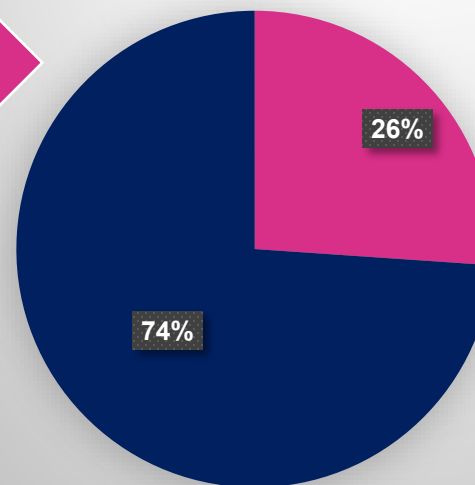
Health & Adult Social Care O&S
Outputs 2023/2024



- Reports with substantive recommendations
- Reports noted/ no substantive recommendations

26% increase in
recommendations
since last year

Health & Adult Social Care O&S
Outputs 2024/2025



- Reports with substantive recommendations
- Reports noted/ no substantive recommendations

Improvements & Successes

Strategic improvements
made across all O&S
Committees in 2024/25



Improvements & Successes- Training & Development

O&S Culture Development workshops

- Facilitated by the Centre for Governance and Scrutiny, three workshops were held with officers, Cabinet and O&S councillors to focus on the roles of each in underpinning a culture that enables successful scrutiny. Output – an O&S / Cabinet protocol is in development to capture agreements and good practices.

Leadership training for O&S Chairs

- All O&S Chairs have been provided LGA scrutiny leadership training, refreshed with any changes in chairing positions to ensure continuity of scrutiny expertise.

Targeted training for Children's Services O&S

- Facilitated by the LGA, a comprehensive package of support and mentoring was provided throughout 2024/25 to strengthen councillors' approach to child-centred, successful scrutiny. Councillors' knowledge of the children's services landscape was improved and focussed sessions on work planning and scoping work will enable the committee to better support and scrutinise the important services provided to support young people in the BCP area.

Regular briefings

- All committees established a series of regular briefing slots to enable them to stay informed and explore issues related to their remit. These informal slots free up committee time for value-added scrutiny topics. With standard invitations to all councillors, these regular briefings also provide opportunity for other councillors to stay informed of important issues.

*“The prevailing **organisational culture, behaviours and attitudes** of an authority will largely determine whether its scrutiny function succeeds or fails. While everyone in an authority can play a role in creating an environment conducive to effective scrutiny, **it is important that this is led and owned by members**, given their role in setting and maintaining the culture of an authority.” **

* Overview and Scrutiny: statutory guidance for councils, combined authorities and combined county authorities

Improvements & Successes - Topics and scoping

The key to effective O&S outputs lies in the selection and scoping of topics. Improvements in 2024/25 included:

Closer working with Council	Maintaining a balance of scrutiny work	Key lines of enquiry	A lens for scrutiny
2025 saw a marked increase in recommendations from Council to O&S committees, particularly within the remit of the Environment & Place O&S Committee. This increase shows a greater council-wide understanding of the role that O&S can play in developing policy and providing critical friend test and challenge to burning issues raised at Council. Many of these topics have been raised by residents attending Council meetings, or through councillors bringing forward insight on matters of concern from their wards.	In the 2023 Best Value review, the Council was encouraged to reduce its focus on pre-decision scrutiny and increase the O&S policy development role. The imbalance of pre-decision scrutiny was successfully addressed in 2023/24 with pre decision scrutiny accounting for 21% of all scrutiny across all committees in the function. There was a small increase to 29% across the function in 2024/25. Pre-decision levels represent a higher proportion of O&S Board work as this committee aligns to the calendar of Cabinet meetings with the specific purpose of enabling pre-decision scrutiny where required.	Key lines of enquiry documents have been embedded as standard across all committees for use when scoping work topics. These encourage focus on lines of enquiry that will lead to valuable outcomes and ensure that O&S councillors' enquiries are clearly captured and officers have clarity on the ask of scrutiny.	Statutory guidance encourages the establishment of a clear and communicable role for scrutiny, over and above statutory rights and the role of holding decision makers to account. Three out of four O&S committees have now established lenses for their committees to more clearly identify their role and to help with topic choices and scrutiny enquiry lines.

*“Authorities should take steps to ensure scrutiny has a clear role and focus within the organisation, i.e. a niche within which it can clearly demonstrate it adds value. Therefore, prioritisation is necessary to ensure the scrutiny function concentrates on delivering work that is of genuine value and relevance to the work of the wider authority – this is one of the most challenging parts of scrutiny, and a critical element to get right if it is to be recognised as a strategic function of the authority” **

* Overview and Scrutiny: statutory guidance for councils, combined authorities and combined county authorities

Improvements & Successes - Governance & Leadership

Call-In levels remain stable

- O&S call-in should be used as a last resort where there is a concern that a decision has not been made in keeping with budget and policy framework of the council or the principles of decision making. There was one call-in item considered during 2024/25, in keeping with an average of one call in per year during the 2019-24 period. The level of call-in items in BCP indicates that call-in is not used as a party-political tool. Low call-in levels may be an indication that governance arrangements in the council offer appropriate alternative opportunities to test and challenge decision making, such as a suitable level of pre-decision scrutiny opportunities and flexibility for all non-Cabinet members to ask question in O&S meetings and Cabinet meetings.

Regular O&S Chairs meetings

- O&S Chairs and Vice Chairs meet regularly to oversee the function, discussing cross-cutting topics, resource, training and development needs, successes and challenges.

Strengthened links to Audit

- The Chair and Vice Chair of Audit & Governance Committee have now been made standing invitees to O&S Chairs meetings to strengthen the links between O&S & Audit providing opportunity for alignment of work programmes to ensure the council's governance arrangements in this respect are robust.

Greater member- led approach

- Scrutiny councillors have taken a more active role in leading O&S enquiries. Rapporteurs have been established on specific topics, to undertake detailed enquiries independently, and report back to committee, successfully encouraging action on topics selected. Coupled with strong committee leadership from Chairs and Vice Chairs this is in keeping with one of the founding principles of O&S that scrutiny should be councillor led. A proactive member-led approach is also a vital tool for O&S members to share the workload across committee members and progress issues of importance to them despite resource constraints.

*“Scrutiny committees do have the power to ‘call in’ decisions, i.e. ask the executive to reconsider them before they are implemented, but should not view it as a substitute for early involvement in the decision-making process or as a party-political tool.” **

* Overview and Scrutiny: statutory guidance for councils, combined authorities and combined county authorities

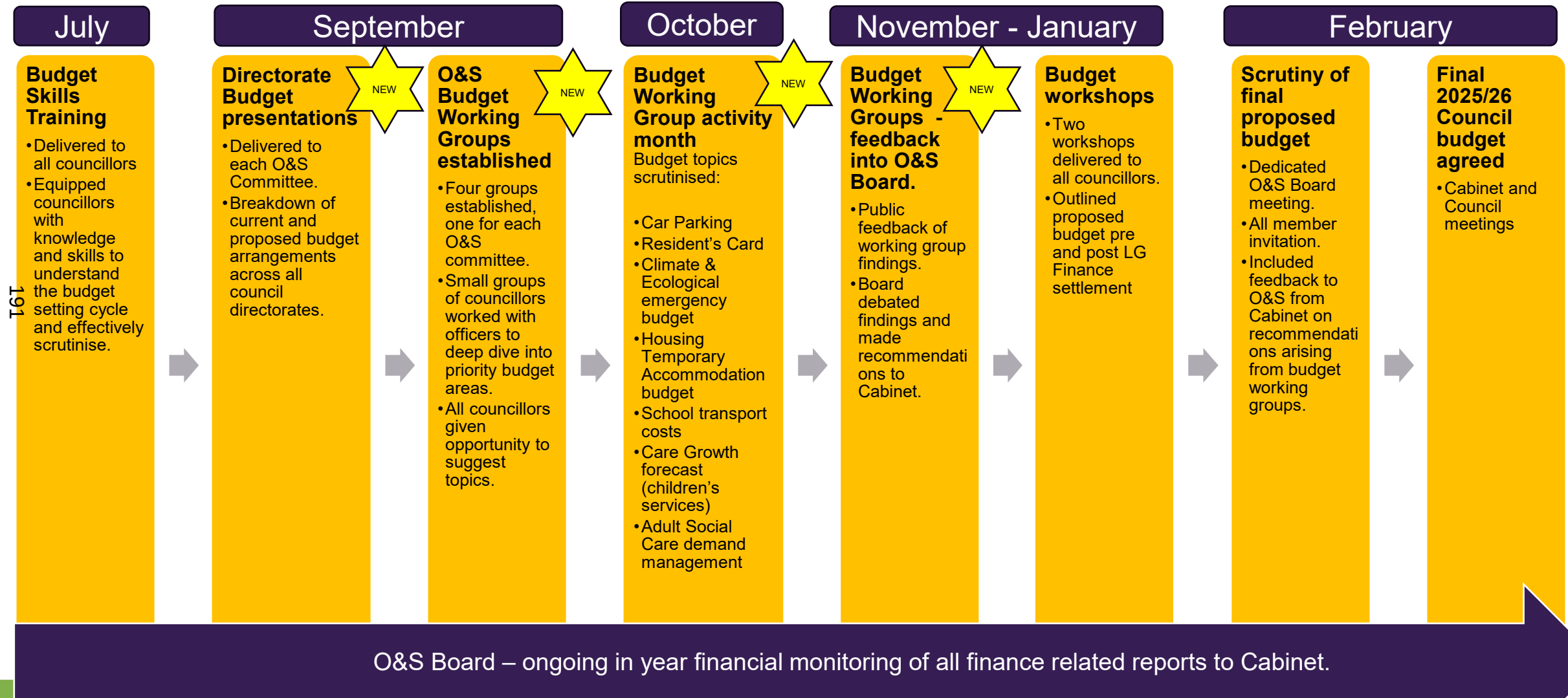
Improvements & Successes –

Proactive Budget Scrutiny

-
- Budget scrutiny opportunities were increased in 24/25. Scrutiny councillors provided test, challenge and ideas on the developing budget for the following year.
 - Proactive scrutiny was timed to give councillors the chance to input during development stages of the budget – not at the end when proposals are fully developed and impact is limited.
 - The enhanced model was recognised by the Centre for Governance and Scrutiny as an example of excellence in proactive budget scrutiny.



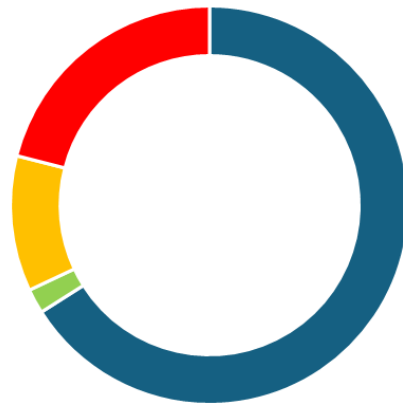
Improvements & Successes - Proactive Budget Scrutiny ctd.



Improvements & Successes – O&S Action Plan

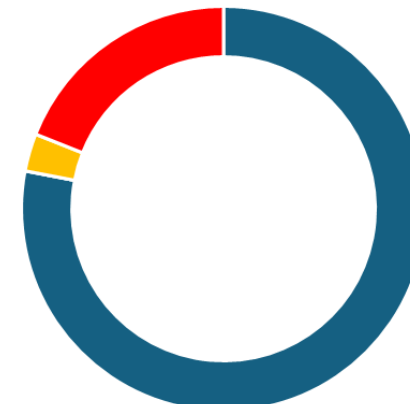
- The O&S Action Plan was agreed by Council in 2023 and contains strategic actions to improve O&S activity and bring it into line with statutory guidance.
- Progress made against the O&S Action Plan in 2024/25 took it to over 75% complete.
- Notable actions completed this year related to officer and member training to improve the culture needed to support effective scrutiny and targeted support to the Children's Services O&S Committee.
- The Action Plan has been progressed as resources allow, and after core O&S activity is resourced. It will continue to be progressed on this basis and reported annually to Council with this report. O&S lead members also monitor the Action Plan on a regular basis.

23/24 Progress against Action Plan



■ Completed ■ On track ■ Some delay ■ Significant delay

24/25 Progress against Action Plan



■ Completed ■ On track ■ Some delay ■ Significant delay

Future Aims



Planned improvements to strengthen the practices and value of scrutiny

These are focussed on two clear aims:

- **Maximising Resource**
- **Value added scrutiny**

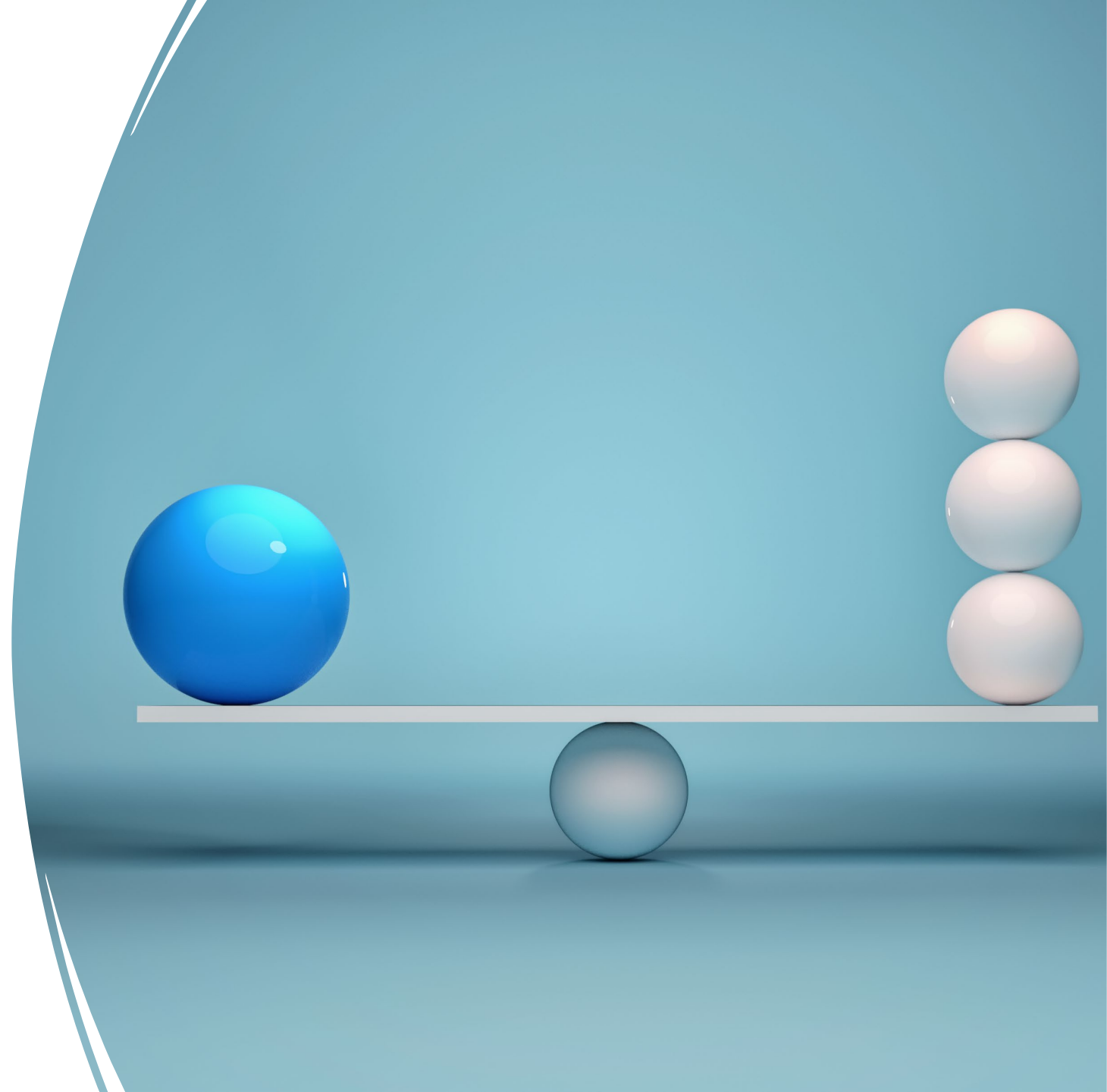
Future Aims – Maximising Resource

194

“The resource an authority allocates to the scrutiny function plays a pivotal role in determining how successful that function is and therefore the value it can add to the work of the authority.

*Ultimately it is up to each authority to decide on the resource it provides, but every authority should recognise that creating and sustaining an effective scrutiny function requires them to allocate resources to it.” **

* Overview and Scrutiny: statutory guidance for councils, combined authorities and combined county authorities



Future Aims – Maximising Resource

The biggest challenge to overview and scrutiny is how to use its resources for maximum impact. Resource to support Overview and Scrutiny work is limited and to have the most influence, must be used innovatively and targeted towards the topics that will have the most likelihood of tangible change and improvements for residents. **Measures suggested to maximise resource in 2025/26 include:**

Streamlining working groups

- It is recommended that the council move to a quality over quantity approach, with one O&S working group taking place at a time (previously up to 4 concurrently). This will encourage a focus on progressing the highest importance working groups and enable the work to progress in a timely way, before moving on to the next topic. O&S Chairs and Vice Chairs will play a role in determining the priority order of working groups.

More test and challenge of topic suggestions and scopes

- As O&S leads, the O&S Chairs and Vice Chairs group are well placed to provide peer test and challenge to the topics and scopes suggested for scrutiny across all committees with the aim of ensuring that those selected are likely to lead to meaningful outcomes. Chairs and Vice Chairs meet regularly throughout the year and will add this to their oversight role.

Scoping champions

- In addition to added challenge from Chairs and Vice Chairs, it is recommended that any topic agreed for scoping will be assigned a committee member to liaise with other councillors and officers to ensure scopes will add value. Member championing will ensure that the issues of highest interest to committees are driven forward at pace by passionate members keen to explore issues of interest.

Matrix for prioritising topics

- In consultation with O&S Chairs, a topic prioritisation matrix will be introduced to assist committees in their work programming choices. A scored matrix will provide a more evidence-based method for councillors to assess and prioritise topics with the greatest likelihood of impact.

“Scrutiny members should accept that shortlisting can be difficult; scrutiny committees have finite resources and deciding how these are best allocated is tough. They should understand that, if work programming is robust and effective, there might well be issues that they want to look at that nonetheless are not selected.” * Overview and Scrutiny: statutory guidance for councils, combined authorities and combined county authorities

Future Aims – Maximising Resource ctd.

Other measures that will maximise O&S resource:

Rapporteurs –

Embedding the use of rapporteurs across all committees will enable individual members to champion issues of interest, monitor, progress and report back on issues to the full committee, freeing up committee time. This model has already been used successfully in some committees.

Self-serve councillor access to data –

Following the implementation of a Data Toolkit to assist Health & Adult Social Care O&S Committee members navigate the complex health data landscape, a similar toolkit has been developed for Children's Services O&S members. Corporate performance data and will also be shared with all O&S committees on a regular basis. This will enable O&S members to horizon scan data on a self-serve basis, raising red flags into committee and using data to inform scrutiny topics choices.

Keeping agenda items low –

Attempting to scrutinise too many items in committee meetings can dilute the benefit of scrutiny and limit meaningful outcomes. Maintaining a focus on a maximum of 3 items per committee agenda and reducing from the levels seen in 2024/25 will ensure that each topic can be explored in sufficient depth to lead to valuable recommendations. Using other scrutiny mechanisms to receive information items and selecting only the topics where the committee can have the most influence will be essential to making the most of O&S resource.

Future Aims – Value added scrutiny

Scrutiny topics should impact positively on the work of the Council and, through this, BCP residents. Understanding and demonstrating this impact is an identified action within the O&S action plan. Planned measures to strengthen this include:

☐ **Introducing recommendation trackers**

- to enable O&S committees to track the recommendations made and ask for updates on implementation, ultimately assisting committees in understanding the impact that recommendations have had and how recommendations could be strengthened to maximise impact.

☐ **Annual surveys to gather insight on added value and impact**

- gathering feedback from councillors and officers on their perception of impact to help inform future work planning choices.

☐ **Regular monitoring of impact**

- reflecting on the value and success of scrutiny topics and methods through Chairs and Vice Chairs meetings.

Listening to Residents

☐ **Topic suggestion form**

- an improved user-friendly form will be provided on the council website for residents to make scrutiny topic suggestions.

☐ **Increase resident driven scrutiny topics**

- scrutiny committees can become overwhelmed by internal focussed reports such as budget and performance reports. By making space on agendas for topics that either respond to burning issues for residents, are generated by resident suggestions or include listening opportunities to hear from the public, scrutiny will ensure that it is aligning to and serving the needs of residents. Listening sessions are already planned in 2025/26 for topics such as 'Van Life', to understand the needs of those who live in vehicles in BCP through choice or necessity.

Introduction

This action plan outlines improvement activity for BCP Council's Overview and Scrutiny function. This activity has been identified as appropriate to bring O&S practices to the level outlined in the Government's [Statutory Guidance on Overview and Scrutiny in Local and Combined Authorities](#)

The actions also address recommendations arising from the Department for Levelling Up, Housing & Communities' (DLUHC) [external assurance review](#) and [Best Value Notice](#), issued on the 3 August 2023 as well as the Chief Executive's own [internal assurance review](#) conducted in Spring and updated in Summer 2023. The resulting [Assurance Review Action Plan](#) was established by the Council to respond to these recommendations.

Guidance Note

This action plan follows the themes of the statutory guidance which are categorised as follows:

- Culture • Resourcing • Selecting Committee Members • Power to Access Information • Planning Work • Evidence Sessions

All relevant paragraphs of the guidance have been included within the action plan, to aid reader's understanding of why actions have been identified. Please note that where actions are similar (eg. reflecting different aspects of councillor training required) they remain split into separate actions to demonstrate how these will uphold the statutory guidance. It should be noted that for this reason the action plan is highly detailed and serves as an operational tool to progress actions as well as for reporting on progress.

Actions are grouped and action leads identified as per the coding set out in the key below. Where actions are duplicated, the update is provided against the first arising action. A RAG rating is used to show progress against actions along with a commentary, with the latest updates provided in blue text.

Key			
Code	Description	Action Lead	Code
	Member Training – induction and refresher	Democratic Services Team	MT1
	Member Training – Chairs		MT2
	Member Training – ongoing programme of training		MT3
	Officer Training		OT1
	Role Descriptions for O&S leads		RD1
	Chairs’ Meetings		CM1
	Work Selection and Scoping		WS1
	Community Insight		CI1
	Web Presence		WP1
	Working Methods		WM1
	Terms of Reference for O&S Committees		TOR1
	Constitution Review		CR1
	Library of O&S Resources		L1
	Protocol and Tool Development		P1
	Annual Reporting on O&S		AR1
	Resourcing		R1
	Communications		COM1
	Corporate Management Team Action	Corporate Management Team	CMT1
	Cabinet Action	Cabinet	C1
	Chief Executive/ Leader Action	Chief Executive/ Leader	CL1
	Supporting Children’s Services O&S	Democratic Services Team	CS1
RAG Rating			
Significant delay likely to affect action completion			
Some delay likely to affect action completion			
Action on track to complete as planned			
Action completed			

Overview and Scrutiny Action Plan 2023-24

Relevant Extract from: Statutory Guidance on O&S (ID 1-53) Chief Executive's Assurance Review (ID 54-58) DLUHC Assurance Review (ID 59 – 64)	ID	Action for BCP Council with updates (Latest updates December 2023 in blue text)	RAG and timescales	Code
Culture				
Scrutiny is Member Led				
<i>The prevailing organisational culture, behaviours and attitudes of an authority will largely determine whether its scrutiny function succeeds or fails. While everyone in an authority can play a role in creating an environment conducive to effective scrutiny, it is important that this is led and owned by members, given their role in setting and maintaining the culture of an authority.</i>	1a	New Councillor and refresher training to be provided to include – O&S in BCP is Member led	Complete. Monitor the need for refresher training.	MT1
	1b	Role descriptions to be developed for Councillors in leading O&S roles to clarify expectations for this role <i>Action delayed and will be rescheduled for development in lead up to next council term.</i>	Autumn 2023	RD1
	1c	Establish calendar of meeting dates for O&S chairs for collective leadership and oversight of the effectiveness of the O&S function.	Complete	CM1
Scrutiny is understood and recognised across the organisation				
<i>Recognising scrutiny's legal and democratic legitimacy – all members and officers should recognise and appreciate the importance and legitimacy the scrutiny function is afforded by the law. It was created to act as a check and balance on the executive and is a statutory requirement for all authorities operating executive arrangements and for combined authorities.</i>	2a	New Councillor and refresher training to be provided to include – Background and statutory powers of O&S, to raise the profile and importance of the scrutiny function within the organisation.	Complete. Monitor the need for refresher training.	MT1
	2b	Officer refresher training to be provided to include – Background and statutory powers of O&S, to raise the profile and importance of the scrutiny function within the organisation <i>Provided to senior officers in Winter 2024/ Spring 2025. Training included a CfGS led workshop with scrutiny and executive members and had a focus on embedding a clear understanding of scrutiny fundamentals and developing a positive scrutiny culture with all stakeholders across the organisation.</i>	Complete. Monitor the need for refresher training.	OT1

Overview and Scrutiny Action Plan 2023-24

Relevant Extract from:	ID	Action for BCP Council with updates (Latest updates December 2023 in blue text)	RAG and timescales	Code
Statutory Guidance on O&S (ID 1-53) Chief Executive's Assurance Review (ID 54-58) DLUHC Assurance Review (ID 59 – 64)				
<i>Scrutiny draws on community insight and selects topics of community relevance</i>				
<i>Councillors have a unique legitimacy derived from their being democratically elected. The insights that they can bring by having this close connection to local people are part of what gives scrutiny its value.</i>	3a	New Councillor and refresher training to be provided to include – Councillors bring community insight to their scrutiny work	Complete. Monitor the need for refresher training.	MT1
	3b	Strengthen O&S work selection criteria, as set out in the constitution, to include consideration of the impact and value to the public when selecting work programme topics. Review for use in annual work programming for O&S Committees. O&S scrutiny request forms ask councillors to outline the value to be added by a proposed scrutiny topic. Use of this form is now embedded across the function and O&S work programmes now include more work balanced towards the impact on BCP residents. O&S Board has selected resident impact as a lens by which to plan and approach its work and committee discussions regularly include resident impact as a scrutiny enquiry line. Officers will continue to encourage selection of O&S topics that have tangible benefit to residents.	Complete, monitor long-term.	WS1
	3c	Use is made of community insight through the selection of work topics that are driven by community need, evidence sessions, use of subject experts and data providing the view of residents and community groups. Councillors regularly suggest scrutiny topics based on their community insight and there has been an increase in topics with a public focus, with some topics being generated through matters raised to Council through public representations.	Complete, monitor long-term and revisit in annual work programming for all committees.	CI1

Overview and Scrutiny Action Plan 2023-24

Relevant Extract from:	ID	Action for BCP Council with updates (Latest updates December 2023 in blue text)	RAG and timescales	Code
Statutory Guidance on O&S (ID 1-53) Chief Executive's Assurance Review (ID 54-58) DLUHC Assurance Review (ID 59 – 64)		Officers will continue to maintain focus on community insight and evidence based scrutiny when assisting councillors in work planning and scoping.		
	3d	Develop O&S web pages to clarify public role in O&S, ways to engage and improve ease of access for topic suggestion. Action delayed and will be advanced as resources allow.	Autumn 2024	WP1
Scrutiny has a clear role and focus				
<i>Identifying a clear role and focus – authorities should take steps to ensure scrutiny has a clear role and focus within the organisation, i.e. a niche within which it can clearly demonstrate it adds value. Therefore, prioritisation is necessary to ensure the scrutiny function concentrates on delivering work that is of genuine value and relevance to the work of the wider authority – this is one of the most challenging parts of scrutiny, and a critical element to get right if it is to be recognised as a strategic function of the authority</i>	4a	Scrutiny committees agree a clear communicable role or focus for the year when planning their work programme in order to assist in topic selection and in ensuring that stakeholders can anticipate which topics are likely to be of interest to scrutiny, and plan accordingly for engagement. This may be in the form of a 'lens' (eg. risk) through which to scrutinise topics, or a key priority or set of priorities for a committee (eg. 'budget' or 'ofsted improvement plan') Three out of four O&S committees have agreed a lens for their topic selection and scrutiny approach. The Children's O&S Committee chose not to agree a lens. This will be revisited in future work planning activity to ensure the lenses remain fit for purpose.	Complete, monitor long-term.	WS1
	4b	Committees carefully consider the type and balance of work undertaken to ensure that work aims can be met within the meeting capacity available. This will require a determined focus to undertake work in diverse ways eg. - receiving information based reports outside of meetings, - establishing O&S rapporteurs (topic champions) to maintain oversight of an issue and report back to committee on exceptions - reducing the level of Cabinet decision scrutiny to free up capacity for more overview work. Working methods have been diversified to make better use of meeting resource. Information based reporting is regularly	Complete, monitor long-term.	WM1

Overview and Scrutiny Action Plan 2023-24

Relevant Extract from:	ID	Action for BCP Council with updates (Latest updates December 2023 in blue text)	RAG and timescales	Code
Statutory Guidance on O&S (ID 1-53) Chief Executive's Assurance Review (ID 54-58) DLUHC Assurance Review (ID 59 – 64)		received outside of meetings of through a series of regular informal briefings, now established for each committee. Pre-decision scrutiny levels fell in 2023/4 and have remained stable in 2024/25. There has been an increase in the use of rapporteurs and the approach will be further embedded in 2025/26. There were 2 additional meetings held in 2024/25 which demonstrates that committee based work is mainly keeping to meeting capacity. In 2024/25 meeting duration was long in some cases, resulting in loss of members and less effective scrutiny for some items of business. All committees would benefit from a continued consistent focus on prioritisation to keep to a maximum of 3 items per agenda.		
	4c	Develop user friendly terms of reference documents for each O&S committee based on split of responsibility set out in constitution. Updated terms of reference are now circulated with the forward plan paper for each O&S Committee.	Complete	TOR1
<i>There is a clear distinction between scrutiny and audit</i>				
<i>Authorities should ensure a clear division of responsibilities between the scrutiny function and the audit function. While it is appropriate for scrutiny to pay due regard to the authority's financial position, this will need to happen in the context of the formal audit role. The authority's section 151 officer should advise scrutiny on how to manage this dynamic</i>	5a	Division of responsibility already established within the Articles of the Constitution.	Complete	CR1
	5b	A&G chair invitation to be scheduled into annual programme of O&S Chairs meetings A&G Chair & Vice Chair are now invited to O&S Chairs meetings as standard.	Complete	CM1
<i>While scrutiny has no role in the investigation or oversight of the authority's whistleblowing arrangements, the findings of independent whistleblowing investigations might be of interest to scrutiny committees as they consider their wider implications.</i>	6	Develop a library of O&S oversight information, provided in an online format for Councillors to access independently, to include – The findings of independent whistleblowing investigations HASC O&S Committee has developed a data toolkit, which gathers data and policy information in a digestible format for	Spring/ Summer 2024	L1

Overview and Scrutiny Action Plan 2023-24

Relevant Extract from:	ID	Action for BCP Council with updates (Latest updates December 2023 in blue text)	RAG and timescales	Code
Statutory Guidance on O&S (ID 1-53) Chief Executive's Assurance Review (ID 54-58) DLUHC Assurance Review (ID 59 – 64)				
		O&S members. This to be rolled out to all committees to include whistleblowing information. Action nearing completion for Children's Svs O&S Committee and is delayed for other committees. Will be progressed according to resource availability.		
The relationship between scrutiny and the executive is effective				
<i>Ensuring early and regular engagement between the executive and scrutiny – authorities should ensure early and regular discussion takes place between scrutiny and the executive, especially regarding the latter's future work programme.</i>	7a	Portfolio Holders attend O&S meetings when requested, or send deputies Attendance of Portfolio Holders at O&S when requested is now well established and will continue to be encouraged.	Complete, monitor long-term.	C1
	7b	The Cabinet Forward Plan is regularly updated with sufficient notice of forthcoming priorities to enable O&S to engage effectively at an early stage in policy shaping. This request remains in place as the Cabinet Forward Plan population could be strengthened. This relies on officers registering planned decisions early. This would give O&S members sufficient time to seek further information on forthcoming issues and plan scrutiny more effectively.	Immediate and ongoing request to Cabinet	C1
	7c	The Constitution sets out that it is good practice for there to be regular, informal dialogue between O&S leads and Portfolio Holders in order that O&S can understand developing Cabinet priorities, discuss and assess the value that Overview and Scrutiny can provide and contribute in a timely way to policy development (O&S Procedure Rule 8.3). Officers regularly encourage this action and some Chairs now have regular meetings in place for this purpose.	Complete, monitor long-term.	CR1
	7d	Role descriptions to be developed for Councillors in leading O&S roles to clarify expectation that scrutiny chairs establish informal working arrangements with relevant Portfolio Holders.	Autumn 2023	RD1

Relevant Extract from:	ID	Action for BCP Council with updates (Latest updates December 2023 in blue text)	RAG and timescales	Code
Statutory Guidance on O&S (ID 1-53) Chief Executive's Assurance Review (ID 54-58) DLUHC Assurance Review (ID 59 – 64)		Role description development has been delayed and will be rescheduled for completion in lead up to next council term, however lead O&S members are regularly encouraged to develop informal working arrangements with relevant Portfolio Holders and some now have regular meetings in place for this purpose.		
	7e	Lines of accountability between scrutiny committees and Portfolio Holders were agreed by Council in April 2022- review after election when any change to Cabinet portfolios are known and document these in a more granular way than is captured within the constitution to aid transparency. Lines of accountability are identified between each area of responsibility under a Portfolio Holder and the relevant O&S committee. This document is circulated with each O&S agenda.	Complete	TOR1
	7f	Maintain a review of the Portfolio/ O&S Committee alignment to ensure that it is fit for purpose, with amendments to be suggested via O&S annual report to Council, as required. Changes are reported annually as standard in the O&S annual report where required.	Complete, monitor annually through annual report process.	AR1
<i>The executive should not try to exercise control over the work of the scrutiny committee. This could be direct, e.g. by purporting to 'order' scrutiny to look at, or not look at, certain issues, or indirect, e.g. through the use of the whip or as a tool of political patronage, and the committee itself should remember its statutory purpose when carrying out its work. All members and officers should consider the role the scrutiny committee plays to be that of a 'critical friend' not a de facto 'opposition'. Scrutiny chairs have a particular role to play in establishing the profile and nature of their committee</i>	8a	O&S considers work requested by Cabinet or Council using the criteria written into the constitution - Criteria already exists in constitution and is used to assess requests. A notable increase in requests from Cabinet and Council have been seen during 2024/25, demonstrating greater council-wide understanding of the role O&S can play in supporting the objectives of the council.	Complete, monitor long-term.	WS1
	8b	New Councillor and refresher training to be provided to include – All Political Groups be reminded of the incompatibility of the whip with O&S, and the forms that this may take.	Complete. Monitor the need for	MT1

Overview and Scrutiny Action Plan 2023-24

Relevant Extract from:	ID	Action for BCP Council with updates (Latest updates December 2023 in blue text)	RAG and timescales	Code
Statutory Guidance on O&S (ID 1-53) Chief Executive's Assurance Review (ID 54-58) DLUHC Assurance Review (ID 59 – 64)		The message was reinforced in training and the CEx had written confirmation from every Group Leader in 2024 that the party whip, or similar, will not be applied around the Overview and Scrutiny functions.	refresher training.	
	8c	O&S chairs to be opposition members, where practicable, to reduce risk of executive control being exercised over O&S – referral to Constitution Review Working Group for consideration of any appropriate Constitution changes to set out this good practice - prior to May 2024 O&S Chairs elections. Since May 2023 all O&S Committees have appointed a Chair, and in most cases, a Vice-Chair, from outside of the Administration. O&S Board has confirmed a wish to include this advice within the constitution. Package of work to review constitution to strengthen areas around O&S has not yet started and will be progressed as resources allow.	Spring 2024	CR1
	8d	Role descriptions to be developed for Councillors in leading roles to clarify expectation that scrutiny chairs establish informal committee pre-meetings, to assist the committee in working towards its aims and taking a cross-party approach to scrutiny. Role description development has been delayed and will be rescheduled for completion in lead up to next council term, however some O&S Chairs have established pre-meetings successfully to develop a scrutiny 'team' mindset and move away from political party lines, and officers continue to encourage these.	Autumn 2023	RD1
	8e	O&S Chairing skills training to be delivered to include the benefit of pre-meetings, and management of political dynamics in scrutiny to avoid a de facto opposition approach. Chairing skills training provided in Summer 2023 induction. Higher level of training through LGA leadership courses has	Complete, monitor long-term.	MT2

Overview and Scrutiny Action Plan 2023-24

Relevant Extract from:	ID	Action for BCP Council with updates (Latest updates December 2023 in blue text)	RAG and timescales	Code
Statutory Guidance on O&S (ID 1-53) Chief Executive's Assurance Review (ID 54-58) DLUHC Assurance Review (ID 59 – 64)				
		been offered to all O&S chairs, including following chairmanship changes to ensure continuity of expertise.		
<i>The chair of the scrutiny committee should determine the nature and extent of an executive member's participation in a scrutiny committee meeting, and in any informal scrutiny task group meeting</i>	9a	Clarity of O&S powers in determining attendees and participation already written into constitution at O&S Procedure Rule 9.1	Complete	CR1
	9b	New Councillor and refresher training to be provided to include – Clarity of scrutiny's powers in determining attendees and participation in O&S.	Complete. Monitor the need for refresher training.	MT1
	9c	Scrutiny committees to be asked to consider appropriate invitees when scoping a piece of work and to consider where more value may be added by an officer/ scrutiny session as opposed to a Cabinet member scrutiny Appropriate invitees are considered in the planning stage for all O&S work. Since May 2023 there has been a noticeable shift in emphasis within the Council, with officers and external witnesses being invited to contribute on specific issues at scrutiny as appropriate. The range of inquiry from councillors to both portfolio holders and officers is now more diverse and this will continue to be encouraged.	Complete, monitor long-term.	WS1
Managing disagreement				
<i>Effective scrutiny involves looking at issues that can be politically contentious. It is therefore inevitable that, at times, an executive will disagree with the findings or recommendations of a scrutiny committee. It is the job of both the executive and scrutiny to work together to reduce the risk of this happening, and authorities should take steps to predict, identify and act on disagreement. One way in which this can be done is via an 'executive-scrutiny protocol' which can help define the relationship between the two and mitigate any differences of opinion before they manifest</i>	10	Executive members and O&S Chairs group to consider the value for BCP in preparing an executive – scrutiny protocol. Executive – scrutiny protocol in development following development session held with CfGS in 2025. Executive members and officers are now also invited into a series of meetings with O&S leads to give opportunity to discuss common aims and barriers to effective scrutiny.	Winter 2023	C1/ CM1

Overview and Scrutiny Action Plan 2023-24

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Statutory Guidance on O&S (ID 1-53) Chief Executive's Assurance Review (ID 54-58) DLUHC Assurance Review (ID 59 – 64)				
<i>themselves in unhelpful and unproductive ways. The benefit of this approach is that it provides a framework for disagreement and debate, and a way to manage it when it happens. Often, the value of such a protocol lies in the dialogue that underpins its preparation. It is important that these protocols are reviewed on a regular basis.</i>				
<i>Scrutiny committees do have the power to 'call in' decisions, i.e. ask the executive to reconsider them before they are implemented, but should not view it as a substitute for early involvement in the decision-making process or as a party-political tool.</i>	11	Use of call-in be monitored and reflected within annual report to Council. Call-in frequency is now reflected in the O&S annual report as standard as a measure of governance health.	Complete, monitor annually through annual report process.	AR1
Ensuring impartial advice from officers				
<i>Authorities, particularly senior officers, should ensure all officers are free to provide impartial advice to scrutiny committees. This is fundamental to effective scrutiny. Of particular importance is the role played by 'statutory officers' – the monitoring officer, the section 151 officer and the head of paid service, and where relevant the statutory scrutiny officer. These individuals have a particular role in ensuring that timely, relevant and high-quality advice is provided to scrutiny.</i>	12	Officer refresher training to be provided to include – The importance of impartial advice to O&S Provided to senior officers in Winter 2024/ Spring 2025. Training included a CfGS led workshop with scrutiny and executive members and had a focus on embedding a clear understanding of scrutiny fundamentals and developing a positive scrutiny culture with all stakeholders across the organisation.	Complete. Monitor the need for refresher training.	OT1
Communicating scrutiny's role and purpose to the wider authority				
<i>The scrutiny function can often lack support and recognition within an authority because there is a lack of awareness among both members and officers about the specific role it plays, which individuals are involved and its relevance to the authority's wider work. Authorities should, therefore, take steps to ensure all members and officers are made aware of the role the scrutiny committee plays in the organisation, its value and the outcomes it can deliver, the powers it has, its membership and, if appropriate, the identity of those providing officer support.</i>	13	Officer refresher training to be provided to include – The identity of those providing officer support to O&S. Provided to senior officers in Winter 2024/ Spring 2025. Training included a CfGS led workshop with scrutiny and executive members and had a focus on embedding a clear understanding of scrutiny fundamentals and developing a positive scrutiny culture with all stakeholders across the organisation.	Complete. Monitor the need for refresher training.	OT1

Overview and Scrutiny Action Plan 2023-24

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Statutory Guidance on O&S (ID 1-53) Chief Executive's Assurance Review (ID 54-58) DLUHC Assurance Review (ID 59 – 64)				
Maintaining the interest of full Council in the work of the scrutiny committee				
<i>Part of communicating scrutiny's role and purpose to the wider authority should happen through the formal, public role of full Council – particularly given that scrutiny will undertake valuable work to highlight challenging issues that an authority will be facing and subjects that will be a focus of full Council's work. Authorities should therefore take steps to ensure full Council is informed of the work the scrutiny committee is doing.</i>	14a	Report annually to Council on the work of scrutiny, and progress on actions to improve scrutiny. <i>Annual report is received by Council annually as standard. 2025 report has been delayed on account of resource availability and will report during winter 2025.</i>	Complete, repeat annually.	AR1
<i>One way in which this can be done is by reports and recommendations being submitted to full Council rather than solely to the executive. Scrutiny should decide when it would be appropriate to submit reports for wider debate in this way, taking into account the relevance of reports to full Council business, as well as full Council's capacity to consider and respond in a timely manner. Such reports would supplement the annual report to full Council on scrutiny's activities and raise awareness of ongoing work.</i>	14b	New Councillor and refresher training to be provided to include – The appropriate route for recommendations to full Council or Cabinet	Complete. Monitor the need for refresher training.	MT1
	14c	Consideration be given to any amendments required to constitution to clarify reporting routes from O&S - referral to Constitution Review Working Group for consideration. <i>Package of work to review constitution to strengthen areas around O&S has not yet started and will be progressed as resources allow.</i>	Spring 2024	CR1
Communicating scrutiny's role to the public				
<i>Authorities should ensure scrutiny has a profile in the wider community. Consideration should be given to how and when to engage the authority's communications officers, and any other relevant channels, to understand how to get that message across. This will usually require engagement early on in the work programming process</i>	15a	Consideration be given to the promotion of outcomes via Communications Team at the scoping stage of O&S work. <i>Some O&S activity relating to high profile decisions is already promoted by the Communications Team. Greater use could be made of promotion opportunities to raise the profile of O&S work. Resources have not been available for a comprehensive approach to this through annual work programming. Consideration of this will instead be encouraged on an ongoing basis at the scoping stage for all O&S work, as resources allow.</i>	In annual work programming for O&S Committees – Autumn 2023	COM1

Overview and Scrutiny Action Plan 2023-24

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Statutory Guidance on O&S (ID 1-53) Chief Executive's Assurance Review (ID 54-58) DLUHC Assurance Review (ID 59 – 64)				
	15b	O&S webpage development - See action 3d above.	See relevant action above.	See relevant action above.
Ensuring scrutiny members are supported in having an independent mindset				
<i>Formal committee meetings provide a vital opportunity for scrutiny members to question the executive and officers. Inevitably, some committee members will come from the same political party as a member they are scrutinising and might well have a long-standing personal, or familial, relationship with them.</i>	16a	New Councillor and refresher training to be provided to include – The importance of an independent mind-set to O&S	Complete. Monitor the need for refresher training.	MT1
<i>Scrutiny members should bear in mind, however, that adopting an independent mind-set is fundamental to carrying out their work effectively. In practice, this is likely to require scrutiny chairs working proactively to identify any potentially contentious issues and plan how to manage them.</i>	16b	O&S Chairs are supported by Officers to identify and plan for contentious issues through Chairs briefings. Chairs are well supported by officers in regular briefings to scope and plan the level of interest anticipated in O&S work and any necessary meeting adjustments. Contentious issues such as Poole Park and CGR scrutiny - which included significant councillor and external interest - have been well managed by Chairs resulting in orderly meetings with good opportunity for additional input from interested parties.	Complete, monitor long-term	WS1
	16c	Establish calendar of meeting dates for O&S chairs to include-monitoring the independence of O&S Calendar of meetings planned for 2025/26.	Complete	CM1
Resourcing scrutiny				
<i>The resource an authority allocates to the scrutiny function plays a pivotal role in determining how successful that function is and therefore the value it can add to the work of the authority.</i> <i>Ultimately it is up to each authority to decide on the resource it provides, but every authority should recognise that creating and</i>	17	Consideration be given to the level of officer resource available to support scrutiny and that this is appropriate to ensure effective outputs that add value to the organisation – discussion with O&S chairs group, with views to be passed to Corporate Management Team. Resources available to support Overview and Scrutiny are stretched and the level of O&S activity against officer	Resource monitoring completed in 23/24 and 2024/25, but requires careful	R1/ CMT1

Overview and Scrutiny Action Plan 2023-24

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Statutory Guidance on O&S (ID 1-53) Chief Executive's Assurance Review (ID 54-58) DLUHC Assurance Review (ID 59 – 64) <i>sustaining an effective scrutiny function requires them to allocate resources to it.</i> <i>When deciding on the level of resource to allocate to the scrutiny function, the factors an authority should consider include: • Scrutiny's legal powers and responsibilities; • The particular role and remit scrutiny will play in the authority; • The training requirements of scrutiny members and support officers, particularly the support needed to ask effective questions of the executive and other key partners, and make effective recommendations; • The need for ad hoc external support where expertise does not exist in the council; • Effectively-resourced scrutiny has been shown to add value to the work of authorities, improving their ability to meet the needs of local people; and • Effectively-resourced scrutiny can help policy formulation and so minimise the need for call-in of executive decisions</i>		resource is significantly higher in BCP Council than some other comparative councils. This has been well documented in O&S annual reports to Council and CMB to raise awareness. The most significant pressures relate to previous and cumulative Council decisions to increase the number of O&S committees and meeting numbers over time, not matched by officer resource to support these. Accompanied by an increase in other committees also resourced by the same team (Democratic Services) the overall resource available to support Overview and Scrutiny work has reduced whilst the level of O&S activity has increased. The impact of this has been a slow rate of progression for planned work, delays to strategic O&S work (such as annual work programme activity), limited resource available to respond to arising issues throughout the year and the likelihood that O&S outcomes have been limited in value as planned work has not benefitted from effective levels of officer support. Proposals have been made to Council in the 2025 annual report to reduce concurrent working group numbers and promote a 'quality of quantity' approach to O&S work. The outcome and impact of any changes agreed will be monitored by the O&S Chairs group and through future annual reports to Council.	ongoing monitoring	
<i>Authorities should also recognise that support for scrutiny committees, task groups and other activities is not solely about budgets and provision of officer time, although these are clearly extremely important elements. Effective support is also about the</i>	18a	New Councillor and refresher training to be provided to include – Use of resource, and effective wider authority engagement in O&S	Complete. Monitor the need for refresher training.	MT1

Overview and Scrutiny Action Plan 2023-24

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Statutory Guidance on O&S (ID 1-53) Chief Executive's Assurance Review (ID 54-58) DLUHC Assurance Review (ID 59 – 64) <i>ways in which the wider authority engages with those who carry out the scrutiny function (both members and officers).</i>	18b	Officer refresher training to be provided to include – Use of resource, and effective wider authority engagement in O&S <i>Provided to senior officers in Winter 2024/ Spring 2025. Training included a CfGS led workshop with scrutiny and executive members and had a focus on embedding a clear understanding of scrutiny fundamentals and developing a positive scrutiny culture with all stakeholders across the organisation.</i>	Complete. Monitor the need for refresher training.	OT1
	18c	As required by the constitution, all requests for O&S committees to undertake work are considered by Committees against the current resource levels available to support the request <i>All committees are asked to take account of resources when considering requests for work, especially commissioned work such as working groups and additional meetings. Officer resource to support O&S work has been limited and has resulted in delays to topic progression. To address this, proposals have been made to Council in the 2025 annual report to reduce concurrent working group numbers and promote a 'quality of quantity' approach to O&S work. The outcome and impact of any changes agreed will be monitored by the O&S Chairs group and through future annual reports to Council.</i>	Complete in 23/24 – continue to monitor resource long-term.	R1
	18d	Establish calendar of meeting dates for O&S chairs to include-monitoring the total level of resource available across the O&S function <i>Calendar of meetings planned for 2025/26.</i>	Complete	CM1
Statutory scrutiny officers				
<i>Combined authorities, upper and single tier authorities are required to designate a statutory scrutiny officer, someone whose role is to:</i> <i>• promote the role of the authority's scrutiny committee;</i> <i>• provide support to the scrutiny committee and its members; and</i>	19a	Statutory scrutiny officer is appointed and sits within the Democratic Services Team.	Complete	R1

Overview and Scrutiny Action Plan 2023-24

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Statutory Guidance on O&S (ID 1-53) Chief Executive's Assurance Review (ID 54-58) DLUHC Assurance Review (ID 59 – 64) <i>• provide support and guidance to members and officers relating to the functions of the scrutiny committee.</i>	19b	The Statutory Scrutiny Officer role is set out in the constitution to aid authority wide understanding - referral to Constitution Review Working Group for consideration. <i>Package of work to review constitution to strengthen areas around O&S has not yet started and will be progressed as resources allow.</i>	Winter 2023	CR1
	19c	New Councillor and refresher training to be provided to include – The role of the statutory scrutiny officer, to increase visibility	Complete. Monitor the need for refresher training.	MT1
	19d	Officer refresher training to be provided to include – The role of the statutory scrutiny officer, to increase visibility. <i>Provided to senior officers in Winter 2024/ Spring 2025. Training included a CfGS led workshop with scrutiny and executive members and had a focus on embedding a clear understanding of scrutiny fundamentals and developing a positive scrutiny culture with all stakeholders across the organisation.</i>	Complete. Monitor the need for refresher training.	OT1
	19e	Consider the interface of the statutory scrutiny officer role with Corporate Management Team to ensure that planning for engagement with scrutiny can be considered for significant forthcoming decisions. <i>O&S Specialist attends CMB as required to discuss key issues. Council Leader, Chief Executive, Sec 151 Officer and Monitoring Officer now invited into regular meetings with O&S Chairs to assist in identifying key issues to O&S.</i>	Complete	CMT1

Overview and Scrutiny Action Plan 2023-24

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Statutory Guidance on O&S (ID 1-53) Chief Executive's Assurance Review (ID 54-58) DLUHC Assurance Review (ID 59 – 64)				
Officer resource models <i>Authorities should ensure that, whatever model they employ, officers tasked with providing scrutiny support are able to provide impartial advice. This might require consideration of the need to build safeguards into the way that support is provided. The nature of these safeguards will differ according to the specific role scrutiny plays in the organisation.</i>	20	Officer refresher training to be provided to include – The importance of impartial advice to O&S. <i>Provided to senior officers in Winter 2024/ Spring 2025. Training included a CfGS led workshop with scrutiny and executive members and had a focus on embedding a clear understanding of scrutiny fundamentals and developing a positive scrutiny culture with all stakeholders across the organisation.</i>	Complete. Monitor the need for refresher training.	OT1
Selecting Committee Members				
<i>Selecting the right members to serve on scrutiny committees is essential if those committees are to function effectively. Where a committee is made up of members who have the necessary skills and commitment, it is far more likely to be taken seriously by the wider authority.</i>	21a	New Councillor and refresher training to be provided to include – Appropriate selection of committee members, in order that this can be taken account of by political groups when establishing their committee representation.	Complete. Monitor the need for refresher training.	MT1

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Statutory Guidance on O&S (ID 1-53) Chief Executive's Assurance Review (ID 54-58) DLUHC Assurance Review (ID 59 – 64)				
<i>When selecting individual members to serve on scrutiny committees, an authority should consider a member's experience, expertise, interests, ability to act impartially, ability to work as part of a group, and capacity to serve.</i> <i>Authorities should not take into account a member's perceived level of support for or opposition to a particular political party (notwithstanding the wider legal requirement for proportionality)</i> <i>Members invariably have different skill-sets. What an authority must consider when forming a committee is that, as a group, it possesses the requisite expertise, commitment and ability to act impartially to fulfil its functions.</i>	21b	A programme of ongoing scrutiny skills training to be developed for delivery to O&S Councillors throughout municipal year 2023/24. Following induction training, a range of development opportunities have been provided to councillors through the LGA, the South West Scrutiny Network and the Centre for Governance and Scrutiny. This has included bespoke in-house training to develop work programming and a collective understanding of a positive scrutiny culture. Online training opportunities are regularly promoted and taken up by councillors and O&S Chairs meetings have training as a standard item on agendas to review arising needs.	Complete, monitor long-term	MT3
<i>Authorities are reminded that members of the executive cannot be members of a scrutiny committee. Authorities should take care to ensure that, as a minimum, members holding less formal executive positions, e.g. as Cabinet assistants, do not sit on scrutinising committees looking at portfolios to which those roles relate.</i> <i>Authorities should articulate in their constitutions how conflicts of interest, including familial links between executive and scrutiny responsibilities should be managed, including where members stand down from the executive and move to a scrutiny role, and vice-versa.</i>	22a	Review Constitution rules for clarity on the principle of Executive lead members sitting on O&S referral to Constitution Review Working Group for consideration. Constitution identifies that Executive lead members cannot sit on O&S.	Complete	CR1
	22b	Review constitution to consider providing further clarity on how to manage conflicts of interest, including when Councillors move between roles - referral to Constitution Review Working Group for consideration. Package of work to review constitution to strengthen areas around O&S has not yet started and will be progressed as resources allow.	Winter 2023	CR1

Overview and Scrutiny Action Plan 2023-24

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Statutory Guidance on O&S (ID 1-53) Chief Executive's Assurance Review (ID 54-58) DLUHC Assurance Review (ID 59 – 64)				
Selecting a chair				
<i>The Chair plays a leadership role on a scrutiny committee as they are largely responsible for establishing its profile, influence and ways of working.</i> <i>The attributes authorities should and should not take into account when selecting individual committee members also apply to the selection of the Chair, but the Chair should also possess the ability to lead and build a sense of teamwork and consensus among committee members.</i>	23a	New Councillor and refresher training to be provided to include – Appropriate selection of committee chairs, in order that this can be taken account of by political groups when establishing their proposed chair nominees	Complete. Monitor the need for refresher training.	MT1
	23b	O&S Chairing skills training to be delivered to include - leadership skills. Chairing skills training provided in Summer 2023 induction. Higher level of training through LGA leadership courses has been offered to all O&S chairs, including following chairmanship changes to ensure continuity of expertise.	Complete, monitor long-term	MT2
<i>Given their pre-eminent role on the scrutiny committee, it is strongly recommended that the Chair not preside over scrutiny of their relatives</i>	24	Review constitution to consider providing further clarity on the Chair not presiding over scrutiny of relatives- referral to Constitution Review Working Group for consideration. Package of work to review constitution to strengthen areas around O&S has not yet started and will be progressed as resources allow.	Winter 2023	CR1
<i>The method for selecting a Chair is for each authority to decide for itself, however every authority should consider taking a vote by secret ballot.</i>	25a	Secret ballot method vote for Chair and Vice Chair is already in place within constitution at Meeting Procedure Rule 19.	Complete	CR1
	25b	See 8c above 'opposition chairs'	See relevant action above.	CR1
The role of the chair				
<i>Chairs should pay special attention to the need to guard the committee's independence. Importantly, however, they should take care to avoid the committee being, and being viewed as, a de facto opposition to the executive.</i>	26	O&S Chairing skills training to be delivered to include – independence of O&S, and the need to avoid de facto opposition role. Chairing skills training provided in Summer 2023 induction. Higher level of training through LGA leadership courses has been offered to all O&S chairs, including following chairmanship changes to ensure continuity of expertise.	Complete, monitor long-term	MT2

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Training for committee members				
<i>Authorities should ensure committee members are offered induction when they take up their role and ongoing training so they can carry out their responsibilities effectively. Authorities should pay attention to the need to ensure committee members are aware of their legal powers, and how to prepare for and ask relevant questions at scrutiny sessions.</i> <i>When deciding on training requirements for committee members, authorities should consider taking advantage of opportunities offered by external providers in the sector.</i>	27a	See action 2a above - new Councillor and refresher training on statutory powers of O&S	See relevant action above.	MT1
	27b	A programme of ongoing scrutiny skills training to be developed for delivery to O&S Councillors throughout municipal year 2023/24, to include – questioning skills training. Questioning skills training was incorporated into O&S induction training and refreshed through scrutiny culture development sessions and LGA training targeted at Children's O&S members. O&S Chairs keep training needs under review and additional training of this nature can be planned according to need and budget availability.	Complete, monitor long-term	MT3
	27c	Training to be delivered by external facilitators as appropriate and according to budget available. A mix of in-house support and external facilitators have been used in training and development to date to provide additional O&S expertise and insight to specific training areas as appropriate. This approach will continue to be used according to need and budget availability.	Complete, monitor long-term.	MT3
<i>While members and their support officers will often have significant local insight and an understanding of local people and their needs, the provision of outside expertise can be invaluable. There are two principal ways to procure this:</i> • <i>Co-option – formal co-option is provided for in legislation.</i> <i>Authorities must establish a co-option scheme to determine how individuals will be co-opted onto committees; and</i> • <i>Technical advisers – depending on the subject matter, independent local experts might exist who can provide advice and assistance in evaluating evidence</i>	28a	Facility to use external experts by O&S is already set out in constitution at Article 6, Rule 6.6.	Complete	CR1
	28b	Consideration be given to the appropriate use of external experts at the scoping stage of O&S work. Greater use of subject experts and community insight have been included in O&S since May 2023. Examples include a subject expert on the Safety Valve programme, developer input to Local Plan discussions, regular	Complete, monitor long-term.	WS1

Overview and Scrutiny Action Plan 2023-24

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		Healthwatch contributions at HASC O&S Committee, Chief Nurse input to Children's Svs O&S and expert insight from independent bodies on parish councils and charter trustees to CGR. The terms of reference of the Environment & Place O&S Committee were amended by Council in September 2023, to allow the inclusion of additional insight on sustainability matters in the form of two non-voting member independent members but this has not yet been taken up by the committee. Renewal of statutory Children's Services co-optees is in process. Use of community insight and evidence will continue to encourage at the scoping stage of forthcoming work.		
Powers to Access Information				
<i>A scrutiny committee needs access to relevant information the authority holds, and to receive it in good time, if it is to do its job effectively.</i> <i>This need is recognised in law, with members of scrutiny committees enjoying powers to access information. In particular, regulations give enhanced powers to a scrutiny member to access exempt or confidential information. This is in addition to existing rights for councillors to have access to information to perform their duties, including common law rights to request information and rights to request information under the Freedom of Information Act 2000 and the Environmental Information Regulations 2004.</i> <i>When considering what information scrutiny needs in order to carry out its work, scrutiny members and the executive should consider scrutiny's role and the legal rights that committees and their individual members have, as well as their need to receive timely and accurate information to carry out their duties effectively.</i>	29a	Enhanced rights of O&S in relation to access to information are already set out in Constitution at Access to Information Procedure Rule 24.	Complete	CR1
	29b	New Councillor and refresher training to be provided to include – enhanced rights of O&S in relation to access to information	Complete. Monitor the need for refresher training.	MT1

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<i>Scrutiny members should have access to a regularly available source of key information about the management of the authority – particularly on performance, management and risk. Where this information exists, and scrutiny members are given support to understand it, the potential for what officers might consider unfocused and unproductive requests is reduced as members will be able to frame their requests from a more informed position.</i>	30a	Develop a library of O&S oversight information, provided in an online format for Councillors to access independently, to include - Performance, Management, Finance, Risk, Complaints, Business Cases and Ombudsman information. This will assist in 'horizon scanning' to enhance the effectiveness of O&S work planning. Action to develop online library of resources not yet actioned and will progress as resources allow. Progress has been made towards sharing some of this information with O&S councillors regularly, such as through a HASC O&S data toolkit document that gathers much of the above data in one place, and through regular reporting of corporate performance information into O&S committees. Development of the online library will provide consistency of approach when completed.	Spring/ Summer 24	L1
	30b	A programme of ongoing scrutiny skills training to be developed for delivery to O&S Councillors throughout municipal year 2023/24, to include – Interpretation of performance, management and risk information, and its application to O&S work programming. LGA training opportunities in February and March 2024 on 'Data and Managing Council Performance' was promoted to all councillors. O&S Chairs keep training needs under review and additional training of this nature can be planned according to need and budget availability.	Complete, monitor long-term	MT3
<i>Officers should speak to scrutiny members to ensure they understand the reasons why information is needed, thereby making the authority better able to provide information that is relevant and timely, as well as ensuring that the authority complies with legal requirements.</i>	31	Support scrutiny committees to be clear in identifying information needs and to scope larger pieces of work effectively so that information expectations can be met by officers and executive members.	Complete – monitor long-term	WS1

Overview and Scrutiny Action Plan 2023-24

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<i>Regulations already stipulate a timeframe for executives to comply with requests from a scrutiny member. When agreeing to such requests, authorities should:</i> • <i>consider whether seeking clarification from the information requester could help better target the request; and</i> • <i>Ensure the information is supplied in a format appropriate to the recipient's needs.</i>		– In annual work programming for O&S Committees and ongoing, during work programming discussions at each meeting. Key Lines of Enquiry documents were introduced in 2023/24 and are now embedded across all committees. These capture key questions and data requests from committees for scrutiny topics, providing a clearer audit trail of the ask of scrutiny for both committees and information providers. In 2024, HASC O&S completed a working group on data and produced a Data Toolkit to capture its findings. This includes clear guidance on a standard data request for HASC O&S committee reports - a process that can be mirrored by the other committees. The Children's O&S has developed a similar toolkit throughout 2025 and will launch this soon.		
<i>While each request for information should be judged on its individual merits, authorities should adopt a default position of sharing the information they hold, on request, with scrutiny committee members.</i>	32	Officer refresher training to be provided to include – Default position of sharing information with O&S Provided to senior officers in Winter 2024/ Spring 2025. Training included a CfGS led workshop with scrutiny and executive members and had a focus on embedding a clear understanding of scrutiny fundamentals and developing a positive scrutiny culture with all stakeholders across the organisation.	Complete. Monitor the need for refresher training.	OT1
<i>The law recognises that there might be instances where it is legitimate for an authority to withhold information and places a requirement on the executive to provide the scrutiny committee with a written statement setting out its reasons for that decision. However, members of the executive and senior officers should take particular care to avoid refusing requests, or limiting the information they provide, for reasons of party political or reputational expediency. Before an authority takes a decision not</i>	33a	Situations where information may be withheld from O&S, and actions to communicate this, are already set out in the Constitution at Access to Information Procedure Rule 24.	Complete	CR1
	33b	New Councillor and refresher training to be provided to include – Default position of sharing information with O&S, and situations where information may be withheld.	Complete. Monitor the need for refresher training.	MT1

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<i>to share information it holds, it should give serious consideration to whether that information could be shared in closed session</i>	33c	Officer refresher training to be provided to include – Default position of sharing information with O&S, and situations where information may be withheld. <i>Provided to senior officers in Winter 2024/ Spring 2025. Training included a CfGS led workshop with scrutiny and executive members and had a focus on embedding a clear understanding of scrutiny fundamentals and developing a positive scrutiny culture with all stakeholders across the organisation.</i>	Complete. Monitor the need for refresher training.	OT1
<i>Committees should be aware of their legal power to require members of the executive and officers to attend before them to answer questions. It is the duty of members and officers to comply with such requests.</i>	34a	Requirement for Cabinet members and officers to attend O&S when requested is already set out in constitution at O&S Procedure Rule 9.	Complete	CR1
	34b	Identification of attendees and formal requests to Cabinet and officers to attend is required by the constitution and an embedded practice.	Complete, monitor long-term.	WS1
	34c	Portfolio Holders attend O&S meetings in response to requests, or send deputies. <i>Attendance of Portfolio Holders at O&S when requested is now well established and will continue to be encouraged.</i>	Complete, monitor long-term.	C1
	34d	New Councillor and refresher training to be provided to include – Requirement of Cabinet members and officers to attend scrutiny when requested	Complete. Monitor the need for refresher training.	MT1
	34e	Officer refresher training to be provided to include – Requirement of Cabinet members and officers to attend scrutiny when requested. <i>Provided to senior officers in Winter 2024/ Spring 2025. Training included a CfGS led workshop with scrutiny and executive members and had a focus on embedding a clear</i>	Complete. Monitor the need for refresher training.	OT1

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		understanding of scrutiny fundamentals and developing a positive scrutiny culture with all stakeholders across the organisation.		
Seeking information from external organisations				
<i>Scrutiny members should also consider the need to supplement any authority-held information they receive with information and intelligence that might be available from other sources, and should note in particular their statutory powers to access information from certain external organisations</i>	35	Develop a library of O&S oversight information, provided in an online format for Councillors to access independently, to include - Information from external organisations, as appropriate, to support individual work items and annual work programming Action to develop online library of resources not yet actioned and will progress as resources allow. Progress has been made towards sharing some of this information with O&S councillors regularly, such as through a HASC O&S data toolkit document that gathers much of the above data in one place, and through regular reporting of corporate performance information into O&S committees. Development of the online library will provide consistency of approach when completed.	Spring/ Summer 24	L1
<i>When asking an external organisation to provide documentation or appear before it, and where that organisation is not legally obliged to do either, scrutiny committees should consider the following:</i>	36a	Guidelines for scrutinising external organisations is already included within the Council's Constitution at O&S Procedure Rule 10.	Complete	CR1
<i>a) The need to explain the purpose of scrutiny – the organisation being approached might have little or no awareness of the committee's work, or of an authority's scrutiny function more generally, and so might be reluctant to comply with any request;</i> <i>b) The benefits of an informal approach – individuals from external organisations can have fixed perceptions of what an evidence session entails and may be unwilling to subject themselves to detailed public scrutiny if they believe it could reflect badly on them or their employer. Making an informal approach can help reassure</i>	36b	Develop a user-friendly protocol to assist committees with approaching, preparing for and scrutinising external organisations. Not started. To be progressed as resources allow.	Summer 2024	P1

Overview and Scrutiny Action Plan 2023-24

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Statutory Guidance on O&S (ID 1-53) Chief Executive's Assurance Review (ID 54-58) DLUHC Assurance Review (ID 59 – 64) <i>an organisation of the aims of the committee, the type of information being sought and the manner in which the evidence session would be conducted;</i> <i>c) How to encourage compliance with the request – scrutiny committees will want to frame their approach on a case by case basis. For contentious issues, committees might want to emphasise the opportunity their request gives the organisation to 'set the record straight' in a public setting; and</i> <i>d) Who to approach – a committee might instinctively want to ask the Chief Executive or Managing Director of an organisation to appear at an evidence session, however it could be more beneficial to engage front-line staff when seeking operational-level detail rather than senior executives who might only be able to talk in more general terms. When making a request to a specific individual, the committee should consider the type of information it is seeking, the nature of the organisation in question and the authority's pre-existing relationship with it.</i>				
Following 'the Council Pound' <i>Scrutiny committees will often have a keen interest in 'following the council pound', i.e. scrutinising organisations that receive public funding to deliver goods and services.</i> <i>Authorities should recognise the legitimacy of this interest and, where relevant, consider the need to provide assistance to scrutiny members and their support staff to obtain information from organisations the council has contracted to deliver services. In particular, when agreeing contracts with these bodies, authorities should consider whether it would be appropriate to include a requirement for them to supply information to or appear before scrutiny committees</i>	37	Officer refresher training to be provided to include – Support to scrutiny committees in respect of scrutinising organisations that receive public funding to deliver goods and services <i>Provided to senior officers in Winter 2024/ Spring 2025. Training included a CfGS led workshop with scrutiny and executive members and had a focus on embedding a clear understanding of scrutiny fundamentals and developing a positive scrutiny culture with all stakeholders across the organisation.</i>	Complete. Monitor the need for refresher training.	OT1

Overview and Scrutiny Action Plan 2023-24

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Statutory Guidance on O&S (ID 1-53) Chief Executive's Assurance Review (ID 54-58) DLUHC Assurance Review (ID 59 – 64)				
Planning Work				
<i>Effective scrutiny should have a defined impact on the ground, with the committee making recommendations that will make a tangible difference to the work of the authority. To have this kind of impact, scrutiny committees need to plan their work programme, i.e. draw up a long-term agenda and consider making it flexible enough to accommodate any urgent, short-term issues that might arise during the year.</i>	38a	O&S committees agree a work programme annually drawing ideas from relevant sources, that enables reports to be prepared and brought to the committee in a timely way. All O&S committees completed annual work programming in 2023/24, basing suggestions on a variety of relevant sources. Work programming in 2025 has been delayed. Whilst annual programming is good practice, committees are able to plan on a rolling basis in the absence of an annual approach and will continue to do so until resources can be released to support this.	Completed in 2023/24, delayed in 2025.	WS1
	38b	Work programmes are based on realistic assessment of resources available to O&S, also retaining capacity for some arising issues to be accommodated. All committees are asked to take account of resources when considering requests for work, especially commissioned work such as working groups and additional meetings. Officer resource to support O&S work has been limited and has resulted in delays to topic progression. To address this, proposals have been made to Council in the 2025 annual report to reduce concurrent working group numbers and promote a 'quality of quantity' approach to O&S work. The outcome and impact of any changes agreed will be monitored by the O&S Chairs group and through future annual reports to Council. All committees would benefit from retaining clear capacity within their annual work programmes to ensure space exists to respond to arising issues throughout the year without exceeding resource.	Monitor resource availability and impact of Council decision on work programme numbers.	R1
	38c	New Councillor and refresher training to be provided to include – Effective O&S Work programming and best use of resources	Complete. Monitor the need for	MT1

Overview and Scrutiny Action Plan 2023-24

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Statutory Guidance on O&S (ID 1-53) Chief Executive's Assurance Review (ID 54-58) DLUHC Assurance Review (ID 59 – 64)			refresher training.	
	38d	Feedback is gathered on O&S outputs and a tool developed to measure the success of O&S. <i>Not started. This is identified as a key aim in the 2025 O&S annual report and will be progressed as resources allow.</i>	Summer 2024	P1
<i>Authorities with multiple scrutiny committees sometimes have a separate work programme for each committee. Where this happens, consideration should be given to how to co-ordinate the various committees' work to make best use of the total resources available.</i>	39a	Each O&S committee may establish separate work plans, with responsibility for monitoring use of resource across all work plans sitting with O&S Board, supported by O&S Chairs. This is set out in the Constitution. <i>Proposals have been made in the 2025 O&S annual report that controls on the use of O&S resource be strengthened via the O&S Chairs group. If agreed, changes will be made to the constitution to reflect that. these members will agree the priority order of in-depth work across all committees to more effectively manage resource.</i>	Complete	CR1
	39b	Establish calendar of meeting dates for O&S chairs to include collective leadership monitoring of O&S resource <i>Calendar of meetings planned for 2025/26.</i>	Autumn 2023	CM1
Being clear about scrutiny's role				
<i>Scrutiny works best when it has a clear role and function. This provides focus and direction. While scrutiny has the power to look at anything which affects 'the area, or the area's inhabitants', authorities will often find it difficult to support a scrutiny function that carries out generalised oversight across the wide range of issues experienced by local people, particularly in the context of partnership working. Prioritisation is necessary, which means that there might be things that, despite being important, scrutiny will not be able to look at.</i>	40	See actions 4a, b and c above – O&S 'focus', working methods and terms of reference.	See relevant actions above	WS1/ WM1/ TOR1

Overview and Scrutiny Action Plan 2023-24

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<i>Different overall roles could include having a focus on risk, the authority's finances, or on the way the authority works with its partners.</i> <i>Applying this focus does not mean that certain subjects are 'off limits'. It is more about looking at topics and deciding whether their relative importance justifies the positive impact scrutiny's further involvement could bring.</i>				
<i>When thinking about scrutiny's focus, members should be supported by key senior officers. The statutory scrutiny officer, if an authority has one, will need to take a leading role in supporting members to clarify the role and function of scrutiny, and championing that role once agreed.</i>	41a	Senior officers and the statutory scrutiny officer support committees in selecting priorities that are of relevance and can add value to the organisation. – In annual work programming for O&S Committees and ongoing, during work programming discussions at each meeting. Senior officers provide good support to O&S in planning work. In 2025, the Chief Executive, Section 151 Officer and Monitoring Officer have all proactively suggested topics and approaches for scrutiny. All senior officers are asked to provide topic suggestions as part of standard annual work programming methodology. The O&S Specialist and Democratic Services team provide support on scrutiny priorities on an ongoing basis. This support is balanced against other service priorities and so is limited by resource availability. Scrutiny outcomes could be strengthened if direct officer support could be provided to greater depth and more consistently provided, and will remain resource dependent. All committees would benefit from regularly assessing the value that has been added by their work, to inform future work planning.	Complete, monitor long-term	WS1

Overview and Scrutiny Action Plan 2023-24

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Statutory Guidance on O&S (ID 1-53) Chief Executive's Assurance Review (ID 54-58) DLUHC Assurance Review (ID 59 – 64)				
	41b	Statutory scrutiny officer to ensure that scrutiny priorities are promoted to Executive members and the wider officer corps via Corporate Management Board and information sharing with Cabinet members. All annual work programmes have been developed and are shared with each O&S committee agenda. Mechanisms are in place for promoting scrutiny priorities within the organisation: CMB has agreed to receive all O&S work programmes on a quarterly basis. The Leader and senior council officers are now invited into regular meetings with all O&S chairs to promote effective information sharing between O&S and executive. O&S lead members are regularly encouraged to form effective informal relationships with cabinet members for information sharing purposes.	Complete, monitor long-term.	WS1
Who to speak to				
<i>Evidence will need to be gathered to inform the work programming process. This will ensure that it looks at the right topics, in the right way and at the right time. Gathering evidence requires conversations with:</i> <i>The public -</i> <i>It is likely that formal 'consultation' with the public on the scrutiny work programme will be ineffective. Asking individual scrutiny members to have conversations with individuals and groups in their own local areas can work better. Insights gained from the public through individual pieces of scrutiny work can be fed back into the work programming process. Listening to and participating in conversations in places where local people come together, including in online forums, can help authorities engage people on their own terms and yield more positive results</i>	42a	New Councillor and refresher training to be provided to include – Sources of input to annual work programming, to include community insight to their scrutiny work, partner information and Cabinet forthcoming priorities	Complete. Monitor the need for refresher training.	MT1
	42b	See 3C above – use of community insight in O&S work	See relevant action above.	CI1
	42c	Statutory scrutiny officer to work with communications team to establish how scrutiny can promote its work priorities and gather public insight. To include proactive work with communications team in Spring 2024 to gather public insight to inform future annual work programming in Summer 2024. Not started, to be progressed as resources allow.	Spring 2024	COM1

Overview and Scrutiny Action Plan 2023-24

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<i>Authorities should consider how their communications officers can help scrutiny engage with the public, and how wider internal expertise and local knowledge from both members and officers might make a contribution.</i> <i>The authority's partners –</i> <i>relationships with other partners should not be limited to evidence-gathering to support individual reviews or agenda items. A range of partners are likely to have insights that will prove useful:</i> <i>o Public sector partners (like the NHS and community safety partners, over which scrutiny has specific legal powers);</i> <i>o Voluntary sector partners;</i> <i>o Contractors and commissioning partners (including partners in joint ventures and authority-owned companies);</i> <i>o In parished areas, town, community and parish councils;</i> <i>o Neighbouring principal councils (both in two-tier and unitary areas);</i> <i>o Cross-authority bodies and organisations, such as Local Enterprise Partnerships; and</i> <i>o Others with a stake and interest in the local area – large local employers, for example.</i> <i>The executive –</i> <i>a principal partner in discussions on the work programme should be the executive (and senior officers). The executive should not direct scrutiny's work, but conversations will help scrutiny members better understand how their work can be designed to align with</i>	42d	See 35 above: Develop a library of O&S oversight information, provided in an online format for Councillors to access independently, to include - Information from external organisations, as appropriate, to support individual work items and annual work programming	See relevant action above.	L1
	42e	Cabinet is asked to provide input to annual O&S work programming to indicate forthcoming areas of work where O&S can add value. <i>Cabinet are asked to provide ideas for annual work programming as standard, and have also contributed in-year ideas for scrutiny in 2024/25.</i>	Complete.	C1
	42f	See 7b above: The Cabinet Forward Plan is regularly updated with sufficient notice of forthcoming priorities to enable O&S to engage effectively at an early stage in policy shaping	See relevant action above.	C1
	42g	See 7d above: Role descriptions to be developed for Councillors in leading O&S roles to clarify expectation that scrutiny chairs establish informal working arrangements with relevant Portfolio Holders to ensure scrutiny can be informed of Cabinet priorities in a timely way.	See relevant action above.	RD1

Overview and Scrutiny Action Plan 2023-24

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<i>the best opportunities to influence the authority's wider work.</i>				
Information sources				
<i>Scrutiny will need access to relevant information to inform its work programme. The type of information will depend on the specific role and function scrutiny plays within the authority, but might include:</i> <i>• Performance information from across the authority and its partners;</i> <i>• Finance and risk information from across the authority and its partners;</i> <i>• Corporate complaints information, and aggregated information from political groups about the subject matter of members' surgeries;</i> <i>• Business cases and options appraisals (and other planning information) for forthcoming major decisions. This information will be of particular use for pre -decision scrutiny; and</i> <i>• Reports and recommendations issued by relevant ombudsmen, especially the Local Government and Social Care Ombudsman.</i> <i>As committees can meet in closed session, commercial confidentiality should not preclude the sharing of information. Authorities should note, however, that the default for meetings should be that they are held in public</i>	43a	See 30a above: Develop a library of O&S oversight information, provided in an online format for Councillors to access independently, to include - Performance, Management, Finance, Risk, Complaints, Business Cases and Ombudsman information. This will assist in 'horizon scanning' to enhance the effectiveness of O&S work planning.	See relevant action above.	L1
	43b	Presumption is made that library of information for O&S Councillors is public, with non- public information shared in appropriate alternative environment to ensure Councillors can remain informed. <i>The presumption for information shared with O&S to be public is already an embedded practice, with appropriate consideration given on an arising basis to O&S requests for non-public information.</i>	Complete, monitor long-term.	L1
<i>Scrutiny members should consider keeping this information under regular review. It is likely to be easier to do this outside committee, rather than bringing such information to committee 'to note', or to provide an update, as a matter of course.</i>	44	Support committees to work in more diverse ways to maintain oversight of key information, including circulating information outside of meetings and the use of rapporteurs or champions for particular topics. This will free up committee resource for value added scrutiny. <i>Working methods have now been diversified to make better use of meeting resource. Information based reporting is regularly received outside of meetings of through a series of regular informal briefings, now established for each committee. There</i>	In annual work programming for O&S Committees – Autumn 2023	WM1

Overview and Scrutiny Action Plan 2023-24

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Statutory Guidance on O&S (ID 1-53) Chief Executive's Assurance Review (ID 54-58) DLUHC Assurance Review (ID 59 – 64)		has been an increase in the use of rapporteurs and the approach will be further embedded in 2025/26. This action has not been marked as completed, as, although working methods have diversified, analysis of 24/25 work outputs across all committees show an overbalance of monitoring/update reports in HASC and Children's Services O&S. This is taking up time that could be used for other value-added scrutiny. These committees would benefit from an ongoing rigorous approach to committee agenda planning, to ensure monitoring work does not over balance agendas and committee time can be used to reach valuable outcomes. Officers will continue to support this approach.		
Shortlisting topics				
<i>Approaches to shortlisting topics should reflect scrutiny's overall role in the authority. This will require the development of bespoke, local solutions, however when considering whether an item should be included in the work programme, the kind of questions a scrutiny committee should consider might include:</i> • Do we understand the benefits scrutiny would bring to this issue? • How could we best carry out work on this subject? • What would be the best outcome of this work? • How would this work engage with the activity of the executive and other decision-makers, including partners?	45a	Extend the use of the 'scrutiny request form' already in place for commissioned items, to encourage consideration of the value to be added by all reports, such as scrutiny's consideration of Cabinet pre-decision items and officer proposed items. – In annual work programming for O&S Committees and ongoing, during work programming discussions at each meeting. The use of the 'scrutiny request form' is embedded for councillor requests. It is not currently used for requests to consider other items such as Cabinet items or officer proposed items. O&S Chairs have confirmed that they do not feel a documented process for officer or cabinet requests is necessary. Careful consideration of the likely benefits of all intended work prior to commencement, regardless of origin, will continue to be encouraged by officers that support O&S.	Complete, monitor long-term.	WS1

Overview and Scrutiny Action Plan 2023-24

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<i>Some authorities use scoring systems to evaluate and rank work programme proposals. If these are used to provoke discussion and debate, based on evidence, about what priorities should be, they can be a useful tool. Others take a looser approach. Whichever method is adopted, a committee should be able to justify how and why a decision has been taken to include certain issues and not others.</i> <i>Scrutiny members should accept that shortlisting can be difficult; scrutiny committees have finite resources and deciding how these are best allocated is tough. They should understand that, if work programming is robust and effective, there might well be issues that they want to look at that nonetheless are not selected.</i>	45b	Review 'scrutiny request form' and update as appropriate to incorporate all suggested areas referenced in O&S guidance. <i>Not started. To be progressed as resources allow.</i>	Autumn 2023	P1
	45c	See 18c above: As required by the constitution, all requests for O&S work are considered by Committees against the current resource levels available to support the request	See relevant action above.	R1
Carrying out work				
Selected topics can be scrutinised in several ways, including: a) As a single item on a committee agenda – this often presents a limited opportunity for effective scrutiny, but may be appropriate for some issues or where the committee wants to maintain a formal watching brief over a given issue; b) At a single meeting – which could be a committee meeting or something less formal. This can provide an opportunity to have a single public meeting about a given subject, or to have a meeting at which evidence is taken from a number of witnesses; c) At a task and finish review of two or three meetings – short, sharp scrutiny review are likely to be most effective even for complex topics. Properly focused, they ensure members can swiftly reach conclusions and make recommendations, perhaps over the course of a couple of months or less;	46a	Methods of carrying out O&S work are set out within the Constitution at Article 6, Rule 6.9.	Complete	CR1
	46b	Support committees to actively consider diverse ways of working other than committee reports to secure most effective outputs. <i>O&S working methods have diversified and now regularly include committee reporting, outside of committee briefings, rapporteurs and working groups. Diverse working methods will continue to be encouraged.</i>	Complete, monitor long-term	WM1
	46c	Review and develop task and finish/ working group scoping document, protocol and joint working group protocol <i>Not started. To be progressed as resources allow.</i>	Summer 2024	P1

Overview and Scrutiny Action Plan 2023-24

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d) Via a longer-term task and finish review – the 'traditional' task and finish model – with perhaps six or seven meetings spread over a number of months – is still appropriate when scrutiny needs to dig into a complex topic in significant detail. However, the resource implications of such work, and its length, can make it unattractive for all but the most complex matters; and e) By establishing a 'standing panel' – this falls short of establishing a whole new committee but may reflect a necessity to keep a watching brief over a critical local issue, especially where members feel they need to convene regularly to carry out that oversight. Again, the resource implications of this approach means that it will be rarely used.				
Evidence sessions				
Evidence sessions are a key way in which scrutiny committees inform their work. They might happen at formal committee, in less formal 'task and finish' groups or at standalone sessions. Good preparation is a vital part of conducting effective evidence sessions. Members should have a clear idea of what the committee hopes to get out of each session and appreciate that success will depend on their ability to work together on the day.	47	Consider the appropriateness of conducting evidence sessions to scrutinise particular topics when planning annual work programmes. These will need proactive planning to ensure that sufficient resource can be made available to support effective sessions. An evidence based approach is encouraged on an ongoing basis and there has been a small increase in the inclusion of external invitees during meetings to bring insight. A larger scale evidence gathering topic on Van Life is planned for 2025/26. Planning and conducting evidence sessions is valuable but resource intensive. The approach will therefore continue to be promoted as an effective form of scrutiny to be taken up as resources allow.	Action will progress as resources allow.	WM1

Overview and Scrutiny Action Plan 2023-24

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How to plan <i>Effective planning does not necessarily involve a large number of pre-meetings, the development of complex scopes or the drafting of questioning plans. It is more often about setting overall objectives and then considering what type of questions (and the way in which they are asked) can best elicit the information the committee is seeking. This applies as much to individual agenda items as it does for longer evidence sessions – there should always be consideration in advance of what scrutiny is trying to get out of a particular evidence session.</i>	48	New Councillor and refresher training to be provided to include – Evidence led approach to O&S, and how to conduct an effective evidence session	Complete. Monitor the need for refresher training.	MT1
<i>Chairs play a vital role in leading discussions on objective-setting and ensuring all members are aware of the specific role each will play during the evidence session.</i> <i>As far as possible there should be consensus among scrutiny members about the objective of an evidence session before it starts. It is important to recognise that members have different perspectives on certain issues, and so might not share the objectives for a session that are ultimately adopted. Where this happens, the Chair will need to be aware of this divergence of views and bear it in mind when planning the evidence session.</i>	49	O&S Chairing skills training to be delivered to include how to plan for and lead evidence sessions, establish aims and manage different objectives from committee members Chairing skills training provided in Summer 2023 induction. Higher level of training through LGA leadership courses has been offered to all O&S chairs, including following chairmanship changes to ensure continuity of expertise.	Complete, monitor long-term.	MT2
<i>Effective planning should mean that at the end of a session it is relatively straightforward for the chair to draw together themes and highlight the key findings. It is unlikely that the committee will be able to develop and agree recommendations immediately, but, unless the session is part of a wider inquiry, enough evidence should have been gathered to allow the chair to set a clear direction.</i> <i>After an evidence session, the committee might wish to hold a short 'wash-up' meeting to review whether their objectives were met and lessons could be learned for future sessions</i>	50	O&S Chairing skills training to be delivered to include how to draw together themes and highlight key findings at the end of evidence sessions – this approach to be extended to all O&S work items to ensure Chairs can provide transparent summary of discussions. Chairing skills training provided in Summer 2023 induction. Higher level of training through LGA leadership courses has been offered to all O&S chairs, including following chairmanship changes to ensure continuity of expertise.	Complete, monitor long-term	MT2

Overview and Scrutiny Action Plan 2023-24

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Developing recommendations <i>The development and agreement of recommendations is often an iterative process. It will usually be appropriate for this to be done only by members, assisted by co-optees where relevant. When deciding on recommendations, however, members should have due regard to advice received from officers, particularly the Monitoring Officer.</i> <i>The drafting of reports is usually, but not always, carried out by officers, directed by members.</i>				
	51a	Officer refresher training to be provided to include – Officers to provide timely, transparent advice to committees in all areas of O&S work, as appropriate. <i>Provided to senior officers in Winter 2024/ Spring 2025. Training included a CfGS led workshop with scrutiny and executive members and had a focus on embedding a clear understanding of scrutiny fundamentals and developing a positive scrutiny culture with all stakeholders across the organisation.</i>	Complete. Monitor the need for refresher training.	OT1
	51b	For longer pieces of O&S work, a lead officer to be identified at the scoping stage who will support report drafting - include this within relevant protocols listed at 46c above. <i>This is included as standard within scoping documents for O&S working groups.</i> <i>Wider piece of work to review protocols (46c) not yet started. To be progressed as resources allow.</i>	Immediate, as arising (WS1/R1) Protocol review Summer 2024 (P1)	WS1/R1/P1
<i>Authorities draft reports and recommendations in a number of ways, but there are normally three stages:</i> <i>i. the development of a 'heads of report' – a document setting out general findings that members can then discuss as they consider the overall structure and focus of the report and its recommendations;</i> <i>ii. The development of those findings, which will set out some areas on which recommendations might be made; and</i> <i>iii. the drafting of the full report.</i> <i>Recommendations should be evidence-based and SMART, i.e. specific, measurable, achievable, relevant and timed. Where</i>	52	New Councillor and refresher training to be provided to include – Consideration of appropriate recommendations and reporting route for O&S work, to include consideration of what SMART recommendations may look like. Consideration of this to take place at the scoping stage of O&S work, to ensure scope is clear enough and to provide an indication of the value that is likely to be added by the work undertaken.	Complete. Monitor the need for refresher training.	MT1

Overview and Scrutiny Action Plan 2023-24

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<i>appropriate, committees may wish to consider sharing them in draft with interested parties.</i> <i>Committees should bear in mind that often six to eight recommendations are sufficient to enable the authority to focus its response, although there may be specific circumstances in which more might be appropriate.</i>				
<i>Sharing draft recommendations with executive members should not provide an opportunity for them to revise or block recommendations before they are made. It should, however, provide an opportunity for errors to be identified and corrected, and for a more general sense-check</i>	53	New Councillor and refresher training to be provided to include – The role of executive member consultation during draft reporting stages.	Complete. Monitor the need for refresher training.	MT1
Chief Executive's Assurance Review, June 2023 – recommendations and comments relating to O&S				
<i>In a No Overall Control council it is useful to ensure there is an opportunity to elect a Chair from outside of the administration to each Overview and Scrutiny Committee, to ensure appropriate scrutiny and holding the Executive to account.</i>	54a	Since May 2023 all O&S Committees have appointed a Chair, and in most cases, a Vice-Chair from outside of the Administration.	Complete – monitor long term.	CL1
<i>Opposition councillors have recently been given a majority of positions on the principal Overview and Scrutiny committees as a result of changes in the political balance calculations. Opposition councillors appear to be content to keep Conservative councillors as Chairs for the Committees where they are already in place, for the remainder of this Council term.</i>	54b	Action relating to potential constitutional changes to clarify the good practice of opposition chairs outlined at 8c above.	See relevant action above.	CR1
<i>Overview and scrutiny committees are to be encouraged to take evidence and contributions from officers as well as portfolio holders, to ensure a more informed basis to O&S recommendations.</i>	55	Multiple actions relating to O&S powers to question, skills training, and planning of evidence sessions are outlined above. These will all assist with encouraging evidence and contributions from officers as well as portfolio holders, to increase the effectiveness of scrutiny sessions. See 9a, 9b, 9c, 27b and 48 above.	See relevant actions above	See relevant actions above

Overview and Scrutiny Action Plan 2023-24

Relevant Extract from: Statutory Guidance on O&S (ID 1-53) Chief Executive's Assurance Review (ID 54-58) DLUHC Assurance Review (ID 59 – 64)	ID	Action for BCP Council with updates (Latest updates December 2023 in blue text)	RAG and timescales	Code
<i>There is still a marked reluctance amongst the broader overview and scrutiny committees to ask questions directly of officers and there are regular comments that leading councillors do not give clear answers to questions, but other councillors do not seek that clarity from officers, which they could.</i> <i>Since June there has been a noticeable shift in emphasis within the Council, with officers being invited to contribute on specific issues in Cabinet and this need needs to be extended to O&S committees</i> <i>Continue to encourage full participation and clarity of answers in all meetings, and incorporate into training for Overview and Scrutiny committee members.</i>				
<i>Overview and scrutiny committees should continue to increase their focus on policy development and engagement rather than pre-Cabinet scrutiny.</i>	56a	Since May 2023 significant effort has gone into reducing pre-Cabinet scrutiny levels to achieve a more even balance with other types of scrutiny. Actions to encourage this included training and development, CMB engagement to identify early policy discussion items and ongoing officer support to assist in weighing up the benefits of scrutiny topics. In 2023/4 pre-decision levels of scrutiny across all committees reduced to 21% and remained stable in 2024/25 at 29%. There was greater emphasis on earlier policy discussion with items such as debates on Devolution in 2024 being an example of this. With ten political groups making up the Council, the organic drive for pre- Cabinet scrutiny is likely to remain and diverse scrutiny topics will continue to be encouraged by support officers to avoid overbalance.	Complete, monitor long-term.	WS1

Overview and Scrutiny Action Plan 2023-24

Relevant Extract from: Statutory Guidance on O&S (ID 1-53) Chief Executive's Assurance Review (ID 54-58) DLUHC Assurance Review (ID 59 – 64)	ID	Action for BCP Council with updates (Latest updates December 2023 in blue text)	RAG and timescales	Code
	56b	Ongoing support to promote a balance of O&S work is identified through multiple actions above. Encouraging an effective balance of scrutiny work involves many factors including effective engagement with Cabinet and senior officers to ensure O&S understanding of forthcoming priorities; training; work planning actions and monitoring and reporting on scrutiny outputs to ensure Council ownership of the balance of O&S work. These actions will embed a practice of selecting topics which generate meaningful outcomes and balance policy engagement with pre-Cabinet scrutiny. See actions 1c, 4b,7b,7c,7d, 14a, 38c, 38d, 41, 42e, 43a, 45a above.	See relevant actions above	See relevant actions above
<i>Overview and scrutiny committees should consider putting more focus into corporate performance reporting, challenging the executive to ensure that improvement plans are having an effect and improving the services that are missing their targets.</i> <i>There is an opportunity to strengthen the focus of O&S on performance management, through the overview and scrutiny committees.</i> <i>Incorporate into training for Overview and Scrutiny committee members and monitor agendas, encouraging Overview and Scrutiny Committees to focus on performance management information.</i>	57	See 30a and 30b above relating to the provision of performance management information and associated training.	See relevant actions above	See relevant actions above
<i>Need to ensure the party whip is not applied to O&S functions. This message needs to be reinforced and the situation monitored.</i>	58	Actions relating to training, chairing and monitoring the independence of O&S are set out above. See 8b, 8d,8e, 16a and 16c and 26 above.	See relevant actions above	See relevant actions above

Overview and Scrutiny Action Plan 2023-24

Relevant Extract from:	ID	Action for BCP Council with updates (Latest updates December 2023 in blue text)	RAG and timescales	Code
Statutory Guidance on O&S (ID 1-53) Chief Executive's Assurance Review (ID 54-58) DLUHC Assurance Review (ID 59 – 64)				
<i>There has been no recent evidence of the party whip being applied to O&S functions, but this needs to be monitored. A positive statement will be sought from Group Leaders.</i>				
DLUHC External Assurance Review of BCP Council, August 2023 – recommendations and comments relating to O&S				
<i>The Council reviews the Transformation programme and agrees a realistic and deliverable programme by October 2023. The Council sets up effective mechanisms for Member oversight and monitoring of the delivery of the programme by June 2023</i>	59	O&S to consider and establish its role in this member oversight and monitoring. The O&S Board Chair and Vice Chair were members of the cross-party councillor working group to monitor the Transformation Programme, prior to its completion. This provided a mechanism for O&S to maintain oversight of and raise red flags to committee by exception. Cabinet reports were also selected for scrutiny to maintain oversight of key stages.	Complete, programme now concluded,	WS1
<i>The Council establishes a sound budget setting process and begins preparations for the 2024/25 budget as soon as possible after the local government elections and has proposals drafted for a sustainable MTFP and three-year budget by the end of September 2023</i>	60	O&S to consider and establish its role in the budget setting process A comprehensive package of budget scrutiny has been established since 2023. The O&S Board leads budget monitoring and final budget setting debate and includes other O&S Chairs in this, whilst individual committees have requested their own areas of deep dive scrutiny on specific budget areas. Training has been provided to councillors to support them in this role. Additionally, to better influence the budget during development stage, budget working groups were established by scrutiny in 2024. This approach has been adapted to a 'Budget Conversation' day for 2025 and BCP Council has been recognised by the Centre for Governance and Scrutiny as a council leader for this approach. Executive members have also welcomed and encouraged this approach which is a demonstration of a healthy working relationship between O&S and Cabinet. This proactive budget work is resource intensive	In annual work programming for O&S Committees – Autumn 2023	WS1

Overview and Scrutiny Action Plan 2023-24

Relevant Extract from:	ID	Action for BCP Council with updates (Latest updates December 2023 in blue text)	RAG and timescales	Code
Statutory Guidance on O&S (ID 1-53) Chief Executive's Assurance Review (ID 54-58) DLUHC Assurance Review (ID 59 – 64)				
		for officers across the council and those that support O&S directly, and the approach requires careful evaluation to assess the benefit vs resource input. Similar approaches will continue to be encouraged in the future, balanced against resources.		
<i>The Council, with the active leadership of the respective group leaders, uses the opportunity of a new Council to reset the Member / Member and Member / officer culture and relationships. The new Council must use the support offered by the LGA and set up a comprehensive programme of Member induction and an ongoing programme of Member training. The induction programme should be in place by June 2023 and the ongoing programme by July 2023</i>	61a	New Councillor and refresher training to be provided. Complete. See all actions coded MT1 above.	See relevant actions above.	MT1
	61b	See 21b above - A programme of ongoing scrutiny skills training to be developed for delivery to O&S Councillors throughout municipal year 2023/24.	See relevant action above.	MT3
	61c	See 23b above – O&S Chairing and leadership skills support to be provided.	See relevant action above.	MT2
	61d	LGA training opportunities to be taken up. The LGA has been widely engaged to provide support to O&S since May 2023. This includes Leadership Academy training for chairs, in-house delivery of support for O&S work programming, targeted children's services training for the Children's Svs O&S Committee, and promotion of LGA online training courses to councillors as arising.	Complete. Continue to take up opportunities on an ongoing basis.	WS1
<i>The Council puts in place a regular annual cycle for the business plans, mid-year reviews and year end reviews of all its companies to be reported to the appropriate scrutiny and decision-making bodies. This should be in place by June 2023 to begin the 2024/25 process</i>	62	O&S to consider and establish its role in this review process. Business plans are usually selected for scrutiny as standard, when available as Cabinet reports.	In annual work programming for O&S Committees – Autumn 2023	WS1
<i>The Council has four scrutiny committees – Corporate and Community; Children's Services; Health and Adult Social Care, and Place. Scrutiny has focused rather heavily on pre scrutiny of</i>	63	See 56a and 56b above.	See relevant actions above	See relevant

Overview and Scrutiny Action Plan 2023-24

Relevant Extract from:	ID	Action for BCP Council with updates (Latest updates December 2023 in blue text)	RAG and timescales	Code
Statutory Guidance on O&S (ID 1-53) Chief Executive's Assurance Review (ID 54-58) DLUHC Assurance Review (ID 59 – 64)				actions above
<i>Cabinet decisions rather than having a broader focus or looking at policy development. I was told by a range of people that politics has got in the way of effective scrutiny. When scrutiny has looked at wider issues the feedback has been more positive – I was told of a good example of scrutiny inviting the Police and Crime Commissioner and neighbourhood watch representatives to a scrutiny committee. The Centre for Governance and Scrutiny summarise scrutiny's role as providing a space to bring critical friend challenge and support to decision making; providing a way of challenging and supporting partner organisations; bringing issues that matter to local people and the local community into decision making; and surface issues that the Council should be engaging with but which are not yet part of formal decision making.</i> <i>From what I have seen there is an opportunity at BCP – as there is with many other councils – to develop the scrutiny role along the lines above rather than simply to focus on pre-cabinet scrutiny. There is an opportunity with a new Council to ensure that Councillors have training and support to enable them to develop their role in overview and scrutiny. This should be built into the Member induction and ongoing training programme.</i>				
<i>The DfE Advisor has commented that the Scrutiny Committee [Children's Services O&S] and particularly its Chair (prior to the elections) have been engaged in a proper and appropriate way. The Chair of scrutiny prior to the elections has now been appointed as the Cabinet Member and therefore the Statutory Lead Member for Children's Services. Given the position of children's services the change in both the Cabinet Member and Scrutiny Chair roles will need careful management and both Members will need focussed support to discharge these key roles.</i>	64a	Work programming support provided summer 2023. Further support to be provided to complete annual work programming. <i>Annual work programming delayed in 2025 but provided on a rolling meeting basis instead.</i>	Complete in 23/24, delayed in 2025.	CS1
	64b	Focussed support provided by service area lead to identify and provide relevant performance information to support the committee in its role. <i>Service area lead officer support provided to Children's O&S Chair and committee. This is well established and provided on an ongoing basis. Includes designated lead officer and meetings with the Executive Director and Portfolio Holder.</i>	Complete, monitor on ongoing basis.	CS1

Overview and Scrutiny Action Plan 2023-24

Relevant Extract from:	ID	Action for BCP Council with updates (Latest updates December 2023 in blue text)	RAG and timescales	Code
Statutory Guidance on O&S (ID 1-53) Chief Executive's Assurance Review (ID 54-58) DLUHC Assurance Review (ID 59 – 64)		Children's Services have offered to expand this to include quarterly meetings with all lead directors in Children's Services to provide a comprehensive update to the Chair of scrutiny, with these meetings to be implemented in late 2025.		
	64c	Ongoing training plan for the Committee in development. The LGA provided a targeted skills and knowledge training programme to Children's Svs O&S Committee members in 2024/25. A programme of briefing slots is now established for the committee to provide information needed for the committee to undertake their role but which doesn't require active scrutiny. This accompanies other scrutiny network training opportunities available to councillors on an arising basis.	Complete, monitor skills training needs on an ongoing basis and particularly when there is significant membership change.	CS1
	64d	Establish links with O&S Chairs in other authorities that have experience of similar improvement journey. Mentoring links now established through LGA training programme.	Complete, monitor take-up of opportunities ongoing.	CS1
	64e	LGA development opportunities promoted to Chair. The LGA provided a targeted skills and knowledge training programme to Children's Svs O&S Committee members in 2024/25. Mentoring links for Chair now established through LGA training programme. LGA Leadership Academy delivered to previous Chair in 2023 and planned for current Chair on next available course.	Complete. Development opportunities will continue to be promoted and take-up monitored on ongoing basis.	CS1

Equality Impact Assessment: Conversation Screening Tool

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?	The level of concurrent Overview and Scrutiny topic inquiries
2	What changes are being made?	Potential reduction of topics from one per Overview and Scrutiny (O&S) committee concurrently (across four committees) to one at a time across all committees. Topic priority order to be determined by O&S Chairs rather than O&S committees. Greater scoping controls to be applied by Overview and Scrutiny chairs.
3	Service Unit:	Democratic Services
4	Participants in the conversation:	Lindsay Marshall, Overview and Scrutiny Specialist Richard Jones, Head of Democratic Services
5	Conversation date/s:	September 2025
6	Do you know your current or potential client base? Who are the key stakeholders?	Anyone submitting a topic for overview and scrutiny work, primarily councillors but also including officers, other council bodies (eg. Cabinet/ Council), and residents.
7	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. socio-economic status, carers, human rights.	The impact on all protected groups is neutral and there is no difference in needs or experiences for any protected group. Under the BCP Constitution all councillors and residents have the right to submit a topic for scrutiny work and this will not change.
8	Will this change affect any service users?	No - There will be no impact on any protected group as a result of the proposed changes to O&S topic prioritisation.

9	Not applicable	
10	What are the benefits or positive equality impacts of the change on current or potential users?	The proposed changes to topic prioritisation may positively benefit the council and residents as prioritisation will by necessity become more robust and those topics of the highest importance and tangible impact to residents may be more likely to be selected for scrutiny. The impact on all protected groups will be equal.
11	What are the negative impacts of the change on current or potential users?	As a result of more robust topic prioritisation some topics may not be selected for scrutiny which may otherwise have been progressed. This may include topics suggested by residents. However it is likely that topics that are less impactful are not progressed and this is in line with existing arrangements in place to guide O&S councillors when making judgements on scrutiny topic selection. The impact of this on all protected groups will be equal.
12	Will the change affect employees?	No.
13	Will the change affect the wider community?	No further than is outlined in the paragraphs above.
14	What mitigating actions are planned or already in place for those negatively affected by this change?	There are no significant negative impacts of proposed changes to O&S topic prioritisation and so no mitigating actions are planned.
15	Summary of Equality Implications:	There are no direct equality implications arising from proposed changes to O&S topic prioritisation. Benefits to communities may be seen in the selection of topics that have a greater positive impact on communities but this will not affect any protected group more than others. Overall, the outcome of proposals will have a neutral impact on equality.

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Work Plan
Meeting date	1 December 2025
Status	Public Report
Executive summary	The 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 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	Aidan Dunn, 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. Performance information: progress against the council's Corporate Strategy can be viewed on the council's [Performance Dashboard](#). The dashboard includes ratings to show where the council is on target, areas for monitoring or where action is required, and explanations. The dashboard includes measures relevant to all O&S committees and is provided to assist committees in their horizon scanning and work selection process.
10. Data Toolkit: The Health & Adult Social Care O&S Committee has developed a Data Toolkit to assist with the inclusion of data into its work. Resources included in the Data Toolkit can also be used as horizon scanning tools to help the committee to understand where it can impactfully target its work. [Data Toolkit](#).

NOTE – the data toolkit needs updating so please consider that if using it for research. It is hoped this exercise will be completed before the next meeting of the Committee.

Options Appraisal

11. 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.
12. 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

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

Summary of legal implications

14. 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

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

Summary of sustainability impact

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

Summary of public health implications

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

Summary of equality implications

18. 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

19. 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 O&S Work Plan

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BCP Council Health and Adult Social Care Overview and Scrutiny Committee – Work Plan. Updated 28.10.25

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
5 November Informal Briefing – Budget briefing				
Meeting Date: 1 December 2025				
	Integrated neighbourhood teams Received from NHS Dorset	Committee Report and presentation	Lucy Knight, name TBC or Judith Dean	This is a significant change to the NHS delivery model in line with the national Fuller review recommendations. See committee priority 4 below.
	FutureCare Briefing 'NEW'	Committee report and presentation	Dylan Champion, Programme Director - FutureCare Programme and Betty Butlin, Director of Adult Social Care	Reporting back as agreed at Committee

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
	End of Life Services	Committee report and presentation	Judith Westcott, Deputy Director of Integrated Neighbourhood and Primary Care, NHS Dorset	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.	Sian Walker McAllister, Chair SAB	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.	Nicky Mitchell, Head of Service-Transformation & Integration	November 2024. Agreed as a committee item in 2024 rather than info only
	Overview and Scrutiny Annual Report 'NEW'	To note this information only item	Lindsay Marshall, Scrutiny Specialist	Received annually.
19 January Informal Briefing – NHS Dorset/ICB update - TBC				
Meeting Date: 2 March 2026				
	Clinical Services Strategy for UHD. Up to 10 years forward look. Received from UHD	TBC	Richard Renaut, Chief Strategy and Transformation Officer, UHD	
Top 5 priorities chosen by the Committee in annual work programming in 2024.				

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
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. Coming to Committee in March 2026
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

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
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. Scheduled for Dec 25
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. Received from UHD			Six monthly updates – key changes April 2025 BEACH building (including maternity); winter 2025/6 for separation of emergency and elective services;
	The impact of domestic wood burning on air quality and public health across BCP Received from Cllr Canavan			The impact of domestic wood burning on air quality and public health across BCP (particularly during winter).

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
	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 202.
	The Transformation of UHD Hospitals		Richard Renaut, Chief Strategy and Transformation Officer, UHD	To receive an update at an appropriate time following meeting of 3 March 202.
	Benefits of the separation of the Public Health function		Rob Carroll, Director of Public Health and Communities	To provide the Committee with an update on the benefits of the separation. Added on 24 September 2024.
	Access Wellbeing – Transforming Dorset Community Mental Health Services 'NEW'		Rachel Small, Interim Chief Operating Officer, Dorset Healthcare UHD	To receive future KPIs regarding the impact of the new model at an appropriate time. Added at Committee on 19 May 2025.
	The impact of the UK government's proposed £5bn	TBA	TBC	Added at Committee on 19 May 2025 following

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
	cuts to disability and sickness benefits on BCP Council residents, particularly those reliant on Personal Independence Payments (PIP) and Universal Credit. 'NEW'			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.
	Get Dorset & BCP working 'NEW'	Committee Report	TBC	To continue to monitor – added by the Chair by email on 1 October 2025
Recurring Items (Annual Reports)1 Oc				
	Safeguarding Adults Board Annual Report To inform members of the work programme review for 2024/25 for members to scrutinise and make any recommendations for future work. Received from ASC	To receive an annual report every Autumn.		Part of statutory reporting cycle to be received in Autumn annually.

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
	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 service delivery model and location as agreed in the clinical service review.

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

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